

Class A and Class B TB Notifications

CONTENTS

Introduction.....	4.2
Purpose.....	4.2
Policy	4.5
Follow-up of Class A and Class B Tuberculosis Arrivals.....	4.6
Division of Global Migration and Quarantine forms.....	4.6
Data entry	4.6
Patient follow-up	4.7
Evaluation of Class A and Class B Tuberculosis Arrivals.....	4.8
Evaluation activities	4.8
Treatment.....	4.9
Resources and References	4.10

Introduction

Purpose

Use this section to:

- follow up on Class A and Class B TB notifications
- evaluate and treat immigrants with Class A and Class B notifications

Class A and Class B notifications are sent by the Centers for Disease Control and Prevention (CDC) to the Oregon Tuberculosis (TB) Program as follow-up to the screening mandated by US immigration law. Follow-up evaluation of immigrants and refugees with Class A and Class B status should be given high priority by all TB control programs. Immigrants and refugees with Class A and Class B TB status are also a high-priority subpopulation for screening for latent TB infection (LTBI).

U.S. immigration law requires applicants who plan to relocate permanently to the United States to have a medical evaluation prior to entering the country. The purpose of mandated screening is to deny entry to those persons who have communicable diseases of public health import, physical or mental disorders associated with harmful behavior, addiction to drugs, or are likely to become wards of the state. As part of this mandated screening, persons migrating as immigrants, refugees, and asylees are required to be tested (and in some instances treated) outside the United States for TB. It should be noted that not all foreign born persons entering the U.S. go through this process. For example, those entering as non-immigrants (example student or work visa) are not required to be screened prior to arrival in the U.S.

Applicants identified overseas as having abnormalities in their chest x-ray consistent with TB or who are diagnosed with LTBI are classified either Class A or Class B. With the implementation of 2007 revised technical instructions for TB screening, how applicants are screened, treated and classified depends upon their country of origin. The classification system is further explained in the section “Medical Evaluation of Class A and Class B Tuberculosis Arrivals” below.

Policy

Newly arrived refugees and immigrants with Class A or Class B status will receive thorough and timely TB evaluations and appropriate treatment to ensure prompt detection of TB disease and prevention of future cases.

Follow-up of Class A and Class B Tuberculosis Arrivals

Division of Global Migration and Quarantine Forms

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) generates the Class A and Class B notification forms.

The DGMQ sends the notifications to the Oregon State TB Program. The DGMQ also sends a letter to any immigrant or refugee with a tuberculosis (TB) condition, indicating that a follow-up is needed in the United States.¹

The Oregon State TB Program forwards the appropriate paperwork to the local health department by mail.

The mail-based system will soon be replaced with an electronic system, called EDN (electronic data notification). With EDN, DGMQ will scan overseas medical documents and enter immigrant/refugee information to the system. The system will automatically send an email notification of the immigrant/refugee's arrival to the appropriate jurisdiction. Results of the domestic evaluation are then entered to the system.

The objectives of the EDN TB module are the following:

- 1) Use the CDC secure data network (SDN) to electronically notify health departments of newly arriving immigrants and refugees with Class A and Class B tuberculosis
- 2) Provide an electronic system for health departments to inform other health departments of secondary migration (within the U.S.) of immigrants and refugees with Class A or Class B tuberculosis.
- 3) Provide health departments with an electronic system to record and evaluate the outcome of domestic follow-up examinations.
- 4) Provide federal and state public health officials with data to evaluate the effectiveness of follow-up of immigrants and refugees with suspect TB tuberculosis condition.
- 5) Allow comparison of overseas health assessments with domestic follow-up outcomes

We are currently working with CDC to implement EDN in Oregon. We envision two jurisdictions: Portland Metro Counties (Clackamas, Multnomah, and Washington) and the rest of the state. The Portland Metro Counties would have direct access to the EDN system, while the rest of the state would continue to receive notifications via the State TB Control Program. Please direct any questions about EDN to Shannon Hiratzka, TB Epidemiologist, at 971-673-0160 (Shannon.L.Hiratzka@state.or.us)

Upon Receipt of Notification

Depending upon the country of origin, the immigrant may have undergone screening to rule out infectiousness (chest x-ray and sputum smear) or a thorough assessment (chest x-ray, sputum smear and culture with susceptibilities) as well as treatment for tuberculosis prior to entry. The patient's immigration paperwork should be carefully reviewed to determine the patient's current status. The Oregon State TB Program recommends all Class A and Class B arrivals have a new evaluation for active disease to include at minimum a symptom review and new chest x-ray.

Procedures for locating Class A and Class B arrivals and appropriate timelines for follow up are described below.

1. Check to see if the immigrant already visited the health department or a private provider.
2. If not, call the home of the immigrant's sponsor or relative within five business days after receiving the notification. Arrange for the immigrant to come into the health department and/or arrange for the patient to see a private provider. Whenever possible, communications should be made in the immigrant's first language.
3. If you are unable to reach the immigrant by telephone or if the immigrant does not visit the health department or a private provider within 10 business days (two weeks) of the telephone call, make a home visit or send a letter to the home of the immigrant's sponsor or relative. Whenever possible, communications should be made in the immigrant's first language.
4. If the immigrant does not visit the health department or a private provider within 10 business days (two weeks) of the initial home visit or letter, make a second visit to the home of the immigrant's sponsor or relative.
5. Every effort should be made to locate Class A and Class B arrivals as these immigrants are considered high risk for TB disease. Call the Oregon State TB Program for consultation when an immigrant is not located.
6. Complete follow-up within one month if possible.
7. Complete and return the original notification form to the Oregon State TB Program by mail.

Overseas Medical Evaluation Process

In 2008, the CDC's Division of Migration and Quarantine released the *2007 Technical Instructions for Tuberculosis Screening and Treatment for Panel Physicians*. These instructions are being implemented on a country by country basis. Because of this, some applicants are still screened under 1991 guidelines while others are screened under the new 2007 technical instructions. At this time, all applicants from Mexico, the Philippines, Nepal and Thailand are screened according to the 2007 instructions. The most up to date information on the screening process can be found at: http://www.cdc.gov/ncidod/dg/panel_2007.htm.

Local Health Department Medical Evaluation Process

Refer to Table 3 to determine what medical evaluation should take place for Class A and B Waivers under local health department care.

Table 3: EVALUATION FOR B1 AND B2 ARRIVALS

Tuberculosis Classification	1991 Technical Instructions	2007 Technical Instructions	Medical Evaluation by LHD
Class A	"Tuberculosis, infectious." Abnormal CXR and one or more positive sputum smears.	Diagnosed with TB disease (sputum smear +or culture MTB+) and require treatment but granted a waiver to travel prior to completion of therapy	Evaluate for tuberculosis disease as soon as possible and treat for TB disease as indicated.
Class B1 - Pulmonary	"Tuberculosis clinically active, not infectious." Abnormal CXR and sputum smears negative	<u>No treatment:</u> Medical history or CXR suggestive of pulmonary TB but sputum smears and cultures negative. Not diagnosed with TB or can wait to have TB treatment started until after immigration. <u>Completed treatment:</u> Diagnosed with pulmonary TB and completed DOT before immigration	-Review disease and treatment history -Administer TST if no documentation -Obtain repeat CXR and compare to overseas CXR if available -Collect sputum (x3) if patient is symptomatic or CXR indicative of active TB
Class B2	"Tuberculosis, not clinically active." Abnormal CXR suggestive of tuberculosis, not clinically active. No sputum smears required.	<u>LTBI Evaluation</u> Tuberculin skin test ≥ 10 mm but who otherwise have a negative evaluation for tuberculosis.	<u>1991 Instructions</u> -Administer TST if no documentation -Review disease and treatment history -Obtain repeat CXR and compare to overseas -Collect sputum (x3) if patient symptomatic or CXR indicative of TB disease <u>2007 Instructions</u> -Review medical history -Obtain CXR -If normal CXR, treat for LTBI
Class B3	"Consistent with TB, old or healed." Abnormal CXR; only abnormality is calcified hilar lymph node, primary complex, or granuloma. No sputum smears required.	<u>Contact Evaluation</u> Applicants who are a contact of a known tuberculosis case.	<u>1991 Instructions</u> Not reported to LHD <u>2007 Instructions</u> -Review medical history -Administer TST or QFT -If TST >5 mm or QFT+, obtain CXR -If CXR normal, treat for LTBI

Treatment

Prescribe medications as appropriate. **Do not start patients on single-drug therapy for latent TB infection (LTBI) until tuberculosis (TB) disease is ruled out (wait for all culture results before starting on single drug treatment for LTBI).** Immigrants with positive tuberculin skin tests for whom active TB has been ruled out are priority candidates for treatment of LTBI because of the increased probability of subsequent progression to active TB disease. Patients with fibrotic lesions on a chest radiograph suggestive of old, healed TB are candidates for treatment of LTBI, regardless of age. According to current CDC/American Thoracic Society (ATS) recommendations, old, healed TB can be treated with four months of isoniazid and rifampin using a combined pill, Rifamate (if available) or with nine months of isoniazid.

Resources

Resources

- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). “Medical Examinations of Aliens (Refugees and Immigrants)” (CDC Web site; accessed September 25, 2006). Available at: <http://www.cdc.gov/ncidod/dg/health.htm>
- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). “2007 Technical Instructions for Tuberculosis Screening and Treatment for Panel Physicians” (CDC Web site; accessed April 7, 2008). Available at: <http://www.cdc.gov/ncidod/dg/health.htm>
- Francis J. Curry National Tuberculosis Center. *B-Notification Assessment and Follow-up Toolbox* (Francis J. Curry National Tuberculosis Center Web site; January 2004). Available at: http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A .

¹ Tuberculosis Control Program. *B1/B2 Notification and Monitoring Procedures*. New York State Department of Health. April 1996 in Text: step-by-step guide. *Notification Assessment and Follow-up Toolbox*. Francis J. Curry National Tuberculosis Center [Francis J. Curry National Tuberculosis Center Web site]. January 2004. Available at: http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A .