MEMORANDUM

To: Local Board of Health

From: John Bernardo, MD, Tuberculosis Medical Officer
       Jennifer Cochran, MPH, Division Director
       Division of Global Populations and Infectious Disease Prevention
       Bureau of Infectious Disease and Laboratory Sciences
       Department of Public Health

Re: Guidance for follow-up of newly-arrived Individual with a Class B1 Tuberculosis – Extrapulmonary Tuberculosis

An immigrant or refugee with a Class B1 Tuberculosis (TB), Extrapulmonary condition has recently arrived from overseas and settled in your area.

*Class B1 TB, Extrapulmonary* is assigned to persons with evidence of extrapulmonary tuberculosis based on a medical history, physical examination and clinical findings. Patients may also have laboratory confirmation of the TB diagnosis.

**Evaluation by public health is required for all individuals with Class B1 TB conditions.** The purpose of this is to establish a diagnosis of active TB or latent TB infection, and to treat the condition. This evaluation should be done within 30 days after arrival in the U.S., if possible.

**CDC Technical Instructions** provide guidance for the overseas medical examination and specifications for classifying TB conditions. The Massachusetts Department of Public Health (MDPH) requests your cooperation and assistance by completing the following:

1) Follow the *Class B1 TB, Extrapulmonary* condition instructions on the attached guidance, “LBOH and TB Clinic Procedures” for evaluation of this immigrant or refugee.

2) Forward all of the enclosed/attached documents to the TB clinic prior to the scheduled visit. [http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf)

3) Follow up with the TB clinic after the scheduled appointment to obtain a copy of the initial evaluation clinic form and the CDC Follow-up Worksheet. If the patient misses the appointment, please contact him/her and reschedule the appointment.

4) **Return the completed CDC Follow-up Worksheet and Initial Clinic Evaluation to the MDPH Division of Global Populations and Infectious Disease Prevention.**

5) Consider any other recently-arrived family or household members to also be at risk for TB infection and, if they were not evaluated overseas, use this opportunity to administer a tuberculin skin test (TST) or interferon-gamma release assay (IGRA). If the TST is positive (≥ 10 mm induration) or the IGRA is positive, report them to MDPH and refer them to a TB clinic for a medical evaluation, chest radiograph, and treatment options.
Enclosed/attached documents include:

1) The individual’s overseas medical examination reports including the TB evaluation, which has documentation of the chest X-ray (CXR), sputum test results, and TST or IGRA results, when indicated, for the individual arrival;

2) The CDC “Follow-up Worksheet” form with demographics and destination address filled in, and worksheet guidelines;

3) The LBOH and TB clinic follow-up procedures for *Class B1 TB, Extrapulmonary* condition;

4) Detailed instructions for completing the domestic evaluation and documenting the findings on the form.

A Community Health Worker will be assigned to the arrival as available. If you have any questions or need assistance with outreach, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970). Please refer to the overseas documents attached to determine if this arrival is an immigrant or refugee.

Please return “Follow-up Worksheet” and clinic forms to:

Division of Global Populations and Infectious Disease Prevention  
Bureau of Infectious Disease and Laboratory Sciences  
Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
Fax: 617-983-6990
LBOH AND TB CLINIC PROCEDURES:
CLASS B1 TB, EXTRAPULMONARY, No Treatment Overseas or Currently on Treatment

**CDC Definition of Class B1 TB, Extrapulmonary Condition**
Class B1 TB, Extrapulmonary: Persons with evidence of extrapulmonary tuberculosis based on a medical history, physical examination and clinical findings. Patients may also have laboratory confirmation of the TB diagnosis.

Although persons with a Class B1 TB, Extrapulmonary condition, were not considered infectious at the time of the overseas medical examination, evaluation for pulmonary disease must be done. The Tuberculosis Classification Cover Sheet will indicate the anatomic site of disease and treatment status. The overseas medical examination may have been done up to three months prior to departure.

**LOCAL PUBLIC HEALTH Follow-up:**

1) **Contact the arrival immediately to introduce the evaluation process.**

2) **If an overseas tuberculin skin test (TST) or IGRA was not done or was negative or if treatment has not been completed,** administer a TST or call MDPH at 617-983-6970 to request a lab order for IGRA.

3) **All persons with a Class B1 TB, Extrapulmonary condition need to be evaluated at a state-supported TB clinic, regardless of the TST or IGRA result.** Schedule an appointment as soon as possible at the nearest TB clinic for a medical evaluation within 30 days. *Instruct the individual to bring his/her overseas chest radiograph (CXR) and any documents and medications to the appointment.*

**TB Clinic Follow-up:**

1) **Review TST status or IGRA status.**

2) **Review TB treatment history with the patient:** Treatment history may be found on the visa medical examination report (DS-2053) and the Tuberculosis Classification Cover Sheet. Review any overseas treatment with the patient. In some cases, patients may have received treatment not documented on the DS forms. Document on the CDC “Follow-up Worksheet” only that treatment documented on the DS forms.

3) **Perform a physical examination and take a chest X-ray (CXR):** A new CXR should be taken and the patient should have his/her overseas CXR available for comparison. Compare the U.S. CXR to the overseas CXR (if available) and document your interpretation of both CXR’s on the CDC “Follow-up Worksheet.”

4) **Collect sputum:** Sputum specimens for acid fast bacilli smear and culture are to be obtained at the provider’s discretion, based on evaluation and symptoms. Document results on the CDC “Follow-up Worksheet.”
5) **Prescribe treatment as appropriate:**
   - Persons with extrapulmonary disease without treatment or incomplete treatment need to be treated according to the CDC/ATS recommendations.
   - CDC/ATS treatment guidelines available at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm)
   
   **Note:** The overseas diagnosis of Class B1-TB, extrapulmonary is based on clinical findings.

6) **Document the status and any initiation of treatment on the CDC “Follow-up Worksheet.”**

7) **Report persons with suspected TB disease and/or who are started on treatment for active disease within one working day to the MDPH Office of Integrated Surveillance and Informatics Services (fax to: 617-983-6813). Do not wait for culture confirmation.**

8) **Return the “Follow-up Worksheet”:** Send the worksheet with sections C – E2 completed and a copy of the TB clinic forms to the Local Board of Health of the arrival’s town/city of residence. (Note that, per usual protocols, the clinic form is also faxed to MDPH.)

If you have any questions about the evaluation process or forms, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970).
The initial evaluation of an arrival with a TB Class condition will be considered complete when:

- A diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or latent TB infection, or
- The provider is unable to complete the evaluation and the reason for this is indicated (section D2).

### INSTRUCTIONS FOR COMPLETING THE FOLLOW-UP WORKSHEET FOR REFUGEE AND IMMIGRANT ARRIVALS WITH TB CLASS CONDITIONS:

<table>
<thead>
<tr>
<th>Section A – Demographic</th>
<th>Will be completed before you receive the paperwork.</th>
</tr>
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<tbody>
<tr>
<td>Section B – Jurisdictional</td>
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<tr>
<td>Section C – U.S. Evaluation</td>
<td>C1 – Indicate date of the initial evaluation</td>
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<td></td>
<td>C2 – Document the domestic TST date, mm induration (not redness), and interpretation</td>
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<td>C3 – If you use an interferon-gamma release assay (IGRA), record the date and results.</td>
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<td>C4 – Arrivals should bring their overseas CXR film(s) with them to their exam. Indicate if arrival provided the overseas CXR for review. Check “Not Verifiable” if you suspect the CXR does not belong to the arrival (e.g. fraudulent or mistaken CXR)</td>
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<td>C5-6 – Document your (or your radiologist’s) interpretation of the overseas CXR film.</td>
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<td>C7-10 – Document date and results of domestic CXR.</td>
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<td>C11 - Compare domestic CXR to overseas film. Document the results of the comparison.</td>
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<td></td>
<td>C12 – Document if sputum specimens were collected and smear results on the form.</td>
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<td></td>
<td>C13-17 – Document your interpretation of the overseas treatment, if applicable, based on your review of overseas documents and information provided by the patient.</td>
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<tr>
<td>Section D – Disposition</td>
<td>D1-D2 – When you are finished with the initial evaluation, indicate the date of your final diagnosis and your treatment recommendation. If unable to initiate or complete the evaluation, indicate the reason.</td>
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<tr>
<td></td>
<td>D3 – Indicate final diagnosis according to ATS classification system.</td>
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<td>D4 – Leave blank. For MDPH use only.</td>
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</table>
| Section E – U.S. Treatment | E1-E2 – Check appropriate box regarding treatment and document start date, if applicable.  
E3 – **Return this information when treatment has ended.**  
| Section F - Comments | Write any additional comments.  
| Section G – Physician Signature | Sign and date form.  

*When you have finished the initial evaluation (including disposition) and indicated treatment start date (when applicable), return this worksheet and clinic forms to the local board of health of the arrival’s town/city of residence.*

For questions please contact the Division at 617-983-6970.

Evaluated using the CDC’s 2009 Technical Instructions