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 120 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 (recommendation for 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).

EDN Classification	Meaning	Expected Evaluation	Follow up
A	Individual has TB; Admission to the United States requires a waiver. This type of admission is very rare.	 Contact as soon as possible to begin DOT for continuation of treatment. Health History and Risk Assessment Chest x-ray (preferably with comparison to overseas film) Sputum collection x3, induce if necessary 	 Notify TB Program through REDCap Complete course of treatment Complete and submit TB F/U Worksheet in EDN
ВО	Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMH-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.	 Health History and Risk Assessment Chest x-ray (preferably with comparison to overseas film) Additional evaluation as needed if symptomatic and/or concerning chest x-ray findings 	 Notify TB Program through REDCap Complete and submit TB F/U Worksheet in EDN

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EDN Guidance for Evaluating Individuals with Class B 1B Conditions			
Classification	Meaning	Expected Evaluation	Follow up
B1 – Pulmonary	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 The patient should be educated on modified isolation while waiting on their chest x-ray and sputum smear and PCR results. 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	 Health History and Risk Assessment Chest x-ray (preferably with comparison to overseas film) IGRA test* 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 	 Notify TB Program through REDCap Provide treatment for TB disease or LTBI as needed Treatment for LTBI should be held until final cultures have been received Complete and submit TB F/U Worksheet in EDN
B1 - Extrapulmonary	smears and cultures were positive and if drug susceptibility testing results are available. Applicants with evidence of extrapulmonary tuberculosis. The anatomic site of infection should be documented.	treatmentSputum collection x3, induce if necessary	
B2*	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).	 Health History and Risk Assessment IGRA test**** Not needed if individual has documentation of a positive IGRA If TST positive overseas, repeat with IGRA Chest x-ray if newly positive or if documented positive (regardless of overseas x-ray) Additional testing (sputum) if x-ray abnormal and/or if symptomatic 	 Notify TB Program through the online morbidity report for LTBI. If the client becomes a presumptive/confirmed case, submit an initial notification through REDCap Provide treatment as needed Complete and submit TB F/U Worksheet in EDN

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EDN Classification	Meaning	Expected Evaluation	Follow up
B3	Applicants who are a recent contact of a known tuberculosis case.	■ <u>Health History</u> and <u>Risk</u>	Notify TB Program through
	The size of the applicant's TST reaction or IGRA response should be	<u>Assessment</u>	REDCap for presumptive or
	documented. Information about the source case, name, alien	■ IGRA test** [£]	confirmed active TB or
	number, relationship to contact, and type of tuberculosis should	Ensure that a minimum of 8-	through the online morbidity
	also be documented.	10 weeks has passed since	report for LTBI
		last exposure to contact	■ Provide treatment as needed
		Additional testing (x-ray,	■ Complete and submit TB F/U
		sputum) if IGRA positive or if	Worksheet in EDN
		symptomatic	

^{*}If applicant was evaluated for and started or completed treatment through the U.S. Preventing TB Overseas Pilot Study (PTOPS) in Tanzania, they do not need to be reevaluated, unless they have symptoms consistent with active TB. If they completed treatment, they should have a certificate/card. Contact ptops@cdc.gov if the card is lost. VDH recommends completing any remaining 3HP LTBI doses by DOT.

Reference: Tuberculosis | Technical Instructions for Panel Physicians | Immigrant and Refugee Health | CDC

Outcome Diagnosis Categories for TB Classified Individuals (Section D on TB Follow-up worksheet)

Class 0: No TB exposure	Negative TST or IGRA
Class 0. No 16 exposure	No history of exposure
Class 1: TB exposure, no evidence of infection.	Negative TST or IGRA
Class 1. 18 exposure, no evidence of finection.	No evidence of infection
	Positive test for TB infection
Class 2: TB infection, no disease – LTBI	 Negative microscopy/bacteriology results
	No clinical or radiographic evidence of tuberculosis
	Clinically active tuberculosis
	Person must have clinical and/or radiologic evidence of tuberculosis
Class 3: TB – active TB disease	Established most definitively by isolation of M. tuberculosis
Class 5. TB – active TB disease	■ In absence of a positive culture for <i>M. tuberculosis</i> , persons in this class must have a positive
	reaction to the TST or IGRA
	 Class 3 is further defined as pulmonary, extra-pulmonary, both sites on the follow-up form
	 History of previous episode(s) of TB or abnormal stable radiographic findings
Class 4: TB – old, healed, inactive TB disease	Positive test for TB infection
Class 4. 1b – Olu, ficalcu, filactive 1b disease	Negative microscopy/bacteriology
	No clinical and/or radiographic evidence of current disease

^{**}The recommendation for IGRA testing is in response to TB Technical Instructions implemented October 1, 2018.

[£]IGRA tests are the preferred test for individuals of any age arriving with a TB classification; however, a TST is acceptable for children less than two years of age.