

This document is an abridged version of recommendations by the Centers for Disease Control and Prevention (CDC), Immigrant and Refugee Health for domestic medical examinations for newly arrived immigrants and refugees. More information on this topic can be found in its entirety at <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html>.

Please make note that sputum samples, if indicated (symptomatic patients and/or CXR consistent W/TB), should be collected x 3 at least 24 hours apart by a physician (or by request at a local health department) and submitted to North Dakota Public Health Laboratory (NDPHL) for analysis.

The interferon-gamma release assay (IGRA) is preferred for testing persons who have received BCG vaccination. Two tests that are acceptable are QuantiFERON®-TB (QFT) and T-SPOT®.TB. QuantiFERON®-TB can be ordered through NDHPL and T-SPOT®.TB are ordered through Oxford Diagnostic Laboratories.

Arrival's Class Status	TB Follow-up Recommendations
No TB Class Refugee Arrivals (TB follow up for immigrants with no TB class is not required)	<ul style="list-style-type: none"> • Evaluate for signs and symptoms that may have developed since their overseas exam • A chest x-ray (CXR) should be performed for those who have signs or symptoms compatible with TB disease, regardless of pending TST or IGRA. • Administer a Mantoux tuberculin skin test (TST) or an IGRA regardless of BCG history, unless they have a documented previously positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. A TST administered prior to 6 months of age may yield a false negative result. • A chest x-ray (CXR) should also be performed for all individuals with a positive TST or IGRA test.
Class B1 TB Evidence of pulmonary or extrapulmonary TB disease, sputum smear-negative; includes "old healed TB", and previously treated TB.	<ul style="list-style-type: none"> • Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam. • Administer a tuberculin skin test (TST) or IGRA, such as a QFT® or T-SPOT®, regardless of BCG history, unless they have documentation of a previous positive test. • Do a CXR regardless of TST/IGRA result. • Do additional tests (e.g., sputa for AFB, etc.), as indicated, to determine TB diagnosis (i.e., latent TB infection [LBTI] or active TB disease).

Class B2 TB
LTBI
(TST \geq 10 mm)

- Consider this patient to have LTBI. Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam.
- Consider a repeat TST or IGRA, if indicated, to confirm or rule-out an overseas diagnosis of LBTI.
- Do a CXR unless the patient had repeated CXRs overseas showing improvement or stability and the most recent CXR was less than 3 months ago. If HIV+, do a CXR regardless of overseas CXR results.
- Do a chest x-ray (CXR) for those who have signs or symptoms compatible with TB disease, regardless of previous results.
- It is a standard practice in the United States to offer treatment for LBTI. A stateside medical evaluation must be done before initiating LTBI treatment.

Class B3 TB
TB Contact
(contact to a confirmed case of TB overseas)

- This person is a contact to a known TB case overseas. Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam.
 - Administer a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) such as QFT-GIT® or T-SPOT®, regardless of BCG history.
 - Do a chest x-ray (CXR) for individuals with a positive TST or IGRA test, and anyone with symptoms compatible with TB disease, regardless of the TST or IGRA result.
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Return all forms by mail or e-fax within 90 days to the North Dakota Department of Health, TB Program at:

North Dakota Department of Health
TB Program
2635 East Main Avenue
P.O. Box 5520
Bismarck, ND 58506

OR

Fax: 701.328.0356