B Notification Background

- Refugees and immigrants are screened for Tuberculosis (TB) disease prior to coming to the United States (U.S.). If a risk for TB infection is identified, the individual is given a TB Class B status.
- Screening overseas is done by panel physicians working under an agreement with the local U.S. embassy or consulate.
- For those over age 14, overseas screening involves a chest x-ray (CXR). If the CXR is abnormal, sputa are collected for smear and culture.
- For those under age 14, overseas screening involves an interferon gamma release assay (IGRA). If the IGRA is positive, a CXR is performed to rule out TB disease.

What are Class B Notifications?

Class B notifications are medical documents that the Centers for Disease Control and Prevention (CDC) sends to the state public health department after a refugee or immigrant arrives in the U.S. Their purpose is to alert the local health department (LHD) to complete TB related follow-up. There are four B classifications: B0, B1, B2, and B3. B0 individuals have completed TB treatment through directly observed therapy (DOT) with a panel physician overseas. B1 individuals may have clinically active pulmonary or extra-pulmonary TB or are HIV positive, are not infectious, and should be evaluated for TB disease or TB infection. B2 individuals do not have clinically active TB and should be evaluated for TB infection. B3 individuals are close contacts to a person with TB disease and should be evaluated for TB disease or TB infection.

TB Status Notification and Evaluation

START

CDC notifies state TB Program

State TB Program creates WEDSS ID, uploads paperwork

Notification of the arrival is faxed to the LHD

LHD completes TB worksheet in WEDSS and returns to state TB Program

LHD evaluates client for TB and treats if needed

FINISH

TB worksheet is reviewed and submitted to CDC
IMPORTANCE OF FOLLOW-UP

- The focus of overseas screening is to find individuals with infectious TB disease and treat them before travel.
- U.S. screening focuses on identifying:
  - any active TB disease not treated overseas
  - latent TB infection (LTBI) to prevent future activation
- In 2015, 71% of persons identified as having tuberculosis disease in Wisconsin were born outside of the U.S.
- It is in the client’s best interest to undergo follow-up in the U.S., rule out TB disease, and complete treatment, if needed.

FOLLOW-UP TIMELINE AFTER IMMIGRANT OR REFUGEE ARRIVAL

WITHIN 30 DAYS
- INITIATE MEDICAL FOLLOW-UP

WITHIN 90 DAYS
- COMPLETE EVALUATION

WITHIN NINE MONTHS
- COMPLETE APPROPRIATE TREATMENT

WISCONSIN STATE TB PROGRAM CONTACTS

MEDICAL AND SCREENING QUESTIONS:
Wisconsin TB Program Main Line, (608) 261-6319

PROCESS, PAPERWORK OR GENERAL QUESTIONS:
Refugee Health Program Assistant, (608) 266-7473
Refugee Health Coordinator, (608) 267-3733

References:
- Wisconsin Department of Health Services. (2014). *Tuberculosis (TB) follow-up recommendations for arrivals with a TB class condition (DHS Publication P-00619)*. Madison, WI

BUREAU OF COMMUNICABLE DISEASES

www.dhs.wisconsin.gov/dph/bcd.htm | dhsdphbcd@dhs.wi.gov
Wisconsin Department of Health Services | Division of Public Health

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