Classified Immigrant Screening and Reporting Requirements

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How do I know if someone is a Classified Immigrant?

- Newcomer Health Program (NHP) receives notice via email that reports are pending in the EDN (Electronic Disease Notification)
- NHP prints the form on goldenrod paper and sends it to the LHD
- Evaluation should occur within **30 days of arrival**.

What do I do with these individuals?

- Treat **every** Class B immigrant (as long as it is a TB classification) as a TB suspect
  - PPD or IGRA (unless they have documentation as being previously positive)
  - Sputum Collection x 3
  - Chest x-ray

Do **NOT** begin treatment for LTBI (Latent TB Infection) until final culture reports are received!

Form Overview

- The TB follow-up worksheet includes the seven sections:
- 1. Section A - Demographic Information
- 2. Section B - Jurisdictional Information
- 3. Section C - U.S. Evaluation
  - Tuberculin Skin Test (TST) result section
  - QuantiFERON® result section
  - U.S. Review of Overseas Chest X-ray
  - Domestic CXR
  - Comparison
  - U.S. Microscopy/Bacteriology
  - U.S. Review of Overseas Treatment
- 4. Section D - Evaluation Disposition
- 5. Section E - U.S. Treatment
- 6. Section F - Comments
- 7. Section G - Screen Site Information

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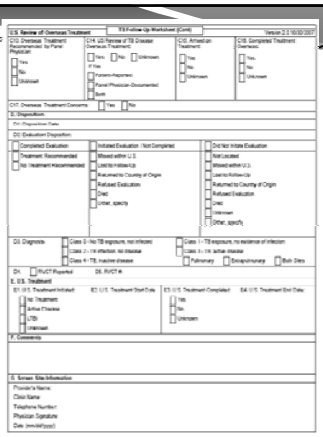
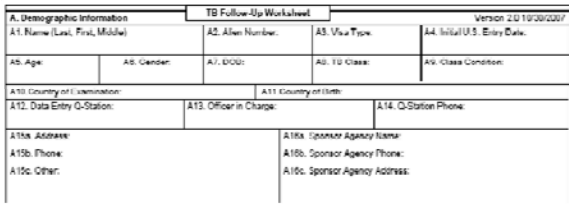


Part A – Demographic Information

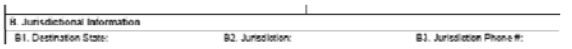


A. Demographic Information — TB Follow-Up Worksheet — Version 2.0 10/30/2007

A1. Name (Last, First, Middle):	A2. Alien Number:	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:	
A15a. Address:	A16a. Sponsor Agency Name:		
A15b. Phone:	A16b. Sponsor Agency Phone:		
A15c. Other:	A16c. Sponsor Agency Address:		

Will already be completed upon arrival to LHD

Part B – Jurisdictional Information



H. Jurisdictional Information

B1. Destination State:	B2. Jurisdiction:	B3. Jurisdiction Phone #:

C1. Date of Initial U.S. Medical Evaluation

C. U.S. Evaluation
C1. Date of Initial U.S. Medical Evaluation:
C2a. TST Placed: ☐ Yes ☐ No ☐ Unknown
C2b. TST Placement Date:
C2c. TST mm:
C2d. TST Interpretation: ☐ Positive ☐ Negative ☐ Unknown
C2e. History of Previous Positive TST ☐

Month, day and year when the medical evaluation for alien was initiated by a U.S. medical provider resulting in initial diagnostic tests or medical assessment, **not when the health department first contacted the immigrant or refugee.**

C2 – Tuberculin Skin Test (TST)

C. U.S. Evaluation
C1. Date of Initial U.S. Medical Evaluation:
C2a. TST Placed: ☐ Yes ☐ No ☐ Unknown
C2b. TST Placement Date:
C2c. TST mm:
C2d. TST Interpretation: ☐ Positive ☐ Negative ☐ Unknown
C2e. History of Previous Positive TST ☐

C2e – Tuberculin Skin Test (TST) History of Previous Positive

C. U.S. Evaluation
C1. Date of Initial U.S. Medical Evaluation:
C2a. TST Placed: ☐ Yes ☐ No ☐ Unknown
C2b. TST Placement Date:
C2c. TST mm:
C2d. TST Interpretation: ☐ Positive ☐ Negative ☐ Unknown
C2e. History of Previous Positive TST ☐

Can be confirmed with information from the DS forms and/or by the patient's verbal history.

C3 – QuantiFERON®Test

C3a. Quantiferon (QFT) Test: ☐ Yes ☐ No ☐ Unknown
C3b. QFT Collection Date:
C3c. QFT Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

•If a different brand was used, please indicate the results in this section **AND indicate the brand used in the comments section, section F.**

•If a different brand was used and the result option is not available (i.e. invalid or borderline), please indicate the brand **AND the result in the comments section, section F.**

C4 - Overseas CXR Available?

U.S Review of Overseas CXR
C4. Overseas CXR Available?
☐ Yes ☐ No ☐ Not Verifiable
C5. U.S. Interpretation of Overseas CXR:
☐ Normal ☐ Abnormal ☐ Poor Quality ☐ Unknown
C6. Overseas CXR Abnormal Findings:
☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis
☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy
☐ Other (Specify)

•Overseas chest X-ray, if physically available.

•Verify that the chest X-ray has both the name and date of birth of the individual. If this is not documented on the X-ray, please indicate "not verifiable."

C5 – U.S. Interpretation of Overseas CXR

U.S Review of Overseas CXR
C4. Overseas CXR Available?
☐ Yes ☐ No ☐ Not Verifiable
C5. U.S. Interpretation of Overseas CXR:
☐ Normal ☐ Abnormal ☐ Poor Quality ☐ Unknown
C6. Overseas CXR Abnormal Findings:
☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis
☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy
☐ Other (Specify)

•If no CXR is physically available or if interpretation of overseas CXR was not done then indicate "unknown." This is frequently not done here – requires radiologist to interpret this x-ray separately

•Please do not transcribe what was reported on the overseas medical evaluation to complete this section.

C6 – Overseas CXR Abnormal Findings

U.S Review of Overseas CXR

C4. Overseas CXR Available?
☐ Yes ☐ No ☐ Not Verifiable

C5. U.S. Interpretation of Overseas CXR:
☐ Normal ☐ Abnormal ☐ Poor Quality ☐ Unknown

C6. Overseas CXR Abnormal Findings:
☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis
☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy
☐ Other (Specify)

- If no CXR is available, leave this section blank.
- Please specify other found abnormalities such as miliary in the comments section.
- **Do not transcribe what was reported on the overseas medical evaluation to complete this section.**

C7-U.S. CXR Done

Domestic CXR

C7. U.S. CXR Done? ☐ Yes ☐ No ☐ Not Verifiable

C8. Date of U.S. CXR:

C9. Interpretation of U.S. CXR:
☐ Normal ☐ Abnormal ☐ Unknown

C10. U.S. CXR Abnormal Findings:
☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis
☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy
☐ Other (Specify)

•Indicate if CXR was done during U.S. medical evaluation.

•A chest X-ray is considered to be "not verifiable" if the name and date of birth is not located on the X-ray film.

C8-U.S. CXR Date

Domestic CXR

C7. U.S. CXR Done? ☐ Yes ☐ No ☐ Not Verifiable

C8. Date of U.S. CXR:

C9. Interpretation of U.S. CXR:
☐ Normal ☐ Abnormal ☐ Unknown

C10. U.S. CXR Abnormal Findings:
☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis
☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy
☐ Other (Specify)

•Date the chest X-ray was taken in the U.S.

•If no chest X-ray was taken in the U.S. then leave blank.

C9 – Interpretation of U.S. CXR

Domestic CXR

C7. U.S. CXR Done? ☐ Yes ☐ No ☐ Not Verifiable

C8. Date of U.S. CXR:

C9. Interpretation of U.S. CXR:

☐ Normal ☐ Abnormal ☐ Unknown

C10. U.S. CXR Abnormal Findings:

☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis

☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy

☐ Other (Specify)

The interpretation is considered "unknown" if the CXR or result is not available.

C10 – U.S. CXR Abnormal Findings

Domestic CXR

C7. U.S. CXR Done? ☐ Yes ☐ No ☐ Not Verifiable

C8. Date of U.S. CXR:

C9. Interpretation of U.S. CXR:

☐ Normal ☐ Abnormal ☐ Unknown

C10. U.S. CXR Abnormal Findings:

☐ Abnormal, not TB ☐ Cavity ☐ Fibrosis

☐ Infiltrate ☐ Granuloma(ta) ☐ Adenopathy

☐ Other (Specify)

- Indicate the abnormality (-ies) found in the CXR. Check all that apply.
- Please specify other found abnormalities such as miliary in the comments section.

C11 – U.S. Comparison to Overseas CXR

Comparison

C11. U.S. CXR Comparison to Overseas CXR:

☐ Stable

☐ Worsening

☐ Improving

☐ Unknown

This section should be completed only if an overseas CXR is physically available and verifiable (the name and date of birth are on the CXR).

C12 – Specimen Source

C12. U.S. Microscopy/Bacteriology | Specimen not collected in U.S.

#	Spec Source	Date	AFB Smear Result	Culture Result	Drug Resistance (DR)
1			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
2			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
3			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR

- Sputum includes spontaneous and induced sputum.
- Sputum or pulmonary secretions obtained by bronchoscopy procedures or gastric aspiration should also be included.
- Do **NOT** include tracheal suction.

C12 - Date

C12. U.S. Microscopy/Bacteriology | Specimen not collected in U.S.

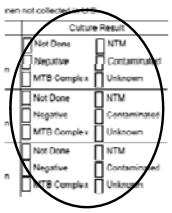
#	Spec Source	Date	AFB Smear Result	Culture Result	Drug Resistance (DR)
1			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
2			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
3			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR

C12 – AFB Smear Result

C12. U.S. Microscopy/Bacteriology | Specimen not collected in U.S.

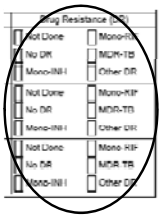
#	Spec Source	Date	AFB Smear Result	Culture Result	Drug Resistance (DR)
1			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
2			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR
3			Not Done / Positive / Negative / Unknown	Not Done / NTM / Negative / Contaminated / MTB Complex / Unknown	Not Done / Mono-RIF / No DR / MDR-TB / Mono-INH / Other DR

C12 – Culture Result



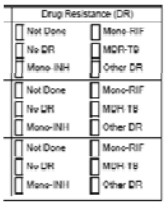
- **Not Done** = Culture not performed
- **NTM** = Non-tuberculosis mycobacteria
- **Negative** = Results were negative for growth of mycobacterium
- **Contaminated** = Sputum culture test for acid-fast bacillus is known to have been contaminated
- **MTB** = Culture results are positive for growth of mycobacterium *tuberculosis complex (M. tubercolosis, M. bovis, M. africanum)*
- **Unknown** = If it NOT known if a sputum culture was performed, or the results are NOT known **for a reason other than pending results** (e.g., result was lost or no other specimens can be obtained).

C12 – Drug Resistance



- **Mono-Rif** = Any specimen cultures resistant only to Rifampin. Specimen cultures resistant to Rifampin and another drug (except Isoniazid) would be noted under "Other DR"
- **No DR** = Pan susceptible
- **MDR-TB** = Multiple drug resistant tuberculosis

C12 – Drug Resistance Continued



- **Mono-INH** = Any specimen cultures resistant only to Isoniazid (regardless of concentration level of resistance). Specimen cultures resistant to Isonizaid and another drug (except Rifampin) would be noted under "Other DR"
- **Other DR** = Resistance to drugs or drug combination not listed above. Please record the resistant pattern in **Section F: Comments**

C13 – Overseas Treatment Recommended by Panel Physician

•Indicate "Yes" if treatment recommendation is documented on the DS forms/medical packet.

•Indicate "No" if treatment recommendation is NOT documented on the DS forms/medical packet.

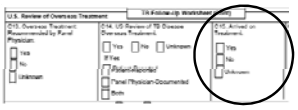
•Indicate "Unknown" if it is NOT known if this information is documented

C14 – U.S. Review of TB Disease Overseas Treatment

•Indicates whether overseas treatment was reviewed by U.S. clinician. Also determines whether treatment was documented by the panel physician on DS forms, was patient reported, or was reported by both.

•If no overseas treatment was recommended or documented, you may skip C14-C17 and proceed to section D.

C15 – Arrived on Treatment



Indicates if the patient arrived on treatment from overseas.

C16 – Completed Treatment Overseas

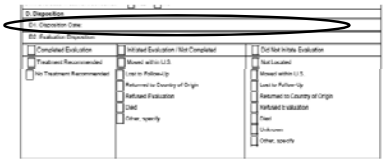
Indicates whether treatment was completed overseas.

C17 – Overseas Treatment Concerns

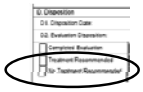
•Indicates whether the U.S. clinician has concerns regarding the treatment regime prescribed by the overseas panel physician.

•If there are concerns, the U.S. clinician should indicate comments in section F.

D1 – Disposition Date



D2 – Evaluation Completed



•**Treatment Recommended** = Treatment is recommended by clinician. If treatment is recommended, Section E. (U.S. treatment) should be completed.

•**No Treatment Recommended** = Treatment is not recommended by the clinician. If treatment is not recommended, Section E. (U.S. treatment) should not be completed.

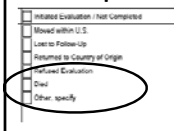
D2 – Evaluation Initiated/Not Completed

•**Moved within U.S.** = the alien moved to another jurisdiction before completed the evaluation. Initial jurisdiction can provide locating information for the new jurisdiction.

•**Lost to Follow-up** = the alien failed to return to complete the evaluation. Initial jurisdiction CANNOT provide locating information.

•**Returned to Country of Origin** = it is known the alien returned to their country of origin prior to completion of the evaluation.

D2 – Evaluation Initiated/Not Completed

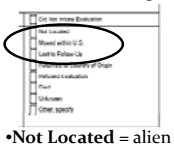


•**Refused Evaluation** = alien refused to complete evaluation.

•**Died** = alien died prior to completing the U.S. evaluation .

•**Other** = reasons other than those stated previously. did not allow for the evaluation to be completed. Specify the reason in the form's comments section (Section F.).

D2 – Evaluation Not Initiated

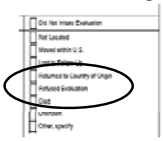


•**Not Located** = alien could not be located.

•**Moved within U.S.** = alien was located, an evaluation was NOT initiated because I/R moved to another jurisdiction before initiating the evaluation. Initial jurisdiction is able to provide locating information for the new jurisdiction.

•**Lost to Follow-Up** = alien was located but an evaluation was NOT initiated. Initial jurisdiction cannot provide locating information.

D2 – Evaluation Not Initiated

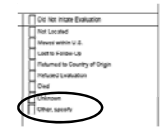


•**Returned to Country of Origin** = alien was located but an evaluation was NOT initiated and it is known the I/R returned to their country of origin, prior to initiation of the evaluation.

•**Refused Evaluation** = alien was located but an evaluation was NOT initiated because of I/R refusal.

•**Died** = alien was located but an evaluation was NOT initiated due to death.

D2 – Evaluation Not Initiated



•**Unknown** = unknown reasons.

•**Other** = alien was located but an evaluation was NOT initiated due to other reasons. Other reasons should be specified in the comments section.

D3 – Diagnosis Classes 0-1

D3. Diagnosis
- [x] Class 0 - No TB exposure, not infected
- [ ] Class 1 - TB exposure, no evidence of infection
- [ ] Class 2 - TB infection, no disease
- [ ] Class 3 - TB, active disease
- [ ] Class 4 - TB, inactive disease
- [ ] Pulmonary
- [ ] Extrapulmonary
- [ ] Both Sites

Class 0: No TB Exposure
•Negative reaction to tuberculin skin test or IGRA
•No history of exposure

Class 1: TB exposure, no evidence of infection
I/R has had exposure to TB but does not have latent TB infection
•Negative reaction to tuberculin skin test or IGRA
•No evidence of infection.
•History of exposure to tuberculosis but negative reaction to the tuberculin skin test

D3 – Diagnosis Class 2

D3. Diagnosis
- [ ] Class 0 - No TB exposure, not infected
- [ ] Class 1 - TB exposure, no evidence of infection
- [x] Class 2 - TB infection, no disease
- [ ] Class 3 - TB, active disease
- [ ] Class 4 - TB, inactive disease
- [ ] Pulmonary
- [ ] Extrapulmonary
- [ ] Both Sites

Class 2: TB infection, no disease
Latent TB Infection (LTBI)

•Positive reaction to the tuberculin skin test

•Negative microscopy/bacteriology results

•No clinical or radiographic evidence of tuberculosis

D3 – Diagnosis Class 3

D3. Diagnosis
- [ ] Class 0 - No TB exposure, not infected
- [ ] Class 1 - TB exposure, no evidence of infection
- [ ] Class 2 - TB infection, no disease
- [x] Class 3 - TB, active disease
- [ ] Class 4 - TB, inactive disease
- [ ] Pulmonary
- [ ] Extrapulmonary
- [ ] Both Sites

Class 3: TB Active TB disease
•Clinically active tuberculosis
•Person must have clinical and/or radiologic evidence of tuberculosis
  •Established most definitively by isolation of M. tuberculosis
  •In absence of a positive culture for M. tuberculosis, persons in this class must have a positive reaction to the tuberculin test or IGRA
•Class 3 is further defined as pulmonary, extra-pulmonary, both sites on the follow-up form.

D3 – Diagnosis
Class 4

D3. Diagnosis
- [ ] Class 0 - No TB exposure, not infected
- [ ] Class 1 - TB exposure, no evidence of infection
- [ ] Class 2 - TB infection, no disease
- [ ] Class 3 - TB, active disease
- [ ] Class 4 - TB, inactive disease
  - [ ] Pulmonary
  - [ ] Extrapulmonary
  - [ ] Both Sites

Class 4: Tuberculosis, inactive disease
Old, healed, inactive TB disease

•History of previous episode(s) of tuberculosis or abnormal stable radiographic findings
•Positive reaction to tuberculin skin test
•Negative microscopy/bacteriology
•No clinical and/or radiographic evidence of current disease

E1 - U.S. Treatment Initiated

E. U.S. Treatment
- E1. U.S. Treatment Initiated
  - [ ] No Treatment
  - [ ] Active Disease
  - [ ] LTBI
  - [ ] Unknown
- E2. U.S. Treatment Start Date

U.S. Treatment Initiated = Indicates whether treatment was initiated in the U.S. If patient refused treatment, indicate "no treatment".

E2 – Date U.S. Treatment Initiated

E. U.S. Treatment
- E1. U.S. Treatment Initiated
  - [ ] No Treatment
  - [ ] Active Disease
  - [ ] LTBI
  - [ ] Unknown
- E2. U.S. Treatment Start Date

•**U.S. Treatment Start Date (mm/dd/yyyy)** = Date U.S. treatment was initiated.

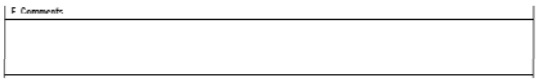
•If "no treatment" was indicated in E1, leave the rest of section E. blank.

E3 – U.S. Treatment Completed

•**U.S. Treatment Completed** = Indicates whether U.S. treatment was completed.

•**U.S. Treatment End Date** = Indicates the date where U.S. treatment was ended regardless of treatment completion. If treatment was not completed, please indicate the end date in the comments section.

F - Comments



Use this section to specify which brand of IGRA was used, and to add any other comments you deem important.

G – Screen Site Information

•**Providers Name** = The name of the provider who performed U.S. medical evaluation.
•**Clinic Name** = The name of the clinic where the patient was evaluated.
•**Telephone Number** = Clinic phone number.
•**Physicians Signature** = The physician's signature. This is not required for EDN data entry.
•**Date (mm/dd/yyyy)** =The date this worksheet was completed.

When should forms be returned?

- Per NTIP guidelines evaluation *completion* within 90 days of arrival
- Return forms as soon as someone is started on medicines
- If not started on 4 drug therapy, wait for final culture reports to return form

Where should forms be returned?

Newcomer Health Program
109 Governor Street, 3rd Floor
P.O. Box 2448
Richmond, VA 23218-2448

QUESTIONS