B-Waiver Evaluation for Tuberculosis

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TB Controller
Acronyms

- CDC – Centers for Disease Control and Prevention. Includes Division of Global Quarantine and Migration.
- CXR - chest x-ray
- DOT - directly observed therapy. Patient is observed swallowing medications.
- EDN - CDC Electronic Disease Notification system
- IGRA - interferon gamma release assay. QuantiFERON or T SPOT
- LHD - local health department
- LTBI - latent TB infection
- TB - TB disease
- TST - TB skin test
- Tx - treatment
Objectives today

- Gain understanding of overseas screening process.
- To improve your comfort with interpreting B waiver paperwork.
- To understand “types” of B waivers and potential follow-up action.
- Learn tips for completing follow-up paperwork.
- And…the future!
Quick Review…TB Testing

• **TB Skin Test** – currently used for screening B waiver kids. Will respond positive if BCG vaccinated. Not great for foreign born. Many B waiver kids likely falsely positive. Won’t be used in future…

• **Quantiferon** – IGRA used for some B waiver kids. Will be used for all LTBI testing in future.

• **Chest X-ray** – Only adult B waivers come with CXR. CXRs are non specific, hard to interpret, can improve, worsen or stay same over time.

• **Sputum** – Always 3. TB disease can wax and wane.
Quick Review…LTBI regimens

• **Rifampin 600 mg daily x 4 months adults, kids weight based.**
  Preferred for most everyone! No age limit.
  But- can interact with many medications.

• **12 dose once weekly Isoniazid/Rifapentine (3HP), see dosing tables.**
  DOT not required. DOT recommended for kids. Must be ≥2 y.o.
  But- many pills, can interact with many medications.

• **INH 300 mg daily x 9 months adults, kids weight based.**
  Not preferred- hard to complete, hepatotoxic. Best choice for those on medications with complex interactions.
Background: Overseas Screening and Treatment

• Immigrants overseas seeking to become permanent U.S. resident must undergo medical screening.
• CDC works with “panel physicians” overseas who complete this medical screening. TB is just one element of the screening.
• If curious…Instructions for panel physicians: http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/tuberculosis-panel-technical-instructions.html

Note: not the same as “civil surgeon screening”. Civil surgeons screen persons already in U.S. who are adjusting their visa status.
U.S. Evaluation (your evaluation!) of B waivers

- Primary goal is to identify anyone with TB disease.
- Secondary goal is to treat LTBI.
How B Waivers are received by LPHA

- Electronically via Electronic Disease Notification (EDN)
  or
- Scanned copy emailed from TB Program, OHA (Gayle)
  or
- Immigrants/Refugees who walk in for evaluation before B waiver paperwork arrives
  or
- Transfer from other state
Why is B waiver paperwork so confusing!?!?

- I don’t know!
- I’d fix it if I could!
- CDC DTBE can’t fix it either!
- There’s a lot of info in the paperwork you don’t need.
- It gets easier with practice.
What NOT to do with B Waiver paperwork
What to do with B waiver paperwork.

- Review paperwork carefully.
- Call Heidi or consult with health officer if you don’t understand.
- Attempt to contact the immigrant within 5 business days by phone or letter.
- If no response within 10 days do home visit (if resources allow) or send certified letter.
- If unable to locate after 30 days, close.
Question:

The LPHA is required to provide all TB testing and treat LTBI for B waivers:

TRUE

FALSE
Question:

The LPHA is required to provide all TB testing and treat LTBI for B waivers:

TRUE

FALSE

The LPHA must:
- Ensure the appropriate evaluation and treatment occurs
- Submit follow-up paperwork

Clinical services can be referred but should be no cost to B waiver immigrant. TB Program CXR reimbursement program and medications can be used.
Overseas Screening and U.S. Evaluation: B waivers

Note: There are A waivers. Have active TB disease. Very rare.
Goofy visual cues

Done overseas before B waiver immigrant arrives.

Done in the U.S., by your LHD!
Overseas Panel Physician Screening: Adults (>15 y.o.) Class B1

- NO TB skin test or IGRA given (yet).
- Digital CXR. Applicant will be given CD of CXR. Are instructed to take to U.S.
- If symptomatic for TB or CXR abnormal or HIV+, sputum (x3) smear, culture, susceptibilities will be done overseas.
- If cultures are negative, applicant can go to U.S.
- If applicant has TB disease, will be treated with DOT overseas prior to immigration.

- Anyone with abnormal CXR will be referred to LHD.
- Class B1.
Your Evaluation: Adults (>15 y.o.) Class B1

- Review paperwork. Is this an adult? Were they treated overseas for TB disease or did they just have an abnormal chest x-ray?
- Locate patient.
- Symptoms of TB? If symptoms, send for CXR, collect sputum x3 to rule out TB disease immediately.
Adults (>15 y.o.) Class B1 continued

CXR

- Does patient have CD of overseas CXR (most do)?
- Send patient for CXR using TB program, OHA reimbursement program.
- Ask patient to bring overseas CXR to appointment.
- Ask radiologist to compare old to new CXR and provide you with the report of findings.
Evaluation: Adults (>15 y.o.) Class B1 continued

• If new CXR is normal, evaluate for LTBI with TST or QFT if not previously treated for TB disease overseas. Refer or treat for LTBI with RIF 4 months, 3HP or INH 9 months as appropriate.

• If new CXR is NOT normal, consult with health officer, TB specialist or TB program, OHA for next steps.
Overseas Panel Physician Screening: Children (2-14 y.o.) Class B2

- Children from high burden countries screened with TST or QFT ONLY.
- If TST $\geq 10$ mm or QFT positive or symptomatic or HIV+ chest x-ray must be done.
- If normal CXR applicant can leave. No LTBI treatment required prior to immigration.
- Will be referred to LHD for evaluation and possible LTBI treatment.
- **Class B2.**
Evaluation: Children (2-14 y.o.)
Class B2

- Review paperwork.
- Contact child’s parents or sponsor.
- Symptoms of TB? Get CXR, collect sputum x3 to rule out TB disease immediately.
- Decide whether or not to repeat if TST
- Obtain new CXR if determined child has positive TST or QFT. Remember- 4 y.o. or younger need PA/lateral CXR.
- If CXR is normal, treat for LTBI.

*A high percentage of overseas TST may be false positive due to BCG. Use caution if child from high burden country or 2-4 y.o. Consult if needed.*
Overseas Panel Physician Screening: Case Contacts Class B3

• Screened with TB skin test or Quantiferon.
• If > TST 5 mm or QFT positive, chest x-ray must be done.
• If normal chest x-ray assumed to be LTBI. No LTBI treatment required prior to immigration.

• Will be referred to LHD for evaluation and possible LTBI treatment. Class B3.
Evaluation: Case Contacts Class B3

- Review paperwork. Is this an adult? When were they last exposed?
- Locate patient.
- Symptoms of TB? If symptoms, collect sputum x3 to rule out TB disease immediately.
- If more than 8 weeks since last exposure, test with TST or QFT.
- Obtain new CXR if it’s determined contact has positive TST or QFT.
- If CXR is normal, treat for LTBI.
Question

- All B waivers will have a positive TB skin test.
  True          False

- All B waivers will have an abnormal chest x-ray.
  True          False
Question

- You review the paperwork you just received for a B waiver. It is an adult. The paperwork indicates the immigrant had a CXR with infiltrates in the Philippines. Sputum smear x 3 and cultures collected in the Philippines were negative. The immigrant was not treated for TB in the past.

Which of the below would be done at the first medical appointment:

1. Get liver function tests
2. Ask immigrant if they have symptoms of TB disease
3. Obtain a QuantiFERON test
4. Ask the immigrant if they have a CD of the chest x-ray
5. Place a TB skin test

What would you do differently if the patient had been treated for TB disease before arrival?
Question

- You receive a B waiver referral for a 3 y.o. from Somalia. She had a TST+ 22 mm in Somalia. Her CXR was normal. Her mom has a copy of the CD with the 3 y.o.’s normal CXR.

Which of the following should occur:

1- get a PA CXR
2- get a PA and lateral CXR
3- get a PA and lateral CXR. Ask the radiologist to compare the CD to the new CXR
4- Obtain a QuantiFERON test
5- Start LTBI treatment with Rifampin.
6- Consult with an expert
B-Waiver Data Entry

Electronic Disease Notification (EDN)
Web based Notification System
Or
Follow-up Form
TB Follow Up Form
Not sure what to enter on the form?

• Call us
Or
• Review [EDN Tuberculosis Follow-up Guide](#). Some of the question numbers no longer match the form but the guide explains the meaning of each question very well.

Note: Most parts of the form should have something entered. **Review carefully prior to submission.**
Reporting Goals

• Should report to TB Program multiple times.

• Within 30 days of EDN notification date
  - Initial U.S. medical evaluation completed: U.S. review of any overseas CXR and treatment, new CXR with comparison to old and sputum collection (if needed)

• Within 90 days of EDN notification date
  - Disposition and diagnosis
  - Treatment started

• Within 1 year of treatment start date
  - U.S treatment completed
Reporting should occur:

**Start Here on Evaluation**

1. **Within 5 business days** of receiving paperwork or EDN notification – attempt to call the phone number and/or send a letter to the address.
2. **If no response after 10 business days** – visit the sponsor’s home (if resources allow) or send a second letter via certified mail.
3. **If no contact has been made after 30 days** – check [D2] in Did Not initiate Evaluation and [D3] in Not Located on the TB Follow-Up Worksheet and submit via EDN or mail or fax a copy back to the state with the closure date marked as the Disposition date [D1] on the form.

**Complete within 1 Year of treatment start:**
- US Treatment Completion (E3-E4)
- IF US Treatment not complete (E5)
- Submit on EDN or mail or fax TB Follow-Up Worksheet

**Complete within 90 days of US arrival:**
- Disposition Completed (D1-D2)
- Diagnosis Completed (D3)
- IF TB Confirmed (D-4)
- US Treatment Initiated (E1-E2)
- Submit on EDN or mail or fax TB Follow-Up Worksheet

**Complete within 30 days of US Arrival:** (not receipt of paperwork)
- Initial US medical evaluation (C1-C3)
- US review of any overseas CXR (C4-C6)
- US review of any overseas treatment (C12-C14)
- A new domestic CXR (C7-C10)
- Compare old overseas and new domestic CXR (C11)
- Collection of sputum (C-15)
- Submit on EDN or mail or fax TB Follow-Up Worksheet
The scenario...

- You review the paperwork you just received for a B waiver. It is an adult. The paperwork indicates the immigrant had a CXR with infiltrates in the Philippines. Sputum smear x 3 and cultures collected in the Philippines were negative. The immigrant was not treated for TB in the past.

You have done the following:

1- Asked the immigrant if they have symptoms of TB disease

**They have no symptoms.**

2- Obtained a QuantiFERON test

*7/25/2018 Quantiferon positive*

3- Asked the immigrant if they have a CD of the chest x-ray

**They do. You send the immigrant for a new CXR and ask radiologist to compare to CD. 7/25/18 CXR is NORMAL. The radiologist also interprets the CXR on the CD as NORMAL.**
You get to fill out the follow-up form!

REMEMBER: Submit an update within 30 days of notification using EDN or fax to TB Program on: **Date of U.S. evaluation, U.S. review of any overseas CXR and treatment, new CXR with comparison to old and any sputum collection.**

- Complete what you can on the form.

- Raise your hand when finished to submit it!

- Will your group get a gold star today?!
The scenario continues…

The B waiver immigrant is diagnosed with latent TB infection based upon the positive Quantiferon and normal CXR.

On August 9, 2018 you start the patient today on 4 months of RIF daily to treat LTBI.
You get to fill out MORE of the follow-up form!

REMEMBER: Submit an update within 90 days of notification using EDN or fax to TB Program on: -Disposition and diagnosis -Treatment started

-Complete what is appropriate on the form.

-Raise your hand when finished!

-Will your group get a gold star today?!
The scenario ends successfully...

On December, 1 2018 the patient finishes 4 months of RIF daily.
You get to finish the follow-up form!

REMEMBER: Submit an update within 1 year of treatment start date using EDN or fax to TB Program on completion of TB treatment.

- Complete what is appropriate on the form.

- Raise your hand when finished!

- Will your group get a gold star today?!
Overwhelmed with work?

- Call Heidi to prioritize B waivers.
- Class A and B1 are more important (TB disease).
- Class B2 and B3 less important (LTBI).
Changes are coming?!
Payment for B Waiver Work

• Starting July 1, 2018 LPHA will receive $300 payment from OHA for each B waiver immigrant.

• First quarterly invoices emailed to LPHAs October 2018.
Changes coming from CDC DGMQ - OCTOBER 1, 2018

• Both panel physicians (overseas exams) and civil surgeons (US exams) will use IGRAs only for TB testing if ≥5 years.

• If the TB rate in home country is >20/100,000 people IGRAs will be required for adults in addition to a chest x-ray (currently adults having overseas exams typically just receive a chest x-ray).

• Civil surgeons will be required to report latent TB to health departments in “whatever method is determined by them and the local health department”. There is not an expectation that those diagnosed with LTBI need to be seen or followed up by the health department.
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Changes are good, but may be rough!

• These changes are essential to reaching TB elimination!

• But…We’ll all have more work if more B waivers with LTBI are referred to us.

• Also…We’ll need to develop a response to calls from civil surgeons reporting LTBI.

• Expect some bumps in October.
Questions?
Resources

- EDN TB Follow-up Guide (pdf)
- B Waiver Frequently Asked Questions (pdf)
- B-Waiver Reporting Deadline Goals
- B-Waiver TB Follow-Up Worksheet for 2014
- Regimens for Treatment of LTBI (pdf)
- LTBI Referral Letter to PCP (Word) form letter can be used to refer a patient with LTBI to their medical provider for treatment
- CDC Technical Instructions for Panel Physicians