

### **Information on the Follow-Up and Assessment of Persons with Class B1/B2 Tuberculosis**

The B notification program is an important screening strategy to identify immigrants and refugees who have a high risk for TB. The overseas screening process is intended to exclude infectious persons from entering the United States and to ensure that new arrivals who have active TB or who are at high risk for TB receive medical services. Visa applicants 15 years of age or older must have a chest radiograph (CXR) performed overseas. If the CXR is suggestive of active pulmonary TB, sputa for acid-fast bacillus (AFB) smears must be obtained. Applicants are then classified as described in the table below:

<b>Immigrant/ Refuge Classification</b>	<b>Overseas CXR</b>	<b>Overseas Sputum AFB Smears</b>	<b>Restrictions</b>
<b>A Waiver*</b>	Abnormal, suggestive of active TB	Positive	May not enter the U.S. until started on anti-TB therapy and sputum smears are negative, and: 1) Apply for a waiver signed by the local health department in their intended U.S. destination (A waiver) or 2) Complete TB therapy overseas
<b>B1</b>	Abnormal, suggestive of active TB	Negative	Instructed to report to the local health department in the U.S. for further medical evaluation within 30 days of arrival
<b>B2</b>	Abnormal, suggestive of inactive TB	Not done	Same as above

\* Very few persons with A waivers will be entering the country, so they will not be included in this information.

When a person with Class B1/B2 TB moves to the U.S., the Centers for Disease Control and Prevention (CDC), Division of Quarantine notifies the local health jurisdiction in the individual's intended county of residence that medical follow-up is necessary. A copy of this notice is also sent to the State TB Program. The person is instructed to report to the local health department within one month of arrival. Because individuals classified as B1/B2 are at an increased risk for having or developing active TB, follow-up should be given the same priority as a contact investigation.

The primary purpose of the follow-up evaluation is to identify and treat all active cases of TB. However, a secondary purpose is to identify persons with a positive TB skin test (TST) who are eligible for treatment of latent TB infection (LTBI).

An in-person evaluation of the B1/B2 classified individual should include:

1. Review of overseas CXR to determine if there is evidence of TB disease. Repeat the CXR if the following applies:
  - a. Overseas CXR is not available, is technically inadequate, or
  - b. Suspicion for TB is high enough that the patient is being started on treatment for suspected active TB disease, or
  - c. Abnormalities seen on the overseas CXR are highly suspicious for active TB disease and it was taken more than three months ago.
2. Interview the patient to obtain information on medical history. This should include history of known exposure to TB, prior TB diagnosis or treatment, prior TST results, and any indications or contraindications to a course of treatment for LTBI.
3. Provide TST for all B1/B2 individuals with no history of a prior positive reaction.
4. Collect sputum specimens for AFB smear and culture who are suspected of having active TB disease.

The number of TB cases in foreign-born individuals has been gradually increasing in Michigan. In 2001 36% of all cases reported were foreign-born. Of these, 11 (3.3%) of the 330 total cases of active TB were B1 or B2 immigrants.

Since the beginning of 2002 (through August) we have received notice of 58 immigrants who have entered Michigan with TB classifications of B1 or B2. Of these 58, follow-up reports indicating that an evaluation has been completed have been received on 25 (43%).

Recommendations from the CDC and Michigan's Advisory Councils for the Elimination of Tuberculosis (MICET) have emphasized the screening of high-risk populations for TB, including recent immigrants from areas of the world with a high prevalence of TB. Meeting the needs of this population today is a cost-effective and efficient way to reduce our state's TB burden in the future.