



Massachusetts Department of Public Health

Division of Global Populations

Class A/B Update

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Division of Global Population and Infectious Disease Prevention

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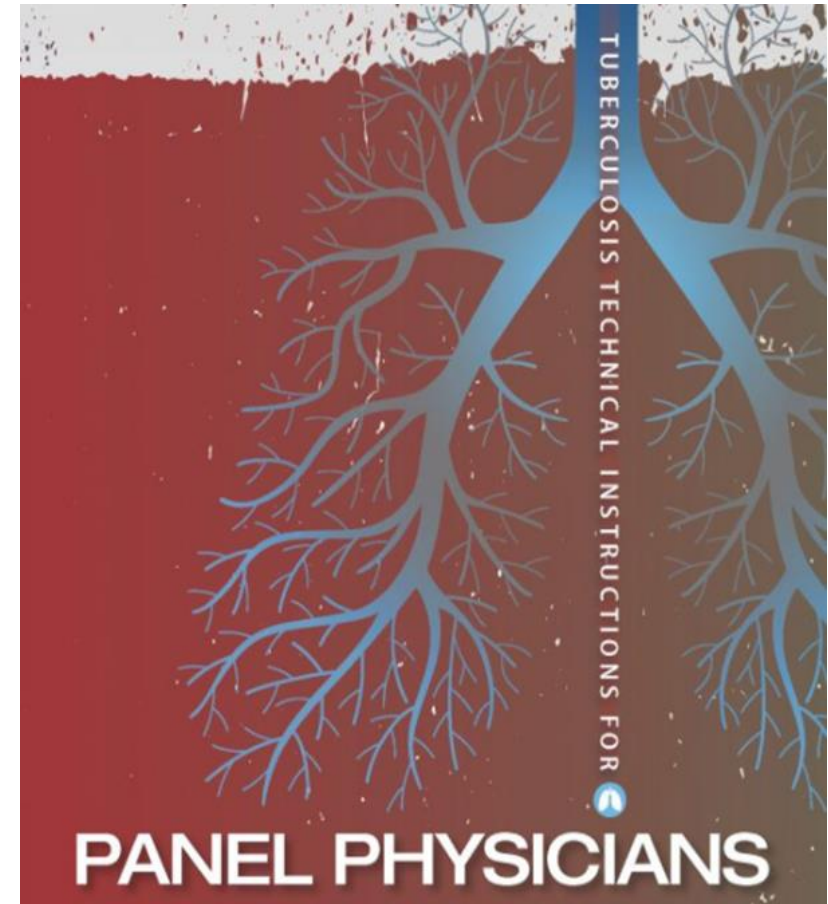
Purpose

- **TB Class B Arrival 101**
- **New CDC Technical Instructions**
- **New MPDH Class B2 Guidance**

***Today, we will not be speaking about TB disease or TB case management. If you have any questions about these topics, please contact us at 617-983-6970 or BIDLS-TBGeneral@mass.gov**

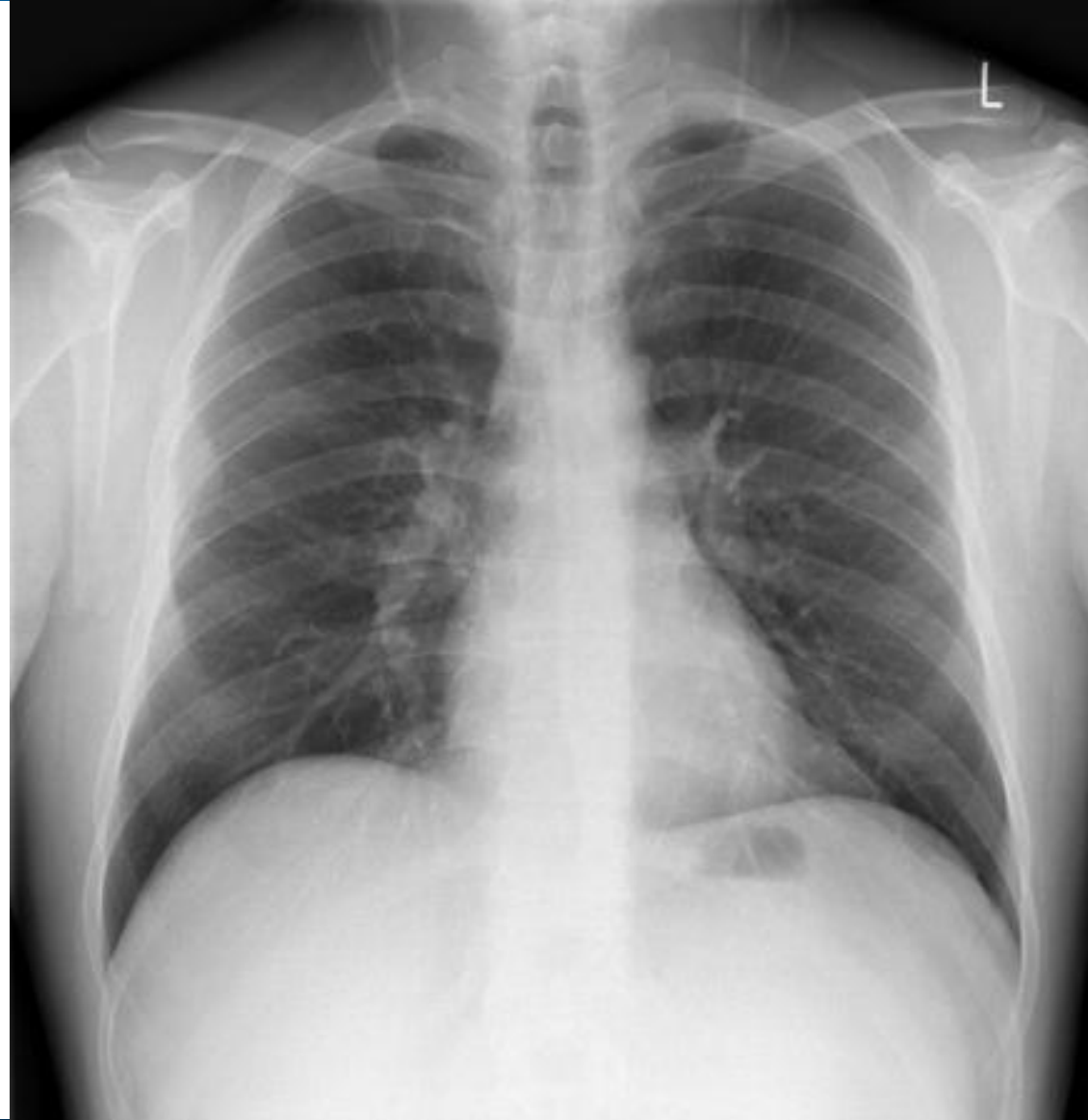
Rationale

- The U.S. Department of Health and Human Services has authority to regulate the medical examination of immigrants and refugees before admission
- CDC publishes technical instructions
 - <https://www.cdc.gov/immigrantrefugeehealth/panel-physicians.html>
- Overseas panel physicians screen for communicable disease of public health significance
- Admission may be denied for certain conditions



Who arrives with a TB Class B designation?

- **CDC refers individuals to us for TB evaluation if:**
 - Chest X-ray is abnormal
 - Sputum smears and cultures are negative
 - TST or IGRA is positive
 - Recently treated TB
 - Known recent contact to active TB
 - Known HIV infection



Who does not undergo an overseas exam?

- People with a non-immigrant visa for temporary visits such as for tourism, business, work, visiting family, or studying
- People who applied for asylum after U.S. arrival
- Undocumented residents



Rationale for domestic evaluation

- Domestic TB evaluation is a requirement of the International Office of Migration and the CDC for these patients
 - Individuals with TB Class B1 designations due to old scarring on their lungs from TB are 4 times more likely to develop TB disease later in life than those without
 - All states are required by the CDC to report back on a Class A/B arrival's final disposition

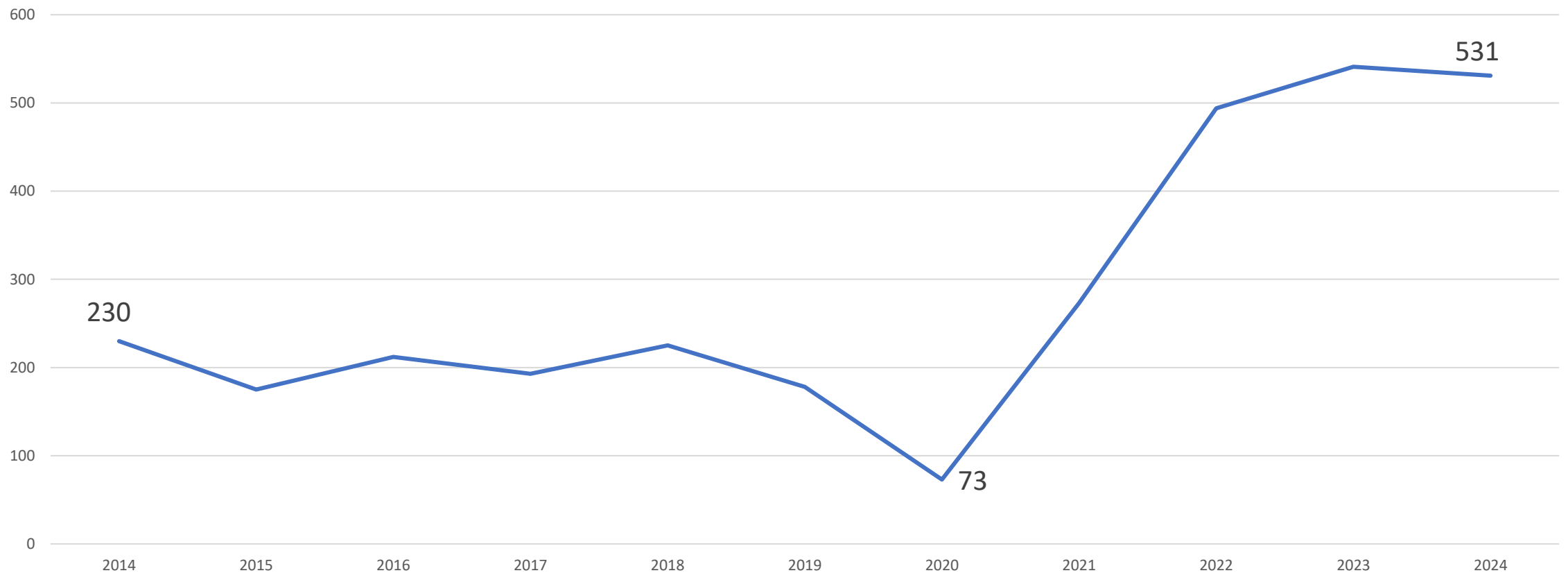


Notification of new arrivals

- DPH is notified via a CDC website called Electronic Disease Notification (EDN). We import records into MAVEN once a day.
- LBOH is notified via two MAVEN workflows
- For refugees, the health assessment site can see the overseas medical records with Class B status in MAVEN
- TB clinics receive referrals by fax, and they can also view records in MAVEN after referral/appointment
 - Including X-ray images (.dcm) and overseas documents

Snapshot of the last decade

Immigrants and Refugees Arriving to Massachusetts with Abnormal Overseas CXRs Consistent with TB



*Data as of 09/20/2024

Class A/B roles & responsibilities

- **LBOH nurse, as case manager, reaches out to the arrival, coordinates testing, refers to a TB clinic & submits final EDN Worksheet**
- **DPH/DGP Program**
 - Data team manages notifications from federal partners, attaches files & creates Quest orders
 - Direct Services (DS) region coordinators partner with LBOH and develop outreach plan to provide outreach support to LBOH when needed
 - The team reaches out to refugee arrivals with B diagnosis and works closely with health assessment sites to refer individuals to a TB clinic
 - DPH Nurses are not involved with Class B follow-up unless reported as TB disease

DS team, local public health & arrivals with Class B TB

- Provides B1 outreach and follow-up assistance to LBOH as needed
- Provides outreach and follow-up support:
 - Determines type of outreach and follow-up support needed in consultation with LBOH
 - Assess available DS team resources to respond to outreach and follow-up request
 - Coordinates CHW activities related to case management of individuals arriving with a Class B TB designation when resources allow
- The team approach engages Direct Services Regional Coordinators early in case management of individuals with Class B TB designation

Language support

- CHWs provide language support during a planned joint visit with LBOH for an individual arriving with Class B TB designation
- Collectively, the DS Team speaks 21 languages
 - Not all languages are covered by the DS team
- LBOH can use language line for routine TB case management follow up

Language Line Solutions

Dial: 866-874-3972

Code: 684959

Quick classification reference guide

- TB Class B0 – Recently treated TB disease
 - This person would have been diagnosed with, treated for, and cured of TB disease during an earlier panel physician exam
- TB Class B1 – Significant exam findings, no evidence of infectiousness
 - Abnormal CXR, but negative sputum cultures
 - IGRA can be positive or negative
- TB Class B2 – Latent TB infection
 - Positive IGRA, but normal CXR
- TB Class B3 – TB Contact
 - Identified as a recent contact to another individual with TB disease
 - Negative first-round IGRA, normal CXR

IGRAs: blood tests for tuberculosis (TB) infection

- IGRAs – Interferon Gamma Release Assays or “TB blood tests”
- Like TB skin tests, IGRAs are screening tests for TB infection, not disease
- Unlike TB skin tests, not affected by prior BCG vaccination
- A negative IGRA does not rule out TB disease
- Like TB skin tests, IGRAs usually remain positive for life
- Two commercially available tests:
 - Quantiferon-TB Gold Plus (QFT)
 - T-Spot.TB Test

TB Class B0

B0: Assigned to persons who were diagnosed with pulmonary tuberculosis and successfully completed treatment under directly observed therapy at a panel physician site prior to immigration.

- Since these individuals would have recently completed TB disease treatment overseas, it is helpful if they are linked to care with a clinic for post treatment surveillance

TB Class B1

B1: Persons with CXR findings suggestive of pulmonary TB, but have negative AFB sputum smears and cultures. Their overseas IGRA can be positive or negative. No evidence of infectiousness at the time of the panel physician exam, and the person would be cleared for travel.

Includes old healed TB, previously treated TB, and persons living with HIV



TB Class B2- LTBI

B2: Assigned to persons who have a positive IGRA, but who are asymptomatic, with a normal chest X-ray

- Previously, IGRAs were performed on those who were 2 to 14 years of age
- Now, older adolescents and adults will have IGRAs performed overseas
 - This change in the CDC Technical Instructions will result in more arrivals with the B2 classification

Next Steps: TB Class B0, B1, & B2

Next Steps for LBOHs:

- Review medical record
 - Confirm IGRA result (B1 & B2)
- Connect with the newly arrived resident
- Refer to a TB clinic
 - Whether the overseas TST/IGRA is positive or negative
- Document appointment date, time, & location in MAVEN
 - Share this information with the person and/or their family
- Stay in touch with patients on LTBI treatment to support adherence
- Document treatment completion date in MAVEN or on TB Worksheet

A referral to Quest is NO longer needed

TB Class B3

B3: Assigned to persons with recent contact to a known tuberculosis disease case and who have had at least one TST or IGRA overseas

Next steps for LBOHs:

- Connect with the newly arrived resident
- TST or IGRA post-exposure testing
 - Should ideally be the same type of test as the 1st (if applicable)
- If the post-exposure test is **positive**, a referral to a TB Clinic will be needed
- Document appointment date, time, & location in MAVEN
 - Share this information with the person and/or their family
- Stay in touch with patients on LTBI treatment to support adherence

Prioritization of people with Class B TB designations

- **Persons arriving with a TB Class A/B notification**
 - LBOH provides case management including making contact, recommending next steps, referral, monthly phone calls for treatment adherence support
 - For Refugees who arrive with a Class A/B TB notification
 - First steps are taken by DPH Direct Services Team and refugee health assessment provider
 - LTBI treatment adherence support (monthly phone calls) by LBOH can be very helpful
- **We all want to do it all, but sometimes triage is necessary**
 - TB Class B2 adults (LTBI) and their families may reach out to LBOHs for help with linkages to care, and would be grateful for assistance
 - Please continue to proactively connect with newly arrived families with children with TB B2 designations
 - More active outreach to adults with Class B2 designations may not always be possible
 - A review of overseas medical records can be helpful in triaging efforts as well

Prioritization of people with Class B TB designations

- Within the **LBOH LTBI Priority Follow-Up workflow**, there is a process recently added to support LBOH in prioritizing their efforts/time
 - MA DPH is striving to review overseas CXRs and medical records to prioritize those arrivals who should be seen earlier, and those for whom an appointment booked further out would be acceptable
- CDC's Goal: Completion of TB evaluation < 90 days from arrival
 - These targets are ambitious in a good year
 - Recognize limitations of clinic capacity, and increased number of arrivals after early pandemic back-logs
 - Not all TB Class B arrivals have the same level of urgency to their eval

Class A/B Workflows



- All Class A/B arrivals enter two workflows upon creation
 - I. LBOH LTBI Priority Follow-Up**
 - II. LBOH TB Class A/B Worksheet Complete**
- **LBOH LTBI Priority Follow-Up Workflow**
 - Class A/Bs, children <18 years old, and/or contacts of a TB Disease case
 - **To Remove:** Complete Step 1 in the Administrative Question Package.
Step 1 - LBOH Acknowledged: Yes

LBOH TB Class A/B Worksheet Complete Workflow




LBOH TB Class A/B Worksheet Complete

- **Who is in the Workflow:** Residents of your town whose Class A/B evaluation or treatment documentation is not yet completed
- **To Remove an Event from the Workflow:** Fax the completed TB Worksheet to 617-887-8791 (including ATS classification and treatment completion date, if applicable) or task the State-TB Class AB group

TB reports TB Tip Sheet for LBOH

- Help you pull your town's TB data down correctly
 - Remember: TB Infection and TB Disease are different!
- Refer to webinar/office hours from Feb 27th how to run reports
 - [Slides](#) & [Recording](#)
- DSAI is happy to assist with reports

 Tuberculosis Reports Tip Sheet for LBOH Users			
Desired Data	Report Name	How to Run Report	Notes / Considerations
TB Disease case total with ability to extract complete question packages	DGP Event Information Extract by Disease	From the MAVEN splash screen, click on "Reports." For category value, select "Custom Reports." Select "DGP Event Information Extract by Disease." Select / input desired values for report parameters. Note that you should select "Tuberculosis" for the disease value. For disease state, select "TB Disease."	Allows for selection of entire question packages (please restrict question packages to only those that you need). Users should run this report instead of the LBOH Event Information Extract by Disease report.
TB Infection case total with ability to extract complete question packages	DGP Event Information Extract by Disease	Follow the steps above but select "TB Infection" instead of "TB Disease" for the disease state value.	Allows for selection of entire question packages (please restrict question packages to only those that you need). Users should run this report instead of the LBOH Event Information Extract by Disease report.
TB Disease and TB Infection aggregate case total by classification and jurisdiction(s) for up to a 30-day period	LBOH Count – Events Per Disease and Classification in Jurisdiction	From the MAVEN splash screen, click on "Reports." For category value, select "Custom Reports." Select "LBOH Count – Events Per Disease and Classification in Jurisdiction." Select / input desired values for report parameters.	Do not run this report for a period greater than 30 days. LBOH can select multiple jurisdictions if they have access to those jurisdictions. MAVEN superusers cannot run this report unless they have specific access to the selected jurisdictions.
TB Disease and TB Infection aggregate case total by classification and jurisdiction(s) for greater than a 30-day period	LBOH Basic Line List	From the MAVEN splash screen, click on "Reports." For category value, select "Custom Reports." Select "LBOH Basic Line List." Select / input desired values for report parameters.	LBOH can select multiple jurisdictions if they have access to those jurisdictions. MAVEN superusers cannot run this report unless they have specific access to the selected jurisdictions.

[Tuberculosis Reports Tip Sheet
for LBOH Users](#)

MDPH Division of Global Populations: Tuberculosis

- Questions related to **Tuberculosis** casework and Class A/B arrivals can go directly to the TB Program:
 - **TB Email:** BIDLS-TBGeneral@mass.gov
 - **TB Program Phone:** **(617) 983-6970**
 - **TB Program Fax:** **(617) 887-8791**
 - **Check Your Town's Communication Event in MAVEN.** Listed under **DGP Contacts** (Division of Global Populations) in MAVEN.

DGP Contacts				
First Name	Last Name	Title	Email	Phone
Arnaud	Barbosa	State Direct Services Coordinator	MDPHEmail	(123) 123-1234
Steven	Shelley	State TB epi	MDPHEmail	(123) 123-1234
Anna	Hippchen	State TB Nurse	MDPHEmail	(123) 123-1234

Additional resources

- TB information for your Patients in English and other languages
 - <https://www.mass.gov/lists/tb-information-for-your-patients-in-english-and-other-languages>
- TB Centers of Excellence for Training, Education, and Medical Consultation
 - Rutgers Global TB Center: <https://globaltb.njms.rutgers.edu/>
- CDC – Division of Tuberculosis Elimination
 - <https://www.cdc.gov/tb/default.htm>
 - Continuing education modules, including case management
- CDC's Health education materials for patients
 - https://www.cdc.gov/tb/education/patient_edmaterials.htm
- Updated Technical Instructions for Panel Physicians
 - <https://www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/tuberculosis.html>