



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### OVERSEAS TB CLASSIFICATIONS (“B1/B2/B3”) AND TB EVALUATION FOLLOW-UP: GUIDELINES FOR PROVIDERS (rev. 1/2013)

Several hundred immigrants and refugees enter Connecticut every year. These new entrants undergo an overseas medical examination in their country of departure to determine their health status. Occasionally, immigrants and refugees who may have been exposed to tuberculosis (TB) will be given an “overseas TB classification” during the examination, and recommended for further TB evaluation upon U.S. entry. The Refugee and Immigrant Health Program (RIHP), located in the TB Control Program at the Connecticut Department of Public Health (DPH), tracks overseas TB classifications and immigrant and refugee health. The RIHP notifies appropriate health department staff and sponsors about the entry of a person with an overseas TB classification.

The purposes of this document are to:

- 1) Present overseas TB classification definitions;
- 2) Describe the contents of the Connecticut DPH’s TB classification notification packet; and
- 3) Outline how DPH processes the TB evaluation data that it receives.

This document does **not** set out a specific protocol for screening or treatment of all refugees or immigrants with overseas TB classifications. For questions about specific patients, please contact the DPH TB Control Program for assistance.

#### A. Overseas TB classifications and their descriptions

##### 1. What are Overseas TB Classifications?

The Centers for Disease Control and Prevention (CDC) provides guidance for medical practitioners—both overseas and domestic providers—who offer assessments and health care for newly-arriving refugees and immigrants to the U.S.

During the overseas medical health assessment process, refugees and immigrants are given a “TB classification”. Possible TB classifications and their definitions are shown in the chart below.

<b><u>TB CLASS</u></b>	<b><u>DESCRIPTION</u></b>
<b>No TB classification</b>	Applicants with normal overseas TB screening examinations.
<b>Class A TB with waiver</b>	Applicants who currently have active TB disease, but have been granted a medical and/or government waiver to enter the U.S. (This happens very rarely.)

<p align="center"><b>Class B1 TB, Pulmonary: No Treatment</b></p>	<p>Applicants who have medical history, physical exam, or chest x-ray <b>findings suggestive of pulmonary TB</b>, but have negative acid-fast bacillus sputum smears and cultures; and <b>are not diagnosed</b> with TB, or <b>can wait to have TB treatment started <i>after</i> U.S. entry.</b></p>
<p align="center"><b>Class B1 TB, Pulmonary: Completed Treatment</b></p>	<p>Applicants who were diagnosed with pulmonary TB overseas in the past and have <b>successfully completed directly observed therapy <i>prior</i> to immigration.</b></p>
<p align="center"><b>Class B1 TB, Extrapulmonary</b></p>	<p>Applicants with evidence of extrapulmonary TB.</p>
<p align="center"><b>Class B2 TB, latent TB infection (LTBI) Evaluation</b></p>	<p>Applicants who have a tuberculin skin test (TST) of <math>\geq 10</math> mm but otherwise have a negative evaluation for TB.</p>
<p align="center"><b>Class B3 TB, Contact Evaluation</b></p>	<p>Applicants who are a contact of a known TB case.</p>

Adapted from: CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment; Using Cultures and Directly Observed Therapy, October 1, 2009, pp. 21-22.  
<http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>.

2. How does DPH receive TB classification information about recent refugee or immigrant arrivals?

CDC sends daily notifications about entrants with overseas TB classifications to state-designated TB control coordinators through its Electronic Disease Notification System (EDN). These electronic notifications include demographic information as well as scanned, original overseas medical documents and a transcribed, typed version of those documents. (Note: The RIHP only receives information about refugees and permanent immigrants with TB classifications. It does not receive information about other immigrants, such as tourists, students, or people here on work visas.)

**B. Contents of the DPH TB Classification Notification Packet**

1. What are the documents in the notification packet?

When DPH receives notifications about entrants with a TB classification, the RIHP sends a cover letter and an information packet to both the local health department director and to the arriving person's sponsor (e.g. refugee resettlement agencies and/or sponsoring individuals). Sponsors/sponsoring agencies and local health departments work in collaboration to ensure that the TB evaluation is conducted, results are recorded and sent to the RIHP, and that any treatment necessary is begun and completed.



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The information packet consists of: 1) a “TB Follow-Up Worksheet” generated by the CDC, and 2) copies of both the scanned overseas medical documents and the transcribed version of those documents.

a. Cover Letters. There are two (2) cover letters included in the TB classification Notification Packet. The letters have slightly different purposes and information.

- *Cover letter to entrant’s sponsor/sponsoring agency*. In this letter, the sponsor is asked to:
  - Help arrange a TB evaluation, and
  - Ask the provider to fill in the TB Follow-up Worksheet and send it back to the RIHP.
- *Cover letter to director of the local health department* of the area in which the entrant will be settling. In this letter, the local health department is requested to:
  - Help the sponsor/sponsoring agency obtain a TB evaluation for the new entrant,
  - Help ensure that the provider has recorded the results of the TB evaluation on the TB follow-up Worksheet, and
  - Help ensure that the TB Follow-up Worksheet is sent to the RIHP.

b. TB Follow-Up Worksheet. This worksheet is generated by CDC and is pre-populated with available demographic information for the specific refugee or immigrant with a TB classification. The worksheet provides space for the U.S. medical provider to review and assess the entrant’s overseas medical documents, to conduct and report domestic TB testing, and to document recommendations for treatment, if necessary. (Note: Medical screening information from overseas documents should **not** be filled in on the TB Follow-Up Worksheet, except in comparing chest X-ray findings.)

c. Overseas medical documents. These are electronically-scanned records of the entrant’s medical screenings at their overseas points of departure. Documents include: demographic information, classifications for TB and other significant public health conditions, patient medical history and examination(s), chest x-ray sheet(s), vaccination sheet, and an informed consent sheet. Occasionally included are lab reports or various summaries of other types of evaluations.

d. Transcribed (typewritten) versions of the overseas documents. Produced by the CDC, these are typed copies of the overseas documents. Often, instead of directly typing all notations, the typed documents note, “See Scanned Documents”. This refers to the original overseas documents, included in the packet, which have been scanned into a computer for easier transmission. The scanned documents are often more complete than the transcribed versions, and should be reviewed by the health care provider for additional medical information.

## 2. What should you do with the packet?

a. Collaborate with the entrant’s sponsor/sponsoring agency to arrange or conduct a TB screening/assessment. Often, the person’s sponsor/sponsoring agency will contact you about arranging an appointment. Assist them in the manner appropriate for your jurisdiction and capacity.

b. Review and/or complete the TB Follow-Up Worksheet with findings from the TB evaluation. If you are acting as the provider, please record the dates of tests, evaluations, treatments, and evaluation disposition, as well as all other relevant information. The following link to CDC guidelines may be helpful for these U.S. evaluations:

<http://www.cdc.gov/immigrantrefugeehealth/pdf/tb-ti-civil.pdf>.



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- c. Send the completed TB Follow-up Worksheet to the RIHP. RIHP contact information is included at the end of this document.
- d. If repeated attempts to contact the individual or his/her sponsor fail, please fill out and send the TB Follow-up Worksheet to the RIHP, noting dates and times of attempted contacts. This enables the RIHP to update and close out the file.
- e. If the person has moved, please obtain full contact information including a phone number, and send that to RIHP. The RIHP will then transfer information to the new jurisdiction.

### **C. How DPH uses the TB Follow-up Worksheets we receive**

#### 1. Data collection, analysis, and reporting

As a condition of federal and state agreements and grants, the RIHP is regularly required to submit reports about TB and LTBI evaluations and dispositions, treatment start and completion dates, and trend data. The findings reported on TB Follow-up Worksheets are therefore a key portion of DPH TB surveillance activities.

When the RIHP receives TB Follow-Up Worksheets which have TB evaluation information for refugees or immigrants with overseas TB classifications, we enter the findings into TB databases. The RIHP also compiles information about treatment and follow-up. These data are periodically analyzed and reported to CDC and relevant state agencies as requested, and provide a foundation for understanding the changing profile of TB in Connecticut.

#### 2. Closing the information gap for state and local TB providers

The RIHP aims for complete and accurate records for TB evaluation and treatment of arriving refugees and immigrants. Thanks to the efforts of local health departments, providers, and sponsors/sponsoring agencies, the last three years have seen a significant improvement in rates of TB evaluation, reporting, and data reliability for refugee and immigrant entrants with overseas TB classifications. Nevertheless, gaps in information still occur between and among all parties, and the RIHP continues to address these issues as they arise.

The RIHP hopes that through clear communication of its goals and procedures, all people involved in TB control in Connecticut may continue to improve refugee and immigrant TB surveillance processes. Any comments or suggestions are always welcome, and may be directed to:

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