

# Guidance Document for the EDN TB Follow-Up Worksheet 2018

**Objective: To provide guidance to EDN users on worksheet follow-up reporting and completion**

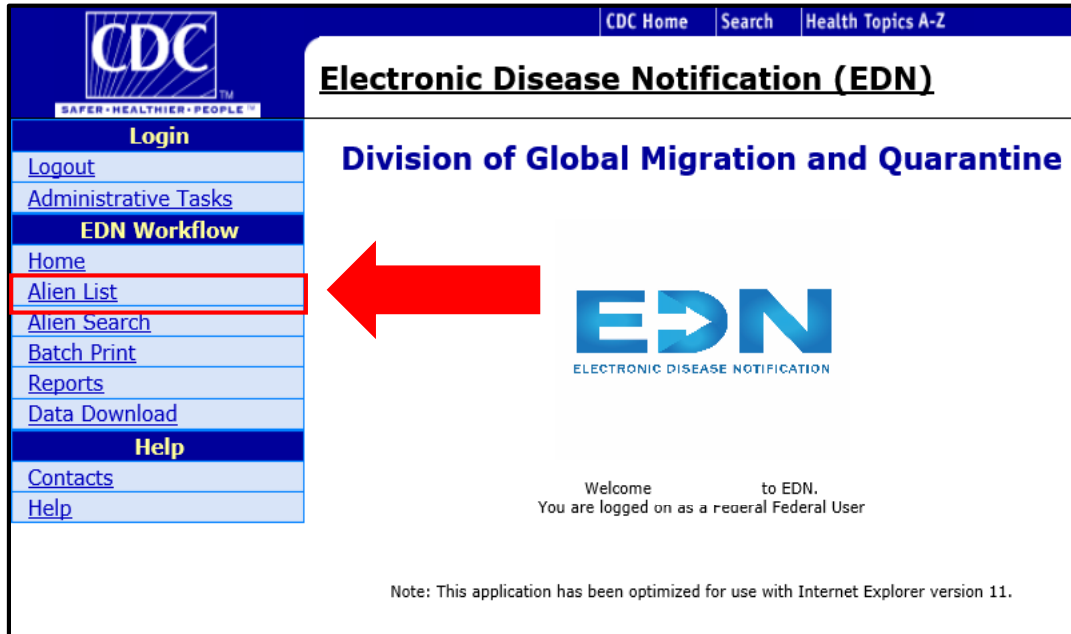
**June 2020**

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# How to Access a Record's TB Follow-Up Worksheet

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**Electronic Disease Notification (EDN)**

**Division of Global Migration and Quarantine**

**EDN**  
ELECTRONIC DISEASE NOTIFICATION

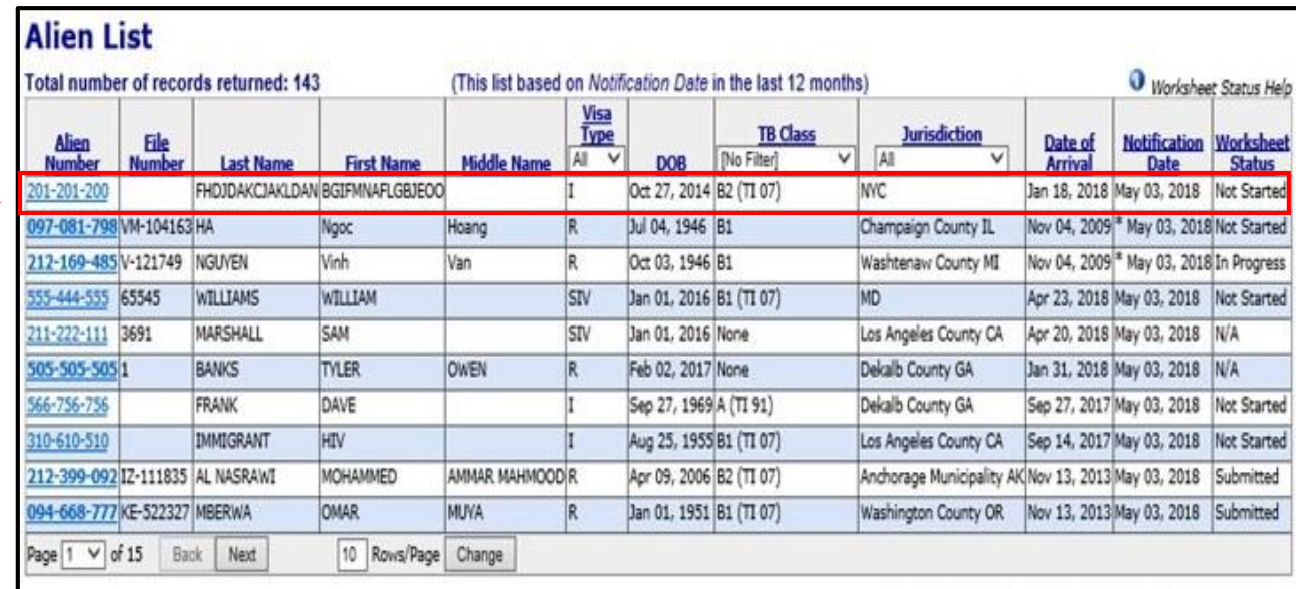
Welcome to EDN.  
You are logged on as a federal Federal User

Note: This application has been optimized for use with Internet Explorer version 11.

**Navigation Menu:**

- Login
- Logout
- Administrative Tasks
- EDN Workflow**
  - Home
  - Alien List**
  - Alien Search
  - Batch Print
  - Reports
  - Data Download
- Help
  - Contacts
  - Help

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**Alien List**

Total number of records returned: 143 (This list based on Notification Date in the last 12 months)

[Worksheet Status Help](#)

Alien Number	File Number	Last Name	First Name	Middle Name	Visa Type	DOB	TB Class	Jurisdiction	Date of Arrival	Notification Date	Worksheet Status
<a href="#">201-201-200</a>		FHOJDAKCIKLDAN	BGIFMNAFLGBJEOO		I	Oct 27, 2014	B2 (TI 07)	NWC	Jan 18, 2018	May 03, 2018	Not Started
<a href="#">097-081-798</a>	VM-104163	HA	Ngoc	Hoang	R	Jul 04, 1946	B1	Champaign County IL	Nov 04, 2009*	May 03, 2018	Not Started
<a href="#">212-169-485</a>	V-121749	NGUYEN	Vinh	Van	R	Oct 03, 1946	B1	Washtenaw County MI	Nov 04, 2009*	May 03, 2018	In Progress
<a href="#">555-444-555</a>	65545	WILLIAMS	WILLIAM		SIV	Jan 01, 2016	B1 (TI 07)	MD	Apr 23, 2018	May 03, 2018	Not Started
<a href="#">211-222-111</a>	3691	MARSHALL	SAM		SIV	Jan 01, 2016	None	Los Angeles County CA	Apr 20, 2018	May 03, 2018	N/A
<a href="#">505-505-505</a>	1	BANKS	TYLER	OWEN	R	Feb 02, 2017	None	DeKalb County GA	Jan 31, 2018	May 03, 2018	N/A
<a href="#">566-756-756</a>		FRANK	DAVE		I	Sep 27, 1969	A (TI 91)	DeKalb County GA	Sep 27, 2017	May 03, 2018	Not Started
<a href="#">310-610-510</a>		IMMIGRANT	HIV		I	Aug 25, 1955	B1 (TI 07)	Los Angeles County CA	Sep 14, 2017	May 03, 2018	Not Started
<a href="#">212-399-092</a>	IZ-111835	AL NASRAWI	MOHAMMED	AMMAR MAHMOOD	R	Apr 09, 2006	B2 (TI 07)	Anchorage Municipality AK	Nov 13, 2013	May 03, 2018	Submitted
<a href="#">094-668-777</a>	KE-522327	MBERWA	OMAR	MUVA	R	Jan 01, 1951	B1 (TI 07)	Washington County OR	Nov 13, 2013	May 03, 2018	Submitted

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# How to Access a Record's TB Follow-Up Worksheet

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## Electronic Disease Notification (EDN)

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**Alien Information**

Name: Data Entry Person:  
Arrival Date: Entering for Q-Station: New York Quarantine  
Alien Number: Officer in Charge:  
Address:  
Name in Care of:  
Address Line 1:  
Address Line 2:  
City State Zip:  
Phone:  
Alternate Phone:  
Email:

**EDN Forms**

- Alien Information
- DS-2054 Medical Exam
- DS-3025 Vaccination
- DS-3026 Medical History
- DS-3030 TB Worksheet

**Worksheet**

- Worksheet Data Entry
- Generate Alien's TB Follow-Up Worksheet**

**EDN Activities**

- View/Update Address
- View All Documents
- View/Download Documents
- Migration Report



## TB Follow-Up Worksheet

Status: Not Started

**C. U.S. Evaluation**

\*C1. Date of first U.S. test or provider/clinic visit: (mm/dd/yyyy)

**Mantoux Tuberculin Skin Test (TST) in U.S.**

\*C2a. Was a TST administered in the U.S.? ☒ Not selected ☐ Yes ☐ No ☐ Unknown

C2b. TST Placement Date: (mm/dd/yyyy) ☐ Placement date unknown

C2c. TST mm: ☐ Unknown

C2d. TST interpretation: ☒ Not selected ☐ Positive ☐ Negative ☐ Unknown

C2e. History of previous positive TST: ☒ Not selected ☐ Yes ☐ No ☐ Unknown

**Interferon-Gamma Release Assay (IGRA) in U.S.**

\*C3a. Was IGRA performed? ☒ Not selected ☐ Yes ☐ No ☐ Unknown

C3b. Date collected: (mm/dd/yyyy) ☐ Date unknown  
IU/s/Spots

C3c. IGRA brand: ☒ Not selected ☐ QuantiFERON® ☐ T-SPOT ☐ Other, specify

C3d. Result: ☒ Not selected ☐ Positive ☐ Negative ☐ Indeterminate, Borderline, or Equivocal ☐ Invalid ☐ Unknown

C3e. History of previous positive IGRA ☒ Not selected ☐ Yes ☐ No ☐ Unknown

**U.S. Review of Pre-Immigration CXR**

\*C4. Pre-immigration CXR available? ☒ Not selected ☐ Yes ☐ No ☐ Unknown

# Sections A and B: Demographic and Jurisdictional Information

Sections A and B are **pre-populated** by the EDN system

A. Demographic				
A1. Name (Last, First, Middle):		A2. Alien #:	A3. Visa type:	A4. Initial U.S. entry date:
A5. Age:	A6. Sex:	A7. DOB: ____/____/____	A8. TB Class Based on <i>Technical Instructions for Panel Physicians</i> :	
A9. Country of examination:			A10. Country of birth:	
A11a. Name in care of:  A11b. Phone number:  A11c. Address:			A12a. Sponsor agency name:  A12b. Phone number:  A12c. Address:	
B. Jurisdictional Information				
B1. Arrival jurisdiction:			B2. Current jurisdiction:	

Additional information link  
under Help → EDN  
Interjurisdictional Transfer  
Protocol

# Section C: U.S. Evaluation

If TST or IGRA were administered in the U.S., complete the following.

This date is the first physical interaction that patients have with U.S. healthcare clinics or providers.

If provider determines physical interaction is not required, use date when determination was made. For example: Patient has acceptable documentation of completion of LTBI treatment and provider conducts post-treatment follow-up visit by phone.

C. U.S. Evaluation	
C1. Date of first U.S. test or provider/clinic visit: <u>mm / dd / yyyy</u>	
Mantoux Tuberculin Skin Test (TST) in U.S.	Interferon-Gamma Release Assay (IGRA) in U.S.
C2a. Was a TST administered in the U.S? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, C2b. TST placement date: <u>mm / dd / yyyy</u> <input type="checkbox"/> Placement date unknown C2c. TST mm: <u>##</u> <input type="checkbox"/> Unknown C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown C2e. History of Previous Positive TST: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C3a. Was IGRA performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, C3b. Date collected: <u>mm / dd / yyyy</u> <input type="checkbox"/> Date unknown <u>##.##</u> IUs/Spots C3c. IGRA brand: <input type="checkbox"/> QuantiFERON® <input type="checkbox"/> T-SPOT <input type="checkbox"/> Other (specify): _____ C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate, Borderline, or Equivocal <input type="checkbox"/> Invalid <input type="checkbox"/> Unknown C3e. History of previous positive IGRA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Indicate a previous positive TST or IGRA history **only** if it is documented on a DS form.

## Section C: U.S. Evaluation

If TST and IGRA were NOT administered or unknown if administered in the U.S., complete the following.

C. U.S. Evaluation	
C1. Date of first U.S. test or provider/clinic visit: <u>mm</u> / <u>dd</u> / <u>yyyy</u>	
Mantoux Tuberculin Skin Test (TST) in U.S.	Interferon-Gamma Release Assay (IGRA) in U.S.
<p>C2a. Was a TST administered in the U.S.?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>YES. C2b. TST placement site: <u>mm</u> / <u>cm</u> / <u>mm</u></p> <p><input type="checkbox"/> Placement site above</p> <p>C2c. TST mm: <u>mm</u> <input type="checkbox"/> Unknown</p> <p>C2d. TST interpretation:</p> <p><input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Unknown</p> <p>C2e. History of Previous Positive TST:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>C3a. Was IGRA performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>YES. C3b. Date collected: <u>mm</u> / <u>dd</u> / <u>yyyy</u> <input type="checkbox"/> Date unknown</p> <p><u>mm</u> / <u>cm</u> / <u>mm</u></p> <p>C3c. IGRA brand:</p> <p><input type="checkbox"/> QuantiFERON <input type="checkbox"/> T-SPOT</p> <p><input type="checkbox"/> Other (specify): <u>mm</u></p> <p>C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate</p> <p><input type="checkbox"/> Invalid <input type="checkbox"/> Unknown <input type="checkbox"/> Suspect or Exposed</p> <p>C3e. History of previous positive IGRA:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>



## Section C: U.S. Review of Pre-Immigration CXR

If a pre-immigration CXR is not available or unknown, select “unknown” for C5 and C8.

If a U.S. domestic CXR is not performed, select “unknown” for C7 and C8.

U.S Review of Pre-Immigration CXR	U.S. Domestic CXR	Comparison
<p>C4. Pre-immigration CXR available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>C6a. U.S. domestic CXR done?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C6b. Date of U.S. CXR: ____/____/____</p>	<p>C8. U.S. domestic CXR comparison to pre-immigration CXR:</p> <p><input type="checkbox"/> Stable</p> <p><input type="checkbox"/> Worsening</p> <p><input type="checkbox"/> Improving</p> <p><input checked="" type="checkbox"/> Unknown</p>
<p>C5. U.S. interpretation of pre-immigration CXR:</p> <p><input type="checkbox"/> Normal (Negative for TB)</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Suggestive of TB</p> <p><input type="checkbox"/> Non-TB Condition</p> <p><input type="checkbox"/> Poor Quality/Not Interpretable</p> <p><input checked="" type="checkbox"/> Unknown</p>	<p>C7. Interpretation of U.S. CXR:</p> <p><input type="checkbox"/> Normal (Negative for TB)</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Suggestive of TB</p> <p><input type="checkbox"/> Non-TB Condition</p> <p><input type="checkbox"/> Poor Quality/Not Interpretable</p> <p><input checked="" type="checkbox"/> Unknown</p>	



## Section C: U.S. Review of Pre-Immigration CXR

If a pre-immigration CXR is physically available, complete the following.

If a U.S. domestic CXR is performed, complete the following.

U.S Review of Pre-Immigration CXR	U.S. Domestic CXR	Comparison
<p>C4. Pre-immigration CXR available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>C6a. U.S. domestic CXR done?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C6b. Date of U.S. CXR: <u>mm</u> / <u>dd</u> / <u>yyyy</u></p>	<p>C8. U.S. domestic CXR comparison to pre-immigration CXR:</p> <p><input type="checkbox"/> Stable</p> <p><input type="checkbox"/> Worsening</p> <p><input type="checkbox"/> Improving</p> <p><input type="checkbox"/> Unknown</p>
<p>C5. U.S. interpretation of pre-immigration CXR:</p> <p><input type="checkbox"/> Normal (Negative for TB)</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Suggestive of TB</p> <p><input type="checkbox"/> Non-TB Condition</p> <p><input type="checkbox"/> Poor Quality/Not Interpretable</p> <p><input type="checkbox"/> Unknown</p>	<p>C7. Interpretation of U.S. CXR:</p> <p><input type="checkbox"/> Normal (Negative for TB)</p> <p><input type="checkbox"/> Abnormal</p> <p><input type="checkbox"/> Suggestive of TB</p> <p><input type="checkbox"/> Non-TB Condition</p> <p><input type="checkbox"/> Poor Quality/Not Interpretable</p> <p><input type="checkbox"/> Unknown</p>	

# Section C: U.S. Review of Pre-Immigration Treatment

If treatment for TB disease was completed before coming to the US, complete the following.

U.S. Review of Pre-Immigration Treatment	
<p>C9a. Completed treatment pre-immigration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If <b>YES</b>, C9b. <input checked="" type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI <input type="checkbox"/> Treated, but unknown if TB disease or LTBI</p> <p>If Treated for TB disease, <input type="checkbox"/> Treatment completed <b>prior</b> to panel physician examination <input type="checkbox"/> Treatment completed <b>after</b> panel physician diagnosis (DS 3030) <input type="checkbox"/> At designated DOT site <input type="checkbox"/> At non-designated DOT site <input type="checkbox"/> Other, specify: _____</p> <p>C9c. Treatment start date: <u>mm/dd/yyyy</u> <input type="checkbox"/> Start date unknown</p> <p>C9d. Treatment end date: <u>mm/dd/yyyy</u> <input type="checkbox"/> End date unknown</p> <p>C9e. Report of treatment administered prior to panel physician examination: <b>Select ONE only.</b> <input type="checkbox"/> Treatment documented on overseas medical history form (DS 3026) <input type="checkbox"/> Documented on DS forms &amp; patient reported at panel physician examination <input type="checkbox"/> After U.S. arrival only, patient verbally reported treatment completion <input type="checkbox"/> Unknown</p> <p>C9f. Standard TB treatment regimen was administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify</p>	<p>C10a. Arrived to the U.S. on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If <b>YES</b>, C10b. <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI</p> <p>C10c. Start date: <u>mm/dd/yyyy</u> <input type="checkbox"/> Start date unknown</p> <p>C11a: Pre-Immigration treatment concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>YES</b>, C11b. <i>Select all that apply:</i> <input type="checkbox"/> Treatment duration too short <input type="checkbox"/> Incorrect treatment regimen <input type="checkbox"/> Inadequate information provided <input type="checkbox"/> Lack of adequate diagnostics <input type="checkbox"/> Unknown DOT/adherence status <input type="checkbox"/> Other, please specify: _____</p>

# Section C: U.S. Review of Pre-Immigration Treatment

If treatment for LTBI was completed before coming to the US, complete the following.

U.S. Review of Pre-Immigration Treatment	
<p>C9a. Completed treatment pre-immigration? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C9b. <input type="checkbox"/> Treated for TB disease <input checked="" type="checkbox"/> Treated for LTBI <input type="checkbox"/> Treated, but unknown if TB disease or LTBI</p> <p>C9c. Treatment start date: <u>mm/dd/yyyy</u> <input type="checkbox"/> Start date unknown</p> <p>C9d. Treatment end date: <u>mm/dd/yyyy</u> <input type="checkbox"/> End date unknown</p> <p>C9e. Report of treatment administered prior to panel physician examination: <b>Select ONE only.</b> <input type="checkbox"/> Treatment documented on overseas medical history form (DS 3026) <input type="checkbox"/> Documented on DS forms &amp; patient reported at panel physician examination <input type="checkbox"/> After U.S. arrival only, patient verbally reported treatment completion <input type="checkbox"/> Unknown</p> <p>C9f. Standard TB treatment regimen was administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify</p>	<p>C10a. Arrived to the U.S. on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C10b. <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI</p> <p>C10c. Start date: <u>mm/dd/yyyy</u> <input type="checkbox"/> Start date unknown</p> <p>C11a: Pre-Immigration treatment concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, C11b. Select all that apply:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Treatment duration too short</li><li><input type="checkbox"/> Incorrect treatment regimen</li><li><input type="checkbox"/> Inadequate information provided</li><li><input type="checkbox"/> Lack of adequate diagnostics</li><li><input type="checkbox"/> Unknown DOT/adherence status</li><li><input type="checkbox"/> Other, please specify: _____</li></ul>

# Section C: U.S. Review of Pre-Immigration Treatment

If treatment for TB disease or LTBI was unknown or NOT completed before coming to the US, complete the following.

U.S. Review of Pre-Immigration Treatment	
<p>C9a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>[Faded text: TB disease, TB infection, TB treatment, TB diagnosis, TB test, TB history, TB status, TB risk, TB concern, TB action, TB result, TB comment, TB signature, TB date, TB location, TB facility, TB provider, TB patient, TB family, TB community, TB country, TB region, TB city, TB state, TB zip, TB phone, TB email, TB website, TB social media, TB other]</i></p>	<p>C10a. Arrived to the U.S. on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C10b. <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI</p> <p>C10c. Start date: <u>mm/dd/yyyy</u> <input type="checkbox"/> Start date unknown</p> <p>C11a: Pre-Immigration treatment concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, C11b. Select all that apply:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Treatment duration too short</li><li><input type="checkbox"/> Incorrect treatment regimen</li><li><input type="checkbox"/> Inadequate information provided</li><li><input type="checkbox"/> Lack of adequate diagnostics</li><li><input type="checkbox"/> Unknown DOT/adherence status</li><li><input type="checkbox"/> Other, please specify: _____</li></ul>

# Section C: U.S. Evaluation

If sputa was collected in the U.S., complete the following.

C12. U.S. Microscopy/Bacteriology*		Sputa collected in U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		*Covers all results regardless of sputa collection method.			
#	Date Collected	AFB Smear <small>Acid-fast bacilli smear</small>		Sputum Culture <small>NTM : non-tuberculosis mycobacteria</small>		Drug Susceptibility Testing <small>MTB Complex : Mycobacterium tuberculosis complex (M. tuberculosis, M. bovis, M. africanum)</small>	
1	<u>mm</u> / <u>dd</u> / <u>yyyy</u>	<input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> Contaminated <input type="checkbox"/> Not Done	<input type="checkbox"/> MTB Complex <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> No DR	<input type="checkbox"/> Mono-RIF <input type="checkbox"/> Other DR <input type="checkbox"/> Not Done
2	<u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> Contaminated <input type="checkbox"/> Not Done	<input type="checkbox"/> MTB Complex <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> No DR	<input type="checkbox"/> Mono-RIF <input type="checkbox"/> Other DR <input type="checkbox"/> Not Done
3	<u>  </u> / <u>  </u> / <u>  </u>	<input type="checkbox"/> Positive <input type="checkbox"/> Not Done	<input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> Contaminated <input type="checkbox"/> Not Done	<input type="checkbox"/> MTB Complex <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-INH <input type="checkbox"/> No DR	<input type="checkbox"/> Mono-RIF <input type="checkbox"/> Other DR <input type="checkbox"/> Not Done

Mono-RIF : Refers to specimen cultures resistant only to Rifampin.

Other DR : Record the resistant pattern in Section H: Comments

No DR : Specimen cultures that do not display any signs of drug resistance

## Section D: Evaluation Disposition in U.S.

If evaluation was completed and treatment was recommended, complete the following.

D. Evaluation Disposition in U.S.	
D1a. Evaluation disposition date in U.S.: <u>mm/ dd / yyyy</u>	D1b. State/jurisdiction of evaluation disposition in U.S.: _____
D2a. Evaluation disposition in U.S.: <input checked="" type="checkbox"/> Completed evaluation D2b. If evaluation was completed, was treatment recommended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <div><input type="checkbox"/> LTBI <input type="checkbox"/> Active TB</div>	<div>D1a: Evaluation disposition date in the U.S. indicates when a <b><u>medical diagnosis for the patient has been made or reason</u></b> that a medical diagnosis cannot be determined upon completion, initiation, or no initiation of evaluation of the patient.</div> <div>D1b: State/jurisdiction of evaluation disposition is the <b><u>entity that determined the medical diagnosis for the patient or indicated reason(s)</u></b> that a medical diagnosis could not be determined upon completion, initiation, or no initiation of evaluation of the patient.</div>
D3. Diagnosis <div><input type="checkbox"/> Class 0 - No TB exposure, not infected or Class 1 - TB exposure, no evidence of infection <input type="checkbox"/> Class 2 - TB infection, no disease <input type="checkbox"/> Class 3 - TB, TB disease <input type="checkbox"/> Class 4 - TB, inactive disease <input type="checkbox"/> Pulmonary    <input type="checkbox"/> Extra-pulmonary    <input type="checkbox"/> Both sites</div>	



## Section D: Evaluation Disposition in U.S.

If evaluation was completed but treatment was NOT recommended, complete the following.

### D. Evaluation Disposition in U.S.

D1a. Evaluation disposition date in U.S.: mm/dd/yyyy

D1b. State/jurisdiction of evaluation disposition in U.S.: \_\_\_\_\_

D2a. Evaluation disposition in U.S.:

☒ Completed evaluation

D2b. If evaluation was completed,  
was treatment recommended?

☐ Yes

☒ No

D3. Diagnosis

☐ Class 0 - No TB exposure, not infected or Class 1 - TB exposure, no evidence of infection

☐ Class 2 - TB infection, no disease

☐ Class 3 - TB, TB disease

☐ Class 4 - TB, inactive disease

☐ Pulmonary

☐ Extra-pulmonary

☐ Both sites



## Section D: Evaluation Disposition in U.S.

If evaluation was NOT completed or NOT initiated, complete the following.

### D. Evaluation Disposition in U.S.

D1a. Evaluation disposition date in U.S.: mm/dd/yyyy

D1b. State/jurisdiction of evaluation disposition in U.S.: \_\_\_\_\_

D2a. Evaluation disposition in U.S.:

☐ Completed evaluation

☒ Initiated Evaluation / Not completed

☐ Did not initiate evaluation

D2c. If evaluation was NOT completed, why not? Select all that apply.

☐ Not Located

☐ Moved within U.S., transferred to: \_\_\_\_\_  
State/jurisdiction

☐ Lost to Follow-Up

☐ Moved outside U.S.

☐ Refused Evaluation

☐ Died

☐ Unknown

☐ Other, specify: \_\_\_\_\_

D3. Diagnosis

☐ Class 0 - No TB exposure, not infected or Class 1 - TB exposure, no evidence of infection

☐ Class 2 - TB infection, no disease

☐ Class 3 - TB, TB disease

☐ Class 4 - TB, inactive disease

☐ Pulmonary

☐ Extra-pulmonary

☐ Both sites

# Section D: Evaluation Disposition in U.S.

\*\*\* Only enter if provided by the CDC Division of TB Elimination (DTBE).\*\*\*

D4. If diagnosed with TB disease:

☐ RVCT # unknown\*

☐ TBLISS # unknown\*

☐ RVCT Reported\*

☐ TBLISS Reported\*

State Case Number:

Y

Y

Y

Y

Year

State

RVCT # / TBLISS #

City/County Case Number:

Y

Y

Y

Y

Year

State

RVCT # / TBLISS #

\*Note: Either the RVCT or TBLISS number may be reported.

# Section E: U.S. Treatment for TB Disease or TB Infection

Section E should be filled out only if treatment was recommended for a patient diagnosed in the U.S. as Class 2, 3, or 4 (indicated in Section D3 on the TB Follow-Up Worksheet).

E. U.S. Treatment for TB Disease or TB Infection		
E1a. U.S. treatment initiated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
E1b. If YES, specify the reason. Select all that apply.		
<input type="checkbox"/> Patient declined against medical advice	<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Moved within U.S., transferred to _____
<input type="checkbox"/> Died	<input type="checkbox"/> Moved outside the U.S.	<input type="checkbox"/> Prior treatment completed year _____
<input type="checkbox"/> Currently on treatment	<input type="checkbox"/> Treatment not offered based on test class guidelines	<input type="checkbox"/> Unknown
<input type="checkbox"/> Contraindication to treatment		<input type="checkbox"/> Other, specify: _____
E1c. If YES: <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI		
E2. Treatment start date: <u>mm</u> / <u>dd</u> / <u>yyyy</u>		E3. State/jurisdiction of treatment in U.S.: _____
E4. Specify initial LTBI regimen:		
<input type="checkbox"/> Isoniazid (9 months; 9H)		
<input type="checkbox"/> Isoniazid (6 months; 6H)		
<input type="checkbox"/> Isoniazid/Rifapentine (3 months; 3HP)		
<input type="checkbox"/> Isoniazid/Rifampin (INH+RIF; 4 months)		
<input type="checkbox"/> Rifampin (4 months; 4R)		
<input type="checkbox"/> Isoniazid/Rifampin/Ethambutol/Pyrazinamide (RIPE; 2 months; suspected TB disease)		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Other, specify: _____		

# Section E: U.S. Treatment for TB Disease for TB Infection

If “No” is selected in E1a, E1b must be answered, and the EDN user may skip to section F.

E. U.S. Treatment for TB Disease or TB Infection		
E1a. U.S. treatment initiated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
E1b. If <b>NO</b> , specify the reason. Select all that apply:		
<input type="checkbox"/> Patient declined against medical advice	<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Moved within U.S., transferred to: _____ State/jurisdiction
<input type="checkbox"/> Died	<input type="checkbox"/> Moved outside the U.S.	<input type="checkbox"/> Prior treatment completed (year: <u>yyyy</u> )
<input type="checkbox"/> Currently on treatment	<input type="checkbox"/> Treatment not offered based on local clinic guidelines	<input type="checkbox"/> Unknown
<input type="checkbox"/> Contraindication for treatment		<input type="checkbox"/> Other, specify: _____
E1c. <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI		
E2. Treatment start date: ____/____/____ E3. State/jurisdiction of treatment in U.S.: _____		
E4. Specify initial LTBI regimen:		
<input type="checkbox"/> Isoniazid 3 months, 90%		
<input type="checkbox"/> Isoniazid 3 months, 90%		
<input type="checkbox"/> Isoniazid/Rifampin 3 months, 90%		
<input type="checkbox"/> Isoniazid/Rifampin 300/600 4 months		
<input type="checkbox"/> Rifampin 3 months, 90%		
<input type="checkbox"/> Isoniazid/Rifampin/Ethambutol/Pyrazinamide 200/100/100/500 2 months, suspected TB disease		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Other, specify: _____		

# Section E: U.S. Treatment for TB Disease for TB Infection

If U.S. treatment is completed for TB disease OR LTBI, complete the following.

E5a. U.S. treatment completed: ☒ Yes ☐ No ☐ Unknown

E5b. Specify the reason. Select all that apply.

- ☐ Patient declined against medical advice
- ☐ Lost
- ☐ Long treatment stopped because of adverse event, regardless of cause of death
- ☐ Death
- ☐ Provider decision

- ☐ Lost to follow-up
- ☐ Moved outside the U.S.
- ☐ Adverse effect
- ☐ Lost to disease
- ☐ Pregnancy for patient diagnosed with LTBI

- ☐ Moved within U.S., transferred to \_\_\_\_\_
- ☐ Unknown
- ☐ Other, specify \_\_\_\_\_
- ☐ Developed TB for patient diagnosed with LTBI

E6. Date therapy stopped: mm / dd / yyyy

Specify reason therapy stopped: Add further explanation here if needed.

## Section E: U.S. Treatment for TB Disease or TB Infection

If U.S. treatment is **NOT** completed or unknown for TB disease OR LTBI, complete the following.

E5a. U.S. treatment completed:		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown
If <b>NO</b> , E5b. Specify the reason. Select all that apply:		
<input type="checkbox"/> Patient declined against medical advice	<input type="checkbox"/> Lost to follow-up	<input type="checkbox"/> Moved within U.S., transferred to: _____
<input type="checkbox"/> Died	<input type="checkbox"/> Moved outside the U.S.	<input type="checkbox"/> Unknown State/ jurisdiction
<input type="checkbox"/> Dying (treatment stopped because of imminent death, regardless of cause of death)	<input type="checkbox"/> Adverse effect	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Provider decision	<input type="checkbox"/> Not TB disease	<input type="checkbox"/> Developed TB [For patient diagnosed with LTBI]
<input type="checkbox"/> Pregnancy [For patient diagnosed with LTBI]		
E6. Date therapy stopped: <u>mm</u> / <u>dd</u> / <u>yyyy</u>		
Specify reason therapy stopped: _____ Add further explanation here if needed.		

# Sections F, G, and H: Evaluation Site Information, Treatment Site Information, and Comments

F. Evaluation Site Information	G. Treatment Site Information
<p>Provider's Name:</p> <p>Clinic Name:</p> <p>Telephone Number:   (###) ### - ####</p>	<p>Provider's Name:</p> <p>Clinic Name:</p> <p>Telephone Number:   (###) ### - ####</p> <p><input type="checkbox"/> Same as evaluation site information</p>
H. Comments	
<p>If you would like to provide additional details or test results, add here.</p>	



# Reopening a Submitted TB Follow-Up Worksheet

Contact the EDN Help Desk at [edn@cdc.gov](mailto:edn@cdc.gov)

“Validate” — Entered worksheet data are checked for data errors.  
“Validate” will **NOT** submit or save the worksheet.

“Clear All” — Entered worksheet data are removed.

“Save” — Worksheet is saved and can be edited later.

“Submit” — Worksheet cannot be edited.

The screenshot shows a web interface for entering TB follow-up data. At the top is a text area labeled "H. Comments". Below it is a row of four buttons: "Save", "Validate", "Submit", and "Clear All". To the left of the "Save" button is a small blue icon with the word "Help". At the bottom right of the interface, the text "EDN Version 2.8.34" is displayed. Four callout boxes provide instructions for each button: "Validate" (checking for errors, not saving), "Clear All" (removing data), "Save" (saving and allowing editing), and "Submit" (preventing editing).

# Addendum

## ■ What do the different TB class diagnoses mean?

Classification of Persons Exposed to and/or Infected with M. tuberculosis	Description	Comments
Class 0	No TB exposure	<ul style="list-style-type: none"> <li>Negative reaction to tuberculin skin test or IGRA</li> <li>No history of exposure</li> </ul>
Class 1: TB exposure, no evidence of infection	Exposure to TB but not latent TB infection	<ul style="list-style-type: none"> <li>Negative reaction to tuberculin skin test or IGRA</li> <li>No evidence of infection.</li> <li>History of exposure to tuberculosis but negative reaction to the tuberculin skin test</li> </ul>
Class 2: TB infection, no disease	Latent TB Infection (LTBI)	<ul style="list-style-type: none"> <li>Positive reaction to the tuberculin skin test</li> <li>Negative microscopy/bacteriology results</li> <li>No clinical or radiographic evidence of tuberculosis</li> </ul>
Class 3: TB, active disease	Active TB disease	<ul style="list-style-type: none"> <li>Clinically active tuberculosis</li> <li>Person must have clinical and/or radiologic evidence of tuberculosis <ul style="list-style-type: none"> <li>Established most definitively by isolation of M. tuberculosis</li> <li>In absence for a positive culture for M. tuberculosis, persons in this class must have a positive reaction to the tuberculin test</li> </ul> </li> <li>Class 3 is further defined as pulmonary or extrapulmonary, in both sites on the follow-up form.</li> </ul>
Class 4: Tuberculosis, inactive disease	Old, healed, inactive TB disease	<ul style="list-style-type: none"> <li>History of previous episode(s) of tuberculosis or abnormal stable radiographic findings</li> <li>Positive reaction to tuberculin skin test</li> <li>Negative microscopy/bacteriology</li> <li>No clinical and/or radiographic evidence of current disease</li> </ul>

Reference: <https://www.cdc.gov/tb/publications/pdf/1376.pdf>

# Addendum Continued

- How do I open up a .dcm file to view a patient's chest x-ray?
  - Search for DICOM viewer software online.
- Why are there scanned PDFs available for some records but not all?
  - Due to improving the transmission of electronic records to the EDN system, scanned PDFs will only be available for limited records.
- What is the time frame for when cases designated with Class B TB have to be “submitted” to EDN?
  - CDC recommends that these records be submitted within 90 days after arrival.
- Can I close out a record for an individual who moved (out of country, out of state) before treatment was completed? What if this individual has plans to return after some time?
  - The record for this individual may be closed out due to reason of “lost to follow-up.”

# Addendum Continued

- Based on the chest x-ray images, sputa, and/or culture results collected from overseas, I do not think it is necessary to repeat these tests again in the U.S. What are the minimum screening procedures that must be completed for the EDN system?
  - Currently, there is no official guidance document detailing the minimum screening procedures that must be completed for submission in the EDN System, but CDC recommends records be submitted within 120 days after arrival.

Use clinical judgement regarding what tests should be repeated and completed stateside once an immigrant or refugee arrives to the U.S. clinic. Many conduct a CXR exam or other tests stateside in order to monitor whether an individual's condition is stable, improving, or worsened.