

XIII. Class A and B Notification of Arrival of Immigrants and Refugees

- A. All refugees and some immigrants must have a medical evaluation before being cleared to travel to the US. Panel physicians must document TB screening and treatment results on the DS 2054 (Medical Examination), DS 3030 (TB Worksheet), and DS 3026 (Medical History and Physical Examination Worksheet). All medical documentation, including original laboratory reports, must be included with the required DS forms. Refugees receive copies of these documents and should provide them to the evaluating provider in the United States. In addition, the information is entered into the CDC's Electronic Disease Notification (EDN) system and transmitted to the NC TB Control Program. Any applicant diagnosed with tuberculosis disease who needs treatment must receive a classification of Class A TB and is not cleared for travel until successful treatment, regardless of the diagnostic criteria. Applicants must be assigned one or more tuberculosis classifications on the DS forms. The tuberculosis classifications and travel clearance times are listed below.

No TB Classification

Applicants without current clinical findings of tuberculosis disease, without known HIV infection, and with a normal chest X-ray (and for applicants who require it, a negative IGRA) with normal tuberculosis disease screening examinations. Travel clearance is valid for 6 months from the time the evaluation is complete.

Class A TB Disease

All applicants who have tuberculosis disease. This also includes applicants with extrapulmonary tuberculosis who have a chest X-ray suggestive of pulmonary tuberculosis disease, regardless of sputum smear and culture results. These applicants are not cleared for travel until completion of treatment unless a waiver is granted.

Class B0 TB, Pulmonary

Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMQ-defined DOT under the supervision of a panel physician prior to immigration. Travel clearance is valid for 3 months from the date final cultures are reported as negative. Document this classification in the remarks section of the DS form until the DS forms can be updated to include B0.

Class B1 TB, Pulmonary

Applicants who have signs or symptoms, physical exam, or chest X-ray findings suggestive of tuberculosis disease, or have known HIV infection, but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis disease. This classification also includes applicants who were diagnosed with tuberculosis disease by the panel physician, refused DOT treatment, and are returning after treatment and completion of 1-year wait. If all

parts of the examination are complete, travel clearance is valid for 3 months from the date final cultures are reported as negative.

Class B1 TB, Extrapulmonary

Applicants diagnosed with extrapulmonary tuberculosis with a normal chest X-ray and negative sputum smears and cultures. Travel clearance is valid for 3 months from the date final cultures are reported as negative.

Class B2 TB, LTBI Evaluation

Applicants who have a positive IGRA or TST but otherwise have a negative evaluation for tuberculosis. The IGRA result or size of the TST reaction, the applicant's status with respect to LTBI treatment, and the medication(s) used must be documented. For applicants who had more than one IGRA or TST, all dates and results and whether the applicant's IGRA or TST converted must be documented. Contacts with a positive IGRA or TST ≥ 5 mm must receive this classification in addition to a Class B3, Contact Evaluation classification (if they are not already Class B0 TB, Pulmonary, B1 TB, Pulmonary, B1 TB, Extrapulmonary, or Class A TB). Travel clearance is valid for 6 months from the time the evaluation is complete.

Class B3 TB, Contact Evaluation

Applicants who are a recent contact of a known tuberculosis disease case, regardless of IGRA or TST results. The IGRA result or the size of the applicant's TST reaction must be documented. If the IGRA or TST is positive and there is no evidence of tuberculosis disease, there will be two classifications, B2 and B3; if negative, B3 only. Information about the source case, name, alien number (if applicable), relationship to contact, and drug resistance of tuberculosis disease must also be documented. Additional information can be found in the Contacts of Tuberculosis Cases section. Travel clearance is valid for 6 months from the time the evaluation is complete.

TB Classification Pending

Applicants with signs or symptoms suggestive of tuberculosis disease, a chest X-ray suggestive of tuberculosis disease, or known HIV infection must have three sputum specimens to undergo microscopy for AFB, as well as culture for mycobacteria, confirmation of the Mycobacterium species at least to the *M. tuberculosis* complex level, and drug susceptibility testing for positive cultures. Any laboratory or additional studies deemed necessary, either as a result of the physical examination or pertinent information elicited from the applicant's medical history, must be performed to reach a conclusion about the presence or absence of tuberculosis disease.

- B. Any applicant diagnosed with tuberculosis disease who needs treatment must receive a classification of Class A TB and is not cleared for travel until successful treatment, regardless of the diagnostic criteria.

- C. Applicants must be assigned one or more tuberculosis classifications on the DS forms.
- D. When NC TB control is notified through EDN of an immigrant or refugee arriving that has a TB medical condition (Class A or B condition), the TB Registrar creates a TB-LTBI event in NCEDSS and the county where the immigrant or refugee is living will see this event in the Class A/B County Acknowledgement Needed workflow. The TB Registrar will scan all overseas documents into the attachments in the NCEDSS event.
- E. After the local health department receives notification that an immigrant or refugee with a class A or B condition has arrived they should contact the patient to begin an evaluation to rule out active and latent tuberculosis and to treat these conditions if they are identified. The immigrant/refugee is also instructed while overseas to present to their local health department for evaluation. Agreement addenda objectives require that the medical evaluation begin within 30 days of arrival and that the entire evaluation be completed within 90 days. Basic testing is done prior to the immigrant/refugee arriving.
- F. To remove the event from the Class A/B County Acknowledgement Needed workflow in NCEDSS go to the administration question package and under the Reporter Information blue heading answer “yes” to the question “Remove this event from the Class A/B acknowledgement workflow”
- G. When the patient comes in for the medical evaluation complete the TB epidemiological Record (DHHS 1030). Enter the date first seen in the US for TB evaluation on the Class A/B TB Worksheet wizard in NCEDSS. If this date is not entered the event will show up in the Class A/B evaluation initiation past due (30 days) workflow.
- H. The immigrant/refugee should have a copy of their digital chest X-ray. If you have access to a copy of the chest X-ray, it would be ideal to have your local physician or radiologist review it when possible. If the X-ray is of poor quality or taken more than 6 months prior to the US evaluation, repeat the chest X-ray. Sputum for AFB smear and culture and a new chest X-ray should be obtained if the patient is symptomatic for TB. TST or IGRA results should be available, but if not, a TST or IGRA should be obtained. Repeat screening is not necessary in asymptomatic individuals. When TB is ruled out, consider treating for TB infection (LTBI)
- I. Once the immigrant/refugee has been evaluated the class A/B TB worksheet wizard must be completed in NCEDSS. This should occur within 90 days of the immigrant/refugee arriving. If the class A/B TB worksheet wizard is not completed within 90 days, the event will show up in the Class A/B evaluation completion past due (90 days) workflow. Every item in the worksheet must be answered. Please note that some of the questions relate to tests done overseas and some relate to tests done in the US.

- J. If the immigrant/refugee cannot be located indicate this under the disposition and disposition date on the Class A/B TB worksheet wizard. If an immigrant/refugee has moved enter the new address so the immigrant/refugee can be assigned to the appropriate jurisdiction.
- K. If the immigrant/refugee is started on medication enter this information in the treatment plan of the class A/B worksheet wizard. The event will remain open until the person completes treatment or stops taking the medication and this information is entered into the class A/B TB worksheet wizard.
- L. The class A/B event does not need to be assigned to the regional TB nurse consultant or the State TB Registrar. Once the data fields have been completed the event will automatically enter their class A/B workflow. Please do not enter the disposition or disposition date until all questions in the class A/B TB worksheet wizard are answered, as these trigger the regional nurse consultant's workflow alerting them that the worksheet has been completed.
- M. Do not close class A/B events. The TB Registrar will close the event after the data is entered into EDN.
- N. If you are unsure of how to complete the class A/B worksheet wizard, please call your regional TB Nurse Consultant.
- O. If an immigrant/refugee presents to the health department with class A or B paperwork and the person is not already in NCEDSS please call the TB Registrar so the patient can be looked up in EDN and transferred to that county.
- P. For more information on the domestic tuberculosis guidelines see:
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>