

Documenting Latent Tuberculosis Infection (LTBI) in the Wisconsin Electronic Disease Surveillance System (WEDSS)

See **WEDSS Reporter use for LTBI documentation** flow charts for additional guidance

DI = WEDSS Disease Incident CI = WEDSS Contact Investigation

Scenario	First Steps	Additional Steps
<p>SCENARIO A</p> <p>A positive Interferon Gamma Release Assay (Quantiferon [QFT] or T-SPOT) result report is received for a patient that is unknown, no history, no record in WEDSS</p>	<p>Each jurisdiction should make a policy on how to proceed. The Wisconsin Tuberculosis (TB) Program recommends the following:</p> <ul style="list-style-type: none"> • Create a “Tuberculosis, latent infection” DI to house the laboratory report. • Contact the ordering health care provider to obtain patient address (as necessary), LTBI Confidential Case Report form F-02265 (as necessary) and reason for testing. <p>If the patient meets certain risk criteria, then perform further follow-up*:</p> <ul style="list-style-type: none"> • Has been exposed to someone with known infectious TB and or part of an ongoing contact investigation, see SCENARIO C • Is an immigrant or refugee with a TB Class B designation, see SCENARIO D • Is part of a locally identified high-risk group (e.g., born in a high TB prevalence country), see SCENARIO F • Is likely to be infected AND at high risk for progression. 	<p>Document additional follow-up*, clinical information, test results, treatment, completion of treatment, etc., in WEDSS.</p> <p>Change DI Disease to “Tuberculosis” or “Mycobacterium, Non-TB” as necessary.</p> <p>See below for guidance on resolution status.¹</p>
<p>SCENARIO B</p> <p>An LTBI WEDSS Web Report is received from a health care provider</p>	<p>Create “Tuberculosis, latent infection” DI.</p>	<p>Document additional follow-up*, clinical information, test results, treatment, completion of treatment, etc., in WEDSS.</p> <p>Change DI Disease to “Tuberculosis” or “Mycobacterium, Non-TB” as necessary.</p> <p>See below for guidance on resolution status.¹</p>

Scenario	First Steps	Additional Steps
<p>SCENARIO C</p> <p>A QFT/TSPOT report is received for a patient that is part of a contact investigation (exposed to someone with known active TB disease)</p>	<p>Create a CI and link to the index case.</p> <p>Select “Tuberculosis” as Disease for CI (It must match Disease for index case).</p>	<ol style="list-style-type: none"> 1. Document contact assessment and other essential information for contact investigation. 2. Convert CI to a DI (Create Incident). 3. Change DI Disease from “Tuberculosis” to “Mycobacterium, Non-TB” or “Tuberculosis, latent infection” as necessary. 4. Document additional follow-up, clinical information, treatment, completion of treatment, etc., in DI. 5. See below for guidance on resolution status.¹
<p>SCENARIO D</p> <p>A QFT/TSPOT report is received for a class B refugee or immigrant</p> <p>See WEDSS Reporter use for Tuberculosis B1/B2/B3 follow-up flow chart for additional guidance.</p>	<p>The Wisconsin TB Program will create a “Tuberculosis, Class A or B” DI.</p> <p>Recommendation is for Local Health Department to create a new DI for “Tuberculosis, latent infection” when receiving positive IGRA results for a person being evaluated as a Class B refugee or immigrant. DI can be switched from “Tuberculosis, latent infection” to “Tuberculosis” if necessary without loss of entered information.</p> <p>*NEVER change the Disease for a “Tuberculosis, Class A or B” DI to a “Tuberculosis, latent infection” DI.</p>	<ol style="list-style-type: none"> 1. In the “Tuberculosis, class A or B” DI, document TB evaluation and treatment start date in the TB Follow-up Worksheet (2nd tab). Set Process Status to “Completed Local Investigation” and Resolution Status to “Confirmed.” 2. In “Tuberculosis, latent infection” DI, attach ELR or WebReport from Staging, or scan hard copy lab results into cabinet. 3. Document additional follow-up, clinical information, and treatment in “Tuberculosis, latent infection” DI similar to routine LTBI cases. 4. Once the TB follow-up worksheet in the “Tuberculosis class A or B” DI is completed and the patient has been fully evaluated and treated (Treatment End Date entered), set the “Tuberculosis class A or B” DI Process Status to “Sent to State.”
<p>SCENARIO E</p> <p>A QFT/TSPOT report is received for a patient that is being evaluated for TB disease</p>	<p>Create a “Tuberculosis” DI to house the laboratory report.</p>	<p>Document additional follow-up*, clinical information, test results, treatment, completion of treatment, etc., in WEDSS.</p> <p>Change DI Disease to “Tuberculosis, latent infection” as necessary.</p> <p>See below for guidance on resolution status.¹</p>

Scenario	First Steps	Additional Steps
<p>SCENARIO F</p> <p>A QFT/TSPOT report is received for a foreign-born individual from a known group that is of high risk for TB in your community</p>	<p>Create a “Tuberculosis, latent infection” DI to house the laboratory report.</p>	<p>Document additional follow-up*, clinical information, test results, treatment, completion of treatment, etc., in WEDSS.</p> <p>Change DI Disease to “Tuberculosis” as necessary. (DI Disease can be switched from “Tuberculosis, latent infection” to “Tuberculosis” if necessary without loss of entered information.</p> <p>See below for guidance on resolution status.¹</p>

***Local health department follow-up may include the following actions:**

- Assure proper documentation in WEDSS.
- Review interpretation of test results and clinical information for correct case classification.
- Assure that the patient receives follow-up medical evaluation that may include chest imaging and sputum collection.
- Assure that active TB disease is ruled out before LTBI therapy is recommended and initiated.
- Administer LTBI medications with directly observed therapy as necessary.

¹**Resolution Status on the Investigation Tab**

When a new “Tuberculosis, latent infection” DI is created, the resolution status default will be “Suspect.” If the patient meets the Wisconsin LTBI case definition (both clinical and laboratory criteria listed below), the resolution status can be changed to “Confirmed.” Change the resolution status to “Not a Case” if LTBI and TB disease are ruled out.

Wisconsin LTBI Case Definition

- **Laboratory criteria** include a positive interferon gamma release assay (IGRA) or positive tuberculin skin test (TST) and a negative culture for *M. tuberculosis* complex, if a specimen was collected.
- **Clinical criteria** include no signs or symptoms consistent with tuberculosis (TB) disease and chest imaging (chest radiograph or CT scan) without abnormalities consistent with TB disease. If chest imaging is abnormal, TB disease has been clinically ruled out.
- A “Confirmed” LTBI case meets clinical and laboratory criteria.