B Notifications

CONTENTS

Introduction

Purpose

Use this section to:

- Follow up on B1, B2 and B3 immigrant/refugee notifications, and
- Evaluate and treat immigrants, refugees and asylees with Class B1, B2 and B3 notifications.

The Centers for Disease Control and Prevention (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. The B notification program is an important screening strategy intended to identify immigrants and refugees who have a high risk for TB. Refugees, asylees, and applicants for immigration who plan to relocate permanently to the United States, are required to have a medical evaluation outside the U.S. to screen for diseases of public health significance, including TB[1] prior to and as a condition of, entry to the country. The overseas screening process is intended to exclude infectious persons from entering the United States and to ensure that individuals who have active TB or who are at high risk for TB receive a follows up medical screening after their arrival in the United States.[2,3]

When a person with Class B1/B2/B3 TB (tables 1 and 2) moves to the United States they are identified at ports of entry to the United States by the US Citizenship and Immigration Services (USCIS). If the individual's intended county of residence is in Nevada, the CDC's Division of Global Migration and Quarantine (DGMQ) notifies the Nevada State Health Division's (NSHD) Tuberculosis Program of their arrival. The NSHD in turn notifies the local health authority (LHA) for that jurisdiction that a medical follow-up is necessary for this individual. The DGMQ also sends a letter to the immigrant or refugee with a tuberculosis (TB) condition, indicating that a follow-up is needed in the United States.[4] The person is instructed to report to the LHA within one month of arrival.[5] Nevada's LHA's should make follow-up of persons with B notification as high a public health priority as is a TB contact investigation.

Since 2007, Nevada has received between two hundred and fifty to three hundred and fifty class B notifications each year.[6] As two-thirds of all cases in Nevada have occurred in the foreign-born population, the screening of foreign-born persons is a public health priority for the Nevada Tuberculosis Program. Legal immigrants and refugees with B1 and B2 TB classifications are also a high-priority subpopulation for screening for latent TB infection (LTBI).[7]

The Class B Notification System

Under the 1991 Guidelines, applicants who are identified as having abnormalities in their chest radiographs consistent with TB are classified according to the criteria in Table 1: **Classification of Immigrants and Refugees in the B Notification Program**. An applicant whose chest radiograph is compatible with active TB but whose sputum AFB smear results are negative is classified as having Class B1 status and may enter the United States. If the chest radiograph is compatible with inactive TB, no sputum specimens are required, and the applicant enters the country with Class B2 status.[5] If abnormalities are present in a chest radiograph and if sputum AFB smears are positive, the applicant must receive a Class A waiver before entry into the United States. Very few persons with class A waivers enter the United States, so class A waivers are not covered in these protocols.

Table 1: 1991 CLASSIFICATION OF IMMIGRANTS AND REFUGEES IN THE B NOTIFICATION PROGRAM[8]

Immigrant/ Refugee Classification	Overseas Chest Radiograph	Overseas Sputum Acid-Fast Bacilli Smears	Restrictions
A Waiver*	Abnormal, suggestive of active tuberculosis (TB) disease	Positive	May not enter the United States unless started on antituberculosis therapy and sputum smears are negative and apply for a waiver signed by the local health department in their intended US destination (A Waiver) or ▪ Complete TB therapy overseas
B1	Abnormal, suggestive of active TB disease	Negative	Instructed to report to the local health department in the United States for further medical evaluation within 30 days of arrival
B2	Abnormal, suggestive of inactive TB disease	Negative	Instructed to report to the local health department in the United States for further medical evaluation within 30 days of arrival
* Very few persons with A waivers enter the United States, so they are excluded from these guidelines.			

Source: California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Available at: http://www.ctca.org/guidelines/IIA7bnotification.pdf .

Immigrants coming from several countries with high rates of tuberculosis are being screened according to new 2007 guidelines, (see table 2) more information is available at: http://www.cdc.gov/ncidod/dq/panel_2007.htm

These new guidelines are currently being implemented for some high incidence countries (see table 3). All other applicants for U.S. immigration are still being screened according to the 1991 Tuberculosis Technical Instructions at http://www.cdc.gov/ncidod/dq/panel_1991.htm.

Significant changes in the 2007 Technical Instructions for Tuberculosis Screening include requiring:

- Tuberculin skin tests (TST) for applicants <15 years of age in countries with a World Health Organization (WHO)-estimated tuberculosis incidence rate >20 per 100,000.
- A chest radiograph for all applicants <15 years of age with TST ≥5 mm.
- Mycobacterial cultures for applicants with chest radiographs suggestive of tuberculosis disease.
- Treatment under a directly observed therapy (DOT) program.
- Completion of treatment prior to immigrating to the United States, according to American Thoracic Society/CDC/Infectious Diseases Society of America guidelines.
- New TB classifications for all applicants with suspected latent *Mycobacterium tuberculosis* infection and for contacts for cases of tuberculosis disease.

A detailed comparison on the 1991 and 2007 Technical Instructions is available at http://www.cdc.gov/ncidod/dq/panel_2007.htm

Table 2: 2007 CLASSIFICATION OF IMMIGRANTS AND REFUGEES IN THE B NOTIFICATION PROGRAM[9]

Immigrant/ Refugee Classification	Overseas Evaluation
A Waiver	Applicant has active tuberculosis (TB) disease
B1 - pulmonary	Applicant has medical history, physical exam, HIV or CXR findings suggestive of pulmonary TB No treatment has been started. Or Treatment has already been completed overseas
B1 - extrapulmonary	Applicant has evidence suggestive of extrapulmonary site. Anatomic site of infection is documented
B2 (LTBI)	Applicant has a tuberculin skin test ≥ 10 mm but otherwise has a negative evaluation for TB. The size of the TST reaction, the applicant's status with respect to LTBI treatment, and the medication(s) used should be documented. For applicants who have had more than one TST, whether the applicant converted the TST should be documented (i.e., initial TST < 10 mm but subsequent TST ≥ 10 mm)
B3 (Contact)	Applicant is a recent contact of a known tuberculosis case. The size of the applicant's TST reaction should be documented. Information about the source case, name, alien number, relationship to contact, and type of TB should also be documented

Source: Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). "CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment, 2007." Available at http://www.cdc.gov/ncidod/dq/pdf/ti_tb_8_9_2007.pdf

The following table displays applicants for U.S. immigration being screened according to the 2007 Technical Instructions for Tuberculosis Screening and Treatment by country, population, and start date as of January 23, 2009.

Table 3: APPLICANTS SCREENED ACCORDING TO 2007 INSTRUCTIONS BY COUNTRY

Country	Population	Start Date
Botswana	All applicants	March 3, 2008
China	All applicants	July 1, 2009
Dominican Republic	All applicants	February 2, 2009
Ethiopia	Refugees (Eritrean's)	March 10, 2009
	All applicants	April 1, 2009
Hong Kong SAR	All applicants	November 3, 2008
Japan	All applicants	June 1, 2009
Jordan	All applicants	April 5, 2009
Kenya	Refugees (includes Ethiopians, Somalis, and Sudanese)	January 1, 2008
	All applicants	April 10, 2009
Lesotho	All applicants	March 3, 2008
Macau SAR	All applicants	November 3, 2008
Malaysia	Refugees (Burmese)	January 1, 2009
Mexico	All applicants	October 1, 2007
Mozambique	All applicants	March 3, 2008
Namibia	All applicants	March 3, 2008
Nepal	Refugees (Bhutanese)	December 13, 2007
Philippines	All applicants	October 1, 2007
South Africa	All applicants	March 3, 2008
Swaziland	All applicants	March 3, 2008
Taiwan	All applicants	April 1, 2009
Tanzania	Refugees (Burundian)	January 1, 2008
	All applicants	June 5, 2008
Thailand	Refugees (includes Burmese and Hmong refugees)	April 9, 2007
Turkey	All applicants	February 4, 2008
Uganda	All applicants	March 2, 2009
Vietnam	All applicants	February 1, 2008

Refer to http://www.cdc.gov/ncidod/dq/panel_2007.htm for current information.

The guideline for diagnosis of LTBI is still a TST of greater than or equal to 10 mm of induration. However, the trigger for a chest radiograph for persons being evaluated under the 2007 technical instructions is 5 mm of induration.

Policy

Goal: Newly arrived refugees and immigrants with Class B1/B2/B3 TB will receive thorough and timely TB evaluations and appropriate treatment to ensure prompt detection of TB disease and prevention of future cases.[9]

Local Health Authorities may receive B notifications from a variety of sources including the following:
1. Division of Quarantine (DOQ) slips from the Ports of Entry
2. Transfers from other jurisdictions and states
3. Immigrants/refugees who walk-in for evaluation without prior notice of B notification
4. Electronic B notification files via the Electronic Data Network (EDN)

Local Health Authorities (LHA) must make every effort to ensure:
1. Timely and complete TB evaluations are performed.
2. Appropriate therapy is initiated and completed for medically eligible persons (those with active TB, inactive TB or TB infection)

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

Glossary of Terms

General Terms

Affidavit of support: Many immigrants, under the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), will be required to file a legally binding affidavit of support (Form I-864) signed by a sponsor who must demonstrate that they maintain sufficient resources to support the immigrant at a minimum of 125 percent of the federal poverty level.

Alien: A term used by the U.S. Citizenship and Immigration Services (USCIS) and the U.S. Immigration and Customs Enforcement (ICE) to refer to any person who is not a citizen or national of the United States.

Civil Surgeon: A medically trained, licensed and experienced doctor practicing in the U.S. who is certified by USCIS (U.S. Citizenship and Immigration Service). These medical professionals receive U.S. immigration-focused training in order to provide examinations as required by the CDC (Center for Disease Control and Prevention) and USCIS. IMPORTANT: Medical examinations will not be recognized if they are given by a doctor in the U.S. who is not a Civil Surgeon; for the most current list of civil surgeons in your area call the National Customer Service Center at 1 (800) 375-5283. The complete CDC technical instructions are available at:
http://www.cdc.gov/ncidod/dq/pdf/civil_surgeons_ti.pdf

Migrant: A person who leaves his/her country of origin to seek residence in another country.

Panel Physician: A medically trained, licensed and experienced doctor practicing overseas who is appointed by the local U.S. Embassy or Consulate. These medical professionals receive U.S. immigration-focused training in order to provide examinations as required by the CDC (Center for Disease Control and Prevention) and USCIS (U.S. Citizenship and Immigration Services).

Port of Entry: Any location in the United States or its territories that is designated as a point of entry for aliens and U.S. citizens. All district and files control offices are also considered ports, since they become locations of entry for aliens adjusting to immigrant status.

Quarantine Station: One of eight field stations, operated by the CDC, Division of Global Migration and Quarantine (CDC,DQ), through which a migrant may enter into the U.S. and be processed upon arrival. These Stations are located at:

Hartsfield International Airport, Atlanta, GA
Miami International Airport, Miami, FL
O'Hare International Airport, AMF O'Hare, Chicago, IL
JFK International Airport, Jamaica, NY
Honolulu International Airport, Honolulu, HI
San Francisco International Airport, San Francisco, CA
Tom Bradley International Airport, Los Angeles, CA
Tacoma International Airport, Seattle, WA

Sponsor: The term "sponsor" in the immigration sense means to bring to the United States or "petition for."

Technical Instructions for the Medical Examination of Aliens: The CDC, Division of Global Migration and Quarantine provide the technical instructions and guidance to physicians conducting the overseas examinations for immigration. These instructions are developed in accordance with section 212(a)(1)(A) of the Immigration and Nationality Act (INA), which states those classes of persons ineligible for visas or admission based

on health-related grounds. The health-related grounds include: those who have a communicable disease of public health significance, who fail to present documentation of having received vaccination against vaccine-preventable disease, who have or have had a physical or mental disorder with associated harmful behavior, and who are drug abusers or addicts.

Immigration Status Categories

The following immigration status categories require that the migrant undergo a medical evaluation in their country of origin before they can enter the United States.

Applicant: Persons overseas applying for U.S. immigration status and non-immigrants who are required to have an overseas medical examination.
Asylee: An alien in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group, or political opinion. For persons with no nationality, the country of nationality is considered to be the country in which the alien last habitually resided. Asylees are eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States. These immigrants are limited to 10,000 adjustments per fiscal year.
Immigrant: The Immigration and Nationality Act (INA) broadly defines an immigrant as any person in the United States, except one legally admitted under specific non-immigrant categories (INA section 101(a)(15)). Lawful permanent residents are legally accorded the privilege of residing permanently in the United States. Immigrant visas can be issued overseas or by the Department of State if the applicant is in the U.S.
Permanent Resident: Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. Also known as "Permanent Resident Alien," "Lawful Permanent Resident," "Resident Alien Permit Holder," and "Green Card Holder."
Refugee: Any person who is outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group, or political opinion. People with no nationality must generally be outside their country of last habitual residence to qualify as a refugee. Refugees are subject to ceilings by geographic area set annually by the President in consultation with Congress and are eligible to adjust to lawful permanent resident status after one year of continuous presence in the United States.
Parolee: A parolee is an alien, appearing to be inadmissible to the inspecting officer, allowed into the United States for urgent humanitarian reasons or when that alien's entry is determined to be for significant public benefit. Parole does not constitute a formal admission to the United States and confers temporary status only, requiring parolees to leave when the conditions supporting their parole cease to exist. Types of parolees include:

1. *Deferred inspection:* authorized at the port upon alien's arrival; may be conferred by an immigration inspector when aliens appear at a port of entry with documentation, but after preliminary examination, some question remains about their admissibility which can best be answered at their point of destination.
2. *Advance parole:* authorized at an USCIS District office in advance of alien's arrival; may be issued to aliens residing in the United States in other than lawful permanent resident status

who have an unexpected need to travel and return, and whose conditions of stay do not otherwise allow for readmission to the United States if they depart.

3. *Port-of-entry parole:* authorized at the port upon alien's arrival; applies to a wide variety of situations and is used at the discretion of the supervisory immigration inspector, usually to allow short periods of entry. Examples include allowing aliens who could not be issued the necessary documentation within the required time period, or who were otherwise inadmissible, to attend a funeral and permitting the entry of emergency workers, such as fire fighters, to assist with an emergency.
4. *Humanitarian parole:* authorized at USCIS headquarters or overseas District Offices for "urgent humanitarian reasons" specified in the law. It is used in cases of medical emergency and comparable situations.
5. *Significant Public Benefit Parole:* authorized at USCIS headquarters Office of International Affairs for "significant public benefit" specified in the law. It is generally used for aliens who enter to take part in legal proceedings when there is a benefit to the government. **These requests must be submitted by a law enforcement agency**.
6. *Overseas parole:* authorized at an USCIS District or sub-office while the alien is still overseas; designed to constitute long-term admission to the United States. In recent years, most of the aliens USCIS has processed through overseas parole have arrived under special legislation or international migration agreements.

The following immigration status categories do not require that the migrant undergo a medical evaluation in their country of origin before they can enter the United States.

Non-immigrant (Temporary Resident): An alien who seeks temporary entry to the United States for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the non-immigrant classification sought. The non-immigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the United States, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancées' of U.S. citizens, intracompany transferees, NATO officials, religious workers, and some others. Most non-immigrant's can be accompanied or joined by spouses and unmarried minor (or dependent) children.

Temporary Worker: An alien coming to the United States to work for a temporary period of time. The Immigration Reform and Control Act of 1986 and the Immigration Act of 1990, as well as other legislation, revised existing classes and created new classes of non-immigrant admission. Nonimmigrant temporary worker classes of admission are as follows:

1. H-1A - registered nurses (valid from 10/1/1990 through 9/30/1995);
2. H-1B - workers with "specialty occupations" admitted on the basis of professional education, skills, and/or equivalent experience;
3. H-1C - registered nurses to work in areas with a shortage of health professionals under the Nursing Relief for Disadvantaged Areas Act of 1999;
4. H-2A - temporary agricultural workers coming to the United States to perform agricultural services or labor of a temporary or seasonal nature when authorized workers are unavailable in the United States;
5. H-2B - temporary non-agricultural workers coming to the United States to perform temporary services or labor if unemployed persons capable of performing the service or labor cannot be found in the United States;

6. H-3 - aliens coming temporarily to the United States as trainees, other than to receive graduate medical education or training;

7. O-1, O-2, O-3 - temporary workers with extraordinary ability or achievement in the sciences, arts, education, business, or athletics; those entering solely for the purpose of accompanying and assisting such workers; and their spouses and children;

8. P-1, P-2, P-3, P-4 - athletes and entertainers at an internationally recognized level of performance; artists and entertainers under a reciprocal exchange program; artists and entertainers under a program that is "culturally unique"; and their spouses and children;

9. Q-1, Q-2, Q-3 - participants in international cultural exchange programs; participants in the Irish Peace Process Cultural and Training Program; and spouses and children of Irish Peace Process participants;

10. R-1, R-2 - temporary workers to perform work in religious occupations and their spouses and children.

Follow-up of B1 and B2 Tuberculosis Arrivals

Patient Follow-up

The immigration paperwork may make it appear that a patient has had a complete evaluation for TB disease. However, some overseas evaluations are designed only to detect abnormal radiographs and determine infectiousness at the time of travel and do not rule out disease. Remember that all B1 and B2 arrivals need a new diagnostic evaluation for active disease. 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/B2/B3 arrival is described below.

1. Check to see if the immigrant has already visited the health department or a private provider.
2. If not, then make a telephone call to the home of the immigrant's sponsor or relative within 5 business days after receiving the notification. Arrange for the immigrant to come in during clinic hours to 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 ten (10) business days (two weeks) of the telephone call, 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 ten (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/B2/B3 arrivals as these immigrants are considered high risk for TB disease.
6. Complete Class B follow-up evaluation within one month (if possible). Follow-up worksheets may need to be submitted up to three times: Upon initial completion of the medical evaluation for TB; when culture results come back; and when therapy for active disease or latent TB infection is completed.
7. Return the B notification form to the Nevada State Health Division TB Program. If your jurisdiction has Electronic Data Network (EDN) access, complete the follow-up form on-line. This information is essential for the Nevada State Health Division's TB Program to conduct statewide surveillance and follow-up on all class B arrivals and allows evaluation and reporting of the programs performance to the CDC.

Evaluation of B1 B2 and B3 Tuberculosis Arrivals

Evaluation Activities

Upon receipt of immigration paperwork, the local health jurisdiction needs to look at what country the immigrant comes from to determine whether they have been screened according to the 1991 or 2007 Technical Instructions. If unsure whether the country of origin is under the new Technical Instructions, go to http://www.cdc.gov/ncidod/dq/panel_2007.htm for a current list.

Arrivals from countries still under the 1991 Guidelines:

B1 arrivals had negative sputum acid-fast bacilli results overseas and have overseas chest radiographs that are abnormal and suggestive of **active TB disease.**

B2 arrivals had negative sputum acid-fast bacilli results overseas and have overseas chest radiographs that are abnormal and suggestive of **inactive TB disease**.

Arrivals from countries under the 2007 Guidelines:

Class A TB with waiver

All applicants who have active TB disease and have been granted a waiver, treatment should have been initiated in country of origin.

Class B1 TB, Pulmonary

No treatment

- Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary TB but have negative AFB sputum smears and cultures and are not diagnosed with TB or can wait to have TB treatment started after immigration.

Completed treatment

- Applicants who were diagnosed with pulmonary TB 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 TB. The anatomic site of infection should be documented.

Class B2 TB, LTBI Evaluation

Applicants who have a tuberculin skin test ≥10 mm or positive IGRA but otherwise have a negative evaluation for TB. The size of the TST reaction or IGRA result, the applicant's status with respect to LTBI treatment, and the 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 TB 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 TB should also be documented.

Table 4: EVALUATION ACTIVITIES FOR B1, B2 AND B3 ARRIVALS[9]

Evaluation Activities	B1 Active TB	B2 Inactive TB	B3 Contact
Determine tuberculin skin test (TST) status. If documentation is not available, administer a TST. A reaction of ≥5 mm is considered significant for persons with an abnormal chest radiograph as well as for contacts to an infectious case.	Yes	Yes	Yes, repeat TST 8-10 wks after last known exposure
Review the chest radiograph. Even if patients have their overseas chest radiographs available for comparison, a new chest radiograph generally should be taken.	Yes	Yes	Yes, if positive TST
Review tuberculosis (TB) treatment history with the patient. Treatment history may be on the visa medical examination report, form DS-2053: *Medical Examination for Immigrant or Refugee Application.* In some cases, patients have received treatment not documented on the DS-2053. Regardless of chest radiograph result, collect sputum specimens if the patient is symptomatic.	Yes	Yes	Yes
Collect sputum for testing. Sputum specimens should be collected 8 to 24 hours apart, with at least one being an early morning specimen. Collect sputum for testing, at the provider's discretion, based on the evaluation. Remember that a chest radiograph does not rule out TB disease with certainty. Regardless of chest radiograph result, collect sputum specimens if the patient is symptomatic.	Yes	If symptoms present	If symptoms present

Amended from 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.

RECOMMENDED TB CLINIC PROCEDURES FOR CLASS B1 TB ARRIVALS

CDC Definition of Class B1 Tuberculosis

"Class B1: tuberculosis, clinically active, not infectious; abnormal chest radiograph or series of chest radiographs suggestive of active pulmonary TB, and sputum smears (in some countries cultures as well as smears) negative for acid-fast bacilli on 3 consecutive days." Extra pulmonary TB is included in this category.

- **Review PPD status.** If documentation is not available, administer a PPD. A reaction of $\geq$ 5 mms is considered significant for persons with an abnormal CXR, while a TST reaction of $\geq$ 10 mm is considered significant in recent U.S. arrivals with a normal CXR.

- **Take a chest x-ray.** The patient should have his/her overseas CXR available for comparison. A new CXR should be taken if the original film is technically inadequate, or if the overseas CXR is older than three months. If the overseas CXR is less than 3 months old, a new CXR can be taken at the provider's discretion.

- **Review TB treatment history with the patient.** Treatment history may be on the visa medical exam report (DS-2053). In some cases, patients have received treatment not documented on the DS-2053.

- **Collect sputum** for testing on three consecutive days.

- **Medications** should be prescribed as appropriate. Persons with fibrotic lesions on a CXR suggestive of old, healed TB are candidates for preventive therapy, regardless of age.

Please note: The overseas diagnosis of clinically active TB is based on the abnormal CXR. Re-evaluation in the U.S. may show the patient to actually have old healed TB. According to current CDC/ATS recommendations, old healed TB can be treated with four months of INH and RIF prophylaxis using a combined pill, Rifamate, or with 9 months of INH.

RECOMMENDED TB CLINIC PROCEDURES FOR CLASS B2 TB ARRIVALS

CDC Definition of Class B2 tuberculosis

"Class B2: tuberculosis, not clinically active, not infectious; abnormal chest radiograph or series of chest radiographs suggestive of tuberculosis, not clinically active (e.g. fibrosis, scarring, pleural thickening, diaphragmatic tenting, and blunting of costophrenic angles)." Sputum smears not required [for the overseas exam]. Individuals who have completed a recommended course of anti-tuberculosis therapy and whose CXRs are stable are included in this category.

- **Review PPD status.** If documentation is not available, administer a PPD. A reaction of $\geq$ 5 mms is considered significant for persons with an abnormal CXR, while a TST reaction of $\geq$ 10mm is considered significant in recent U.S. arrivals with a normal CXR.

- **Take a chest x-ray.** The patient should have his/her overseas CXR available for comparison. A new CXR should be taken if the original film is technically inadequate, or if the overseas CXR is older than three months. If the overseas CXR is less than 3 months old, a new CXR can be taken at the provider's discretion.

- **Review TB treatment history with the patient.** In some cases, patients have received treatment not documented in the notification.

- **Collect sputum** for testing, at the provider's discretion, based on the evaluation. Remember that a CXR does not rule out active TB with certainty.

- **Medications** should be prescribed as appropriate. Persons with fibrotic lesions on a CXR suggestive of old, healed TB are candidates for preventive therapy, regardless of age.

Please note: According to current CDC/ATS recommendations, old, healed TB can be treated with four months of INH and RIF prophylaxis using a combined pill, Rifamate, or with 9 months of INH.

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/B3 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 civil surgeon should contact the TB Control Program of the local or state health department in his or her area to ascertain the local criteria for treatment for latent TB infection and the local health department's position regarding acceptance of referrals of such applicants from Civil Surgeons. Some health departments with large numbers of TB patients may lack the resources to follow up on all people with latent infection. If a health department is not able to accept a referral, the Civil Surgeon may ask if the health department is able to provide treatment consultation for an applicant with latent TB infection. Once active disease has been excluded, an applicant with latent TB infection can be medically cleared for TB for the purposes of USCIS, regardless of whether treatment for latent TB infection has been recommended or completed.[10]

For more information on treatment, see the Centers for Disease Control and Prevention *Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection* (MMWR June 9, 2000/vol 49/RR-6) at http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf
Or *Treatment of Tuberculosis*(MMWR June 20, 2003 / 52(RR11);1-77) at http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf

Nevada State Health Division Tuberculosis Program

Date :

Dear :

Welcome to Nevada

We have been notified by the Division of Global Migration and Quarantine through the **Bureau of Immigration and Customs Enforcement**[1] that you are now residing in *name of jurisdiction* and we are **requiring** that you have a medical evaluation for tuberculosis within the next two weeks.

Please report to the **Tuberculosis Clinic**, *address* for clearance of your tuberculosis waiver on *date* at *time*.

Our clinic hours are:

clinic hours

Please bring this letter, all x-ray films and any medical forms that you have with you.

If you have already reported to this clinic or if you need to change your appointment, please call *phone number*.

Sincerely,

Name of Sender

Title of Sender

Name of TB Control Program

[Insert Health Department Logo]

[1] Formerly the INS

Instructions for completing the Follow-up Worksheet for persons arriving in Nevada with a TB Class B Condition

The initial evaluation of an arrival with a TB Class Condition will be considered complete when:

- **A diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or LTBI, or**
- **The provider is unable to complete the evaluation and the reason for this is indicated (section D2).**

Section A – Demographic **Section B – Jurisdictional**	Will be completed before you receive the paperwork.
Section C – U.S. Evaluation **TST or QFT**	C1 –**Indicate date** of the initial evaluation C2 – **Administer a tuberculin skin test (TST) regardless of the results of overseas TST.** Document the date, mm induration (not redness), and interpretation (**for persons with TB Class Conditions, ≥ 5 mm is considered positive**). C3 –If you use the QFT test, record the date and results
Overseas CXR	C4-6 – **Document your (or your radiologist's) interpretation of the overseas CXR film**. Arrivals should bring their overseas CXR film(s) with them to their exam.
Domestic CXR	C7-11 – **Perform a CXR, regardless of TST or QFT results, and compare to overseas film**. Document the results of the comparison.
U.S. Microscopy / Bacteriology	C12 –**If active TB disease cannot be ruled out, collect sputum** for AFB smear and culture. Document results on the form. ***Report suspected pulmonary or extrapulmonary TB disease to the State or Local Health Department within one working day. Do not wait for culture confirmation.***
U.S. Review of Overseas Treatment	C13-17 – **Document your interpretation of the overseas treatment** based on your review of overseas documents and information provided by the patient.
Section D – Disposition **Diagnosis**	D1-D2 –**When you are finished with the initial evaluation, indicate the date and your treatment recommendation.** If unable to initiate or complete the evaluation, indicate the reason. D3 – **Indicate diagnosis.** D4 – **Leave blank**. For DOH use only.
Section E – U.S. Treatment	E1-E2 – **Check appropriate box for treatment** initiation and **document start date**. Based on CDC treatment recommendations: • No treatment is indicated for Classes 0 and 1. • Strongly consider treatment of Class 2 (latent TB infection/ LTBI) unless medically contraindicated. • Patients with Class 3 (active TB disease) should be treated using directly observed therapy (DOT); this can be arranged through the local health department. • Unless previously treated, strongly consider treatment for LTBI in persons with Class 4 (old, healed TB). E3 – **Check box** and **document completion date**.

When you have finished the initial evaluation (including disposition) and indicated treatment start date (when applicable), return the form to:

Nevada State Health Division TB Program
4150 Technology Way, Suite 211
Carson City, Nevada 89706
Fax (775) 684-5999

Or: If your facility has access to the EDN system, enter the information directly

If you have any questions regarding The form or instructions, please contact The State TB Program at 775-684-5982

Resources and References

Resources

- California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). "Guidelines for the Follow-up and Assessment of Persons with Class B1/B2 Tuberculosis" *(CDHS/CTCA Joint Guidelines;* September 1999). Available at: http://www.ctca.org/guidelines/IIA7bnotification.pdf
- 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/dq/health.htm
- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). "CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment, 2007." Available at http://www.cdc.gov/ncidod/dq/pdf/ti_tb_8_9_2007.pdf
- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). Comparison of 2007 Technical Instructions for Tuberculosis Screening and Treatment with 1991 Instructions. Available at http://www.cdc.gov/ncidod/dq/pdf/comparison_1991_2007_tb_ti.pdf
- Francis J. Curry National Tuberculosis Center. *B-Notification Assessment and Follow-up Toolbox.* Francis J. Curry National Tuberculosis Center Web site. Available at: http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A .
- U.S Citizenship and Immigration Services Web site Available at: http://www.uscis.gov/portal/site/uscis

References

[1] 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.

[2] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Available at: http://www.ctca.org/guidelines/IIA7bnotification.pdf . Accessed November 1, 2006.

[3] Francis J. Curry National Tuberculosis Center. Overview. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. San Francisco, CA; January 2004:2–3. Available at: http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A . Accessed November 1, 2006.

[4] 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 .

[5] 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):47.

[6] Nevada State Health Division Tuberculosis Program

[7] 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):40.

[8] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Available at: http://www.ctca.org/guidelines/IIA7bnotification.pdf . Accessed November 1, 2006.

[9] 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 . Accessed November 1, 2006.

[10] *Tuberculosis Component of Technical Instructions for the Medical Examination of Aliens in the United States* U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for Preparedness Detection and Control of Infectious Diseases, Division of Global Migration and Quarantine. Atlanta GA 30333 May 2008.