

# B Notifications

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## Introduction

### Purpose

Use this section to do the following:

- Follow up on B notifications.
- Evaluate and treat immigrants with B notifications.

B notifications are sent by the Centers for Disease Control and Prevention (CDC) to the MDCH TB Control Program as follow-up to the screening mandated by United States immigration law. The purpose of mandated screening is to deny entry to persons who have either communicable diseases of public health import or physical or mental disorders associated with harmful behavior, abuse drugs or are addicted to drugs, or are likely to become wards of the state.<sup>1</sup>

This notification system follows up on medical screenings of persons with TB classifications after their arrival in the United States.<sup>2,3</sup> Immigrants with TB classifications are identified at ports of entry to the United States by the United States Citizenship and Immigration Services (USCIS) on entry to the United States and are reported to CDC's Division of Global Migration and Quarantine (DGMQ). The DGMQ notifies state and local health departments of refugees and immigrants with TB classifications who are moving to their jurisdictions.

Recommendations for local follow-up and evaluation of Class B arrivals are frequently revised by DGMQ. Updated guidelines will be provided as they become available.

### Pre-Arrival Medical Screening for Tuberculosis

Not all foreign-born persons who enter the United States go through the same official channels or through the screening process.<sup>4</sup> For a summary of which groups of foreign-born persons are screened, refer to Table 1: **Numbers of Foreign-Born Persons Who Entered the United States, by Immigration Category, 2002**. Persons entering in the nonimmigrant category do not require pre-entry screening, but as a condition of entry, persons migrating as immigrants, refugees, and asylees are required to be screened outside the United States for diseases of public health significance, including TB.<sup>5,6</sup>

Table 1: NUMBERS OF FOREIGN-BORN PERSONS WHO ENTERED THE UNITED STATES, BY IMMIGRATION CATEGORY, 2002<sup>7,8</sup>

Category	Number	Percentage of Total	Screening Required?
<b>Immigrants</b> are defined by the Office of Immigration Statistics (OIS) as persons legally admitted to the United States as permanent residents.	384,000	1.38%	Yes
<b>Refugees and asylees</b> , as defined by OIS, are persons admitted to the United States because they are unable or unwilling to return to their country of nationality due to persecution or a well-founded fear of persecution. Refugees apply for admission at an overseas facility and enter the United States only after their application is granted; asylees apply for admission when already in the United States or at a point of entry.	132,000	0.46%	Yes
<b>Nonimmigrants</b> are aliens granted temporary entry to the United States for a specific purpose (the most common visa classifications for nonimmigrants are visitors for pleasure, visitors for business, temporary workers, and students).	27,907,000	98.18%	No
<b>The foreign-born population</b> , as defined by the Census Bureau, refers to all residents of the United States who were not US citizens at birth, regardless of their current legal or citizenship status.	28,423,000	100%	See above
<b>Unauthorized immigrants</b> (also referred to as illegal or undocumented immigrants) are foreign citizens illegally residing in the United States. They include both those who entered without inspection and those who violated the terms of a temporary admission without having gained either permanent resident status or temporary protection from removal. <sup>9</sup>			

Sources: Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004; and ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.

Applicants for immigration who plan to relocate permanently to the United States are required to have a medical evaluation prior to entering the country. The technical instructions (TI), or requirements, for the TB-related components of these medical evaluations differ depending upon the country of most recent origin, population group, and date of screening. Two different sets of TI have been developed by DGMQ and both are in use: 1991 TI and 2007 TI.

Most applicants for US immigration are being screened according to the *1991 Technical Instructions for Panel Physicians*. These instructions are available at this hyperlink:

[http://www.cdc.gov/ncidod/dg/panel\\_1991.htm](http://www.cdc.gov/ncidod/dg/panel_1991.htm). In 2007, new technical instructions for TB medical evaluation were approved and are in the process of being phased into use.

These instructions are available at this hyperlink:

[http://www.cdc.gov/ncidod/dg/pdf/ti\\_tb\\_8\\_9\\_2007.pdf](http://www.cdc.gov/ncidod/dg/pdf/ti_tb_8_9_2007.pdf). To identify which countries have implemented screening according to the 2007 TI, reference

[http://www.cdc.gov/ncidod/dg/panel\\_2007.htm](http://www.cdc.gov/ncidod/dg/panel_2007.htm). Any country not screening according to the 2007 TI is following the 1991 TI. Table 2 highlights tuberculosis evaluation

classifications for the 1991 and 2007 TI. For a detailed comparison of the evaluation and interpretations under the 1991 and 2007 TI, please refer to

[http://www.cdc.gov/ncidod/dg/pdf/comparison\\_1991\\_2007\\_tb\\_ti.pdf](http://www.cdc.gov/ncidod/dg/pdf/comparison_1991_2007_tb_ti.pdf).

Table 2: COMPARISON OF 1991 AND 2007 TUBERCULOSIS CLASSIFICATIONS

Category	1991	2007
No TB Classification	Applicants with normal tuberculosis screening examinations	Applicants with normal tuberculosis screening examinations
Class A	"Tuberculosis, infectious." Abnormal CXR and one or more positive sputum smears.	Applicants who have tuberculosis disease diagnosed (sputum smear positive or culture positive) and require treatment overseas but who have been granted a waiver to travel prior to the completion of therapy.
Class B1 - Pulmonary	"Tuberculosis clinically active, not infectious." Abnormal CXR and sputum smears negative	No treatment: 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.  Completed treatment: Applicants who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration
Class B1- Extrapulmonary	"Extrapulmonary tuberculosis, clinically active, not infectious." Radiographic or other evidence of extrapulmonary tuberculosis, clinically active	Evidence of extrapulmonary tuberculosis
Class B2	"Tuberculosis, not clinically active." Abnormal CXR suggestive of tuberculosis, not clinically active. No sputum smears required.	<b>LTBI Evaluation.</b> Applicants who have a tuberculin skin test $\geq 10$ mm (among applicants $\leq 5$ years of age) but who otherwise have a negative evaluation for tuberculosis.
Class B3	"Consistent with tuberculosis, old or healed." Abnormal CXR; only abnormality is calcified hilar lymph node, primary complex, or granuloma. No sputum smears required.	<b>Contact Evaluation.</b> Applicants who are a contact of a known tuberculosis case.

Source: Centers for Disease Control and Prevention (CDC). 2007 Technical Instructions for Tuberculosis Screening and Treatment. Available at [http://www.cdc.gov/ncidod/dg/panel\\_2007.htm](http://www.cdc.gov/ncidod/dg/panel_2007.htm). Accessed January 24, 2009.

## Policy

The CDC and the Advisory Council for the Elimination of Tuberculosis (ACET) recommend screening high-risk populations for TB, including recent arrivals from areas of the world with a high prevalence of TB. On the basis of its very high success rate of detecting TB cases, domestic follow-up evaluation of immigrants and refugees with Class B1 and B2 TB notification status should be given highest priority by all TB control programs.<sup>10</sup>

Newly-arrived refugees and immigrants with Class B TB should receive thorough and timely TB evaluations and appropriate treatment to ensure prompt detection of TB disease and prevention of future cases.<sup>11</sup>



For roles and responsibilities, refer to the “Roles, Responsibilities, and Contact Information” topic in the Introduction.

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## Follow-up of B1 and B2 Tuberculosis Arrivals

### Division of Global Migration and Quarantine Forms and Overview of Notification Process for Newly-Arrived Individuals

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

- DS-2053: “Medical Examination for Immigrant or Refugee Application”
- DS-3024: “Chest X-Ray and Classification Worksheet”
- DS-3025: “Vaccination Documentation Worksheet”
- DS-3026: “Medical History and Physical Examination Worksheet”
- TB Follow-Up Worksheet (No DS number, included for class A or B only)

Upon arrival at a U.S. port of entry, medical information and files from the immigrant’s or refugee’s overseas examination are entered into a secure CDC database known as the Electronic Disease Notification (EDN) system. The DGMQ notifies the MDCH TB Control Program of newly-arrived immigrants and refugees in Michigan via e-mail. Upon notification of new arrivals in Michigan, the MDCH TB Control Program accesses the EDN database and downloads and prints all available information for the newly-arrived immigrants or refugees. This information is then mailed to the appropriate local health departments for their information and follow-up, if required. Unless a local health department requests otherwise, the MDCH TB Control Program will forward all files for newly-arrived immigrants and refugees, regardless of their disease classification status. This is done to assure that local health departments are aware of all new arrivals in their jurisdiction and does not imply that follow-up is required for individuals without a disease classification. If your health department wishes not to receive notification of individuals with no disease classification, please contact the MDCH TB Control 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.<sup>12</sup>

## Patient Follow-up



The immigration paperwork may make it appear that a patient has had a complete evaluation for TB disease. However, the overseas evaluation is designed only to detect abnormal radiographs and determine infectiousness at the time of travel and does not rule out disease. All B1 and B2 arrivals need a new diagnostic evaluation for active disease, including a tuberculin skin test and new chest radiograph. Even if active TB disease is ruled out, most B1 and B2 arrivals are priority candidates for treatment of latent TB infection.

Follow-up on each B1 and B2 arrival as described below.

1. Check to see if the immigrant has already visited the health department or a private provider.
2. If not, make a telephone call to the home of the immigrant's sponsor or relative within five business days after receiving the notification. Arrange for the immigrant to come in during clinic hours at 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 the immigrant does not visit the health department or a private provider within 10 business days (two weeks) of the telephone call, send a registered 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 letter, make a visit to the home of the immigrant's sponsor or relative. Take a representative who speaks the immigrant's first language if at all possible (if needed).
5. Every effort should be made to locate B1 or B2 arrivals as these immigrants are considered high risk for TB disease. Call the MDCH TB Control Program for consultation when an immigrant is not located.
6. Complete Class B follow-up within one month.
7. Complete and fax the TB Follow-Up Worksheet to the MDCH TB Control Program.<sup>13</sup> This form is essential for conducting statewide surveillance, following-up on all B1 and B2 arrivals, and satisfying reporting requirements to the CDC.

# The TB Follow-Up Worksheet

TB Follow-Up Worksheet				Version 2.0 10/30/2007	
<b>A. Demographic Information</b>					
A1. Name (Last, First, Middle)		A2. Alien #:	A3. Visa Type:	A4. Initial U.S. Entry Date:	
A5. Age:	A6. Gender:	A7. DOB:	A8. TB Class:	A9. Class Condition:	
A10. Country of Examination:			A11. Country of Birth:		
A12. Data Entry Q-Station:		A13. Officer in Charge:		A14. Q-Station Phone:	
A15c.		A16a. Sponsor Agency Name: A16b. Sponsor Agency Phone: A16c. Sponsor Agency Address:			
<b>B. Jurisdictional Information</b>					
B1. Destination State:		B2. Jurisdiction:		B3. Jurisdiction Phone #:	
<b>C. U.S. Evaluation</b>					
C1. Date of Initial U.S. Medical Evaluation:     /   /					
C2a. TST Placed:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C2e. History of Previous Positive TST <input type="checkbox"/>	
C2b. TST Placement Date:		/   /			
C2c. TST mm:		/   /			
C2d. TST Interpretation:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown			
C3a. Quantiferon (QFT) Test:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
C3b. QFT Collection Date:		/   /			
C3c. QFT Result:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown			
<b>U.S. Review of Overseas CXR</b>			<b>Domestic CXR</b>		<b>Comparison</b>
C4. Overseas CXR Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable			C7. U.S. CXR Done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable		C11. U.S. CXR Comparison to Overseas CXR:  <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
C5. U.S. Interpretation of Overseas CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown			C8. Date of U.S. CXR:     /   /		
C6. Overseas CXR Abnormal Findings: <input type="checkbox"/> Abnormal, not TB <input type="checkbox"/> Cavity <input type="checkbox"/> Fibrosis <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (Specify) _____			C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown		
C10. U.S. CXR Abnormal Findings: <input type="checkbox"/> Abnormal, not TB <input type="checkbox"/> Cavity <input type="checkbox"/> Fibrosis <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (Specify) _____					
<b>C12. U.S. Microscopy / Bacteriology</b> <input type="checkbox"/> Specimen not collected in U.S.					
Spec #	Specimen Source	Date	AFB Smear Result	Culture Result	Drug Resistance (DR)
1	_____	/   /	<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR
2	_____	/   /	<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR
3	_____	/   /	<input type="checkbox"/> Not Done <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> NTM <input type="checkbox"/> Negative <input type="checkbox"/> Contaminated <input type="checkbox"/> MTB Complex <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Done <input type="checkbox"/> Mono-RIF <input type="checkbox"/> No DR <input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR

<b>TB Follow-Up Worksheet (Cont)</b>			
U.S. Review of Overseas Treatment			Version 2.0 10/30/2007
C13. Overseas Treatment Recommended by Panel Physician: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C14. US Review of TB Disease Overseas Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes <input type="checkbox"/> Patient-Reported <input type="checkbox"/> Panel Physician-Documented <input type="checkbox"/> Both	C15. Arrived on Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C16. Completed Treatment Overseas: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C17. Overseas Treatment Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. Disposition</b>			
D1. Disposition Date:      __/__/__			
D2. Evaluation Disposition:			
<input type="checkbox"/> Completed Evaluation	<input type="checkbox"/> Initiated Evaluation / Not Completed	<input type="checkbox"/> Did Not Initiate Evaluation	
<input type="checkbox"/> Treatment Recommended <input type="checkbox"/> No Treatment Recommended	<input type="checkbox"/> Moved within U.S. <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Returned to Country of Origin <input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Not Located <input type="checkbox"/> Moved within U.S. <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Returned to Country of Origin <input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify _____	
D3. Diagnosis: <input type="checkbox"/> Class 0 - No TB exposure, not infected <input type="checkbox"/> Class 1 - TB exposure, no evidence of infection <input type="checkbox"/> Class 2 - TB infection, no disease <input type="checkbox"/> Class 3 - TB, active disease <input type="checkbox"/> Class 4 - TB, inactive disease <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extrapulmonary <input type="checkbox"/> Both Sites			
D4. <input type="checkbox"/> RVCT Reported		D5. RVCT #:      _____	
<b>E. U.S. Treatment</b>			
E1. U.S. Treatment Initiated: <input type="checkbox"/> No Treatment <input type="checkbox"/> Active Disease <input type="checkbox"/> LTBI <input type="checkbox"/> Unknown	E2. U.S. Treatment Start Date:      __/__/__	E3. U.S. Treatment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	E4. U.S. Treatment End Date:      __/__/__
<b>F. Comments</b>			
			Provider _____ Clinic _____ Phone _____
<b>G. Physician Signature</b>			
Panel Physician Signature:      _____		Date (mm-dd-yyyy)      _____	

## Completion of the TB Follow-Up Worksheet

Note that a TB Follow-Up Worksheet will only be included for individuals with a TB A, B1, B2 or B3 Classification. This form is generated by DGMQ and is automatically attached to relevant immigrant or refugee files. As such, the MDCH TB Control Program is required to forward this form to local health departments and report completion to DGMQ. The TB Follow-Up Worksheet requires a physician's signature and input, but may be completed by a public health nurse. Your required input on the Worksheet will begin with block C (blocks A and B should already be completed on your form). Unless specifically noted, you may only mark one box for each question. Contact the MDCH TB Control Program with any questions regarding completion of the Follow-Up Worksheet.

1. C1.: Indicate the date of your first evaluation of the patient, regardless of how many or what types of services were performed.
2. C2.a.: Indicate whether you placed a TST on the patient.  
C2.b.: If you placed a TST, indicate the date it was placed. If a TST was not placed, leave this and C2.c and C2.d blank.  
C2.c.: Indicate the reading of the TST in millimeters.  
C2.d.: Indicate your interpretation of the TST result.  
C2.e.: Check if the patient had a history of a positive TST. This may be indicated in the overseas examination information or the patient may have other documentation of prior TST status with them. Only check this box for verified, documented prior positive patients; a patient's claim is not sufficient for this purpose.
3. C3.a.: Indicate whether you performed a QuantiFERON (QFT) test on the patient.  
C3.b.: If you performed a QFT test, specify the date that blood was collected for the test. If a QFT was not performed, leave this and C3.c blank.  
C3.c.: Indicate the result of the QFT test.
4. C4.: Indicate if the patient's overseas chest x-ray is available for your interpretation. This requires the actual film taken during the patient's overseas examination, not an interpretation. If the patient produces a film but it is not clear whether it is really the patient's film (e.g. a substitute), mark "Not Verifiable".
5. C5.: Indicate your interpretation of the patient's overseas chest x-ray. If a film is too unclear to interpret, or of poor quality, mark "Poor Quality" (see #6 below). If you submitted a chest x-ray for interpretation but have not received the result, do not check "Unknown". Rather, hold the Worksheet and attempt to obtain a result from the provider to whom you submitted the x-ray.
6. C6.: If you marked "Abnormal" for C.5., please specify the nature of the abnormality here. Use the "Other" line to indicate any detailed information not covered by the check-boxes. If you marked "Poor Quality" for C5., use the "Other" line to specify that the overseas x-ray was uninterpretable.

7. C7.: Indicate if you obtained a chest x-ray of the patient. If you referred the patient for an x-ray but are uncertain if the x-ray has been performed, do not check “Not Verifiable”. Rather, hold the Worksheet and verify if the x-ray was performed and if not, reschedule with the patient and/or the provider to obtain one.
8. C8.: Specify the date you performed your x-ray of the patient.
9. C9.: Indicate your interpretation of the patient’s x-ray that you obtained. If you submitted a chest x-ray for interpretation but have not received the result, do not check “Unknown”. Rather, hold the Worksheet and attempt to obtain a result from the provider to whom you submitted the x-ray.
10. C10.: If you marked “Abnormal” for C9., please specify the nature of the abnormality here. Use the “Other” line to indicate any detailed information not covered by the check-boxes.
11. C11.: If you have reviewed chest x-rays obtained overseas and through your own health department, indicate how the x-ray you obtained compares to the overseas x-ray. Only mark this question if you have both x-rays films.
12. C12.: Indicate any microscopic or bacteriologic testing (e.g. sputum analysis) that you performed upon specimens you collected from the patient. Do not reference results from the overseas evaluation. If you performed microscopic or bacteriologic testing, indicate the specimen source (e.g. sputum or other clinical specimen) and the date collected.

Indicate the results of AFB smear analysis. Any result indicating the presence of AFB in the specimen, regardless of number, should be marked as “Positive”. If you submitted a specimen for AFB analysis but are unsure of the results, do not mark “Unknown”. Rather, hold the Worksheet and verify the AFB results. If you need help verifying or interpreting AFB results, contact the MDCH TB Control Program. If you know the AFB result for a patient’s specimen, but have not yet received culture or antibiotic sensitivity results, please submit the form including AFB results. This will provide valuable information on the status of the patient, and an updated copy of the form should be submitted when culture and sensitivity results are available.

Indicate the results of bacteriology or culture of the specimen. Final or preliminary culture results of “*M. tuberculosis* complex” or “*M. tuberculosis*” should both be marked as “MTB complex”. Culture results indicating a mycobacterial species other than *M. tuberculosis* should be marked as “NTM” (non-tuberculous mycobacteria). Culture results indicating no growth of any kind, or growth of a non-mycobacterial species, should be marked as “Negative”. If you submitted a specimen for culture analysis but are unsure of the results, do not mark “Unknown”. Rather, hold the Worksheet and verify the culture results. If you need help verifying or interpreting culture results, contact the MDCH TB Control Program.

Indicate the results of antibiotic-sensitivity testing upon the cultured specimen in the “Drug Resistance (DR)” column. Results indicating sensitivity to all antibiotics

tested should be marked as “No DR”. Results indicating resistance to INH only should be marked as “Mono-INH”, and resistance to RIF only as “Mono-RIF”. Results indicating resistance to INH and RIF should be marked as “MDR-TB”. Any other resistance pattern or combination should be marked as “Other DR”. If you need help verify or interpreting results from antibiotic sensitivity testing, contact the MDCH TB Control Program.

- 13.** C13.: Indicate if treatment overseas (prior to entry into U.S.) was recommended by the physician who performed the overseas examination. This is usually specified in the patient’s overseas examination records. If it is unclear whether the overseas physician recommended treatment, mark “Unknown”.
- 14.** C14.: If overseas treatment was recommended, indicate whether the patient received such treatment. Overseas treatment information is usually indicated in the patient’s overseas medical evaluation forms, although the completeness of this information varies greatly among different examination sites and countries. Some patient may also present documentation of treatment separate from their overseas evaluation forms. Only accept clear documentation as evidence of treatment; a patient’s description of treatment is not sufficient. If it is unclear whether the patient received treatment overseas, mark “Unknown”.
- 15.** C15.: Indicate if the patient arrived in the U.S. or your jurisdiction on treatment. This may be apparent in the overseas evaluation files or from the patient’s own description; many patients will recall taking pills and may be able to describe them with some direction from local health staff. Patients may also have bottles of pills or prescriptions with them.
- 16.** C16.: Indicate if the patient completed treatment overseas. This should be based on data from the overseas evaluation documents, or some patients may present copies of treatment regimens or DOT logs from overseas. However, a verbal description by the patient is not sufficient to consider that they completed therapy. The MDCH TB Control Program recommends that any patient not able to provide satisfactory documentation of overseas treatment completion, be regarded as having not completed treatment.
- 17.** C17.: Based upon your review of available information regarding overseas treatment, indicate if you have concerns about that treatment. These concerns may be based upon failure to complete treatment overseas, inadequate or inappropriate regimen prescribed overseas, or any other clinical concern.
- 18.** D1.: Indicate the date you made a disposition for the patient. This may be the date you initiated or prescribed treatment, or the date that you made a determination of the patient’s TB status and a plan for follow-up and management of the patient. The disposition date may be the same date as the initial evaluation, provided that all relevant clinical testing and interpretation is available and documented.
- 19.** D2.: Indicate the outcome of your evaluation.  
  
If you completed your evaluation, indicate if you recommended any TB treatment (LTBI or active disease).

If you initiated an evaluation but were unable to complete it, indicate the reason. If your evaluation is pending further testing, consultation or other needs, please do not report that you were unable to complete your evaluation. Rather, hold your Worksheet until you have the required information and attempt to complete your evaluation. If you are unable to complete your evaluation because the patient moved to another jurisdiction, you will not be held responsible for ensuring that evaluation is completed in the new jurisdiction. Contact the MDCH TB Control Program and provide as much information as possible regarding the patient's new address and location, and our program will refer the patient through the EDN system to the appropriate new jurisdiction.

If you did not initiate an evaluation of the patient, indicate the reason.

- 20.** D3.: Indicate the TB diagnosis you feel is appropriate for the patient. Note that for a diagnosis of "Class 3 – TB, active disease", you must also indicate whether pulmonary, extrapulmonary or both.
- 21.** D4.: Check if you have reported this patient as a case of tuberculosis to the MDCH TB Control Program.
- 22.** D5.: If you have received a state case number for this patient, enter the case number here.
- 23.** E1.: Indicate the type of TB treatment you have initiated for the patient. This question must be answered regardless of your response to D2., thus even if you have not initiated treatment you must indicate "No Treatment". If you have referred the patient to a provider for treatment, but are unsure if treatment has been initiated, please do not mark "Unknown". Rather, hold the Worksheet and contact the provider and the patient to verify that treatment has been initiated or when it will be.
- 24.** E2.: Indicate the date treatment was started or will be started.
- 25.** E3.: Indicate if treatment was completed. Do not mark this box until you have verified and documented that treatment has been completed. For example, a copy of the Worksheet for a patient that has been prescribed INH prophylaxis for LTBI must be submitted when treatment is initiated and again when treatment is completed (~9 months later).
- 26.** E4.: Indicate the date that treatment was ended. This may be the date treatment was completed, or the date that treatment was terminated due to other reasons (e.g. insurmountable side-effects or patient loss to follow-up). If a patient initiates treatment in your jurisdiction but moves to another jurisdiction prior to completing treatment, your jurisdiction will not be held responsible for follow-up or completion of treatment. Contact the MDCH TB Control Program and provide as much information as possible regarding the patient's new address and location, and our program will refer the patient through the EDN system to the appropriate new jurisdiction.

# Evaluation of B1 and B2 Tuberculosis Arrivals

## Evaluation Activities

Refer to Table 3 for a summary of evaluation tasks to be performed for Class B arrivals.

Table 3: EVALUATION ACTIVITIES FOR B1 AND B2 ARRIVALS<sup>14</sup>

Evaluation Activities	Perform Evaluation Activities For		
	B1	B2	B3
<b>Determine TST status.</b> If documentation is not available, administer a TST. A reaction of $\geq 5$ mm is considered significant for persons with an abnormal chest radiograph.	Yes	Yes	Yes
<b>Review the overseas chest radiograph and obtain a new radiograph.</b> Even if patients have their overseas chest radiographs available, a new chest radiograph generally should be taken.	Yes	Yes	Yes
<b>Review TB treatment history with the patient.</b> Treatment history may be on the medical examination report, form DS-2053. In some cases, patients have received treatment not documented on the DS-2053.	Yes	Yes	Yes
<b>Collect sputum for testing.</b> The decision to collect sputum specimens should be based on your medical evaluation and review and the patient's information. Sputum specimens should be collected 8 to 24 hours apart, with at least one being an early morning specimen. A chest radiograph does not rule out TB disease with certainty. If the patient is symptomatic, collect sputum specimens regardless of chest radiography results.	Yes	If symptoms present and/or CXR suggests active TB disease.	If symptoms present and/or CXR suggests active TB disease.

Sources: Francis J. Curry National Tuberculosis Center. Recommended TB clinic procedures for Class B1 TB arrivals and recommended TB clinic procedures for Class B2 TB arrivals. In: Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. San Francisco, CA; January 2004. Available at: [http://www.nationaltbcenter.edu/products/product\\_details.cfm?productID=WPT-06%20A](http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A). Accessed January 25, 2009.

## 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.* B1/B2 immigrants with positive tuberculin skin tests and for whom active TB has been ruled out are priority candidates for treatment of LTBI because of the increased probability of recent infection and 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.



The overseas diagnosis of clinically active TB disease is based on the abnormal chest radiograph. Reevaluation in the United States may show the patient actually to have old, healed TB. 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.<sup>15</sup>



For more information on treatment, see the Treatment of Latent Tuberculosis Infection and Treatment of Tuberculosis Disease sections.

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## Resources and References

### Resources

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- <sup>6</sup> ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.
- <sup>7</sup> Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004:2. Available at: <http://www.cbo.gov/ftpdocs/60xx/doc6019/11-23-Immigrant.pdf> . Accessed January 26, 2009.
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