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 Class B1 Tuberculosis – Pulmonary Tuberculosis, no treatment

An immigrant or refugee with a Class B1 Tuberculosis (TB), Pulmonary TB, No treatment condition has recently arrived from overseas and settled in your area.

Class B1 TB, Pulmonary TB, No treatment is assigned to persons who have a medical history, physical examination, HIV, or chest radiograph 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.

Persons with Class B1 TB conditions are at high risk for TB. Evaluation by public health is required for all individuals with Class B1 TB conditions in order to rule out active pulmonary TB or establish a diagnosis of 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, Pulmonary TB, No treatment 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

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 chest X-ray (CXR), sputum smear and culture 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, Pulmonary TB, No treatment 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, PULMONARY, No Treatment

CDC Definition of Class B1 TB, Pulmonary Condition – No Treatment
Class B1 TB, Pulmonary: Persons who have a medical history, physical examination, HIV, or chest radiograph 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.

Persons with a Class B1 TB, Pulmonary – No Treatment condition, were not infectious at the time of the overseas medical examination and had three negative sputum cultures. The overseas medical examination may have been done up to three months prior to departure, with another screening conducted within three weeks of departure. However, the examiner is advised to exercise clinical judgment in performing the medical examination.

LOCAL PUBLIC HEALTH Follow-up:

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

2) If an overseas tuberculin skin test (TST) was not done or was negative, 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, Pulmonary condition without treatment overseas 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.
   a. An individual with Class B1 TB, HIV infection and negative overseas chest X-ray, and with a negative TST and negative IGRA, can have their domestic TB evaluation completed by an infectious disease provider outside of TB clinic. The complete evaluation includes both TST and IGRA. The provider should complete the TB worksheet, with ATS classification, and fax it to 617-983-6990.
   b. An individual with Class B1 TB, HIV infection and negative overseas chest X-ray, and with a positive TST or positive IGRA should be referred to TB clinic.
   c. An individual with Class B1 TB due to HIV infection and abnormal overseas chest X-ray, should be referred to TB clinic with any TST or IGRA result.

TB Clinic Follow-up:

1) Review TST or IGRA status: A TST reaction of 5 mm or greater is positive in persons with an abnormal chest X-ray.

2) Review TB history with the patient: History, including TB treatment history if applicable, may be found on the visa medical examination report (DS-2053). Review any overseas treatment with the patient. In some cases, patients may have received treatment not documented on the DS forms.

3) Perform a physical examination and take a chest X-ray: A new CXR should be taken. The patient should have his/her overseas CXR available for comparison. Compare the U.S. CXR to the overseas
CXR (if available) with special attention to possible active tuberculosis, 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 symptoms and clinical and radiographic evaluation.

5) **Prescribe treatment as appropriate according to the CDC/ATS guidelines:**
   - If sputum samples are obtained, and if clinical suspicion is low for active disease, a treatment decision may be deferred, pending laboratory results.
   - Alternatively, if treatment is initiated, a standard *four-drug regimen* should be prescribed until final laboratory data are reported.
   - CDC/ATS treatment guidelines available at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm)

6) **Documentation:** Document your findings and the initiation of treatment on the CDC “Follow-up Worksheet.”

7) **Report persons with suspected pulmonary or extrapulmonary 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>
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<tbody>
<tr>
<td>Section B – Jurisdictional</td>
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<tr>
<td>Section C – U.S. Evaluation</td>
<td></td>
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<tr>
<td>▪ TST or IGRA</td>
<td>C1 – Indicate date of the initial evaluation C2 – Document the domestic TST date, mm induration (not redness), and interpretation C3 – If you use an interferon-gamma release assay (IGRA), record the date and results.</td>
</tr>
<tr>
<td>▪ U.S. Review of Overseas CXR</td>
<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) C5-6 – Document your (or your radiologist’s) interpretation of the overseas CXR film.</td>
</tr>
<tr>
<td>▪ Domestic CXR</td>
<td>C7-10 – Document date and results of domestic CXR. C11 - Compare domestic CXR to overseas film. Document the results of the comparison.</td>
</tr>
<tr>
<td>▪ U.S. Microscopy / Bacteriology</td>
<td>C12 – Document if sputum specimens were collected and smear results on the form.</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. D3 – Indicate final diagnosis according to ATS classification system. D4 – Leave blank. For MDPH use only.</td>
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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 of Global Populations and Infectious Disease Prevention at 617-983-6970.

Evaluated using the CDC’s 2009 Technical Instructions