



TB EVALUATION OF IMMIGRANTS AND REFUGEES –

Updated Guidance
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LEARNING GOALS

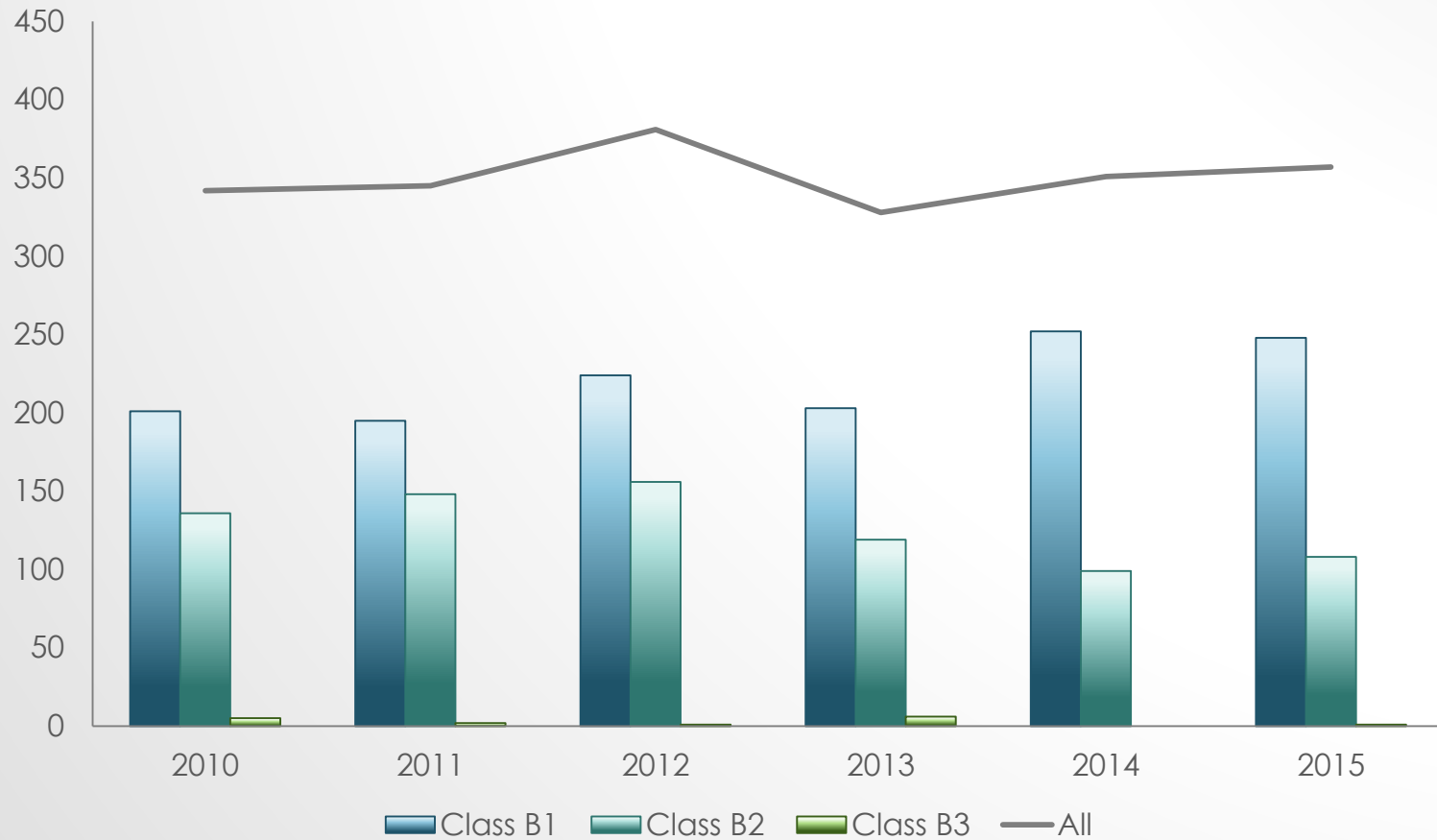
- Explain the purpose of the new guide
- Utilize the guide for decision making
- Practice scenarios that properly interpret the guide
- Reduce misunderstanding surrounding immigrant/refugee domestic TB evaluation

TABLE OF CONTENTS

- Procedure for LHD TB Staff
- TB Follow-Up Recommendations for Arrivals with a TB Classification
- Practice Scenarios 1-3
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*This guide was adapted from “TB Evaluation of Immigrants and Refugees” document produced by the Kentucky Department of Public Health. That document can be found in the forms and teaching sheets listing of the CCSG at <http://chfs.ky.gov/dph/Local+Health+Department.htm>.

IMMIGRANT AND REFUGEE ARRIVALS TO MICHIGAN, 2010-2015



PERFORMING IMMIGRANT/REFUGEE FOLLOW-UP

LHD TB Coordinator or TB nurse will:

- Initiate contact within **3** days of receiving EDN documents



- Ensure patient assessment
- Ensure that a treatment decision is reached
- Complete the TB Follow-Up Worksheet
- Return the completed TB Follow-up Worksheet within **90** days by either:
 - Uploading to the MDSS
 - Submitting data to the CDC EDN System

TB CLASS A – ACTIVE TB DISEASE

- PULMONARY TB DISEASE
 - SPUTUM SMEAR OR TB CULTURE POSITIVE
 - REQUIRES A WAIVER FOR TRAVEL (I.E., ON TREATMENT AND SMEAR NEGATIVE PRIOR TO TRAVEL)
- Contact the MDHHS TB Epidemiologist
 - Review documentation
 - Conduct full evaluation for TB Disease
 - Collect sputum for AFB smear and culture
 - Obtain chest x-ray (CXR)
 - Provide HIV counseling, testing, and referral
 - Continue or revise treatment regimen
 - Report any confirmed case of TB Disease to the MDHHS TB Program

TB CLASS B1 –

- EVIDENCE OF PULMONARY OR EXTRAPULMONARY TB DISEASE
- SPUTUM SMEAR-NEGATIVE
- INCLUDES “OLD HEALED TB,” AND PREVIOUSLY TREATED TB

OR

- HIV INFECTION

- Review documentation
- Conduct evaluation for TB disease
- Patient > 5 years of age and does not have IGRA result documented → perform IGRA
- Patient < 5 years of age, regardless of BCG history or previous TST result → perform TST
- If overseas or domestic IGRA or TST is positive & date of overseas CXR is > 6 months prior to domestic medical evaluation → obtain new CXR
- If the patient has signs or symptoms compatible with TB disease → obtain new CXR
- If CXR is suspicious for TB → collect 3 sputum specimens
- Report any confirmed case of TB Disease to the MDHHS TB Program
- If LTBI is diagnosed → strongly recommend/provide treatment
- Offer HIV counseling, testing, and referral

TB CLASS B2 – LTBI

- TST >10 MM
INDURATION

- Review documentation
- Conduct evaluation for TB disease looking signs and symptoms that may have developed since pre-immigration exam
- Patient > 5 years of age and does not have IGRA result documented → perform IGRA
- Patient < 5 years of age, regardless of BCG history or previous TST result → perform TST
- If domestic IGRA is *negative*, patient is not HIV-positive and does not have signs or symptoms of TB disease → no further evaluation needed
- If overseas or domestic IGRA or TST is *positive* → obtain new CXR
- Regardless of IGRA or TST result, if patient is HIV-positive or has signs or symptoms compatible with TB disease → obtain new CXR
- If LTBI is diagnosed → strongly recommend/provide treatment
- Offer HIV counseling, testing, and referral

TB CLASS B3 – TB CONTACT

- PRE-IMMIGRATION CONTACT TO A CONFIRMED CASE OF TB

- Patient > 5 years of age → perform IGRA
- Patient < 5 years of age → perform TST
- If IGRA or TST is *negative* **AND** patient does not have signs/symptoms of TB disease → no further evaluation needed
- If IGRA or TST is *positive* **OR** if patient has signs/symptoms compatible with TB disease → obtain a CXR and complete evaluation to rule out TB disease

NOTE:

- Pregnancy is not a medical contraindication for treatment of LTBI or of active TB disease
- An IGRA is preferred for testing persons who have received BCG
- A TST is preferred for testing children aged less than 5 years
- A TST administered prior to 6 months of age may yield a false negative result

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PRACTICE SCENARIO 1

- Refugee is in the EDN “Alien List” but does not have TB classification or “Follow-up” Worksheet selection
- Does the TB Program need to perform a TB evaluation?



PRACTICE SCENARIO 2 – PART 1

- Client was designated as Class B1 and upon your initiation of TB Follow-up it has been 7 months since their pre-immigration CXR
- Client does not have signs or symptoms of TB
- Should another CXR be performed?

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PRACTICE SCENARIO 2 – PART 2

- Client was designated as Class B1 and upon your initiation of TB Follow-up it has been 4 months since their pre-immigration CXR
- Client does not have signs or symptoms of TB
- Should another CXR be performed?

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PRACTICE SCENARIO 2 – PART 3

- Client was designated as Class B1 and upon your initiation of TB Follow-up it has been 4 months since their pre-immigration CXR
- During interview, client reports fatigue, weight loss, and frequently waking up sweaty
- Should another CXR be performed?



PRACTICE SCENARIO 3 – PART 1

- Client was designated as Class A
- Should sputum be collected during your evaluation?

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PRACTICE SCENARIO 3 – PART 2

- Client was designated as Class B1
- A CXR was performed during your evaluation; there were no abnormalities consistent with TB
- Should sputum be collected during your evaluation?

SECTIONS A & B

DEMOGRAPHIC & JURISDICTIONAL INFORMATION

- Pre-populated on the version generated in EDN for each client
- Completely blank copy also provided with notes for guidance
- Please complete pre-populated version and **not** the version provided as guidance

SECTION C

DATE OF INITIAL U.S. MEDICAL EVALUATION (C1)

- Record the date of the initial evaluation
 - Date the patient was first seen in clinic or by outside provider
 - Often also the date TST or IGRA was administered

SECTION C

TST AND/OR IGRA (C2-C3)

PERFORMED IN THE
U.S. DURING POST-
IMMIGRATION
EVALUATION

TST

- Record TST placement date, mm of induration (not redness), and interpretation
 - *For persons with TB Class B1 Conditions or TB-related abnormalities on CXR, TST reading of >5 mm is considered positive*
- Record if previous positive TST was noted in documentation

IGRA

- Record date, brand, and result of IGRA
- Record if history of previous positive TST or IGRA
- Record if previous positive IGRA was noted in documentation

SECTION C

U.S. REVIEW OF PRE-IMMIGRATION CXR (C4-C6)

*ARRIVALS SHOULD
BRING THEIR PRE-
IMMIGRATION CXR
FILM(S) OR DISK WITH
THEM TO THEIR EXAM*

- If pre-immigration CXR is not available
→ Mark “No”
- If pre-immigration CXR did not have the patient’s name and date of birth
→ Mark “Not Verifiable”
- Record the U.S. interpretation and of the pre-immigration CXR
 - Note “other” abnormalities as appropriate
- **Do not copy panel physician’s interpretation of pre-immigration CXR onto the EDN follow-up worksheet**

SECTION C

U.S. DOMESTIC CXR (C7-C10)

- If CXR was performed in the U.S. record the date performed
- Record interpretation of the CXR ordered by your medical director or your consulting physician
 - Note “other” abnormalities as appropriate
- **Do not copy panel physician’s interpretation of pre-immigration CXR into the EDN follow-up worksheet**
- If your medical director or consulting physician does not perform a CXR
 - Mark “No”

SECTION C

U.S. DOMESTIC COMPARISON TO PRE-IMMIGRATION CXR (C11)

- Compare pre-immigration CXR to U.S. CXR
 - Choose one option that best represents your impression of the comparison
- If pre-immigration CXR is not available
 - Mark “Unknown”

SECTION C

U.S. REVIEW OF PRE-IMMIGRATION TREATMENT (C12- C14)

- Review pre-immigration documents and information provided by the patient
- If treatment completed before immigration
 - Record treatment start and end dates or mark “start date unknown” and “end date unknown”
 - Mark where treatment was reported
 - Indicate if the standard TB regimen was used
- If client arrived on treatment
 - Record treatment start date
 - Indicate any pre-immigration treatment concerns

SECTION C

U.S. MICROSCOPY/ BACTERIOLOGY (C15)

- If you or your physician collect specimen(s) for AFB smear and culture
 - Document the specimen type, collection date, and results for all specimens
- **Report suspected pulmonary or extrapulmonary TB disease to the MDHHS TB Program within one working day without waiting for culture confirmation**

SECTION D

EVALUATION DISPOSITION DATE (D1)

- Record date when:
 - Your medical director or consulting physician has **completed** the evaluation
- **OR**
- You have determined that they cannot complete the evaluation for one of the reasons listed

SECTION D

EVALUATION DISPOSITION (D2)

- If evaluation was completed
 - Mark “Completed evaluation”
 - Indicate whether treatment was recommended
 - Mark whether it was recommended for LTBI or Active TB
- If the evaluation was initiated but not completed
 - Mark “Initiated Evaluation / Not completed”
 - Mark reasons(s) why evaluation was not completed
 - Select all that apply and write or enter other reasons beside “Other, specify”
- If evaluation was never initiated
 - Mark “Did not initiate evaluation”
 - Mark reason(s) why evaluation was never initiated from the list provided
 - Mark all that apply and write or enter other reasons beside “Other, specify”

SECTION D

DIAGNOSIS (D3)

- Mark box corresponding to the CDC diagnostic classification as listed
- **Treatment is inappropriate for diagnoses of Class 0 or 1**
 - **EDN system will create an error message if treatment is recommended for either of these diagnoses**
- If diagnosis is Class 3
 - Mark site(s) of disease
 - Contact the MDHHS TB Epidemiologist to complete D4-D5

SECTION E

U.S. TREATMENT INITIATED (E1–E2)

PATIENTS DIAGNOSED AS CLASS 2 OR 4 SHOULD RECEIVE TREATMENT; CLASS 3 SHOULD RECEIVE TREATMENT BY DOT

TREATMENT MUST COMPLY WITH CDC RECOMMENDATIONS

- **Only complete this section if treatment was recommended in question D2**
- If treatment was initiated
 - Mark “Yes”
 - Specify if for TB disease or LTBI
- If treatment was not initiated
 - Mark “No”
 - For “If No, specify the reason:” mark the appropriate boxes selecting all that apply and enter other reasons next to “Other (specify)”
- **LHDs without direct EDN access:**
 - *If treatment was started, contact the MDHHS TB Epidemiologist when treatment is completed/ended*
 - *Leave E3-E5 blank until that time*

SECTION E

TREATMENT START
DATE (E2)

- **Only complete if treatment was initiated**
- Specify date that treatment was started (mm/dd/yyyy)

SECTION E

U.S. TREATMENT
COMPLETED (E3-
E5)

*LEAVE BLANK
UNTIL TREATMENT
HAS STOPPED*

- **For LHDs without direct EDN access:**
 - After evaluation is completed
 - Submit the worksheet to MDSS with this section blank
 - After treatment is completed or ended
 - Submit an updated worksheet with this section completed
- **For LHDs with direct EDN access:**
 - After evaluation is completed
 - “Save” the worksheet in EDN with this section blank
 - After treatment is completed or ended
 - “Submit” the worksheet with this section completed

SECTION E

U.S. TREATMENT COMPLETED (E3- E5)

*LEAVE BLANK
UNTIL TREATMENT
HAS STOPPED*

- Mark appropriate box to indicate:
 - Whether or not treatment was completed
- **OR**
 - Unknown if treatment was completed
- If treatment was not completed
 - Mark “No”
 - For “If No, specify the reason:” mark appropriate boxes selecting all that apply and enter other reasons next to “Other (specify)”
 - For “if treatment was initiated but NOT completed:” specify “Treatment end date”
- If treatment was completed
 - Mark “Yes”
 - For “If treatment was completed:” specify “Treatment completion date”



PRACTICE SCENARIO 4

- An immigrant was designated as Class B1 because they are HIV positive
- Should a TB evaluation be performed?



PRACTICE SCENARIO 4

- The client is 16 years old
- Assuming resources are available for either, should a TST be performed **OR** should an IGRA be performed?

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PRACTICE SCENARIO 4

- LHD evaluated client and performed an T-Spot; it came back negative (2 spots)
- What should “D3. Diagnosis” by physician be?
 - Class 0 – No TB exposure, not infected
 - Class 1 – TB exposure, no evidence of infection
 - Class 2 – TB infection, no disease
 - Class 3 – TB, TB disease
 - Class 4 – TB, inactive disease
- Why?



QUESTIONS & COMMENTS

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