Guidelines for Prevention and Control of TB in Foreign-Born Persons in the United States

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TB Case Rates in U.S.-born vs. Foreign-born Persons
United States, 1993–2009**

**Updated as of July 1, 2010.
Focus on Latent TB Infection (LTBI) in Foreign-Born Persons in the United States

• 6.9 million persons infected
  – Almost 1 in 5
• 4% start and complete treatment
• Increasing that to 8% would reduce TB cases by almost half over 40 years
### TB Rates/100,000 by Origin, Time in U.S.

<table>
<thead>
<tr>
<th>Region of origin</th>
<th>&lt;2 years in U.S.</th>
<th>≥2 years in U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Saharan Africa</td>
<td>389.2</td>
<td>51.9</td>
</tr>
<tr>
<td>East Asia/Pacific</td>
<td>170.7</td>
<td>31.3</td>
</tr>
<tr>
<td>South America</td>
<td>64.4</td>
<td>15.3</td>
</tr>
<tr>
<td>Central America</td>
<td>201.0</td>
<td>20.2</td>
</tr>
<tr>
<td>Mexico</td>
<td>69.4</td>
<td>14.6</td>
</tr>
<tr>
<td>Western Europe</td>
<td>7.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Canada</td>
<td>1.4</td>
<td>0.9</td>
</tr>
<tr>
<td>United States</td>
<td>2.5</td>
<td></td>
</tr>
</tbody>
</table>

Source: CDC, unpublished data

### Key Considerations

- Risk of TB disease is high among nearly all foreign-born persons
- TB screening and treatment are increasingly moving from the health department to the wider community
- Individual physicians need simplicity
- Health departments and other institutions have limited resources for screening
Development of Guidelines

40-member advisory group
- Approve draft outline
- Approve general concepts
- Form working groups to write specific sections

10-member consensus panel
- Who to screen?
- How to screen?
- Who to treat?

Major Recommendations

1. Screening for risk

Medical providers, health departments, and institutions such as colleges and universities should screen all persons at intake/admission for TB risk related to country of birth.
Major Recommendations

2. Screening for disease/infection

Every person born in a country with TB rates higher than those in the United States should be screened for TB disease, which includes testing for latent TB infection (LTBI), at least once as part of routine health maintenance.

Countries/regions with TB rates equal to or lower than U.S. rates

Australia
Barbados
Canada
Grenada
Israel
Jamaica
New Zealand
United Arab Emirates
Most countries of Western Europe
Countries of the world with TB rates equal to or lower than U.S. rates

Major Recommendations

3. LTBI treatment

May be prescribed for anyone without a contraindication, but highest priority should go to persons with

- Residence in United States ≤2 years
- Age ≤35 years
- Standard risk factors for progression
Major Recommendations

4. IGRA vs TST

Preference for interferon gamma release assays (IGRAs) over tuberculin skin tests (TST) for most foreign-born persons because of higher specificity in BCG vaccinated

➢ Exception: children <5 years old

Major Recommendations

5. Evaluation of persons with B notifications

Specific guidance to health departments for follow-up and evaluation of immigrants entering the U.S. with B notifications

➢ Under both new (2007) and old technical instructions
Major Recommendations

6. Guidelines for other institutions
   Expansion of guidelines to include recommendations for institutions and businesses that interact with foreign-born persons

Major Recommendations

7. Policy recommendations, federal government
   - Simplify oversight of civil surgeons and panel physicians
   - Require TB evaluations for long-term nonimmigrants
   - Add TB screening to Healthcare Effectiveness Data and Information Set (HEDIS)
   - Fund global TB control strategies
Major Recommendations

8. Policy recommendation, states
Promulgate regulations for TB risk screening and follow-up testing and treatment in colleges and universities

Consensus Panel Members

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• Dolly Katz, Ph.D., CDC
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• Kathleen Moser, M.D., San Diego
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