

Frequently Asked Questions about the B notification and Electronic Disease Notification system

General questions regarding conducting evaluations for class B arrivers

1. How are local health departments (LHDs) notified of newly arriving immigrants/refugees with class B TB notifications?

LHDs using EDN: notification for class B arrivers are sent via email from the EDN help desk (CDC) each night at 6 pm (PDT), for each immigrant or refugee arriver who resettled in their jurisdiction. The email includes a link to EDN. No personal identifying or health information about the class B arriver is included in the email message.

LHDs not using EDN: a paper notification for each class B arriver who resettles in their jurisdiction via standard mail. These notifications are sent by TBCB the same day that a new notification for a class B arriver in the EDN system is received by the TB Control Branch (TBCB).

2. What are the differences among arrivers with Class A, B1, B2, and B3 notifications?

Class A TB: Applicants who have active TB disease detected during pre-immigration screening. Generally, clearance to travel is not granted. Applicants must be reclassified from A to B (completed treatment) to be cleared to immigrate to the U.S.

Class B0 TB, Pulmonary: Applicants who were diagnosed with TB by the panel physician or presented to the panel physician while on TB treatment and successfully completed directly observed therapy prior to immigration.

Class B1 TB, Pulmonary: Applicants who have medical history or CXR findings suggestive of pulmonary TB but have negative AFB sputum smears and cultures and are not diagnosed with TB. This classification also includes applicants who were diagnosed with TB disease by the panel physician, refused DOT treatment, and are returning after treatment and completion of 1-year wait.

Class B1 TB (extrapulmonary): Applicants with evidence of extrapulmonary TB. The anatomic site of infection should be documented.

Class B2 TB (LTBI Evaluation): Applicants, 2-14 years of age, who have a tuberculin skin test (TST) ≥ 10 mm or positive Interferon-Gamma Release Assay (IGRA) but otherwise have a negative evaluation for TB. Applicants living in countries with a WHO-estimated TB disease incidence rate of ≥ 20 cases per 100,000 population must have an IGRA test. The size of the TST reaction or IGRA result, the applicant's status with respect to LTBI treatment, and the medication(s) used should be documented. For applicants who had more than one TST or IGRA, all dates and results and whether the

applicant's TST or IGRA converted should be documented. Contacts with TST ≥ 5 mm or positive IGRA should receive this classification (if they are not already Class B1 TB, Pulmonary).

Class B3 TB (contact evaluation): Applicants who are a recent contact of a known TB case. The size of the applicant's TST reaction or IGRA response should be documented. Information about the source case, name, alien number, relationship to contact, and type of TB should also be documented.

Please refer to the Technical Instructions for TB Screening and Treatment available from CDC, Division of Global Migration and Quarantine (DGMQ) for more information about pre-immigration screening of immigrants and refugees and A/B classifications: [Link to CDC instructions](#)

3. Why are domestic evaluations of class B arrivers conducted?

Class B arrivers continue to be a high yield group for active TB case finding. Among class B1 arrivers to California (CA), 1-2% are reported to the CA TB Registry with active TB <6 months after their date of U.S. entry. This TB prevalence is comparable to the TB prevalence detected during a TB contact investigation. Although completion of domestic evaluation among class B arrivers is strongly encouraged it is not enforced. There are no repercussions related to a class B arriver's immigration status if they fail to complete their class B follow-up evaluation.

4. How should we prioritize evaluations?

Class B1 arrivers are a high priority group for follow-up evaluation, followed by class B2 and B3 arrivers. Although TB case occurrence among class B2s and B3s is lower than among class B1s, the prevalence of TB disease among this group is elevated and follow-up evaluation is recommended.

5. What are the recommendations for locating arrivers with B notifications?

The protocol for locating class B arrivers varies among LHDs. It is recommended that LHDs attempt to contact class B arrivers first by calling any telephone number(s) available in their immigration screening documents. If the LHD is unable to reach the class B arriver by telephone then a letter should be sent to the class B arriver's physical address indicating that they need to contact the LHD to schedule a class B evaluation within 30 days after their notification date (date the LHD received notification about the class B arriver). Template letters are available from TBCB. Some LHDs have the resources to visit a class B arriver in person at their home address to schedule an appointment for a follow-up evaluation, but this is not required.

Another resource for locating a class B arriver is the Patient Locating Service (PLS). The PLS is a program developed and run by TBCB to locate lost patients with active or suspected TB, contacts to infectious cases and priority B-notification patients. Contact

the PLS as soon as the TB case manager at your LHD determines that a class B arriver has been lost.

6. At what point should the LHD stop looking for a class B arriver and report them as “not located”?

When all attempts to reach the class B arriver by phone and standard mail have failed, and 30 days from the arriver’s notification date have expired, then the arriver’s TB Follow-Up worksheet (Pg 2. Section D) should be marked accordingly and the worksheet can be submitted to TBCB.

7. What resources regarding the clinical evaluation of class B arrivers are available for LHDs?

CDPH-CTCA joint guidelines for the follow-up and assessment of persons with class A/B tuberculosis are available at the CTCA website: [Link to CDPH-CTCA joint guidelines](#)

LHDs are encouraged to contact their TBCB program liaison with any questions they have about the evaluation of class B arrivers: [Link to Program Liaison assignments document](#). Questions regarding the completion of the EDN Follow-Up worksheet or the use of the EDN system can be directed to the TB Registry, Surveillance and Informatics Coordinator at the following email address: varsha.hampole@cdph.ca.gov, or at phone number 510-620-3994.

Questions regarding completing the TB Follow-Up worksheet

1. What is the TB Follow-Up worksheet?

The TB Follow-Up worksheet was developed by CDC and partners at local and state TB control programs to capture the domestic evaluation information for class B arrivers. The worksheet is three-pages long and includes fields for demographic, clinical, laboratory and evaluation disposition information. The worksheet is provided to LHDs either via EDN or as a paper copy by standard mail. Data collected in the worksheet is used to track the evaluation status of class B arrivers, outcome of evaluation and to monitor trends in class B arriver evaluations over time. The EDN TB Follow-Up guide with instructions for completing the worksheet is available online: [Link to EDN TB Follow-up guide](#)

2. Is a medical provider responsible for filling out the TB Follow-Up worksheet?

No. A medical provider can complete the worksheet but this is not required. A staff person with a TB control program other than the medical provider who was involved with the follow-up evaluation is eligible to complete the TB Follow-Up worksheet.

3. Once a patient is located, how long do I have to complete the evaluation and submit the TB Follow-Up worksheet?

Once a patient has been located, please complete and submit the TB Follow-Up worksheet when the TB evaluation is complete to final ATS (American Thoracic Society) classification. If the arriver is culture positive for *Mycobacterium tuberculosis* complex, wait to submit the worksheet until susceptibility results are known.

It is recommended that the follow-up evaluation of class B1 arrivers be initiated within 30 days of the class B arriver's notification date. Once initiated, it is recommended that the evaluation be completed within 90 days of the arriver's notification date.

LHDs not using the EDN system: The TB Follow-Up worksheet contains personal and medical information; therefore, LHD staff must adhere to strict guidelines for maintaining the security and confidentiality of all Class B medical records. To ensure patient confidentiality when mailing TB Follow-up worksheets to TBCB, we suggest you use a two envelope procedure, which includes placing the worksheet in an envelope, sealing it with tape, marking it "confidential" and addressing it to the TB Registry. 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". LHDs may also fax completed worksheets to TBCB's confidential fax number: 510-620-3035.

4. How do I complete the U.S. Review of Pre-Immigration CXR section of the worksheet if a class B arriver who I am evaluating doesn't have a CD with their pre-immigration CXR image?

Replacement copies of a class B arriver's pre-immigration CXR can be obtained through CDC, DGMQ. Please contact the Surveillance and Informatics Coordinator to request a replacement CXR.

5. If a patient initiates LTBI treatment, should I wait to submit the TB Follow-Up worksheet until after treatment completion?

No. Please submit completed TB Follow-Up Worksheets once a class B arriver has been evaluated to final ATS class (section D. Evaluation Disposition). If a class B arriver is initiated on LTBI treatment, make a note to update the treatment completion status at a later date, either in EDN once treatment is complete, or by completing a 2nd TB Follow-Up Worksheet with the updated treatment information. For LHDs receiving a paper copy of the worksheet, make a copy of the worksheet and maintain it in the patient's chart and report updated treatment completion information when appropriate.

6. How do I report that a patient has moved before initiating or completing the evaluation?

LHDs using EDN:

- 1) Once a record for a class B arriver has been selected and opened in EDN, click View/Update Address under the menu sub-header, EDN Activities on the left side of the screen.
- 2) Enter the updated address information in the Change Address fields.
- 3) Click save and then click submit to transfer the record to the receiving jurisdiction.

Note: Do not send a paper copy of an arriver's pre-immigration medical documents to the receiving health jurisdiction.

Detailed instructions about the EDN Interjurisdictional Transfer process are available in EDN. Click Help and then click the file named: EDN Interjurisdictional Transfer Protocol.

LHDs not using EDN:

- 1) Contact the TBCB, Surveillance and Informatics Coordinator to report the new address. The address change will be made in EDN on your behalf and the record will be transferred to the receiving jurisdiction.

7. Which fields on the TB Follow-Up worksheet should be prioritized when reporting outcomes of domestic evaluations?

Please complete as much of the TB Follow-Up worksheet as possible when evaluating a class B arriver. The field, D3. Diagnosis (section D. Evaluation Disposition) is the field used to determine whether a class B arriver was evaluated or not. The fields in section E. U.S. Treatment are used to assess the number and proportion of class B arrivers found to have LTBI on domestic evaluation who started and completed treatment. The fields in sections D and E are the highest priority for completion.

8. Do LHDs receive funding for completing evaluations of class B arrivers?

Yes. Currently, 5% of the funding that is allocated to California LHDs for TB control is based on the number of class B1 arrivers evaluated by the LHD. This reimbursement works out to approximately \$200 per class B1 arriver evaluated. No reimbursement is currently provided for the evaluation of arrivers with a B2 or B3 classification.

9. Is it possible to request a training session for staff who complete the TB Follow-Up worksheet?

A training has been developed and is available for existing and/or new staff at LHDs who work with the class B evaluation system. The training emphasizes instructions for completing the TB Follow-Up worksheet and using the EDN system but it can be tailored to meet the needs of your program. The training is conducted in a webinar format by the Surveillance and Informatics Coordinator but can be provided in person. Please contact the TBCB Surveillance and Informatics Coordinator to schedule a training.

Questions regarding the EDN system

1. What is the EDN system?

The Electronic Disease Notification (EDN) system is a web-based, electronic notification and reporting system that was developed and launched by CDC in 2008 to provide state and local health departments with information about immigrants and refugees arriving in the U.S. with class B notification requiring a follow-up evaluation. The system is designed to provide daily notification about class B arrivals, a TB Follow-Up Worksheet, canned reports based on evaluation data entered into EDN, data download, as well as other useful functions provided by the information management system.

2. How do I get access to EDN?

Contact the TBCB Surveillance and Informatics Coordinator to gain access to EDN.

3. Is there an annual renewal process that I need to know about to maintain my access to EDN?

Access to the system is restricted to TB control program staff at state and local health departments. Once access is obtained it doesn't need to be renewed.

4. How many of my staff can have access to the system?

It is recommended that at least two staff persons at each LHD have access to EDN, so that one staff person can cover for the other in the event that one person is unavailable. There is no limit to the number of staff persons at a TB program who can gain EDN access. If a staff person with EDN access leaves your program please notify the TBCB Surveillance and Informatics Coordinator so that this person's access can be deactivated.

5. Which overseas medical forms are available in EDN?

The most commonly used forms in the EDN system are here:

Pre-immigration cover sheet
DS-2054: Medical Examination form
DS-3024: Chest Radiography report
DS-3025: Vaccination record
DS-3026: Medical History form
EDN TB Follow-Up Worksheet

Several other forms are available. Contact the TBCB Surveillance and Informatics Coordinator with questions about how to access and use this data.

6. Are there existing (canned) reports available in EDN?

Yes. Pre-generated reports are available in EDN by clicking Reports under the menu sub-header labeled, EDN Workflow.

7. Are there instructional materials available that are related to using the EDN system?

A number of self-guided instructional and training materials are available in EDN. They can be accessed by clicking Help under the menu sub-headed, also labeled Help.

8. How do I contact the EDN Helpdesk?

By email at edn@cdc.gov or by phone at 866-226-1617.

Contact:

Varsha Hampole, MPH
Surveillance and Informatics Coordinator
California Department of Public Health
850 Marina Bay Parkway,
Building P, 2nd Floor
Richmond, CA 94804-6403
Phone: (510) 620-3994
Fax: (510) 620-3035
Email: varsha.hampole@cdph.ca.gov