B Notifications

CONTENTS

Introduction

Purpose

Use this section to

- Follow up on B1, B2, and B3 notifications;
- Evaluate and treat immigrants with B1 and B2 notifications

B notifications are sent by the Centers for Disease Control and Prevention (CDC) to state and local jurisdictions as follow-up to the pre-departure screening mandated by U.S. immigration law.

Immigrants with TB classifications are identified at ports of entry to the United States by the United States Citizenship and Immigration Services (USCIS) on entry to the United States and reported to CDC's Division of Global Migration and Quarantine (DGMQ). The DGMQ electronically notifies state and local health departments of refugees, immigrants, and other visa-holders with TB classifications who are moving to their jurisdictions.

Pre-Arrival Medical Screening for Tuberculosis

Not all foreign-born persons who enter the U.S. go through the same official channels or through the screening process.[1] Persons entering in the nonimmigrant category do not require pre-entry screening, but as a condition of entry, persons migrating as immigrants, refugees, and asylees are required to be screened outside the U.S. for diseases of public health significance, including TB.[2,3]

In Idaho, between 2013 and 2016, an average of 1,059 refugees, immigrants, asylees, parolees, and fiancés arrived each year.

Applicants for immigration who plan to relocate permanently to the United States are required to have a medical evaluation by a panel physician prior to entering the country. The technical instructions, or requirements, for the TB-related components of these medical evaluations have differed in the past depending upon the country of most recent origin, population group, and date of screening. However, as of October 1, 2013, all panel physicians in all countries must use the complete Cultures and Directly Observed Therapy Tuberculosis Technical Instructions (CDOT TB TIs) found here: https://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf

The evaluation is complete when all required aspects of the medical examination have been completed, including a final report of culture results, and the applicant can be assigned a Tuberculosis Classification as outlined in the following table:

TABLE 3: CLASSIFICATION OF IMMIGRANTS AND REFUGEES IN THE B NOTIFICATION PROGRAM (2007 TECHNICAL INSTRUCTIONS)[4]

No TB Classification	Applicants with normal tuberculosis screening examinations.
Class A TB with Waiver	All applicants who have tuberculosis disease and have been granted a waiver.
Class B1 TB, 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. **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.
Class B1 TB, Extrapulmonary	Applicants with evidence of extrapulmonary tuberculosis. 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 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 received 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 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.

Guidance

The CDC, the Advisory Council for the Elimination of Tuberculosis (ACET), and the US Preventive Services Task Force[5] recommend screening high-risk populations for TB, including recent arrivals from areas of the world with a high prevalence of TB. On the basis of its very high success rate of detecting TB cases, domestic follow-up evaluation of immigrants and refugees with Class B1 and B2 TB notification status should be given highest priority by all TB control programs.[6]

Newly arrived refugees and immigrants with Class B TB will receive thorough and timely TB evaluations and appropriate treatment to ensure prompt detection of TB disease and prevention of future cases.[7]

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

Follow-up of All B Class Notifications Tuberculosis Arrivals

Division of Global Migration and Quarantine Forms

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) generates the following Class B notification forms:

- "Medical Examination for Immigrant or Refugee Application"
- DS-2053 (arrivals screened with the 1991 TB Technical Instructions)
- DS-2054 (arrivals screened with the 2007 TB Technical Instructions)
- DS-3026 (All arrivals): "Medical History and Physical Examination Worksheet"
- "Chest X-Ray and Classification Worksheet"
- DS-3024 (arrivals screened with the 1991 TB Technical Instructions)
- DS-3030 (arrivals screened with the 2007 TB Technical Instructions)
- "TB Follow-up Worksheet" (all arrivals)

The DGMQ sends the notifications to the Idaho Tuberculosis Control Program and to the Public Health District in which the individual with a B TB notification is planning to arrive. The DGMQ also sends a letter to any immigrant or refugee with a tuberculosis (TB) condition indicating that a follow-up is needed in the U.S.[8]

Recommended Patient Follow-up

The immigration paperwork may make it appear that a patient has had a complete evaluation for TB disease. However, the overseas evaluation is designed only to detect abnormal radiographs and determine infectiousness at the time of travel and does not rule out disease. Remember that all B1, B2, and B3 arrivals need a new diagnostic evaluation for active disease, including a tuberculin skin test or interferon gamma release assay testing and, for all scenarios, a repeat chest radiograph. Even if active TB disease is ruled out, most B1, B2, and B3 arrivals are priority candidates for treatment of latent TB infection and should be, at the very least, referred to their public health district TB clinic for evaluation.

Follow up on each B1, B2, and B3 TB arrival as described below.

1. Check to see if the arrival has already visited the public health district office or a private provider.
2. Follow your public health district office's protocol for contacting and setting up appointments for refugees or immigrants.
3. Follow your public health district office's protocol for following up with refugees or immigrants who have not returned a message or who miss an appointment.
4. Complete Class B notification forms within three months of the refugee or immigrant's date of arrival. Refugees or immigrants who do not contact the public health district office or a private provider regarding their domestic medical evaluation should be described in section D2 of the "TB Follow-up Worksheet" in the area "Did Not Initiate Evaluation."
5. Return the "TB Follow-up Worksheet" to the State TB control program within two weeks of completion of the medical evaluation or as specified in the TB subgrant (for PHDs only).
6. If the refugee or immigrant starts treatment for LTBI, complete section E of the "TB Follow-up Worksheet" and return it to the State TB control program within two weeks of the refugee or immigrant completing treatment or as specified in the TB subgrant (for PHDs only).

Evaluation of All Class B Notification for Tuberculosis Arrivals

Evaluation Activities

Refer to Table 6 to determine which evaluation tasks should be done for Tuberculosis B1, B2, and B3 arrivals.

TABLE 6: Evaluation Activities for B1, B2, and B3 Arrivals Evaluated Under the 2007 *TB Technical Instructions*

Evaluation Activities	B1, pulmonary (completed treatment overseas)	B1, pulmonary (not treated overseas)	B1, extra-pulmonary	B2, LTBI	B3 (contact)
Determine tuberculin skin test (TST) status or IGRA status. If documentation is not available, administer a TST or obtain an IGRA. A TST reaction of ≥5 mm is considered significant for persons with an abnormal chest radiograph.	Yes	Yes	Yes	Yes	Yes
Review overseas paperwork including known TB exposure, treatment history, testing performed, and relevant co-mobidities 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 predeparture chest radiograph report and/or films available, repeat a domestic chest radiograph and collect sputum specimens if the patient is symptomatic.	Yes	Yes	Yes	Yes	Yes
Review overseas chest radiograph.	Yes	Yes	Yes	Yes	Yes
Order a chest radiograph.	Yes	Yes	No, unless pulmonary symptoms have developed	Yes	No, unless TST or IGRA positive and/or if individual has signs and symptoms consistent with active TB
Collect sputum for testing. If the CXR is abnormal and consistent with TB or, at the provider's discretion based on their evaluation, collect sputum for testing. 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. Sputum specimens should be collected 8 to 24 hours apart, with at least one being an early morning specimen.	Yes	Yes, If domestic CXR is abnormal and consistent with TB and/or if symptoms are present	Usually no. Consider if patient has symptoms consistent with active pulmonary TB.	Usually no. Consider if, signs and symptoms of TB are present	No. Consider if signs and symptoms of TB are present

Treatment

A physician should prescribe medications as appropriate. *Do not start patients on single-drug therapy for LTBI until active TB disease is completely ruled out.* B1/B2/B3 immigrants with positive tuberculin skin tests or IGRAs for whom active TB has been ruled out are priority candidates for treatment of LTBI because of their increased probability of recent infection and progression to active TB disease. Patients with fibrotic lesions on a chest radiograph suggestive of old, healed tuberculosis (TB), who have a positive TST (≥5mm cutoff) or IGRA, for whom active TB disease has been ruled out are candidates for treatment of latent TB infection (LTBI), regardless of age.

For immigrants and refugees evaluated under the 1991 TB Technical Instructions, the overseas diagnosis of clinically active TB disease (B1 notification) is based on the abnormal chest radiograph. Reevaluation in the U.S. may show the patient to actually have old, healed TB. According to current CDC/American Thoracic Society (ATS) recommendations, old, healed TB can be treated with six months of isoniazid, four months of rifampin, or 3 month of rifapentine and isoniazid (high dose direct observed preventative therapy – 'DOPT').[9]

For more information on treatment, see the "Treatment of Latent Tuberculosis Infection" and "Treatment of Tuberculosis Disease" sections

Resources and References

Resources

(For easy access to references, hyperlinks are provided for online references in the list below.)

- California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). "Guidelines for the Follow-up and Assessment of Persons with Class A/B Tuberculosis Notification" *(CDHS/CTCA Joint Guidelines;* 2009). Available at this hyperlink: http://www.ctca.org/fileLibrary/file_375.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 this hyperlink: http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html

- Centers for Disease Control and Prevention (CDC). *1991 Technical Instructions for Panel Physicians* (CDC Web site; accessed January 2, 2008). Available at: http://www.cdc.gov/ncidod/dq/panel_1991.htm .

- Centers for Disease Control and Prevention (CDC). *2007 Technical Instructions for Tuberculosis Screening and Treatment* (CDC Web site; accessed January 2, 2008). Available at: http://www.cdc.gov/ncidod/dq/pdf/ti_tb_8_9_2007.pdf .

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] 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.

[3] 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.

[4] This table is modified from the original table from the: California Department of Health Services(CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of person with Class A/B tuberculosis notification. *CDHS/CTCA Joint Guidelines.* 2009. Available at http://www.ctca.org/fileLibrary/file_375.pdf

[5] US Preventive Services Task Force. Screening for Latent Tuberculosis Infection in Adults. *JAMA* 2016;316(9):962-969. doi:10.1001/jama.2016.11046

[6] 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):34.

[7] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class A/B tuberculosis notification. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. 2009. Available at: http://www.ctca.org/fileLibrary/file_375.pdf . Accessed May 21, 2010.

[8] 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 (not currently available)

[9] ATS, CDC, IDSA. Treatment of Drug-Susceptible Tuberculosis. *Clinical Infectious Diseases,* 63(7). doi: https://doi.org/10.1093/cid/ciw376.