B Notifications

CONTENTS

Introduction

Purpose

Use this section to

- follow up on B1 and B2 notifications and
- evaluate and treat immigrants with B1 and B2 notifications.

B notifications are sent by the Centers for Disease Control and Prevention (CDC) to the Montana Tuberculosis (TB) Program as follow-up to the screening mandated by US immigration law. The CDC and the Advisory Council for the Elimination of Tuberculosis (ACET) recommend screening high-risk populations for TB, including recent arrivals from areas of the world with a high prevalence of TB. Therefore, screening of foreign-born persons is a public health priority.[1] On the basis of its very high success rate of detecting TB cases, domestic follow-up evaluation of immigrants and refugees with Class B1 and B2 TB notification status should be given highest priority by all TB control programs.[2] Legal immigrants and refugees with Class B1 and B2 TB notification status are also a high-priority subpopulation for screening for latent TB infection (LTBI).[3]

The purpose of mandated screening is to deny entry to persons who have either communicable diseases of public health import or physical or mental disorders associated with harmful behavior, abuse drugs or are addicted to drugs, or are likely to become wards of the state.[4]

Not all foreign-born persons who enter the United States go through the same official channels or through the screening process.[5] For a summary of which groups of foreign-born persons are screened, refer to Table 1: **Numbers of Foreign-Born Persons Who Entered the United States, by Immigration Category, 2002**.

Persons entering in the nonimmigrant category do not require pre-entry screening, but as a condition of entry, persons migrating as immigrants, refugees, and asylees are required to be screened outside the United States for diseases of public health significance, including TB.[6,7] Applicants for immigration who plan to relocate permanently to the United States are required to have a medical evaluation prior to entering the country. Visa applicants 15 years or older must have a chest radiograph performed overseas as part of that medical evaluation. If the chest radiograph is suggestive of pulmonary TB disease, sputa for acid-fast bacilli (AFB) smears must be obtained.

TABLE 1: NUMBERS OF FOREIGN-BORN PERSONS WHO ENTERED THE UNITED STATES, BY IMMIGRATION CATEGORY, 2002[8,9]

Category	Number	Percentage of Total	Screening Required?
Immigrants are defined by the Office of Immigration Statistics (OIS) as persons legally admitted to the United States as permanent residents.	384,000	1.38%	Yes
Refugees and asylees, as defined by OIS, are persons admitted to the United States because they are unable or unwilling to return to their country of nationality due to persecution or a well-founded fear of persecution. Refugees apply for admission at an overseas facility and enter the United States only after their application is granted; asylees apply for admission when already in the United States or at a point of entry.	132,000	0.46%	Yes
Nonimmigrants are aliens granted temporary entry to the United States for a specific purpose (most common visa classifications for nonimmigrants are visitors for pleasure, visitors for business, temporary workers, and students).	27,907,000	98.18%	No
The foreign-born population, as defined by the Census Bureau, refers to all residents of the United States who were not US citizens at birth, regardless of their current legal or citizenship status.	28,423,000	100%	See above
Unauthorized immigrants (also referred to as illegal or undocumented immigrants) are foreign citizens illegally residing in the United States. They include both those who entered without inspection and those who violated the terms of a temporary admission without having gained either permanent resident status or temporary protection from removal.[10]			

Sources: Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004; and ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.

Applicants who are identified as having abnormalities in their chest radiographs consistent with TB are classified according to the criteria in Table 2: **Classification of Immigrants and Refugees in the B Notification Program**. An applicant whose chest radiograph is compatible with active TB but whose sputum AFB smear results are negative is classified as having Class B1 status and may enter the United States. If the chest radiograph is compatible with inactive TB, no sputum specimens are required, and the applicant enters the country with Class B2 status.[11] If abnormalities are present in a chest radiograph and if sputum AFB smears are positive, the applicant must receive a

Class A waiver before entry into the United States. Very few persons with A waivers enter the United States, so A waivers are not covered in these guidelines.

The Class B notification system follows up on medical screenings of persons with B1 and B2 classifications after their arrival in the United States.[12,13] Immigrants with a Class A waiver or with Class B1 or B2 status are identified at ports of entry to the United States by the US Citizenship and Immigration Services (USCIS) on entry to the United States and reported to CDC's Division of Global Migration and Quarantine (DGMQ). The DGMQ notifies state and local health departments of refugees and immigrants with TB classifications who are moving to their jurisdiction and need follow-up evaluations. Persons with a Class A waiver are required to report to the jurisdictional public health agency for evaluation or risk deportation. For persons with Class B1 and B2 status, however, the stipulated evaluation visits to the health agency are voluntary.[14]

TABLE 2: CLASSIFICATION OF IMMIGRANTS AND REFUGEES IN THE B NOTIFICATION PROGRAM[15]

Immigrant/ Refugee Classification	Overseas Chest Radiograph	Overseas Sputum Acid-Fast Bacilli Smears	Restrictions
A Waiver*	Abnormal, suggestive of active tuberculosis (TB) disease	Positive	May not enter the United States unless started on antituberculosis therapy and sputum smears are negative and: ▪ Apply for a waiver signed by the local health department in their intended US destination (A Waiver) or ▪ Complete TB therapy overseas
B1	Abnormal, suggestive of active TB disease	Negative	Instructed to voluntarily report to the local health department in the United States for further medical evaluation within 30 days of arrival
B2	Abnormal, suggestive of inactive TB disease	Negative	Same as above
* Very few persons with A waivers enter the United States, so they are excluded from these guidelines.			

Source: California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Accessed November 1, 2006 (Document no long available online).

Policy

Newly arrived refugees and immigrants with Class B1/B2 TB will receive thorough and timely TB evaluations and appropriate treatment to ensure prompt detection of TB disease and prevention of future cases.[16]

For roles and responsibilities, refer to the “Roles, Responsibilities, and Contact Information” topic in the Introduction.

Follow-up of B1 and B2 Tuberculosis Arrivals

Division of Global Migration and Quarantine Forms

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) generates the following Class B notification forms:

- CDC 75.17: “Notice of Arrival of Alien with Tuberculosis”
- DS-2053: “Medical Examination for Immigrant or Refugee Application”
- DS-3024: “Chest X-Ray and Classification Worksheet”

The DGMQ sends the notifications to the Montana Tuberculosis Program. The DGMQ also sends a letter to any immigrant or refugee with a tuberculosis (TB) condition, indicating that a follow-up is needed in the United States.[17]

The Montana TB Program immediately notifies local health agencies by telephone upon receipt of B1/B2 notifications to enable prompt follow up. Hard copies of the B1/B2 notifications are provided after the telephone call.

Patient Follow-up

The immigration paperwork may make it appear that a patient has had a complete evaluation for TB disease. However, the overseas evaluation is designed only to detect abnormal radiographs and determine infectiousness at the time of travel and does not rule out disease. Remember that all B1 and B2 arrivals need a new diagnostic evaluation for active disease, including a tuberculin skin test and new chest radiograph. Even if active TB disease is ruled out, most B1 and B2 arrivals are priority candidates for treatment of latent TB infection.

Follow-up on each B1 and B2 arrival is described below.

1. Check to see if the immigrant has already visited the health department.
2. If not, then make a telephone call to the home of the immigrant’s sponsor or relative within five business days after receiving the notification. Arrange for the immigrant to come in during clinic hours at the health department and/or arrange for the patient to see a private provider.
3. If the immigrant does not visit the health department or a private provider within 10 business days (two weeks) of the telephone call, send a letter to the home of the immigrant’s sponsor or relative.

4. If the immigrant does not visit the health department or a private provider within 10 business days (two weeks) of the letter, make a visit to the home of the immigrant's sponsor or relative. Take a representative who speaks the immigrant's first language if at all possible (if needed).
5. Every effort should be made to locate B1 or B2 arrivals as these immigrants are considered high risk for TB disease. Call the Montana TB Program for consultation when an immigrant is not located.
6. Complete Class B follow-up within one month.
7. Complete and return the B notification form CDC 75.17 to the Montana TB Program.[18] This form is essential for the Montana TB Program to conduct statewide surveillance and follow-up on all B1 and B2 arrivals and report results to the CDC.

Evaluation of B1 and B2 Tuberculosis Arrivals

Evaluation Activities

B1 arrivals had negative sputum acid-fast bacilli results overseas and have overseas chest radiographs that are abnormal and suggestive of **active TB disease**

B2 arrivals had negative sputum acid-fast bacilli results overseas and have overseas chest radiographs that are abnormal and suggestive of **inactive TB disease**.

Refer to Table 3 to determine which evaluation tasks should be done for B1 and B2 arrivals.

TABLE 3: EVALUATION ACTIVITIES FOR B1 AND B2 ARRIVALS[19]

Evaluation Activities	B1 Active TB	B2 Inactive TB
▪ Determine tuberculin skin test (TST) status. If documentation is not available, administer a TST. A reaction of ≥5 mm is considered significant for persons with an abnormal chest radiograph.	Yes	Yes
▪ Review the chest radiograph. Even if patients have their overseas chest radiographs available for comparison, a new chest radiograph must be taken.	Yes	Yes
▪ Review TB treatment history with the patient. Treatment history may be on the visa medical examination report, form DS-2053: *Medical Examination for Immigrant or Refugee Application.* In some cases, patients have received treatment not documented on the DS-2053. Regardless of chest radiograph result, collect sputum specimens if the patient is symptomatic.	Yes	Yes
▪ Collect sputum for testing. Sputum specimens should be collected 8 to 24 hours apart, with at least one being an early morning specimen. Regardless of chest radiograph result, collect sputum specimens if the patient is symptomatic.	Yes	If symptoms present

Sources: Francis J. Curry National Tuberculosis Center. Recommended TB clinic procedures for Class B1 TB arrivals and recommended TB clinic procedures for Class B2 TB arrivals. In: Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. San Francisco, CA; January 2004. Accessed November 1, 2006 (Document no longer available online).

Treatment

Prescribe medications as appropriate. *Do not start patients on single-drug therapy for latent TB infection (LTBI) until tuberculosis (TB) disease is ruled out.* B1/B2 immigrants with positive tuberculin skin tests and for whom active TB has been ruled out are priority candidates for treatment of LTBI because of the increased probability of recent infection and subsequent progression to active TB disease. Patients with fibrotic lesions on a chest radiograph suggestive of old, healed TB are candidates for treatment of LTBI, regardless of age.

The overseas diagnosis of clinically active TB disease is based on the abnormal chest radiograph. Reevaluation in the United States may show the patient to actually have old, healed TB. According to current CDC/American Thoracic Society (ATS) recommendations, old, healed TB can be treated with four months of isoniazid and rifampin or with nine months of isoniazid.[20]

For more information on treatment, see the Treatment of Latent Tuberculosis Infection and Treatment of Tuberculosis Disease sections.

Resources and References

Resources

- California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). “Guidelines for the Follow-up and Assessment of Persons with Class B1/B2 Tuberculosis” *(CDHS/CTCA Joint Guidelines;* September 1999).
- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). “Medical Examinations of Aliens (Refugees and Immigrants)” (CDC Web site; accessed September 25, 2006).
- Francis J. Curry National Tuberculosis Center. *B-Notification Assessment and Follow-up Toolbox* (Francis J. Curry National Tuberculosis Center Web site; January 2004). .

References

[1] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Accessed November 1, 2006; and CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6):2.

[2] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):34.

[3] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):40.

[4] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.

[5] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.

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[8] Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004:2. Accessed March 6, 2007.

[9] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):46.

[10] Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004:2. Accessed March 6, 2007.

[11] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12):47.

[12] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Accessed November 1, 2006.

[13] Francis J. Curry National Tuberculosis Center. Overview. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. San Francisco, CA; January 2004:2–3. Accessed November 1, 2006. [14] ATS, CDC, IDSA. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America, *MMWR* 2005;54(No. RR-12):47.

[15] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Accessed November 1, 2006.

[16] California Department of Health Services (CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of persons with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines* [CTCA Web site]. September 1999:1. Accessed November 1, 2006.

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[18] Francis J. Curry National Tuberculosis Center. Class A and B immigrant TB follow-up protocol. In: Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. San Francisco, CA; January 2004. Accessed November 1, 2006.

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[20] ATS, CDC, IDSA. Treatment of tuberculosis. *MMWR* 2003;52(No. RR-11):650–651.