

B Notifications

CONTENTS

Introduction.....	4.2
Purpose.....	4.2
Tuberculosis control activities	4.5
Follow-up of B1 and B2	
Tuberculosis Arrivals.....	4.6
Division of Global Migration and Quarantine	
forms	4.6
Recommended patient follow-up	4.6
Evaluation of B1 and B2	
Tuberculosis Arrivals.....	4.7
Evaluation activities	4.7
Treatment.....	4.8
Resources and References	4.9

Introduction

Purpose

Use this section to

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

B notifications are sent by the Centers for Disease Control and Prevention (CDC) to state and local jurisdictions as follow-up to the screening mandated by U.S. immigration law. The CDC and the Advisory Council for the Elimination of Tuberculosis (ACET) recommend screening high-risk populations for tuberculosis (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 U.S. go through the same official channels or through the screening process.⁵ For a summary of which foreign-born persons are screened, refer to Table 1: **Numbers of Foreign-Born Persons who Entered the U.S. 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 U.S. for diseases of public health significance, including TB.^{6,7} Applicants for immigration who plan to relocate permanently to the U.S. 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 U.S., 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 U.S. as permanent residents.	384,000	1.38%	Yes
Refugees and asylees, as defined by OIS, are persons admitted to the U.S. 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 U.S. only after their application is granted; asylees apply for admission when already in the U.S. 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, students, and visitors).	27,907,000	98.18%	No
The foreign-born population, as defined by the Census Bureau, refers to all residents of the U.S. who were not U.S. 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 U.S. 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 U.S. 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 present in a chest

radiograph and if sputum AFB smears are positive, the applicant must receive a Class A waiver before entry into the U.S. Very few persons with A waivers enter the U.S., 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 U.S.^{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 U.S. 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 PROGRAM¹⁵

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 U.S. unless started on antituberculosis therapy and sputum smears are negative and: <ul style="list-style-type: none"> ▪ Apply for a waiver signed by the local health department in their intended U.S. destination (A Waiver) or <ul style="list-style-type: none"> ▪ Complete TB therapy overseas
B1	Abnormal, suggestive of active TB disease	Negative	Instructed to voluntarily report to the local health department in the U.S. 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 U.S., 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*. September 1999:1.

Tuberculosis Control Activities

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 Idaho Tuberculosis control 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 U.S.¹⁷

Recommended Patient Follow-up

Follow up on each B1 and B2 TB arrival as described below.

1. Check to see if the immigrant has already visited the health department or a private provider.
2. If not, then make a telephone call (in the immigrant's first language if possible) to the home of the immigrant's sponsor or relative within five business days after receiving the notification if possible. Refer the immigrant to a local provider or arrange for the immigrant to be seen at the health district's clinic for clearance.
3. If the immigrant does not visit the health department or a private provider within 10 business days of the telephone call, send a letter (in the immigrant's first language) 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 of the letter, make a field visit or send a certified letter (in the immigrant's first language) to the home of the immigrant's sponsor or relative.
5. Complete and close Class B notification forms within one month. Immigrants who do not report to the health department or a private provider for clearance should be described in the "reason for no show" field of the computer tracking system as "moved to other jurisdiction," "returned to country of origin," "wrong address," or "unknown (lost to follow-up)."
6. Complete and return the B notification form 75.17 to the State TB control program within a month.¹⁸

Evaluation of B1 and B2 Tuberculosis Arrivals

Evaluation Activities

Refer to Table 3 to determine which evaluation tasks should be done for B1 and B2 TB arrivals who have not yet completed treatment.

TABLE 3: EVALUATION ACTIVITIES FOR B1 AND B2 TB ARRIVALS¹⁹

Evaluation Activities	B1	B2
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Review the chest radiograph. Even if patients have their overseas chest radiographs available for comparison, a new chest radiograph generally should be taken if possible. 	Yes	Yes
<ul style="list-style-type: none"> Review TB treatment history with the patient. Treatment history may be on the visa medical examination report, form DS-2053: <i>Medical Examination for Immigrant or Refugee Application</i>. In some cases, patients have received treatment not documented on the DS-2053. 	Yes	Yes
<ul style="list-style-type: none"> Collect sputum for testing. Sputum specimens should be collected eight to 24 hours apart, with at least one being an early morning specimen. 	Yes	See below
<ul style="list-style-type: none"> Collect sputum for testing, at the provider's discretion, based on the evaluation. Remember that a chest radiograph does not rule out tuberculosis (TB) disease with certainty. 	See above	Yes

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. Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox*. January 2004.

Treatment

A physician should prescribe medications as appropriate. Patients with fibrotic lesions on a chest radiograph suggestive of old, healed tuberculosis (TB) are candidates for treatment of latent TB infection (LTBI), regardless of age. Do not start patients on single-drug therapy for LTBI until TB disease is ruled out.



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



The overseas diagnosis of clinically active TB disease is based on the abnormal chest radiograph. Reevaluation in the U.S. 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 using a combined pill, Rifamate (if available), or with nine months of isoniazid.²⁰

Resources and References

Resources

(For easy access to references, hyperlinks are provided for online references in the list below.)

- 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) at <http://www.ctca.org/guidelines/IIA7bnotification.pdf>
- Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ). “Medical Examinations of Aliens (Refugees and Immigrants)” (Accessed September 25, 2006) at <http://www.cdc.gov/ncidod/dq/health.htm>
- Francis J. Curry National Tuberculosis Center. *B-Notification Assessment and Follow-up Toolbox* (January 2004) at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A

References

- ¹ California Department of Health Services(CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of person with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines*. September 1999:1; Available at <http://www.ctca.org/guidelines/index.html> ; 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.
- ⁶ 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.
- ⁷ 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.
- ⁸ Congress of the United States, Congressional Budget Office. *A Description of the Immigrant Population*. Washington, DC: Congressional Budget Office; November 2004:2.
- 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.
- 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 person with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines*. September 1999. Available at <http://www.ctca.org/guidelines/index.html>
- ¹³ Francis J. Curry National Tuberculosis Center. Overview. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. January 2004:2-3. Available at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A

-
- 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 person with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines*. September 1999:1. Available at <http://www.ctca.org/guidelines/index.html>
- ¹⁶ California Department of Health Services(CDHS)/California Tuberculosis Controllers Association (CTCA). Guidelines for the follow-up and assessment of person with Class B1/B2 tuberculosis. *CDHS/CTCA Joint Guidelines*. September 1999:2. Available at <http://www.ctca.org/guidelines/index.html>
- ¹⁷ Tuberculosis Control Program. *B1/B2 Notification and Monitoring Procedures*. New York State Department of Health. April 1996 in Text: step-by-step guide. *Notification Assessment and Follow-up Toolbox*. Francis J. Curry National Tuberculosis Center [Francis J. Curry National Tuberculosis Center Web site]. January 2004. Available at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A
- ¹⁸ Francis J. Curry National Tuberculosis Center. Class A and B immigrant TB follow-up protocol. Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. January 2004. Available at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A
- ¹⁹ 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. Text: step-by-step guide. *B Notification Assessment and Follow-up Toolbox* [Francis J. Curry National Tuberculosis Center Web site]. January 2004. Available at http://www.nationaltbcenter.edu/products/product_details.cfm?productID=WPT-06%20A
- ²⁰ ATS, CDC, IDSA. Treatment of tuberculosis. *MMWR* 2003;52(No. RR-11):650–651.