

Class A/B Tuberculosis (TB) Notification

I. TYPE OF STANDARD: Service

II. OUTCOMES:

Prevention of tuberculosis through testing of selected foreign-born persons entering the United States (U.S.) who are at high risk for tuberculosis disease; and the appropriate treatment of persons identified from this testing who have latent TB infection (LTBI) or active TB disease.

During the last several years, TB in the U.S. has been characterized by substantial declines in both the number of reported cases of TB among U.S.-born persons and in the case rate for U.S.-born persons. Concurrently, the number of cases among foreign-born persons has been relatively stable while the case rate has declined only modestly. Most cases of TB among foreign-born U.S. residents probably result from infection with *M. tuberculosis* while living in the person's country of birth. Consequently, the strategy adopted by the Centers for Disease Control and Prevention (CDC) and the Bureau of TB and Refugee Health is to mount an aggressive program to evaluate and, when necessary, provide prompt and complete treatment of persons found to have LTBI or active TB disease.

III. PERSONNEL:

Administrator, Refugee Health Program; County Health Department (CHD) Refugee Program Coordinator; TB Program Supervisor; Area TB Program Manager/Coordinator; Area TB Surveillance Officer; Field Services Staff, Bureau of TB and Refugee Health.

Each discipline will perform activities within the constraints of their respective practice acts, job descriptions, and protocols.

IV. GOALS AND OBJECTIVES:

The goal of this program is to ensure the evaluation and treatment, as appropriate, of all referred immigrants and refugees who are identified to have LTBI or active TB disease.

V. DEFINITIONS:

CDC 75.17: A form used by the Centers for Disease Control and Prevention to report Class B conditions to state health departments.

CDC 75.18: A form used by the Centers for Disease Control and Prevention to report Class A conditions to state health departments.

Class A Condition: A determination that is based on tests given abroad indicating finding consistent with a specific disease that is infectious.

Class B Condition: A determination that is based on tests given abroad indicating findings consistent with a specific disease; however, the disease was not infectious.

B-1: Tuberculosis, clinically active, not infectious

B-2: Tuberculosis, not clinically active, not infectious

Evaluation: An evaluation consists of a physical examination, x-ray, sputum or other specimen culture, and other measures to verify information presented in the DS-2053, CDC 75.17, and 75.18 forms.

DS-2053: Report of Overseas Medical Examination conducted by a physician under contract with the U.S. Government to examine persons, applying for residency in the U.S., for freedom from communicable diseases.

Immigration Statuses:

Alien: A generic term for non-citizens of the U.S. that include, among others, persons classified by the U.S. Immigration and Naturalization Service as refugees, immigrants, and asylees.

Asylee: An alien who has received permission to remain in the U.S. based on a "well-founded fear of persecution" should the alien return to the native land. A prospective asylee applies for this permission from U.S. soil, unlike a refugee, who applies from abroad. They must demonstrate that they meet the statutory definition of "refugee."

Immigrant: An alien admitted to the U.S. as an actual or prospective permanent resident; an alien with the right to eventually obtain citizenship, i.e., an alien living here permanently.

Refugee: An alien defined by the Immigration and Nationality Act, Section 101(a)(42) as: (a) any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, or (b) in such circumstances as the President after appropriate consultation (as defined in section 207(e) of this Act) may specify, any person who is within the country of such person's nationality or, in the case of a person having no nationality, within the country in which such person is habitually residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. The term "refugee" does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.

If the client has one of the following immigration statuses: Amerasian; Asylee; Cuban/Haitian Asylum Applicant; Cuban/Haitian Entrant; Cuban/Haitian Parolee; or Refugee, the PPD and chest x-ray are reimbursable through the Refugee Health Program, if performed within 90 days of arrival in the U.S.

Treatment: Refers to the treatment of latent TB infection or active TB disease consistent with Technical Assistance Guideline TB 3 - Targeted Testing and the Treatment of Latent Tuberculosis (TB) Infection and Technical Assistance Guideline TB 6 - Treatment of Tuberculosis Disease.

VI. SPECIFIC AREAS OF RESPONSIBILITY:

Administrator, Refugee Health Program

General Discussion of Responsibilities:

Establish and manage a system to transmit, track, and assure proper assessment of persons referred by the CDC to the Bureau of TB and Refugee Health for evaluation and treatment, if necessary.

Specific Tasks Included in Responsibilities:

- Notification of the county health department within one day of receipt of a report (CDC 75.17 or CDC 75.18) of an alien with a Class A/B TB condition.
- Transmission of a copy of the Overseas Medical Exam (DS-2053) and the CDC 75.17 or CDC 75.18 within one day of receipt from CDC based on one of the following circumstances:
 - If the alien is a **refugee in a county with a CHD Refugee Program Coordinator**, the original local CHD copy of CDC 75.17 or 75.18 is sent with the DS-2053 and cover letter to the CHD Refugee Program Coordinator in the appropriate county and copies of the CDC form, the DS-2053 and cover letter are sent to the area TB Program Manager/Coordinator.
 - If the alien is a **refugee, but there is no CHD Refugee Program Coordinator in the county**, the original local CHD copy, the DS-2053 and cover letter are sent directly to the Area TB Program Manager/Coordinator for initiation of follow up action.
 - If the alien is an **immigrant**, the original local CHD copy, the DS-2053 and cover letter are sent to the Area TB Program Manager/Coordinator, who is responsible for coordinating the evaluation of the client.
- Input of data from the State Health Department Copy of CDC 75.17 or CDC 75.18 into the "Class A/B" database and filing of the State Health Department Copy, by county, along with a copy of the DS-2053 and the cover letter sent to the CHD.
- Marking returned CDC 75.17 or CDC 75.18 reports with the date received and making a copy.
- Mailing the original and a cover letter to the data manager at CDC.
- Input of information regarding the evaluation into the "Class A/B" database. Also, verification that the county name is correct/updated in the database. Filing the copy of the Local Health Department Copy and the copy of the cover letter sent to the CDC data manager, by county, with the original.
- Producing a "Class A/B 45 Day Reminder" report monthly and distributing it to the appropriate Area TB Program Manager/Coordinator with copies to the Director of Field Services. (Report will be sorted by class, arrival date, and age.) No client will be taken off the "Class A/B 45 Day Reminder" report until the CDC 75.17 or CDC 75.18 has been returned either complete with the evaluation information or marked as "alien did not report."

CHD Refugee Program Coordinator or TB Program Supervisor

General Discussion of Responsibilities:

- The Refugee Program Coordinator is responsible for clients with immigration statuses that are eligible for reimbursement, as identified in Definitions. The TB Program Supervisor is responsible for clients with all other immigration statuses.

- Receive referrals of refugees/immigrants with Class A/B conditions and make contact with the client within three working days to schedule an examination.
- Perform or supervise the performance of appropriate examinations to verify information contained in the CDC 75.17.
- Coordinate and track any treatment of active TB disease or LTBI identified in the examination. (CHD Refugee Program Coordinator will refer clients to TB Program Supervisor, as appropriate.)
- Provide all services in a culturally and linguistically appropriate manner.
- Return the completed Forms CDC 75.17 to the Refugee Health Program, or the area TB Program Manager/Coordinator, as appropriate within 60 days showing the results of the examination.

Specific Tasks Included in Responsibilities:

- Client Contact. Locate the client, schedule for evaluation, conduct or arrange the evaluation as specified on the CDC 75.17, and refer to the TB Control Program for any follow up treatment identified.
- Complete the CDC 75.17. This includes checking the appropriate block in the box marked "Local Health Officer" in the top right corner of the form, obtaining the physician's signature on the form, and writing the name of the county health department in the appropriate space. A copy of the CDC 75.17 can be returned if the original cannot be located. All forms should be edited for completeness before being returned.
- If client is located and evaluated: Return completed CDC 75.17 to the Refugee Health Program for clients who are located and evaluated. **All blanks must be filled in.** Paperwork accompanying the CDC form should be filed in the client's record.
- If client is not located: Complete and return the CDC 75.17 to the Refugee Health Program. Shred or retain the accompanying paperwork at the CHD's option. If the client has moved but new location is unknown, process the CDC form in the same manner as that of a client who cannot be located, including checking the block, signing the form, and writing in the name of the health department. Also, indicate that the client has moved to an unknown location, and return the CDC form. **All appropriate blanks must be filled in.** The accompanying information can be shredded or filed.
- Client moved to another state: Write the new address on the CDC 75.17, if known, and follow the instructions for completing the CDC 75.17 as if the client could not be located, including checking the block, signing the form, and writing in the name of the health department. Prepare a Florida Confidential Interstate/Intrastate Referral Form (consistent with TB Interstate/Intrastate Notification guideline), in as much detail as possible, and send it with the CDC 75.17 and all accompanying paperwork to the Refugee Health Program. The Refugee Program will clear its record of the client and forward the information to the Field Services Section for forwarding to the client's new state of residence.
- Client moved to another county in Florida: Write the new address on the CDC 75.17, forward all information to the new location and send a copy of the CDC 75.17 with the new address to the Refugee Health Program.
- Case Management. Clients identified to require treatment for LTBI or active TB disease should be referred to the TB Control Program for case

management. No additional follow-up to the Refugee Health Program concerning the outcome of this referral is required at this time.

- Pregnancy Special Case Instructions.
 1. In a few instances, the overseas evaluation of a pregnant female immigrant or refugee cannot be completed. Such individuals are often referred to the CHD for evaluation without a CDC 75.17. These cases are not tracked by the Refugee Health Program in the same manner as regular referrals. Typically, in such cases, the tuberculin skin test (TST) will be positive and active TB disease ruled out, but treatment may be delayed by the provider until after delivery. In these cases, the CHD should hold the referral letter until conclusion of the pregnancy at which time the evaluation can be completed.
 2. If the x-ray is negative, manage the client per CHD protocol, but do not return the referral to the Refugee Health Program. If the x-ray is abnormal, manage the client per CHD protocol and complete a blank CDC Form 75-17 to return to the Refugee Health Program.

Area TB Program Manager/Coordinator; Area TB Surveillance Officer

General Discussion of Responsibilities:

The Area TB Program Manager/Coordinator or Surveillance Officer is responsible to receive, track, and report on the status of all referrals for counties in his or her area of responsibility. The area TB Program Manager/Coordinator or Surveillance Officer is also responsible for assuring that all forms from CHDs in his/her area are complete before they are returned to the Refugee Health Program.

For Class A conditions: Ensure completion of CDC 75.18 by private physician. Have the local health officer endorse the form and return it to the Refugee Health Program.

Field Services Staff, Bureau of TB and Refugee Health

General Discussion of Responsibilities:

Assists the Refugee Health Program by providing follow-up services to ensure timely and complete processing of all referrals.

Specific Tasks Included in Responsibilities:

- Reviews "Class A/B 45 Day Reminder" reports on a monthly basis and contacts appropriate Area TB Program Managers/Coordinators to ensure receipt of the report.
- Checks the "Class A/B" database after 10 working days of notification to see if overdue evaluations have been entered into the database. Contacts the Area TB Program Manager/Coordinator regarding those that remain overdue.
- If the notification paperwork for a Class A/B has been lost, the Area TB Program Manager/Coordinator or CHD works with the Refugee Health Section to recreate the paperwork and resend to the Area TB Program Manager/Coordinator.
- Forwards CDC 75.17 and CDC 75.18 forms to the appropriate state, for refugees/immigrants moving out-of-state.
- Assures that a discussion of the efforts made by CHDs regarding Class A/Bs is included in Quality Improvement reports. The review should measure CHD performance against the state goal of 85% of Class A/Bs receiving a complete

evaluation and 100% of the CDC 75.17 and CDC 75.18 forms being returned to the Refugee Health Section.

- VII. Confidentiality:** All forms, reports and other documents containing client identities are subject to the Department of Health, Bureau of TB and Refugee Health, and local CHD security procedures. All reports, that are mailed, will be sent by traceable mail in double envelopes marked "Confidential" on the outside. If fax is used, established security procedures will be followed.
- VIII. Reporting:** Evaluations conducted under these guidelines may be reported in the Project category in the Targeted Testing Report.