



Connecticut Department of Public Health
Tuberculosis Control Program
410 Capitol Avenue, MS# 11-TUB
Hartford, CT 06134
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EDN TB Follow-up Worksheet: Summary, Medical Recommendations, & Instructions for Completion

SUMMARY

This document summarizes what steps providers and local health departments/districts (LHDs) should take if they receive notification of an immigrant or refugee who has an overseas classification of B1 or B2 tuberculosis (TB). Additional guidance for LHDs may be found in the document *“Tuberculosis Class B Entrants: The role of local health departments (LHDs).”*

When an immigrant or refugee with overseas TB Class B enters Connecticut, the Centers for Disease Control and Prevention (CDC) notifies the Connecticut Department of Public Health (DPH) TB Control Program. DPH sends TB Class B Notification packets to Directors of LHDs of the jurisdiction the patient is entering and to the entrant’s sponsor of record, so that the entrant may be promptly evaluated for TB.

TB Class B Notification packets include overseas medical examination documents and a three-page “EDN TB Follow-up Worksheet”. This Worksheet is generated by CDC, using data in its electronic disease notification (EDN) system. The EDN TB Follow-up Worksheet is used to document the U.S. TB evaluation of a Class B1/B2 entrant.

After receiving the EDN TB Follow-up Notification packet, LHDs should assist the sponsor or entrant in making a TB evaluation appointment at a TB clinic, or confirm that a refugee will be seen at a Refugee Health Assessment (RHA) provider/clinic. The entrant should bring the packet materials to the appointment.

Providers should review the overseas documentation and conduct a full TB evaluation. A complete evaluation requires a diagnosis and, when indicated, a treatment start date. Please refer to the chart below for a summary of *Recommended Medical Follow-Up for TB Class B Entrants*. Providers should send the completed EDN TB Follow-up Worksheet to DPH via fax or U.S. mail:

Refugee and Immigrant Health Program
Department of Public Health
410 Capitol Avenue, MS#11-TUB
Hartford, CT 06134
Fax: 860-509-7743

Please Note:

- **If the B1/B2 entrant cannot be located, or has moved**, please refer to the *Instructions for Completion: EDN TB Follow-Up Worksheet* on page 3 of this document.
- The EDN TB Follow-Up Worksheet should be completed up through Section E4 and sent to DPH **in addition to** a completed [Tuberculosis Surveillance Report](#) form. After treatment is finished or halted, complete a [Tuberculosis Treatment Follow-up and Care Report](#) form and return to DPH.
- Please do not send any patient identifying information (PII) via email, as DPH cannot accept PII in email per our confidentiality policy.

RECOMMENDED MEDICAL FOLLOW-UP FOR TB CLASS B ENTRANTS*

Abbreviations/Definitions:

AFB – acid fast bacilli

BCG – Bacille Calmette-Guérin vaccine

CXR – chest x-ray

IGRA – Interferon Gamma Release Assay

LTBI – latent TB infection

QFT® or T-SPOT.TB® -- Quantiferon and T-Spot are the trade names of the two available IGRAs

Panel Physician – clinician responsible for pre-departure exam

TST – tuberculin skin test (“Mantoux”)

Class Status	TB Follow-up Recommendations
<p>Class B1 TB Panel physician found evidence of sputum AFB smear negative pulmonary TB disease or extrapulmonary TB disease. Includes old healed TB and previously treated TB.</p>	<ol style="list-style-type: none"> 1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam. 2. Administer an IGRA (i.e., QFT® or T-SPOT.TB®) or TST regardless of BCG history, unless the person has a reliable history of previous treatment for TB or reliable documentation of a previous positive test. 3. Do a CXR, regardless of IGRA/TST result. 4. Verify any previous treatment for TB via pre-departure exam or by patient report. 5. Establish a diagnosis (i.e., LTBI or TB disease). Do additional diagnostic tests (e.g., sputa for AFB, other imaging), as indicated, to determine diagnosis. 6. If TB is suspected or diagnosed, report to DPH by calling 860-509-7722 within one working day, and send the completed Tuberculosis Surveillance Report form to DPH. 7. If LTBI is diagnosed, strongly recommend treatment to the patient unless contraindications present.
<p>Class B2 TB LTBI (TST ≥ 10 mm) Panel physician diagnosed this patient with LTBI, and treatment was not initiated or completed prior to arrival.</p>	<ol style="list-style-type: none"> 1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam. 2. If previous results are unreliable or unavailable, repeat IGRA or TST to confirm or rule out LTBI diagnosis. 3. Do a CXR unless patient had repeated CXRs overseas showing improvement or stability and the most recent CXR was done less than 3 months ago. 4. Do a CXR for those who are HIV+ or who have signs or symptoms compatible with TB disease, regardless of previous results. 5. - 7. [Same as for Class B1, above.]
<p>Class B3 TB TB Contact: Pre-departure exposure to a confirmed TB case-patient and pre-departure screening test (IGRA or TST) was negative.</p>	<ol style="list-style-type: none"> 1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam. 2. Administer an IGRA or TST regardless of BCG history. 3. Do a CXR for patients with a positive IGRA or TST, or with symptoms compatible with TB disease, regardless of the IGRA or TST result. 4. If more information about the source patient is needed (e.g. drug resistance), call DPH at 860-509-7722. 5. - 7. [Same as for Class B1, above.]
<p>Additional Considerations:</p> <ul style="list-style-type: none"> • IGRA testing is approved for use in anyone ≥ 2 years of age. TST is preferred for patients aged ≤ 2 years. • CDC recommendations state that although a TST is acceptable, the IGRA is preferred for BCG-vaccinated patients. • For most refugees and immigrants, TST is positive if ≥ 10 mm induration (not including redness). • Use 5 mm cutoff for: HIV+ individuals, those with recent close contact to an infectious TB case-patient, entrants with Class B1 TB or fibrotic changes on CXR, organ transplant, or otherwise significantly immunocompromised. • A TST administered prior to 6 months of age may yield a false negative result. 	

INSTRUCTIONS FOR COMPLETION: EDN TB FOLLOW-UP WORKSHEET*

***If the B1/B2 entrant cannot be located:**

- The provider or LHD should still fill out Section D of the EDN TB Follow-up Worksheet and indicate in Section H the dates and times of attempted contacts.
- The provider/LHD must **sign and date the form**.
- Send the completed EDN TB Follow-up Worksheet to DPH at the address/fax above. DPH will update and close out the file.

***If the B1/B2 entrant has moved:**

- Please obtain the date of the move and the full new address, and mail or fax that information to DPH. DPH will transfer information to the new jurisdiction.

Section A: Demographic Information and Section B: Jurisdictional Information

A1-B2. Pre-populated with data from CDC.

A3. Visa type

- If visa type is “R”, “A”, “Asylee”, “V92”, “V93”, or “SIV”, these are all considered “refugee” entrants. Please conduct B1/B2 evaluation of refugees according to these instructions.
- If you conduct the B1/B2 evaluation during a Refugee Health Assessment (RHA) appointment or clinic, please completely fill out the EDN TB Follow-up Worksheet **in addition to** the [RHA form](#) and send to DPH.

Section C: U.S. Evaluation

C1. Date of First U.S. test or provider/clinic visit

- Record date of the first TB domestic medical evaluation by a U.S. medical provider resulting in a TB diagnostic test.

C2-C3. U.S. TST and/or IGRA

- **Do not enter overseas test results in sections C2a-C2d and C3a-C3d.** Only U.S. test results should be entered in these sections.
- If U.S. TST was completed, indicate placement date, mm induration, and interpretation.
- If U.S. IGRA was completed, indicate date collected, the IGRA type, and results.
- If known, indicate the history of any previous positive TST and/or IGRA in Sections C2e and C3e.

C4-C5. U.S. Review of Pre-Immigration CXR

- Complete Section C5 only if a pre-immigration CXR is available.
- If overseas CXR is available, record interpretation and any TB-related findings.

C6-C8. U.S. Domestic CXR

- Complete Section C7 only if a U.S. domestic CXR was done.
- **Do not enter overseas test results.** Only U.S. test results should be entered in these sections.
- If CXR was performed in the U.S., record date, interpretation, and any TB-related findings.
- Complete C8 only if **both** a pre-immigration CXR and a U.S. domestic CXR are available.

C9-C11. U.S. Review of Pre-immigration Treatment

- Record overseas TB treatment based on your review of the overseas documents and information provided by the patient. Pre-immigration treatment information can be found in the DS-3030 form included in the overseas medical examination documents.
- If the patient was treated for TB disease or LTBI prior to their overseas panel physician examination, indicate how the treatment was reported in section C9e.

C12. U.S. Microscopy/ Bacteriology

- If there is concern for TB disease based on CXR findings or signs and symptoms, collect specimen/sputum for AFB smears and cultures. Document **only** U.S. results, if done.

Section D: Evaluation Disposition in U.S.

D1-D2. Evaluation Disposition

- This section **must be filled out** for all entrants to the U.S. with an overseas TB classification.
- Record the “disposition date” when U.S. TB evaluation was completed **OR** the date you determined that the evaluation could not be completed due to one of the reasons listed.

D3. Diagnosis

- When evaluation is complete, indicate diagnosis as described on the form (Class 0 – 4).
- Note: If the patient is diagnosed with TB disease, the DPH will fill out Section D4.

Section E: U.S. Treatment for TB Disease or TB Infection

E1-E4. U.S. Treatment Initiation

- Fill out this section **only** if U.S. treatment is recommended. Note: The CDC recommends that Class 2 and Class 4 cases should be strongly considered for LTBI treatment.
- Document the date the patient **initiated treatment** and the initial treatment regimen. If treatment was not initiated, indicate reasons.

E5-E6. U.S. Treatment Completion or Cessation

- DPH will fill out Sections E5-E6. Refer to Page 1 for instructions on returning the EDN TB Follow-up Worksheet.
- After LTBI treatment is completed or stopped (for whatever reason), fill out and send a [Tuberculosis Treatment and Follow-up Care Report Form](#) to DPH.

Section F: Evaluation Site Information and Section G: Treatment Site Information

- Enter provider and site information as requested.
- The “Evaluation site” is the site where the initial domestic TB evaluation was administered.
- The “Treatment site” is the site where a patient diagnosed with LTBI is treated. This includes any referrals made by the provider of the initial domestic TB evaluation.

*Adapted from Minnesota Department of Health TB Class B evaluation documents (11/2011, 6/27/2018)