

Guidance for Evaluating Individuals with Class B TB Conditions

Every effort should be made to contact individuals with a TB classified condition as soon as possible upon receiving notification. The goal for the National TB Indicators Project (NTIP) is to identify TB infection or TB disease as quickly as possible after individuals with a class B Tb condition enter the United States. The indicators used to measure our strengths or challenges include initiating the evaluation within 30 days of notification and completing the evaluation within 90 days of notification. Districts should make multiple attempts to contact these individuals, including written correspondence, phone calls, and home visits. If the client has moved, update the address in EDN. If unable to locate client at all, complete the TB Follow-Up Worksheet accordingly and submit through EDN.

Districts are expected to submit information (1) as soon as possible after initiating an evaluation, (2) as soon as a decision has been made on what to do with the patient (starting meds, final cultures received, etc.), (3) when patient completes meds. It is recommended to use the “save” function in EDN (this will result in an “in progress” status for the form). Once everything has been completed use the “submit” function in EDN (this will result in a “complete” status for the form).

Class Type	Meaning	Expected Evaluation	Follow up
A	Individual has TB; Admission to the US requires a waiver. This type of admission is very rare.	<ul style="list-style-type: none"> ▪ Contact as soon as possible to begin DOT for continuation of treatment. ▪ TB Health History and TB 512 ▪ Chest x-ray (preferably with comparison to overseas film) ▪ Sputum Collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Notify TB Control; complete course of treatment ▪ Complete and submit TB F/U Worksheet
B0	Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMOQ-defined <u>DOT</u> under the supervision of a panel physician prior to immigration. Travel clearance is valid for 3 months from the date final cultures are reported as negative.	<ul style="list-style-type: none"> ▪ TB Health History and TB 512 ▪ Chest x-ray (preferably with comparison to overseas film) ▪ IGRA test* <ul style="list-style-type: none"> ▪ Not needed if individual has documentation of a positive IGRA or if they have documentation of successfully completed TB treatment ▪ Sputum Collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Complete and submit TB F/U Worksheet ▪ Notify TB Control if Active TB is identified

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<p>B1 – Pulmonary</p> <p>B1 - Extrapulmonary</p>	<p>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.</p> <p>Completed treatment - Applicants who were diagnosed with pulmonary tuberculosis 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.</p> <p>Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.</p>	<ul style="list-style-type: none"> ▪ TB Health History and TB 512 ▪ Chest x-ray (preferably with comparison to overseas film) ▪ IGRA test* (TST if <2) <ul style="list-style-type: none"> ▪ Needed for those with a positive or negative TST or negative IGRA ▪ Not needed if individual has documentation of a positive IGRA or if they have documentation of successfully completed TB treatment ▪ Sputum Collection x3, induce if necessary 	<ul style="list-style-type: none"> ▪ Provide Treatment for TB disease or LTBI as needed <ul style="list-style-type: none"> ▪ Treatment for LTBI should be held until final cultures have been received ▪ Notify TB Control if diagnosed with active disease ▪ Complete and submit TB F/U Worksheet
<p>B2</p>	<p>Applicants who have a tuberculin skin test ≥ 10 mm or positive IGRA but otherwise have a negative evaluation for tuberculosis. 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).</p>	<ul style="list-style-type: none"> ▪ TB Health History and TB 512 ▪ IGRA test* (TST if <2) <ul style="list-style-type: none"> ▪ Not needed if individual has documentation of a positive IGRA ▪ If TST positive overseas, must repeat with IGRA or TST if <2 ▪ Additional testing (x-ray, sputum) if IGRA/TST positive or if symptoms are present 	<ul style="list-style-type: none"> ▪ Provide Treatment as needed ▪ Notify TB Control if diagnosed with active disease ▪ Complete and submit TB F/U Worksheet

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B3	Applicants who are a recent contact of a known tuberculosis 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 tuberculosis should also be documented.	<ul style="list-style-type: none"> ▪ TB 512 or TB Intake Form ▪ IGRA test* <ul style="list-style-type: none"> ▪ Ensure that a minimum of 10 weeks has passed since last exposure to contact ▪ Additional testing (x-ray, sputum) if IGRA/PPD positive or if symptoms are present 	<ul style="list-style-type: none"> ▪ Provide Treatment as needed ▪ Notify TB Control if diagnosed with active disease ▪ Complete and submit TB F/U Worksheet
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(Centers for Disease Control, 2009)

*The recommendation for IGRA testing is in response to new TB Technical Instructions implemented October 1, 2018. The CDC now recommends using IGRA testing beginning at age 2. TSTs may be used in children less than 2 years of age. All others should receive an IGRA.

Reference: Centers for Disease Control. (2009). *Tuberculosis Technical Instructions*. Retrieved from CDC - Immigrant and Refugee Health: <https://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>