

X. IMMIGRANTS AND REFUGEES: B-NOTIFICATIONS

MODULE OUTLINE

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2. Technical Instructions for Panel Physicians
3. B-notification Class Types
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 - a. Class A
 - b. Class B1 TB, Pulmonary (No Treatment and Completed Treatment)
 - c. Class B1 TB, Extrapulmonary
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 - a. Receiving Notifications
 - b. Explanation of Paperwork
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 - d. Returning Paperwork to TTBEPCentral Office (C.O.)
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1. STANDARDS OF PUBLIC HEALTH PRACTICE

- X-1. Immigrants and refugees with a Class B have an evaluation initiated within 30 days of receiving the notifications.
- X-2. Immigrants and refugees with a Class B have an evaluation completed within 90 days of receiving the notification.

2. TECHNICAL INSTRUCTIONS FOR PANEL PHYSICIANS

Prior to entry into the U.S., immigrants and refugees receive a complete screening medical examination for tuberculosis by a panel physician. This examination consists of:

- Medical history
- Physical examination
- Chest radiography, when required
- Tuberculin skin test (TST) or IGRA, when required
- Sputum testing for *M. tuberculosis*, when required

As of October 1, 2013, panel physicians in all countries are required to complete documentation required by the “Cultures and Directly Observed Therapy (DOT) Tuberculosis

Technical Instructions” (CDOT TB TIs). These technical instructions for panel physicians can be found at <http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>

3. B-NOTIFICATION CLASS TYPES

After receiving an overseas screening for tuberculosis by a panel physician, a TB classification is assigned to the immigrant or refugee. The screening results determine the TB classification and travel clearance to the United States.

These TB classifications and a description of each classification are listed in **Table X-1** below.

Table X-1: Tuberculosis Classifications and Descriptions

Classification	Description	
No TB Classification	Applicants with normal tuberculosis screening examinations.	
Class A TB with waiver	All applicants who have tuberculosis disease and have been granted a waiver*.	
Class B1 TB, Pulmonary	No treatment	Completed treatment
	<ul style="list-style-type: none"> Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary tuberculosis but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis or can wait to have tuberculosis treatment started after immigration. 	<ul style="list-style-type: none"> Applicants who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration. The cover sheet should indicate if the initial sputum smears and cultures were positive and if drug susceptibility testing results are available.
Class B1 TB, Extrapulmonary	Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.	
Class B2 TB, TBI Evaluation	Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. The size of the TST reaction or IGRA results, the applicant’s status with respect to TBI treatment, and medication(s) used should be documented. For applicants who had more than one TST or IGRA, all dates and results and whether the applicant’s TST or IGRA converted should be documented. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).	
Class B3 TB, Contact Evaluation	Applicants who are a recent contact of a known tuberculosis case. The size of the applicant’s TST reaction or IGRA response should be documented. Information about the source case, name, alien number, relationship to contact, and type of tuberculosis should also be documented.	

*In exceptional medical situations, a provision allows applicants undergoing pulmonary tuberculosis treatment to petition for a Class A waiver. Form I-601 or I-602 (for immigrants and refugees, respectively) must be completed. These petitions are reviewed by the Department of Homeland Security (DHS) and also sent to the Division of Global Migration and Quarantine (DGMQ) to review. DGMQ reviews the application and provides an opinion regarding the case to the requesting entity. DHS then has the final authority to adjudicate the waiver request.

Reference:

1. CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment Using Cultures and Directly Observed Therapy. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases. Division of Global Migration and Quarantine, 2009 (adapted).
<http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>

4. CLINICAL EVALUATION OF IMMIGRANTS AND REFUGEES WITH A CLASS B

NOTE: Despite the overseas use of the Technical Instructions for TB evaluation of immigrants and refugees, regional TB program staff in Tennessee should not presume the adequacy of that evaluation or treatment indicated prior to arrival in the U.S. Prompt identification and evaluation by the regional TB clinician should be considered a high priority of all regional TB programs, and appropriate incentives and/or enablers should be employed toward that end. As requested by the regional TB clinician, resources for additional diagnostic testing are available through TTBE Central Office (C.O.)—particularly for Class A or Class B-1 immigrants and refugees for whom no drug sensitivity testing (DST) was performed overseas, no DST report is available, or for whom drug resistant TB disease is a significant possibility.

Immigrants and refugees with a Class B have an evaluation initiated within 30 days of receiving the notification (**Standard of Public Health Practice X-1**). Immigrants and refugees with a Class B have an evaluation completed within 90 days of receiving the notification (**Standard of Public Health Practice X-2**).

Class A Evaluation

- Review all paperwork.
- Evaluate for signs and symptoms of TB.
- Perform a new PA and lateral chest X-ray (CXR) at the initial encounter. The patient may have his/her overseas CXR available for comparison.
- Verify previous TB treatment either as reported by the patient, panel physician or both.
- Collect sputums on three consecutive days for smear and culture testing. If possible at least collect the initial sputum by induction.
- Review HIV status. Encourage HIV testing if status is unknown.
- Ensure timely establishment of continuity of care with an appropriate anti-TB regimen and TB case management.

Class B1 TB, Pulmonary (No Treatment and Completed Treatment) Evaluation

- Review all paperwork.
- Evaluate for signs and symptoms of TB (these may have developed since the patient's pre-departure exam).
- Administer an IGRA regardless of history of BCG. If an IGRA result is documented in the paperwork, there is no need to redraw an IGRA. If a TST result is documented (negative or positive) in the paperwork, an IGRA should still be drawn. Overseas TST results may be unreliable; however, overseas IGRA results are considered reliable.
- Perform a new PA and lateral CXR. A new CXR should be done regardless of the TST or IGRA result and should be compared to the patient's overseas CXR (if available).
- Collect sputums on three consecutive days for smear and culture testing. If possible at least collect the initial sputum by induction.
- Review HIV status. Encourage HIV testing if status is unknown.
- Verify any previous TB treatment either as reported by the patient, the panel physician or both.
- Determine final disposition (i.e., TBI, active TB, or previously treated TB). If active TB is suspected, notify TTBEPCO and initiate a contact investigation.
- Provide adequate treatment based on the final disposition. If there is reliable documentation that the patient has previously been treated for TBI or active TB prior to arriving in the U.S., the provider will determine whether or not any additional or re-treatment is necessary.
- Ensure timely establishment of continuity of care with an appropriate anti-TB regimen and TB case management.

Class B1 TB, Extrapulmonary Evaluation

- Evaluate for signs and symptoms of TB (these may have developed since the patient's pre-departure exam).
- Administer an IGRA regardless of history of BCG. If an IGRA result is documented in the paperwork, there is no need to redraw an IGRA. If a TST result is documented (negative or positive) in the paperwork, an IGRA should still be drawn. Overseas TST results may be unreliable; however, overseas IGRA results are considered reliable.
- Perform a new PA and lateral CXR (to rule out any pulmonary involvement). A new CXR should be done regardless of the TST or IGRA result and should be compared to the patient's overseas CXR (if available).
- Collect sputums on three consecutive days for smear and culture testing (to rule out any pulmonary involvement). If possible at least collect the initial sputum by induction
- Review HIV status. Encourage HIV testing if status is unknown.
- Verify any previous TB treatment either as reported by the patient, the panel physician or both.

- Determine final disposition (i.e., TBI, active TB, or previously treated TB). If active TB is suspected, notify TTBEPC.O. and initiate a contact investigation.
- Provide adequate treatment based on the final disposition. If there is reliable documentation that the patient has previously been treated for TBI or active TB prior to arriving in the U.S., the provider will determine whether or not any additional or re-treatment is necessary.
- Ensure timely establishment of continuity of care with an appropriate anti-TB regimen and TB case management.

Class B2 TB, TBI Evaluation

- Review all paperwork.
- Evaluate for signs and symptoms of TB (these may have developed since the patient's pre-departure exam).
- Administer an IGRA regardless of history of BCG. If an IGRA result is documented in the paperwork, there is no need to redraw an IGRA. If a TST result is documented (negative or positive) in the paperwork, an IGRA should still be drawn. Overseas TST results may be unreliable; however, overseas IGRA results are considered reliable.
- Perform a new PA and lateral CXR (to rule out any pulmonary involvement). A new CXR should be done regardless of the TST or IGRA result and should be compared to the patient's overseas CXR (if available).
- Verify any previous treatment for TB or TBI either as reported by the patient, the panel physician or both.
- Determine final disposition (i.e., TBI, active TB or no TB/TBI). If active TB is suspected, notify TTBEPC.O. and initiate a contact investigation.
- Provide adequate treatment based on the final disposition. If there is reliable documentation that the patient has previously been treated for TBI or active TB prior to arriving in the U.S., the provider will determine whether or not any additional or re-treatment is necessary.
- Ensure timely establishment of continuity of care with an appropriate anti-TB regimen and TB case management.

Class B3 TB, Contact Evaluation

- Review all paperwork.
- Evaluate for signs and symptoms of TB (these may have developed since the patient's pre-departure exam).
- Administer an IGRA regardless of history of BCG. If an IGRA result is documented in the paperwork, there is no need to redraw an IGRA. If a TST result is documented (negative or positive) in the paperwork, an IGRA should still be drawn. Overseas TST results may be unreliable; however, overseas IGRA results are considered reliable.
- Perform a shielded CXR for patients with a positive TST or IGRA and/or who have signs and symptoms of TB.
- Determine final disposition (i.e., TBI, active TB or no TB/TBI). If active TB is suspected, notify TTBEPC.O. and initiate a contact investigation.

- Provide adequate treatment based on the final disposition.

No Class: Pregnancy

- Review all paperwork.
- Evaluate for signs and symptoms of TB (these may have developed since the patient’s pre-departure exam).
- Administer an IGRA regardless of history of BCG. If an IGRA result is documented in the paperwork, there is no need to redraw an IGRA. If a TST result is documented (negative or positive) in the paperwork, an IGRA should still be drawn. Overseas TST results may be unreliable; however, overseas IGRA results are considered reliable.
- Perform a CXR for patients with a positive TST or IGRA and/or who have signs and symptoms of TB.
- Determine final disposition (i.e., TBI, active TB or no TB/TBI). If active TB is suspected, notify TTBE C.O. and initiate a contact investigation.
- Provide adequate treatment based on the final disposition.

5. DOCUMENTATION

Receiving Notifications

Regions may receive notifications via one of the following mechanisms:

- Scenario 1: Regional TB program is notified by TTBE C.O. of an immigrant or refugee who has arrived in the region; or
- Scenario 2: Immigrant or refugee presents at the local or regional health department for evaluation.

Scenario 1: If paperwork is received by TTBE C.O., TTBE C.O. staff will notify and send paperwork to the receiving regional public health TB program. The immigrant or refugee should be contacted either by phone or letter to schedule an appointment at the next available TB clinic. The TTBE has “Welcome to Tennessee” letters that can be mailed directly to newly-arrived immigrants or refugees. These letters have been translated into the languages of countries that represent the majority of Class B arrivals in Tennessee. The letters are available in the following languages (**Refer to Appendix N**)

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| • Arabic | • Burmese |
| • Chinese | • Dzongkha (spoken in Bhutan) |
| • English | • Russian |
| • Somali | • Spanish |
| • Tagalog (spoken in Philippines) | • Vietnamese |

Scenario 2: If an immigrant or refugee presents to a local or regional health department for the evaluation and the regional TB program has not received any paperwork from TTBE C.O., the regional TB program should:

- Notify TTBE C.O. to determine if the person is a Class B immigrant or refugee and if paperwork has been received from DGMQ
- The evaluation should proceed and paperwork can be completed once received.

Explanation of Paperwork

The following paperwork will be received at TTBE C.O. and forwarded on to the appropriate regional TB program:

- Alien Information cover sheet
- DS-2054 Medical Exam
- DS-3025 Vaccination
- DS-3026 Medical History
- DS-3030 Chest X-ray
- Pre-Departure Medical Screening
- Scanned documentation
- TB Follow-up Worksheet (2 pages)
- B-Notification Follow-up Worksheet Supplemental (Parts 1 and 2)

Completing Paperwork

Instructions for completing the TB Follow-up Worksheet can be found on pages 19-49 of the EDN Tuberculosis Follow-up Guide (**Refer to Appendix O**).

Returning Paperwork to TTBE the Central Office (C.O.)

When the first evaluation for TB/TBI begins (i.e., when a TST or IGRA is placed in the United States), record the date in the “Evaluation Date at a Health Department” on the B-Notification Follow-up Worksheet Supplemental Part 1 and return the worksheet to TTBE C.O. It is only necessary to complete the “Evaluation Date at a TN Health Department” on the TB Follow-up Worksheet Supplemental Part 1 and return to C.O. when the patient is evaluated in the health department. There is no need to complete page 2 of the Follow-up Worksheet Supplemental.

The TB Follow-up Worksheet should be submitted with all variables completed and sent back to the TTBE C.O. once a final disposition is made and the patient’s chart is closed at the health department (e.g., patient completed treatment, offered treatment and refused, moved, lost, not located, etc.)

The TB Follow-up Worksheet must be submitted even if the patient was never located for evaluation.

6. Transferring out of State

Responsibilities of the Sending Regional TB Program

1. Contact TTBEPC.O. and provide the relocating address.
2. If evaluation has been initiated, complete an IJ form and send with medical records to the C.O.
3. If patient has not been located or no evaluation has been started, no IJ form is necessary.

Responsibilities of TTBEPCentral Office

1. Send IJ form and medical records to receiving state TB Program or EDN contact.
2. Transfer the immigrant/refugee in the EDN system.