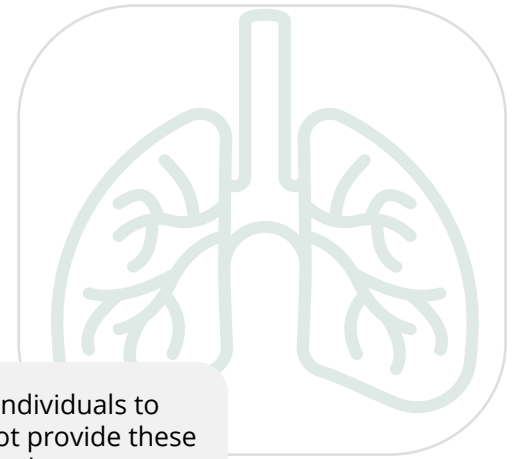
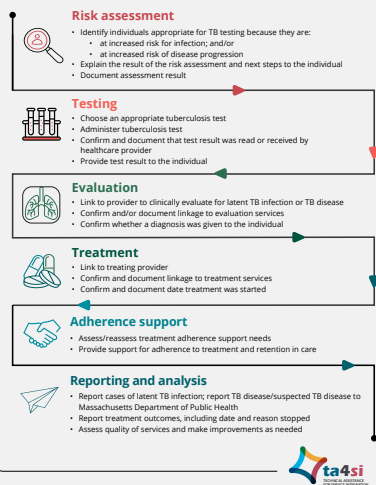


## COMPONENT C:

# Evaluation




### Components for Testing and Treatment of Individuals with Latent Tuberculosis (TB) Infection



This resource provides an overview of linking individuals to TB evaluation services for providers who do not provide these services themselves. It includes links to tools and resources and provides answers to questions including:

- When should an individual be linked to TB evaluation services?
- What steps are part of a TB evaluation?
- Where can individuals get a TB evaluation?
- What needs to happen after the TB evaluation?
- How should I communicate with individuals about TB evaluation services?
- What data considerations should I be aware of for linking individuals to TB evaluation services?



## When should an individual be linked to TB evaluation services?

An individual should be linked to TB evaluation services following a positive TB test.<sup>1</sup> If an individual has a positive TB test (IGRA or TST<sup>2</sup>), that usually means the individual has TB infection. The evaluation will determine a diagnosis of latent TB infection or TB disease.

This Fact Sheet contains basic information for providers who are linking individuals to evaluation services, because they do not provide these services themselves. If you are a medical provider who conducts TB evaluation, please refer to [Centers for Disease Control and Prevention \(CDC\)](#) for recommendations and links to detailed information about conducting evaluation.

<sup>1</sup> See [Fact Sheet, Component B: Testing](#) for detailed information on how to administer a TB test.


<sup>2</sup> IGRA (Interferon-Gamma Release Assay) is a TB blood test, and TST is the tuberculin skin test.



## What steps are part of TB evaluation?

A TB evaluation determines whether an individual has latent TB infection or TB disease. The TB evaluation includes:

- **Medical history.** The evaluating provider will consider the history of TB exposure, testing, infection, disease, and prior evaluation and treatment, as well as underlying medical conditions and current medications. The evaluating provider will gather this information from the referring provider. The referring provider should make sure that information regarding risk, the reason for testing, the results, and other related information is communicated to the provider who will do the evaluation. Both providers will ask individuals if they were born or have lived in countries that have a higher TB rate (see [Fact Sheet on Component A: Risk Assessment](#) for more information about what puts an individual at increased risk of TB). The providers may ask if the individual has been in close contact with someone with TB disease. The providers will also ask if an individual has medical conditions that could increase the risk of latent TB infection progressing to TB disease. Some of these conditions include HIV, diabetes, malnutrition, and substance use.




**The evaluating provider should evaluate whether the referred individual has symptoms or signs that could be consistent with active TB.** These might include cough, fever, night sweats, weight loss, unusual fatigue, unusual swelling, and/or chest pain. In the case of active TB, individuals typically have these signs or symptoms for 2-3 weeks or longer.

- **Physical exam.** A physical exam can provide valuable information about the individual's overall health and other factors, such as HIV or other conditions that may affect decisions about diagnosing and treating TB.
- **Chest X-ray.** The chest X-ray is used to detect differences in how an individual's lungs look that could be a sign of pulmonary TB disease. A repeat chest X-ray may not be required if the patient has been evaluated previously, has no signs or symptoms of TB, and has had no new risks for acquiring TB since that evaluation.
- **Diagnostic microbiology.** The provider may collect a sputum (phlegm) sample to look for acid-fast bacilli (AFB), which may indicate TB disease. A positive TB nucleic acid amplification test ("PCR") or culture can confirm a diagnosis of TB disease.



## Where can individuals get a TB evaluation?

If your agency does not conduct TB evaluation, you must link individuals with positive TST or IGRAs test results to facilities that provide TB outpatient services. Massachusetts Department of Public Health (MDPH) supports some facilities to provide these services and the [list](#) is posted on MDPH's [TB website](#). This list is not inclusive of all facilities or providers in Massachusetts that provide TB evaluation services. There may be other facilities and providers, typically infectious disease specialists or pulmonologists and some primary care providers, within your community who provide TB evaluation services.



You should investigate resources within your community to identify who can provide TB evaluation services. It is important to establish relationships using appropriate agreements (e.g., Memorandums of Understanding) with one or more clinics or providers to ensure that you are able to link each individual who requires


evaluation services to a provider that is appropriate to addressing their needs and circumstances.

If the individual you are referring reports that they are experiencing symptoms consistent with active TB (e.g., cough, fevers, night sweats, weight loss, unusual fatigue, unusual swelling, and/or chest pain, for 2-3 weeks or more), they should be linked with urgent care for an immediate evaluation.



## What needs to happen after the TB evaluation?

If an individual with a positive TST or IGRA is evaluated and TB disease is ruled out, the individual should be considered for treatment for latent TB infection to prevent future TB.



If an individual with a positive TST or IGRA is evaluated and there is evidence of TB disease, the evaluating provider must [report](#) that individual immediately to MDPH (see below). The individual must be connected to a provider who can provide diagnostic and treatment services for TB disease, if the evaluating provider does not have that capacity. The treatment provider should start individuals with TB disease on treatment promptly and, in collaboration with MDPH and Local Boards of Health, monitor them to see that they are responding to treatment. This will help the individual's own health and also reduce the chance of them transmitting TB to others. As mentioned above, MDPH supports some clinics to provide these services. A list of these [state-supported clinics](#) is posted on MDPH's [TB website](#). Call MDPH at 617-983-6970 with any questions or for a clinical consultation.



## How should I communicate with individuals about TB evaluation services?

Providers who offer TST or IGRA tests should be prepared to have conversations with individuals who have positive results about evaluation for TB disease. MDPH has [information](#) available for providers to use and explain TB infection to individuals. These fact sheets can be found on the [MDPH tuberculosis](#) website and are available in multiple languages. MDPH also has a [video](#) on the front page of the MDPH TB website about TB infection. Another resource with suggestions for communicating about latent TB infection is "[Talking to your patients about latent TB infection](#)" from the California Department of Public Health.

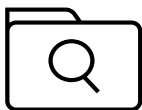
As with any health education session, it is best to approach this communication as a conversation with the individual and make sure there is time for them to ask questions. You should also check that they understand what you are telling them. Some approaches to do this include the [Teach-Back method](#), and the [Ask Me 3 method](#).

It's important to keep in mind that individuals may be very anxious about having a diagnosis of latent TB infection. Providers have a key role in reducing the stigma around TB infection, and in making sure that messaging is not stigmatizing. Individuals may find it reassuring to hear that latent TB infection can occur in anyone, that latent TB infection can be treated, and that people with a diagnosis of latent TB infection deserve respectful care, just like people with any other condition. Providers should explain to individuals that the evaluation will help determine if they have TB infection and what is the best way to treat the infection and keep themselves and their families healthy.



## Some topics to consider talking about before linking an individual to TB evaluation services are:

- What it means to have a positive TST or IGRA
- The IGRA does not cross-react with the Bacillus Calmette–Guérin (BCG) vaccine
- BCG does not prevent TB infection, but it does protect very young children from a severe form of TB disease
- TB and latent TB infection can be cured
- Latent TB infection can occur in anyone; it is very common and does not mean that the individual has done something wrong
- People with a diagnosis of latent TB infection deserve respectful care, just as people with any health condition
- Why it is important to be evaluated after the positive TST or IGRA
- How you are linking the individual to a TB evaluation provider
- What to expect at the visit (for example: a chest X-ray)
- Next steps if an individual has latent TB infection
- Availability of treatment and support for both latent TB infection and for TB disease



## What data considerations should I be aware of for linking individuals to TB evaluation services?

The table below includes the indicators that are considered key measures of performance of TB evaluation services. For each indicator, the table has information on whether the relevant data used to calculate the indicator are required to be reported to MDPH or recommended to be collected (but not reported to MDPH), as well as information on where to record these data. To learn more about collecting and reporting data, please review the [Fact Sheet Component F: Reporting and Analysis](#).

Type of Indicator	Indicator	Data for this indicator are <u>required</u> to be reported or are <u>recommended</u> to be collected?	Where to record this data
Process Indicator	# Individuals evaluated	Required to be reported	Integrated Testing and Linkage to Services (ITLS) form
Process Indicator	# Individuals receiving a diagnosis of latent TB infection	Required to be reported	ITLS
Outcome Indicator	% Individuals with positive TB test evaluated for active TB disease	Required to be reported	ITLS

## Public Health Reporting

If you are an MDPH contracted provider and you have conducted TB testing of an individual with a positive TST or IGRA result, submit a completed Integrated Testing and Linkage Services (ITLS) form to MDPH in a timely way to report these results. If the individual with a positive TST or IGRA was linked to another facility for TB evaluation, please indicate the linkage was completed in the “Current Test and Linkage to Care” section of the ITLS form. If you are an evaluating provider who is not an MDPH contracted provider and you find no evidence of active TB disease after performing an evaluation, you should complete the [Latent TB Infection Case Report Form](#).

Likewise, if you are an evaluating provider (whether contracted with MDPH or not) and you strongly suspect that an individual may have active TB disease, or you have received laboratory confirmation of TB disease in an individual, you must immediately report this to MDPH and complete an **active TB case report form**. Call 617-983-6970 with any questions.

More information about reporting TB disease or latent TB infection, including case report forms, can be found [here](#).

*For information about how to use process mapping to link individuals to TB evaluation services, please see the Fact Sheet on [“Process Mapping for Latent TB Infection Services.”](#)*