

B-Waiver Evaluation for Tuberculosis

Presented by
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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 ≥ 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 \geq 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.



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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



Oregon
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The logo for the Oregon Health Authority is centered at the bottom of the slide. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a larger, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. The entire logo is set against a light blue, curved background that spans the width of the slide.

TB Follow Up Form

EDN TB Follow-Up Worksheet				Last reviewed: 6/21/2013			
A. Demographic							
A1. Name (Last, First, Middle): DE LEON, JUANITA PADILLA		A2. Alien #: 064-356-415		A3. Visa type: I		A4. Initial U.S. entry date: 6/28/2016	
A5. Age: _____		A6. Gender: _____		A7. DOB: _____		A8. TB Class: B1 (TI 07)	
A9. Country of examination: PHILIPPINES				A10. Country of birth: PHILIPPINES			
A11a. Name in Care of: _____				A12. a. Sponsor agency name: _____			
A11b. Phone Number: _____				b. Phone(s): _____			
A11c. Address: _____				c. Address: _____			
B. Jurisdictional Information							
B1. Arrival jurisdiction: Clackamas County OR				B2. Current jurisdiction: Clackamas County OR			
C. U.S. Evaluation							
C1. Date of Initial U.S. medical evaluation: ____/____/____							
Mantoux-Tuberculin Skin Test (TST)				Interferon-Gamma Release Assay (IGRA)			
C2a. Was a TST administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				C3a. Was IGRA administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
C2b. TST placement date: ____/____/____				C3b. Date collected: ____/____/____ Date unknown			
C2c. TST mm: _____				C3c. IGRA brand: <input type="checkbox"/> QuantIFERON® <input type="checkbox"/> T-SPOT			
C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate			
C2e. History of Previous Positive TST <input type="checkbox"/>				C3e. History of previous positive IGRA <input type="checkbox"/>			
U.S. Review of Pre-Immigration CXR				U.S. Domestic CXR			
C4. Pre-immigration CXR available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable				C7. U.S. domestic CXR done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
C5. U.S. interpretation of pre-immigration CXR:				C8. Date of U.S. CXR: ____/____/____			
C6. Other pre-immigration CXR abnormalities:				C9. Interpretation of U.S. CXR:			
C10. U.S. domestic CXR abnormalities:				C11. U.S. domestic CXR comparison to pre-immigration CXR:			
U.S. Review of Pre-Immigration Treatment							
C12a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No				C13. Arrived on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
C12b. Treatment start date: ____/____/____ Start date unknown				C13a. Start date: ____/____/____ Start date unknown			
C12c. Treatment end date: ____/____/____ End date unknown				C14. Pre-immigration treatment concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No			
C12d. Treatment reported by:				C14a. Treatment duration too short <input type="checkbox"/>			
C12e. Standard TB treatment regimen was administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify				C14b. Incorrect treatment regimen <input type="checkbox"/>			
				C14c. Other, please specify: _____			

Alien # 064-356-415		EDN TB Follow-Up Worksheet (Cont)				Last reviewed: 6/21/2013			
C15. U.S. Microscopy/Bacteriology* Sputa collected in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Cover all results regardless of sputa collection method</small>									
#	Date Collected	AFB Smear		Sputum Culture		Drug Susceptibility Testing			
1	____/____/____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done
2	____/____/____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done
3	____/____/____	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> NTM	<input type="checkbox"/> MTB Complex	<input type="checkbox"/> MDR-TB	<input type="checkbox"/> Mono-RIF	<input type="checkbox"/> Mono-INH	<input type="checkbox"/> Other DR
		<input type="checkbox"/> Not Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> Contaminated	<input type="checkbox"/> Negative	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> No DR	<input type="checkbox"/> Not Done
D. Evaluation Disposition									
D1. Evaluation disposition date: ____/____/____									
D2. Evaluation disposition:									
<input type="checkbox"/> Completed evaluation <input type="checkbox"/> Initiated Evaluation / Not completed <input type="checkbox"/> Did not initiate evaluation									
If evaluation was completed, was treatment recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If evaluation was NOT completed, why not? <input type="checkbox"/> Not Located <input type="checkbox"/> Moved within U.S., transferred to: _____									
<input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> Moved outside U.S.									
<input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Other, specify _____									
D3. Diagnosis <input type="checkbox"/> Class 0 - No TB exposure, not infected <input type="checkbox"/> 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									
D4. If diagnosed with TB disease: <input type="checkbox"/> RVCT Reported D5. RVCT #: _____ RVCT # unknown									
E. U.S. Treatment									
E1. U.S. treatment initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
If NO, specify the reason: <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"/> Other (specify) _____									
If YES: <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI									
E2. Treatment start date: ____/____/____									
E3. U.S. treatment completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
If NO, specify the reason: <input type="checkbox"/> Patient stopped against medical advice <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Adverse effect									
<input type="checkbox"/> Provider decision <input type="checkbox"/> Moved outside the U.S. <input type="checkbox"/> Moved within U.S., transferred to: _____									
<input type="checkbox"/> Died <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____									
If treatment was completed, E4. Treatment completion date: ____/____/____									
If treatment was initiated but NOT completed, E5. Treatment end date: ____/____/____									
F. Comments									
G. Screen Site Information									
Provider's Name: _____									
Clinic Name: _____									
Telephone Number: _____									

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.

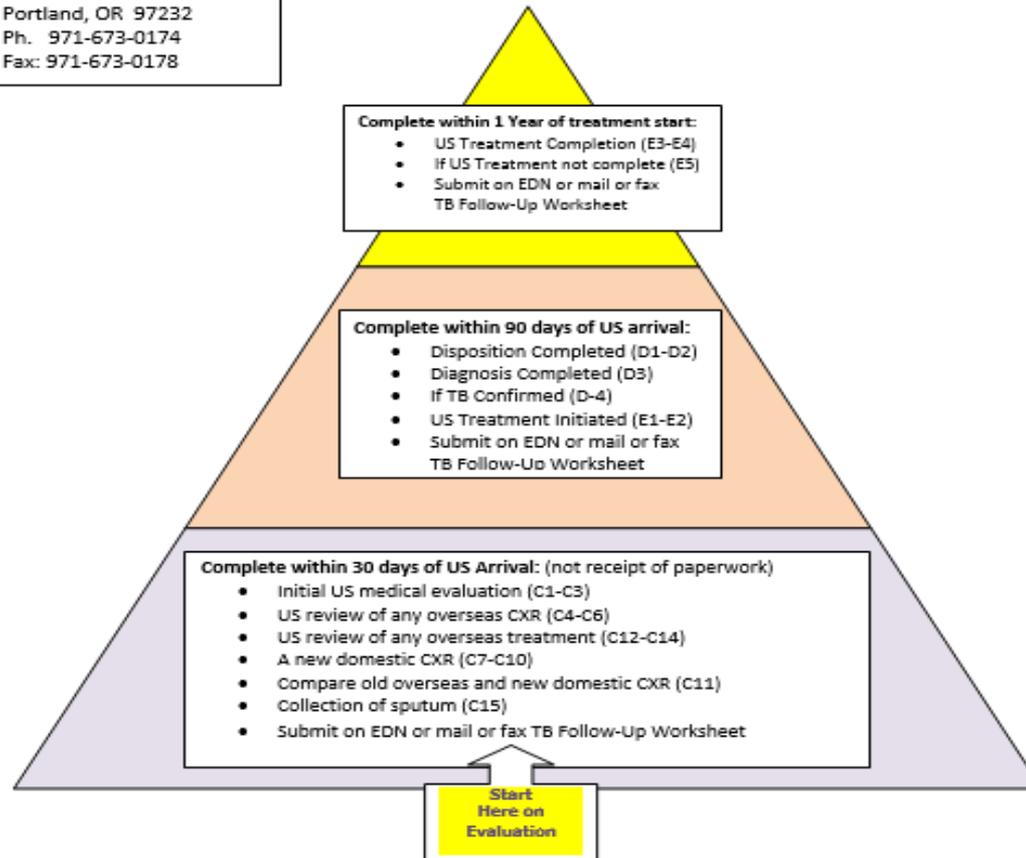
Note: Most parts of the form should have something entered. **Review carefully prior to submission.**



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**

OHA - TB Control
800 NE Oregon St.
Ste. 1105
Portland, OR 97232
Ph. 971-673-0174
Fax: 971-673-0178



Suggested time frames to schedule 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]** **Did Not initiate Evaluation** and **[S1]** **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.

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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- 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.

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](#)