
ELECTRONIC DISEASE NOTIFICATION (EDN)

Worksheet Instructions

California Department of Public Health

Tuberculosis Control Branch

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1. Worksheet Objectives

The US based TB Evaluation Worksheet is designed to collect information on immigrants and refugees who have migrated to the US and who were classified overseas during the required medical examination process with a TB condition, and were recommended for follow-up evaluation in the US.

The US based TB Evaluation Worksheet is broken into six major sections and various subsections identifiable on a field level. The definitions and completion instructions table identifies the field number and name in the US based TB Evaluation Worksheet.

California State: Until the electronic version of the EDN system is implemented in 2008, complete the two-page, paper version of the EDN follow-up worksheet and submit it to the Tuberculosis Control Branch. Do not complete the shaded portions of the worksheet

2. Worksheet Submission

California State: Please see the paper worksheet that accompanies these instructions titled, "EDN B notification follow-up worksheet"

The completed EDN worksheet should be submitted to the Tuberculosis Control Branch (TBCB) as soon as the evaluation is complete to final ATS classification. If the patient is culture positive for *Mycobacterium tuberculosis* complex, wait to submit the completed worksheet until susceptibility results are known. If it has not been determined that a TB case meets case counting requirements or if the RVCT number has not been assigned at the time the B notification follow-up worksheet is submitted, check the box marked "Unknown at time of report" in worksheet field D6.

TRANSMITTING PATIENT CLASS B NOTIFICATION INFORMATION

Class A/B medical records and the EDN worksheet contain personal and medical information, therefore, local and state health department staff must adhere to strict guidelines for maintaining the security and confidentiality of all Class A/B medical records. To ensure patient confidentiality when mailing Class A/B medical records to the TB Control Branch or to another jurisdiction, we suggest you use a two envelope procedure, which includes placing the medical records in an envelope, sealing it with tape, marking it "confidential", and addressing it to the specific authorized individual named above. The aforementioned envelope is placed inside another envelope with the appropriate address and name of the authorized person and sealed with tape. Please note that the outside envelope will not read "confidential". Please ensure that the methods of transmission and storage of confidential patient information, which may include HIV status, meet all standards set by your individual jurisdiction.

Please submit the forms to the following address:

Phil Lowenthal
Tuberculosis Control Branch
California Department of Public Health
P-Bldg., 2nd floor
850 Marina Bay Parkway
Richmond, CA 94804
(510) 620-3045 phone
(510) 620-3035 fax

If you have any questions related to the completion or the submission of the EDN worksheet, please direct them to Phil Lowenthal at the above contact number.

3. Field Definitions and Instructions

The following sections include a detailed overview of the worksheet with the name and definition of each field. For fields with multiple options, depending on the selected answer, the system may automatically skip to the next applicable field.

California State: The automatic skip function referenced here applies only to the electronic version of the EDN follow-up worksheet.

Section A: Demographics Information

This section includes the alien's demographic information as it appears on the DS 2053 form (Medical Examination for Immigrant or Refugee Applicant), the Refugee Placement Assurance form and the Immigrant Visa and Alien Registration form.

A1: Name (Last, First, Middle) - Last, first and middle name of immigrant or refugee (I/R).

A2: Alien # - Alien number of I/R

A3: Visa Type - Visa classification of I/R, as determined by the Department of State.

A4: Initial U.S. Entry Date - Month, day and year the I/R first arrived in the US, as documented by CDC Quarantine Station or the United States Bureau of Citizenship and Immigration Services (USBCIS).

A5: Age - Age of I/R at the time of arrival (this is system calculated by date of birth and **A4**).

A6: Gender – Sex of I/R

A7: DOB (Date of Birth)- Month, day and year I/R was born.

A8: TB Class - TB class of I/R, as determined by the overseas panel physician. (Enter Class A, B1, B2 or B3)

A9: Class Condition - Class A and/or B condition(s) of the I/R, as determined by the overseas panel physician (this field is set to "Tuberculosis". Do not complete this field.)

A10: Country of Examination - Country where I/R was examined by panel physician.

A11: Country of Birth - Country where I/R was born.

California State: Fields A12-A15c are shaded on the EDN follow-up worksheet. Please do not complete these fields.

A12: Port of Arrival (*Do not complete this field*) - Port where I/R arrived into the U.S., as documented by CDC Quarantine station or the USBCIS.

A13: Port Contact Name (*Do not complete this field*) - Name of CDC Quarantine Station Officer in Charge (OIC) for identified port of arrival.

A14: Port Contact Phone (*Do not complete this field*) - Phone number for CDC Quarantine Station OIC for identified port of arrival.

A15c: Sponsor Address (*Do not complete this field*)

- For immigrant: Street address, city, state and zip code as documented on the Immigrant Visa and Alien Registration form.

- For refugee: Street address, city, state and zip code of relative, as documented on the Refugee Placement Assurance form.

Section B: Jurisdictional Information

This section provides jurisdictional information based on the alien's U.S. address.

B1: Destination State: State specified in address provided by I/R

B2: Jurisdiction: Enter the name of the Local Health Department (LDH) for the address provided by I/R

B3: Jurisdiction Phone Number: (*Do not complete this field*) - Area code and phone number for local or state jurisdictional contact for notification (do not complete this field)

Section C: U.S. Evaluation

This section is for data entry of the medical evaluation performed in the U.S.

C1: Date of Initial U.S. Medical Evaluation - Month, day and year when the medical evaluation for I/R was initiated by a U.S. medical provider resulting in initial diagnostic tests or medical assessment.

C2a: TST Placed - Placement of tuberculin skin test (TST) in the U.S. reflecting:

- 'Yes'
- 'No'
- 'Unknown'

C2b: TST Placement Date - Month, day and year when TST was placed.

C2c: TST mm - Millimeters of induration for a tuberculin skin test provided in the U.S. (2 digits: 01 - 20 mm). If skin test result only indicates "positive" or "negative," enter as "99". -

C2d: TST Interpretation - Indicate the result of the Mantoux (tuberculin, PPD, 5TU) test performed during the medical evaluation*. Result of U.S. TST reflecting:

- 'Positive' - patient is likely infected with *M. Tuberculosis*
- 'Negative' - skin test did not meet current criteria for a positive test
- 'Unknown' - means the results of the skin test are not known

C2e: History of Previous Positive TST - Indicate if there is a history of previous positive TST

C3a: Quantiferon® (QFT) Test – indicate if patient received a QFT test in the U.S. Results reflecting:

- 'Yes'
- 'No'
- 'Unknown'

C3b: QFT Collection Date - Indicate month, day and year when I/R had QFT test in the U.S.

C3c: QFT Result - Indicate the result of a QFT test performed during the medical evaluation. Results:

- 'Positive' – the patient is probably infected with *M. tuberculosis*.
- 'Negative' - the test did not meet current criteria for a positive test.
- 'Indeterminate' - the test result is not defined.
- 'Unknown' - the test results are not known.

U.S. Review of Overseas CXR (C4 - C6)

C4: Overseas CXR Available? – Indicate if I/R provided the overseas chest radiograph (CXR) to the U.S. medical provider for review?

- 'Yes' - the I/R overseas CXR is available.
- 'No' - the I/R overseas CXR is NOT available
- 'Not Verifiable' – the I/R overseas CXR provided is suspected not to belong to the applicant (i.e. fraudulent or mistaken radiograph).

C5: Interpretation of Overseas CXR - U.S. interpretation of the overseas CXR reflecting:

- 'Normal'
- 'Abnormal' (CXR shows any type of abnormality)
- 'Poor quality' = the CXR is considered to be of substandard quality and cannot be interpreted.
- 'Unknown' = not known if U.S interpretation of the overseas CXR(s) was done, or the interpretation is not known.

C6: Overseas CXR Abnormal Findings – If a U.S. physician interprets the overseas CXR as ‘abnormal’, indicate type of abnormality(-ies) reported. Check all that apply:

- Abnormal, not TB
- Cavity
- Fibrosis
- Infiltrate
- Granuloma(ta)
- Adenopathy
- Other (specify)

Domestic CXR (C7 – C10)

C7: U.S. CXR Done? - Indicate if CXR was done during U.S. medical evaluation.

C8: Date of U.S. CXR - Indicate month, day, and year when CXR was done during U.S. medical evaluation.

C9: Interpretation of U.S. CXR - Indicate the interpretation of the CXR taken in the U.S.:

- ‘Normal’
- ‘Abnormal’ (check abnormal if CXR shows any type of abnormality)
- ‘Unknown’

C10: U.S. CXR Abnormal Findings - Indicate the abnormality(-ies) found in the CXR. Check all that apply:

- Abnormal, not TB
- Cavity
- Fibrosis
- Infiltrate
- Granuloma(ta)
- Adenopathy
- Other (specify)

Comparison (C11)

C11: U.S. CXR Comparison to Overseas CXR - Indicate the comparison between the U.S interpretation of the overseas CXR and the CXR taken during the U.S. medical evaluation.

- ‘Stable’ – findings are similar for overseas and U.S. CXR
- ‘Worsening’ - findings indicate worsening of TB disease
- ‘Improving’ - findings indicate improvement of TB disease
- ‘Unknown’ - interpretation of CXR or comparison are unknown

C12: U.S. Microscopy / Bacteriology (Check box: Sputa in U.S. Not Collected, if applicable)

- **Specimen #:** Numbers 1-3 are system generated to allow the recording of results for three sputum specimens collected during this medical evaluation.
- **Specimen Source:** Sputum includes spontaneous and induced sputum. Sputum or pulmonary secretions obtained by bronchoscopy procedures or gastric aspiration should also be included. Do NOT include tracheal suction. Circle one of the following:
 1. Sputum
 2. Bronchial Washing (*abbreviated: Bronch wash*)
 3. Lymph node Biopsy (*abbreviated: Node biopsy*)
 4. Gastric Fluids (*abbreviated: Gastric*)
 5. Other (*hand write other specimen source type*)
- **Date:** Indicate month, day and year each specimen was collected.
- **AFB Smear Result:**
 - 'Not Done'
 - 'Positive' – positive for Acid-Fast Bacilli
 - 'Negative' - negative for Acid Fast Bacilli.
 - 'Unknown' – it is NOT known if a sputum smear was performed, or the results are NOT known for a reason other than pending results (e.g., result was lost or no other specimens can be obtained).
- **Culture Result**
 - 'Not Done' - sputum culture test for acid-fast bacillus is known not to have been done.
 - 'NTM' - culture results are positive for growth of Non-Tuberculosis Mycobacterium
 - 'Negative' - results were negative for growth of mycobacterium
 - 'Contaminated' - sputum culture test for acid-fast bacillus is known to have been contaminated.
 - 'MTB Complex' - culture results are positive for growth of *Mycobacterium tuberculosis* complex (*M. tuberculosis, M. bovis, M. africanum, M. microti, M. canetti, M. caprae, M. pinnipedii*)
 - 'Unknown' – it is NOT known if sputum culture test for acid-fast bacillus was performed, or the results are NOT known for a reason other than pending results (e.g., result was lost or specimen contaminated, and no other specimens can be obtained).

Note: In case more than three culture test were taken, record results of additional test in **Section F: Comments**.

- **Drug Resistance (DR):** Sensitivity testing should include at least Isoniazid and Rifampin.
 - 'Not done' – drug susceptibility testing was not performed
 - 'No DR' – means pansusceptible
 - 'Mono-RIF' – any specimen cultures resistant only to Rifampin. Specimen cultures resistant to Rifampin and another drug (except Isoniazid) would be noted under 'Other Resistance'. Please record any other resistance in **Section F: Comments**
 - 'Mono-INH' – means any specimen cultures resistant only to Isoniazid (regardless of concentration level of resistance). Specimen cultures resistant to Isoniazid and another drug

(except Rifampin) would be noted under 'Other Resistance'. Please record any other resistance in **Section F: Comments**

- 'MDR-TB' – any specimen cultures resistant to at least Isoniazid and Rifampin
- 'Other DR' – means resistance to drugs or drug combinations not listed above. Please record the resistance pattern in **Section F: Comments**

Note: If additional tests other than the above were used, include them with corresponding results in **Section F: Comments**.

U.S. Review of Overseas Treatment (C13 – C17)

C13: Overseas Treatment Recommended by Panel Physician

- 'Yes' - treatment recommendation is documented on the DS forms/medical packet
- 'No' - treatment recommendation is NOT documented on the DS forms/medical packet
- 'Unknown' - it is NOT known if this information is documented

C14: Overseas Treatment Initiated* - Indicate if the I/R started treatment for TB disease as determined during the U.S. medical evaluation through information obtained from the overseas medical forms and overseas panel physician documentation.

- 'Yes' - I/R started TB treatment overseas.
 - Patient-Reported: patient reports that treatment was started
 - Panel Physician-Documented: treatment is documented on the DS forms/medical packet
 - Both

- 'No' - I/R did not start TB treatment overseas.
- 'Unknown' – it is NOT known if the I/R started TB treatment overseas.

* Note: If the I/R was started on treatment for TB infection please record this information in **Section F: Comments**

C15: Arrived on Treatment - Indicate if the I/R arrived to the U.S. on TB treatment.

- 'Yes' - I/R started TB treatment overseas and arrived with TB medications and currently on treatment.
- 'No' - I/R was not on treatment when arrived in US
- 'Unknown' – it is NOT known if the I/R started TB treatment overseas.

C16: Completed Treatment Overseas - Indicate if the I/R completed treatment for TB disease as determined during the U.S. medical evaluation through information obtained from the overseas medical forms and overseas panel physician documentation.

- 'Yes' - I/R completed TB treatment overseas.
- 'No' - I/R did not complete TB treatment overseas.
- 'Unknown' - it is NOT known the I/R completed TB treatment overseas.

C17: Overseas Treatment Concerns - Indicate if there are concerns with the overseas treatment effort. Check 'Yes' if the U.S. medical evaluation raises concerns about inadequate or inappropriate drug regimen, drug doses, or treatment length for overseas treatment.

- 'Yes' - If Yes is selected, record concerns in **Section F: Comments**
- 'No'

Section D: Disposition

This section is for entry of information regarding the final diagnosis following the completion of the I/R U.S. medical evaluation.

D1: Disposition Date - Indicate the month, day and year when the evaluation disposition was determined.

D2: Evaluation Disposition - Indicate the disposition of the evaluation reflecting:

- **'Completed evaluation'** - the evaluation has led to a final TB diagnosis
 - Treatment Recommended
 - No treatment recommended
- **Initiated Evaluation/Not Completed-** the evaluation was initiated, but a final diagnosis was not able to be made due to:
 - 'Moved within U.S.' – the I/R was located, evaluation was initiated, but the I/R moved to another jurisdiction before completing the evaluation. Initial jurisdiction can provide locating information for the new jurisdiction. Specify destination state or CA jurisdiction.
 - 'Lost to Follow-Up' - the I/R was located, evaluation was initiated, but the I/R failed to return to complete the evaluation. Initial jurisdiction CANNOT provide locating information.
 - 'Returned to Country of Origin' - the I/R was located, evaluation was initiated, and it is known the I/R returned to their country of origin prior to completion of the evaluation
 - 'Refused Evaluation' - an evaluation was initiated by the I/R, but refused to complete
 - 'Died' - the I/R was located, evaluation was initiated, but I/R died prior to completing the U.S. evaluation.
 - 'Other, specify' - the I/R was located, evaluation was initiated, and evaluation disposition was not completed. Record the reason Not Completed, if other than above.
- **Did Not Initiate Evaluation-** means an evaluation was NOT initiated
 - 'Not located'
 - 'Moved within U.S.' - the I/R was located, an evaluation was NOT initiated because I/R moved to another jurisdiction before initiating the evaluation. Initial jurisdiction is able to provide locating information for the new jurisdiction. Specify the destination state or local jurisdiction to which the patient moved.
 - 'Lost to follow-up' - the I/R was located but an evaluation was NOT initiated. Initial jurisdiction CANNOT provide locating information.
 - 'Returned to country of origin' - the I/R was located but an evaluation was NOT initiated and it is known the I/R returned to their country of origin, prior to initiation of the evaluation.
 - 'Refused evaluation' - the I/R was located but an evaluation was NOT initiated because of I/R refusal.
 - 'Died' - means the I/R was located but an evaluation was NOT initiated due to death.
 - 'Unknown' - the I/R was located. It is unknown why the evaluation was NOT initiated

- 'Other, Specify' - means the I/R was located but an evaluation was NOT initiated due to other reasons. Include this in **Section F: Comments**.

D3: Diagnosis - Indicate the final TB diagnosis (ATS classification) for those with completed U.S. evaluation. Final TB diagnosis reflecting:

- 'Class 0 – No TB Exposure, Not Infected': means no exposure
- 'Class 1 – TB Exposure, No Evidence of Infection': means exposure but not latent TB infection
- 'Class 2 – TB Infection, No Disease': means latent TB infection
- 'Class 3 – TB, Active Disease': means active TB disease
- 'Class 4 – TB, Inactive Disease': means old, healed, inactive TB disease

D4: RVCT Reported - Indicate whether your locality will be reporting this patient to the national TB surveillance system as a confirmed case.

D5: RVCT # - If you are reporting this patient, provide the RVCT number.

D6: RVCT unknown at time of report – If it has not been determined that a TB case meets case counting requirements or if the RVCT number has not been assigned at the time the B notification follow-up worksheet is submitted, check the box marked "Unknown at time of report"

Section E: Treatment

This section is for entry of information regarding treatment of latent TB infection or active TB disease provided to aliens in the U.S.

E1: U.S. Treatment Initiated - Indicate whether treatment has been initiated.

- 'No treatment' - NO TB treatment has been initiated
- 'Active disease' – treatment for active TB disease has been initiated. Active disease includes both pulmonary and extrapulmonary tuberculosis. Use **Section F: Comments** to provide additional diagnostic and treatment information, and type of active disease.
- 'LTBI' - treatment for Latent TB Infection has been initiated
- 'Unknown' - TB treatment initiation is NOT known

E2: U.S. Treatment Start Date - Month, day and year for start of TB-related treatment in the U.S. for the I/R.

California State: Fields E3-E4 are shaded on the EDN follow-up worksheet. Please do not complete these fields.

E3: U.S. Treatment Completed: *(Do not complete this field)*

- 'Yes' – the recommended course of TB treatment has been completed,
- 'No' - the recommended course of TB treatment has NOT been completed.
- 'Unknown' – information on treatment completion is NOT known

E4: U.S. Treatment End Date: *(Do not complete this field)*

Month, day and year for end of TB-related treatment in the U.S. for the I/R.

Section F: Comments

Enter comments as desired.

Section G: Physician/Submitter Signature