TUBERCULOSIS EVALUATION OF PERSONS WITH CLASS A/B TB CONDITIONS

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After joining the webinar, you will see the Attendee Control Panel. The Control Panel can be hidden and unhidden by clicking on the white and orange arrow button. The panes can be expanded or collapsed by clicking on the triangle icon on the left side of each pane.
How to ask questions

Enter question and click send

Question is posted and received by the Presenter.
Agenda

• Overseas medical screening
• Roles and responsibilities
• Domestic medical follow-up for B1, B2, B3
• Resources
• Questions
Poll

• Where do you work?
  • Local board of health
  • TB clinic
  • DPH
  • Other
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](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

[https://www.cdc.gov/immigrantrefugeehealth/panel-physicians/tuberculosis.html](https://www.cdc.gov/immigrantrefugeehealth/panel-physicians/tuberculosis.html)
Overseas Tuberculosis Screening

• Overseas medical exam includes TB screening
  • Chest X-ray if ≥ 15 years old (smears if abnormal)
  • IGRA for children aged 2-14
  • If active TB is diagnosed, travel is deferred until treatment is complete

• CDC refers individual to us for TB evaluation if
  • Chest X-ray is abnormal (with negative smears)
  • TST or IGRA is positive
  • History of active TB in the past
  • Known recent contact to active TB
  • Known HIV infection
Who doesn’t undergo overseas immigration exam?

- People with a nonimmigrant visa - for temporary visits such as for tourism, business, work, visiting family, or studying
- People who applied for asylum after arriving in the U.S.
- Afghan humanitarian parolees have a different process
- Undocumented residents
Rationale for domestic evaluation

• Domestic TB evaluation is a requirement of the International Office of Migration and the CDC for these patients
  • These individuals are at higher risk
  • We have to report back to CDC outcomes for the patients they referred to us
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 MAVEN workflow
• 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 labs from overseas
Roles and responsibilities

• LBOH nurse, as case manager, reaches out to the individual, coordinates test, refers to TB clinic, submits worksheet

• DPH/TB program
  • Data team (Stephanie and Laura) manage data, attach files and lab orders
  • Direct services team (Arnaud, Beatrice, Olivia, Sergut) sends welcome letter to patient and coordinates outreach with LBOH, CHW
  • Nurses (Pat, Myrna, Joan, Lyn) are generally not involved with class B follow-up unless reported as active TB
Outreach

- Outreach may be requested for language support, joint home visit, DOT, follow up
- If you need community health worker support, you may contact coordinator
  - Outreach is already requested automatically for all class B TB arrivals
- Community health workers are assigned to particular patients based on:
  - Language (we may use phone interpretation)
  - Region
MAVEN Workflow: LBOH TB Class A/B Worksheet Complete

• Residents of your town whose class B evaluation or treatment documentation is not complete
• To get an event out of the workflow, fax complete TB worksheet to 617-887-8791 (including ATS classification and treatment completion date, if applicable)
### Patient Information

1. **Name**: [Redacted]
2. **Address**: [Redacted]
3. **Phone**: [Redacted]
4. **Other**: [Redacted]

### Medical History

**Date of Initial U.S. Medical Evaluation**: [Redacted]

**Interferon-Gamma Release Assay (IGRA)**
- **IGRA TST**: [Redacted]
- **IGRA Positive**: [Redacted]
- **IGRA Negative**: [Redacted]

### U.S. Review of Pre-Immigration CXR

**Pre-Immigration CXR Available?**: [Redacted]
**U.S. Domestic CXR Available**: [Redacted]
**Comparison**: [Redacted]

### U.S. Treatment

**Treatment Start Date**: [Redacted]
**Treatment End Date**: [Redacted]
**Treatment Report**: [Redacted]
**Pre-Immigration Treatment Completion**: [Redacted]

**Drug Susceptibility Testing**
- **MTB Complex**: [Redacted]
- **Non-MTB**: [Redacted]
- **Other**: [Redacted]

### Evaluation Disposition

**Initial Evaluation**: [Redacted]
**Follow-Up**: [Redacted]
**Refusal Evaluation**: [Redacted]
**Tuberculosis (TUB)**

### Comments

**Provider Name**: [Redacted]

**Comments**: [Redacted]
Poll

- Is there an event in your “LBOH TB Class A/B Worksheet Complete” workflow right now?
  - Yes
  - No
TB classifications

- Class A
- Class B1
  - Class B0
- Class B2
- Class B3
Class B1 or B0

- B1: 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.

- B0: Assigned to persons who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration.
Next steps for LBOH

• Communicate with patient
• TST or IGRA
  – Generally done at refugee health assessment for refugees
  – Not needed if complete TB treatment history (meds, dosages, dates) documented
  – Both are recommended for HIV+ arrival
• Contact TB clinic about referral requirements, some clinics want sputum
• Refer to TB clinic
  – Fax test result and overseas medical records
  – Clinic contact information is available at: https://www.mass.gov/service-details/massachusetts-tb-outpatient-services
• Document appointment date, time, location in MAVEN and communicate this information with the individual
• Stay in communication with patients on LTBI treatment to support adherence
Timeliness

• Local board of health nurse should call individual with result of Quest IGRA **within three days**
  • If unable to do this within three days, please reach out to DPH for assistance

• TB clinics should consider persons with class B conditions to be high priority referrals (along with contacts and refugees)

• Program targets
  • Initiate evaluation within 30 days of arrival in Massachusetts
  • Complete evaluation within 90 days of arrival in Massachusetts
  • Initiate and complete LTBI treatment
Class B2

- Assigned to persons (usually children less than 15 years of age and contacts) who have a TST ≥ 10 mm or positive IGRA, but otherwise have a negative evaluation for tuberculosis

Next steps for LBOH:
- Communicate with individual/parent
- Refer to TB clinic
  - Including overseas medical records
- Document appointment date, time, location in MAVEN and communicate this information with the patient
- Stay in communication with patients on LTBI treatment to support adherence, until completion of LTBI treatment
- Document treatment completion date in MAVEN or on TB worksheet
Class B3

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

• If TST ≥ 5mm or if the IGRA is positive, the contact will have been further evaluated with a medical history, physical examination, and a CXR; bacteriology will have been done if indicated

• If contact was not started on LTBI meds, the TST or IGRA is repeated every 3 months until > 8 weeks after exposure ends

Next steps for LBOH:

• Communicate with individual
• TST or IGRA if a post-exposure test is still needed
  − Should ideally be the same type of test used for the first test
• If the post-exposure test is positive, a referral to TB Clinic will be needed
  − Fax test result and overseas medical records
• Document appointment info in MAVEN and communicate the details with individual
Resources

• **TB main line:** 617-983-6970

• PPD orders for persons with class B conditions (*or contacts*)
  - Submit an order form to DPH, call Dolly Shen with questions

• IGRA testing at Quest, if you are unable to perform a skin test
  - Call 617-983-6970 and an epidemiologist can place a lab order for B1 (*or contacts*)
  - Locations at [www.questdiagnostics.com](http://www.questdiagnostics.com)

• Questions about class AB process, reporting, MAVEN access
  - Laura Smock

• Outreach support and welcome letters
  - West: Olivia Peters
  - Boston South: Beatrice Martin
  - Boston North: Arnaud Barbosa
  - Northeast and Central: TBD. Supervisor: Sergut Wolde-Yohannes