

Class A/B Notifications

CONTENTS

Introduction.....	4.2
Purpose.....	4.2
Tuberculosis Classifications and Descriptions.....	4.4
Tuberculosis Screening Results and travel Clearance.....	4.5
Policy.....	4.5
Follow-up of B1 and B2	
Tuberculosis Arrivals.....	4.6
Division of Global Migration and Quarantine	
Forms.....	4.6
Patient follow-up	4.7
Evaluation of B1 and B2	
Tuberculosis Arrivals.....	4.8
Evaluation activities	4.8
Treatment.....	4.9
Resources and References	4.10

Introduction

Purpose

Use this section to do the following:

- Follow up on Class A/B notifications.
- Evaluate and treat immigrants with Class A/B conditions.

Class A/B notifications are sent by the Centers for Disease Control and Prevention (CDC) to the Ohio Department of Health Tuberculosis (TB) Program as follow-up to the screening mandated by United States immigration law. The purpose of mandated screening is to deny entry to persons who have communicable diseases of public health importance or physical or mental disorders associated with harmful behavior, abuse drugs or are addicted to drugs, or are likely to become wards of the state.¹

This notification system follows up on medical screenings of persons with TB classifications after their arrival in the United States.^{2,3} 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 are reported to CDC's Division of Global Migration and Quarantine (DGMQ). The DGMQ notifies state and local health departments of refugees and immigrants with TB classifications who are moving to their jurisdictions.

Pre-Arrival Medical Screening for Tuberculosis

Not all foreign-born persons who enter the United States go through the same official channels or through the screening process.⁴ For a summary of which groups of foreign-born persons are screened, refer to Table 1: **Numbers of Foreign-Born Persons Who Entered the United States, by Immigration Category, 2012**. 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 United States for diseases of public health significance, including TB.

Table 1: NUMBERS OF FOREIGN-BORN PERSONS WHO ENTERED THE UNITED STATES, BY IMMIGRATION CATEGORY, 2012.

Category	Number	Percentage of Total	Screening Required?
Immigrants are defined by the Office of Immigration Statistics (OIS) as persons legally admitted to the United States as permanent residents.	1,031,631	2.09%	Yes
Refugees and asylees , as defined by OIS, are persons admitted to the United States because they are unable or unwilling to return to their country of nationality due to persecution or a well-founded fear of persecution. Refugees apply for admission at an overseas facility and enter the United States only after their application is granted; asylees apply for admission when already in the United States or at a point of entry.	150,614	0.39%	Yes
Nonimmigrants are aliens granted temporary entry to the United States for a specific purpose (the most common visa classifications for nonimmigrants are visitors for pleasure, visitors for business, temporary workers, and students).	53,887,286	97.52%	No
The foreign-born population , as defined by the Census Bureau, refers to all residents of the United States who were not US citizens at birth, regardless of their current legal or citizenship status.	38,517,234	100%	See above
Unauthorized immigrants (also referred to as illegal or undocumented immigrants) are foreign citizens illegally residing in the United States. They include both those who entered without inspection and those who violated the terms of a temporary admission without having gained either permanent resident status or temporary protection from removal. ⁵			

Source: <http://www.dhs.gov/immigration-statistics>

Applicants for immigration who plan to relocate permanently to the United States are required to have a medical evaluation prior to entering the country. The technical instructions, or requirements, for the TB-related components of these medical evaluations differ depending upon the country of most recent origin, population group, and date of screening.

Most applicants for US immigration are being screened according to the updated 2007 *Technical Instructions for Panel Physicians*. These instructions are available at this hyperlink: <http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>

According to the 2007 technical instructions:

- Any applicant for whom the clinical suspicion of tuberculosis is high enough to warrant treatment for tuberculosis disease, regardless of laboratory results, is considered to have tuberculosis disease and is Class A for Tuberculosis.
- Applicants 2-14 years of age living in countries with a World Health Organization (WHO)-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population should have a tuberculin skin test or an interferon gamma release assay.
- Prior receipt of Bacille Calmette-Guérin (BCG) vaccination does not change the screening requirements or the required actions based on tuberculin skin test results.

Applicants ≥ 15 years of age require a medical history, physical examination, and CXR. If an applicant has a CXR with findings suggestive of tuberculosis (page 5), has signs and symptoms of tuberculosis (page 5), or has human immunodeficiency virus (HIV) infection, the applicant should provide three sputum specimens to undergo microscopy for acid fast bacilli (AFB), as well as culture for mycobacteria and confirmation of the *Mycobacterium* species, at least to the *M. tuberculosis* complex level.

Tuberculosis Classifications and Descriptions

Applicants should be assigned one or more tuberculosis classifications on the U.S. State Department forms.

The tuberculosis classifications and descriptions are listed below. Applicants may have more than one TB Classification. However, they cannot be classified as both Class B1 TB and Class B2 TB. In addition, applicants cannot be classified as Class B3 TB, Contact Evaluation if they are Class A or Class B1 TB, Extrapulmonary.

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 interferon gamma release assay (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).

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.

Tuberculosis Screening Results and Travel Clearance

- 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.
- Travel clearances are valid for 6 months from the time the evaluation is complete for applicants who have no Tuberculosis Classification or only Class B2 TB or Class B3 TB and who do not have HIV infection.
- Travel clearances are valid for 3 months from the time the evaluation is complete for applicants who are Class B1 TB, Pulmonary or Class B1 TB, Extrapulmonary or who have HIV infection.
- Applicants who do not travel within the clearance period will need to restart the tuberculosis screening process.

Policy

The 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. 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.

State Laws and Regulations

ORC 339.80 Investigations

When a county or district tuberculosis control unit receives a report under section 339.78 of the Revised Code of a confirmed or suspected case of tuberculosis, the unit shall conduct an investigation that includes personal contact with the individual with tuberculosis. The investigation shall commence not later than three working days after the unit receives the report.

3701-15-03 Tuberculosis standards for the purposes of section 3701.14 of the Revised Code.

(E) Except as set out in paragraph (A) of this rule, the standard for methods of preventing individuals with tuberculosis from infecting other individuals shall be as follows:

(1) Local tuberculosis control units shall ensure that a complete and timely contact investigation is done for tuberculosis cases reported in the area served by the unit.

(2) Local tuberculosis control units shall ensure that the services needed to evaluate, treat, and monitor tuberculosis patients are made available in each community, without regard to the patients' ability to pay for such services as specified in section 339.73 of the Revised Code.

Follow-up of B1 and B2 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:

- CDC 75.17: “Notice of Arrival of Alien with Tuberculosis”
- DS-2053: “Medical Examination for Immigrant or Refugee Application”
- DS-3024: “Chest X-Ray and Classification Worksheet”

Using the Electronic Disease Notification (EDN) system, DGMQ sends the notifications to the ODH TB Program. DGMQ also sends a letter to any immigrant or refugee with a tuberculosis (TB) condition, indicating that a follow-up is needed in the United States.⁸

Using ODRS, ODH sends county TB control units the notification of newly arrived immigrants and refugees with a class A/B1/B2 TB condition. These notifications are classified as “Immigrant Investigation”. For access to your jurisdiction’s ODRS Immigrant Investigation please call the ODH TB Surveillance Program at (614) 752-7980.

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 and B2 arrivals need a new diagnostic evaluation for active disease, including a tuberculin skin test or IGRA and new chest radiograph. Even if active TB disease is ruled out, most B1 and B2 arrivals are priority candidates for treatment of TB infection.

Follow-up on each B1 and B2 arrival screened under the 2007 Technical Instructions as described below.

1. Check to see if the immigrant has already contacted the TB control unit.
2. If not, then make a telephone call to the home of the immigrant's sponsor or relative within five business days after receiving the notification. Arrange for the immigrant to come in during clinic hours at the health department and/or arrange for the patient to see a medical provider. Whenever possible, communications should be made in the immigrant's first language.
3. If the immigrant does not contact the TB control unit within 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 contact the TB control unit within 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 or B2 arrivals as these immigrants are considered high risk for TB disease. Call the ODH TB Program for consultation when an immigrant is not located.
6. Complete Class B follow-up within one month.
7. Enter all TB Follow-up Worksheet information into ODRS.⁹ This form is essential for the ODH TB Program to conduct statewide surveillance, follow up on all B1 and B2 arrivals, and report results to the CDC.

Evaluation of B1 and B2 Tuberculosis Arrivals

Evaluation Activities

Refer to Table 4 to determine which evaluation tasks should be done for B1 and B2 arrivals. **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**.

Table 4: EVALUATION ACTIVITIES FOR B1 AND B2 ARRIVALS¹⁰

Evaluation Activities	Perform Evaluation Activities for	
	B1 Active TB	B2 Inactive TB
<p>Determine tuberculin skin test (TST) or Inferon Gamma Release Assay (IGRA) status. If documentation is not available, administer a TST or draw blood for IGRA.</p> <p>A reaction of ≥ 5 mm is considered significant for persons with an abnormal chest radiograph.</p>	Yes	Yes
<p>Review the chest radiograph. Even if patients have their overseas chest radiographs available for comparison, a new chest radiograph generally should be taken.</p>	Yes	Yes
<p>Review tuberculosis (TB) treatment history with the patient. Treatment history may be on the visa medical examination report, form DS-2053: <i>Medical Examination for Immigrant or Refugee Application</i>. 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.</p>	Yes	Yes
<p>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.</p>	Yes	If symptoms present

Sources: 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.

Treatment

Prescribe medications as appropriate. *Do not start patients on single-drug therapy for TB infection (TBI) until tuberculosis (TB) disease is ruled out.* B1/B2 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 overseas diagnosis of clinically active TB disease is based on the abnormal chest radiograph. Reevaluation in the United States may show the patient actually to have old, healed TB. According to current CDC/American Thoracic Society (ATS) recommendations, old, healed TB can be treated with four months of isoniazid and rifampin using a combined pill, Rifamate (if available), or with nine months of isoniazid.¹¹



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

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 A/B Tuberculosis” (*CDHS/CTCA Joint Guidelines*; 2009). Available at: <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-B-notification-guidelines-2011.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 October 10, 2013). Available at: <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). *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.
- Francis J. Curry National Tuberculosis Center. *B-Notification Assessment and Follow-up Toolbox* (Francis J. Curry National Tuberculosis Center Web site; January 2004). Available at: http://www.nationaltbcenter.ucsf.edu/products/product_details.cfm?productID=WPT-06%20A.

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 A/B Tuberculosis” (*CDHS/CTCA Joint Guidelines*; 2009). Available at: <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-B-notification-guidelines-2011.pdf>. Accessed November 5, 2013.
- 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.ucsf.edu/products/product_details.cfm?productID=WPT-06%20A. Accessed November 1, 2006.
- ⁴ 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.
- ⁵ Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004:2. Available at: <http://www.cbo.gov/ftpdocs/60xx/doc6019/11-23-Immigrant.pdf>. Accessed March 6, 2007.
- 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” (*CDHS/CTCA Joint Guidelines*; 2009). Available at: <http://www.cdph.ca.gov/programs/tb/Documents/TBCB-B-notification-guidelines-2011.pdf>. Accessed November 5, 2013.

-
- 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 [Francis J. Curry National Tuberculosis Center Web site]. January 2004. Available at: http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A .
- ⁹ Francis J. Curry National Tuberculosis Center. Class A and B immigrant TB follow-up protocol. 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.ucsf.edu/products/product_details.cfm?productID=WPT-06%20A . Accessed November 1, 2006.
- ¹⁰ 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.ucsf.edu/products/product_details.cfm?productID=WPT-06%20A . Accessed November 1, 2006.
- ¹¹ ATS, CDC, IDSA. Treatment of tuberculosis. *MMWR* 2003;52(No. RR-11):650–651.