



Indiana
Department
of
Health

COMPLETING THE CLASS B TB FOLLOW-UP WORKSHEET

IDOH TB PROGRAM

4/15/2025

Overseas Medical Examinations

Panel Physicians conduct medical evaluations using Technical Instructions (TIs) that are prescribed by CDC.

Medical Examination Required:

Immigrants applying for visas that confer, or put one on a path to, Lawful Permanent Residency (“Green card”)

- Refugees
- Asylees
- Parolees
- Adoptees
- Employees & Investors
- Fiancé(e)s
- Immediate Relatives of U.S. Citizens
- Special Immigrant Visas

Medical Examination Not Required: **Non-immigrant visa applications**

- Athletes, Diplomates, Entertainers
- Business Visitors
- Students
- Temporary workers
- Tourists

Overseas Medical Examinations (Cont.)

Medical Examination for Entry into the U.S. *Pre-immigration or Overseas Exam*

Purpose: To screen for certain medical conditions (including diseases of public health significance) relevant to U.S. law and ensure the person is not “inadmissible” to the U.S. as an immigrant

- *Required* for entry into the U.S. as an immigrant
- Administered by Panel Physicians (training and guidelines provided by CDC)
- *NOT* a comprehensive medical exam (or a full TB exam!); expires in 3-6 months

Overseas Medical Examinations (Cont.)

Excludable (Class A) Conditions

- Communicable diseases of public health significance
 - Infectious TB
 - Syphilis
 - Gonorrhea
 - Hansen's disease (leprosy)
- Physical and mental disorders with associated harmful behaviors
- Psychoactive substance abuse and dependence
- Other physical or mental abnormalities, disorders or disabilities

Removed from list:

- HIV (2010)
- Chancroid
- Granuloma inguinale
- Lymphogranuloma venereum (2016)

TB Technical Instructions for Panel Physicians

Tuberculosis Screening and Treatment Technical Instructions (TIs) using Cultures and Directly Observed Therapy (DOT) for Panel Physicians ('07 TB TIs)

- Clinical guidelines for the TB screening portion of the exam
- Specifically looking to rule out active, infectious, pulmonary TB at the time of the exam
- Note that this is NOT a comprehensive TB screening
- Algorithm depends on the person's age, HIV status (if known positive), and the TB incidence in that country

TB Technical Instructions for Panel Physicians

Components of the overseas TB screening:

- Medical history
- Physical examination
- IGRA*
- CXR (for ages ≥ 15 and those younger with + IGRA)
- If abnormal CXR:
 - Sputum smears & cultures
 - Drug susceptibility testing on positive cultures
 - Treatment for TB disease (with DOT)
 - Identify contacts to cases of TB disease

*Does not apply in countries where TB incidence rate is < 20 cases per 100,000 population.
TST may be substituted only in countries where an FDA-approved IGRA is not available.

Tuberculosis Classifications

- Based on results, a person is assigned a Tuberculosis (TB Classification) by the Panel Physician.
- Panel Physicians complete applicants' medical screening examinations using Department of State forms.
- A person's TB information can be found on the following overseas medical examination forms: DS-2054, DS-3025, DS-3026, and DS-3030 (Tuberculosis Worksheet), and DICOM images of chest radiographs

No TB Classification

Applicants without current signs or symptoms of tuberculosis disease, without known HIV infection, a normal chest x-ray, a negative IGRA or TST (if required), and not a contact.

All normal/negative results.

Class “A” TB

Class “A”: Applicants who have tuberculosis disease diagnosed and require treatment overseas. It includes applicants with extra-pulmonary TB who have a chest X-ray suggestive of pulmonary tuberculosis disease, regardless of sputum smear and culture results.

Travel prior to the completion of therapy may be granted, although this is very rare. Most require full treatment, reexamination, and reclassification before permitted to travel.

Class “Bo” TB

Class “B0” Pulmonary:

Completed treatment. Applicants who were diagnosed with pulmonary TB and successfully completed treatment with DOT prior to immigration.

Documentation of treatment regimen and length should be provided on the overseas medical examination (DS) forms.

Screening Recommendations:

Evaluation should be completed. Provider can decide whether to accept overseas IGRA and CXR or if it needs to be repeated in the US.

Class “B1 TB” Pulmonary

Class “B1” Pulmonary:

Applicants who have signs or symptoms, physical exam, or have known HIV infection, or *chest X-ray findings suggestive of pulmonary TB, but have negative AFB sputum smears and cultures and are not diagnosed with TB.*

Screening Recommendations:

Evaluation, repeat CXR and IGRA should be completed.

Class “B1 TB” Extra-pulmonary

Class “B1” Extra-pulmonary:

Applicants diagnosed with extra-pulmonary tuberculosis with a normal chest X-ray and negative sputum smears and cultures. This is very rare. These people may travel while on treatment.

Screening Recommendations:

Evaluation, repeat CXR and IGRA should be completed.

Class “B2 TB”

Class “B2” – LTBI Evaluation:

Applicants who have a positive IGRA or TST who have a negative evaluation (including a negative chest X-ray) for TB disease. IGRA result or size of the TST reaction should be documented on overseas exam forms. Treatment for LTBI overseas is very rare. If it was done by the Panel Physician site, it will be documented.

Screening Recommendations:

Evaluation should be completed. Provider can decide whether to accept overseas IGRA and CXR or if it needs to be repeated in the US.

Class “B2 TB”

NOTE

A LTBI investigation should be opened in NBS once PHN is notified of Class B2 arrival. The LTBI investigation is considered separate from the Class B investigation.

Class “B3 TB”

Class “B3” – Contact Evaluation:

Applicants who are a recent contact of a known tuberculosis case regardless of IGRA or TST results. Results should be documented. Ideally, information about the index case will also be documented.

Note that this designation is not a mutually exclusive one – applicants can have both a Class B3 and B2 or B1 classification.

- Positive IGRA or TST results- Applicant will have B2 & B3 Classifications.
- Positive IGRA or TST results and abnormal CXR – Applicant will have B1 & B3 Classifications.

Negative IGRA or TST results- Applicant will only have B3 Classification.

Class “B3 TB”

Screening Recommendations:

Evaluation should be completed and IGRA should be repeated.
Provider can decide whether to accept overseas CXR or if it needs to be repeated in the US.

What is EDN?

- Electronic notification system for all refugee and TB Class arrivals
- Provides overseas exam information for arrivals
- Database for outcomes of TB Class arrivals
 - IDOH enters completed TB Follow-up Worksheets into this database.
- Enables jurisdictions to transfer records to other jurisdictions
- ALL states participating, some counties and clinic-level users
- Housed at CDC – DGMH



Sequence for TB Evaluations

Panel Physician DGMH

CDC—EDN notifies IDOH by email

IDOH—Creates NBS investigation and notifies LHDs by Email

LHD—Evaluate—Completes NBS investigation and creates notification for IDOH RNC

IDOH—Inputs data from NBS investigation into EDN

Requirements for “Class B” Follow Up

Why is this domestic screening of Class B immigrants important?

The overseas exam only clears the person for travel to the U.S. It rules out pulmonary, infectious TB disease at time of exam. It is *not* meant to be diagnostic of other TB conditions.

What is the purpose of a domestic Class B TB evaluation?

To evaluate the person for TB disease (pulmonary and extrapulmonary) and LTBI, and to treat these conditions, if found.

Requirements for “B” Follow Up

- All Class B arrivals need a new diagnostic evaluation for TB disease
- Includes a TST or IGRA (preferred) and new CXR for any abnormal overseas imaging.
 - Can skip the IGRA/TST if:
 - Overseas IGRA is positive (and documented) and intent is to treat.
OR
 - Person has a previous history of treatment for TB disease.
- Sputum smears/cultures if symptomatic or CXR is indicative of TB
- If TB disease is ruled out, Class B arrivals are priority candidates for treatment of LTBI if diagnosis of LTBI is made.

How Long Do You Have?

National TB Indicator Program Goals:

- 30 days after notification to initiate the follow-up evaluation
- 120 days after notification to complete the follow-up evaluation

Call → Send → Go

1. Call phone number on overseas paperwork
 - Will need to use interpreter if the individual does not speak English
2. Send a letter
 - May need to get it translated to the individual's language
 - Make it look official—health department letterhead
3. Make a home visit

All three steps **must** be completed before a Class B can be ruled out as "Lost to follow-up."

Class B NBS Investigation

- The Class B NBS investigation has been designed based on the TB Follow-up Worksheet to collect information on immigrants and refugees with TB Classifications who have migrated to the US.
- The TB Follow-up Worksheet is generated from the CDC's Electronic Disease Notification (EDN) system by IDOH
- IDOH uploads the overseas medical information and TB Follow-up Worksheet to the supplemental information section of the Class B NBS investigation
- The Local Health Department completes the Class B NBS investigation and creates a notification for IDOH RNC to review
- Information from the Class B NBS investigation is entered into the EDN system.

Form approved
OMB Control No. 0920-1238
Expiration Date 06/30/2021

The EDN Tuberculosis Follow-Up Worksheet for Newly-Arrived Persons with Overseas Tuberculosis Classifications

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 Technical Instructions for Panel Physicians:
A9. Country of examination:		A10. Country of birth:	
A11a. Name in care of:		A12a. Sponsor agency name:	
A11b. Phone number:		A12b. Phone number:	
A11c. Address:		A12c. Address:	
B. Jurisdictional Information			
B1. Arrival jurisdiction:		B2. Current jurisdiction:	
C. U.S. Evaluation			
C1. Date of first U.S. test or provider/clinic visit: / /			
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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C3a. Was IGRA performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If YES, C2b. TST placement date: / /		If YES, C3b. Date collected: / /	
<input type="checkbox"/> Placement date unknown		<input type="checkbox"/> U/S/Spots	
C2c. TST mm: <input type="checkbox"/> Unknown		C3c. IGRA brand: <input type="checkbox"/> Quantiferon® <input type="checkbox"/> T-SPOT	
C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown		C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate, Borderline, or Equivocal	
C2e. History of Previous Positive TST: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C3e. History of previous positive IGRA: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
U.S. Review of Pre-Immigration CXR		U.S. Domestic CXR	Comparison
C4. Pre-immigration CXR available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C6a. U.S. domestic CXR done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	C8. U.S. domestic CXR comparison to pre-immigration CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown	
If YES, C6b. Date of U.S. CXR: / /			
C5. U.S. Interpretation of pre-immigration CXR: <input type="checkbox"/> Normal (Negative for TB) <input type="checkbox"/> Abnormal <input type="checkbox"/> Suggestive of TB <input type="checkbox"/> Non-TB Condition <input type="checkbox"/> Poor Quality/Not Interpretable <input type="checkbox"/> Unknown	C7. Interpretation of U.S. CXR: <input type="checkbox"/> Normal (Negative for TB) <input type="checkbox"/> Abnormal <input type="checkbox"/> Suggestive of TB <input type="checkbox"/> Non-TB Condition <input type="checkbox"/> Poor Quality/Not Interpretable <input type="checkbox"/> Unknown		
Public reporting burden of this collection of information is estimated to average 30 minutes per individual, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1238).			

Demographic & Jurisdictional Information

These sections are pre-populated by the EDN system.

The IDOH PHA inputs this information on the patient tab when creating the Class B NBS investigation.

Form approved
OMB Control No. 0920-1238
Expiration Date 06/30/2021

The EDN Tuberculosis Follow-Up Worksheet for Newly-Arrived Persons with Overseas Tuberculosis Classifications

A. Demographic			
A1. Name (Last, First, Middle):		A2. Alien #:	A3. Visa type:
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:		A12a. Sponsor agency name:	
A11b. Phone number:		A12b. Phone number:	
A11c. Address:		A12c. Address:	
B. Jurisdictional Information			
B1. Arrival jurisdiction:		B2. Current jurisdiction:	

Patient | TB Workup | Evaluation Disposition in U.S. | Supplemental Info

☒ Patient Information [Back to top](#)
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☒ Name Information

First Name:
Middle Name:
Last Name:
Alien Number:
Visa Type:
Initial U.S. Entry Date:

☒ Personal Details

Personal Details As Of Date:
Reported Age:
Reported Age Units:
Current Sex:
Date of Birth:
Country of Birth:
Country of Examination:
TB Class Based on Technical Instructions for Panel Physicians:
Street Address 1:
Street Address 2:
City:
State:

U.S. Evaluation

This section is for data entry of the medical evaluation performed in the U.S.

C1 – This is the date of the initial medical visit in the United States. Basically, this date is the date that TB evaluation is initiated after immigration into the U.S. Usually this date is the same as the date for TST or IGRA. However, if a chest x-ray was done or sputum samples were collected before a TST was placed or blood was drawn for an IGRA, use that date. Use whichever date is earliest.

Mantoux Tuberculin Skin Test (TST)

If documentation of previous +TST, check C2e. Only mark yes & complete the rest of this section if a TST is done in the U.S.

Interferon-Gamma Release Assay (IGRA)

If documentation of previous +IGRA, check C3e. Only mark yes & complete the rest of this section if an IGRA is done in the U.S.

C. U.S. Evaluation	
C1. Date of first U.S. test or provider/clinic visit: ____/____/____	
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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, C2b. TST placement date: ____/____/____ <input type="checkbox"/> Placement date unknown C2c. TST mm: _____ <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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If YES, C3b. Date collected: ____/____/____ <input type="checkbox"/> Date unknown ____ 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

[U.S. Evaluation](#)
[Collapse Subsections](#)
[U.S. Evaluation](#)

Date of first U.S. test or provider/clinic visit:

[U.S. Evaluation- TB Testing](#)
[Collapse Subsections](#)
[Mantoux Tuberculin Skin Test \(TST\) in U.S.](#)

Was a TST administered in the U.S.?:
Is the TST placement date known?:
TST placement date:
TST mm:
TST interpretation:
History of previous positive TST:

[Interferon-Gamma Release Assay \(IGRA\) in U.S.](#)

Was IGRA performed in the U.S.?:
Is the collection date known?:
Date collected:
IGRA brand:
If marked other, specify:
IGRA result:
History of previous positive IGRA:

NOTE: If there is no documentation of a previous positive TST, use an IGRA for the TB screening if possible.

U.S. Review of Pre-immigration CXR

Only mark yes and complete this section if a clinician in the USA reviewed the CXR image from overseas.

This uploaded to the NBS investigation along with the other exam paperwork.

Do not enter the information from the CXR report in the overseas paperwork.

The screenshot shows a web interface with a sidebar on the left containing the following links: [U.S. Evaluation- Imaging](#), [Collapse Subsections](#), and [U.S. Review of Pre-Immigration/I-693 CXR](#). The main content area has a header 'Pre-immigration CXR/I-693 available?' with a dropdown menu. Below it is a label 'U.S. interpretation of pre-immigration/I-693 CXR:' followed by another dropdown menu.

U.S Review of Pre-Immigration CXR	
C4. Pre-immigration CXR available?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
C5. U.S. interpretation of pre-immigration CXR:	
<input type="checkbox"/> Normal (Negative for TB)	
<input type="checkbox"/> Abnormal	
<input type="checkbox"/> Suggestive of TB	
<input type="checkbox"/> Non-TB Condition	
<input type="checkbox"/> Poor Quality/Not Interpretable	
<input type="checkbox"/> Unknown	

U.S. Domestic CXR

It is recommended that all Class Bs get a CXR after immigration to the U.S. This CXR should be compared to the overseas image.

Record information about the U.S. Domestic CXR here.

U.S. Domestic CXR	
U.S. domestic CXR done?: <input type="text"/>	
Date of U.S. CXR: <input type="text"/>	
Interpretation of U.S. CXR: <input type="text"/>	

U.S. Domestic CXR	
C6a. U.S. domestic CXR done?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If YES, C6b. Date of U.S. CXR: ____/____/____	
C7. Interpretation of U.S. CXR:	
<input type="checkbox"/> Normal (Negative for TB)	
<input type="checkbox"/> Abnormal	
<input type="checkbox"/> Suggestive of TB	
<input type="checkbox"/> Non-TB Condition	
<input type="checkbox"/> Poor Quality/Not Interpretable	
<input type="checkbox"/> Unknown	

Comparison

If the radiologist in the U.S. compared the overseas CXR with the U.S. Domestic CXR, record the comparison here.

If a comparison was not done, select "Unknown."

☐ Comparison

U.S. domestic CXR comparison to pre-immigration/I-693 CXR:



Comparison

C8. U.S. domestic CXR comparison to pre-immigration CXR:

- ☐ Stable
- ☐ Worsening
- ☐ Improving
- ☐ Unknown

Review of Overseas Treatment

If the physician who evaluated the person overseas before immigration (Panel Physician) provided TB treatment, it will be documented in the overseas forms. However, if the person was treated further in the past, there might not be any documentation of treatment. The physician in the U.S. who evaluates the person needs to review any previous treatment with the patient. Do not simply copy information from the overseas paperwork into this section.

U.S. Review of Pre-Immigration Treatment	
<p>C9a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If YES, C9b. <input 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 prior to panel physician examination <input type="checkbox"/> Treatment completed after 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: ____/____/____ <input type="checkbox"/> Start date unknown</p> <p>C9d. Treatment end date: ____/____/____ <input type="checkbox"/> End date unknown</p> <p>C9e. Report of treatment administered prior to panel physician examination: <input type="checkbox"/> Treatment documented on overseas medical history form (DS 3026) <input type="checkbox"/> Documented on DS forms & 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: ____/____/____ <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. <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>

U.S. Review Of Pre-Immigration/I-693 Treatment	
<p>Collapse Subsections</p> <p><input type="checkbox"/> Pre-Immigration Treatment</p>	
<p>Completed treatment pre-immigration/I-693?: <input type="text"/></p> <p>If yes, treated for: <input type="text"/></p> <p>If treated for TB: <input type="text"/></p> <p>Site of treatment: <input type="text"/></p> <p>If marked other, specify: <input type="text"/></p> <p>Is the treatment start date known?: <input type="text"/></p> <p>Treatment start date: <input type="text"/></p> <p>Is the treatment end date known?: <input type="text"/></p> <p>Treatment end date: <input type="text"/></p> <p>Report of treatment administered prior to panel physician or civil surgeon examination: <input type="text"/></p> <p>Standard TB treatment regimen was administered: <input type="text"/></p>	
<p><input type="checkbox"/> Pre-Immigration Treatment Continued</p>	
<p>Arrived to the U.S. on treatment: <input type="text"/></p> <p>If yes, treated for: <input type="text"/></p> <p>Is the treatment start date known?: <input type="text"/></p> <p>Start date: <input type="text"/></p> <p>Pre-immigration/I-693 treatment concerns?: <input type="text"/></p> <p>(Use Ctrl to select more than one)</p> <p>Inadequate information provided Incorrect treatment regimen Lack of adequate diagnostics Other</p> <p>What type of concerns (select all that apply): <input type="text"/></p> <p>Selected Values:</p> <p>If marked other, specify: <input type="text"/></p>	

U.S. Microscopy/Bacteriology

Only mark "No" if no sputum specimen was collected. For sputum collection, collect 3 samples, each at least 8 hours apart with one collected first thing in AM. Leave Drug Susceptibility Testing blank unless MTB Complex is checked under Culture Result.

C12. U.S. Microscopy/Bacteriology* <small>Sputa collected in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No *Covers 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"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done
2	___/___/___	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done
3	___/___/___	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done

☒ U.S. Microscopy/Bacteriology
 [Collapse Subsections](#)

☒ Sputum Sample 1

Sputa collected in U.S.: ☐ Yes ☐ No
 Date collected (sputum #1): ___/___/___
 AFB Smear (sputum #1): ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
 Sputum culture result (sputum #1): ☐ NTM ☐ MTB Complex ☐ Contaminated ☐ Negative ☐ Not Done ☐ Unknown
 Sputum drug susceptibility testing (DST) result (sputum #1): ☐ MDR-TB ☐ Mono-RIF ☐ Mono-INH ☐ Other DR ☐ No DR ☐ Not Done
 Specify Other Drug Resistance 1: _____

☒ Sputum Sample 2

Date collected (sputum #2): ___/___/___
 AFB Smear (sputum #2): ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
 Sputum culture result (sputum #2): ☐ NTM ☐ MTB Complex ☐ Contaminated ☐ Negative ☐ Not Done ☐ Unknown
 Sputum drug susceptibility testing (DST) result (sputum #2): ☐ MDR-TB ☐ Mono-RIF ☐ Mono-INH ☐ Other DR ☐ No DR ☐ Not Done
 Specify Other Drug Resistance 2: _____

☒ Sputum Sample 3

Date collected (sputum #3): ___/___/___
 AFB Smear (sputum #3): ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown
 Sputum culture result (sputum #3): ☐ NTM ☐ MTB Complex ☐ Contaminated ☐ Negative ☐ Not Done ☐ Unknown
 Sputum drug susceptibility testing (DST) result (sputum #3): ☐ MDR-TB ☐ Mono-RIF ☐ Mono-INH ☐ Other DR ☐ No DR ☐ Not Done
 Specify Other Drug Resistance 3: _____

[Previous](#) [Next](#)

Evaluation Disposition

This section is for entry of information following the completion of the US medical evaluation.

D1 – Enter the date the evaluation was completed. (This is the date the diagnosis was made.)

D2a– If Completed... – check Yes or No if treatment was or was not recommended

D2b– If Yes, check LTBI or Active TB and go to D3

If No, go to D3

D2a If Initiated/not completed or If Did Not Initiate check appropriate box in **D2c**

Can Submit Form to IDOH now

NOTE: If patient moved, but you do not have a forwarding address, check Lost to Follow-up. If reason is other than what is listed, check other and write the reason on the line.

D3 Diagnosis– LTBI=Class 2, Case or Suspect=Class 3, Old Healed TB= Class 4 (for the purpose of this worksheet)

D. Evaluation Disposition in U.S.	
D1a. Evaluation disposition date in U.S.: ____/____/____	D1b. State/jurisdiction of evaluation disposition in U.S.: _____
D2a. Evaluation disposition in U.S.:	
<input type="checkbox"/> Completed evaluation D2b. If evaluation was completed, was treatment recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LTBI <input type="checkbox"/> Active TB	<input type="checkbox"/> Initiated Evaluation / Not completed <input type="checkbox"/> Did not initiate evaluation D2c. If evaluation was NOT completed, why not? Select all that apply. <input type="checkbox"/> Not Located <input type="checkbox"/> Moved within U.S., transferred to: _____ State/jurisdiction <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"/> Unknown <input type="checkbox"/> Other, specify: _____
D3. Diagnosis	
<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	

☐ **Evaluation Disposition in U.S.**
[Collapse Subsections](#)
☐ **Evaluation Disposition Date**
 Evaluation disposition date in U.S.:

☐ **Evaluation Disposition in U.S.**
 State/jurisdiction of evaluation disposition in U.S.:
 Evaluation disposition in U.S.:
 If evaluation was completed, was treatment recommended?:
 If evaluation was not completed, why not? Select all that apply:
 (Use Ctrl to select more than one)
☐ Died
☐ Lost to follow up
☐ Moved outside U.S.
☐ Moved within U.S.
☐ Not located
 Selected Values:
 If marked other, specify:
 If marked moved, what state did they move to:

☐ **Evaluation Disposition in U.S. Continued**
 Diagnosis:
 Culture-confirmed:
 Is the RVCT/TBLISS number known?:
 RVCT/TBLISS number (if diagnosed with TB disease):

U.S. Treatment

This section is for entry of information regarding tuberculosis treatment recommended for person in the U.S.
If no treatment was recommended (D2b), leave this section blank.

E. U.S. Treatment for TB Disease or TB Infection

E1a. U.S. treatment initiated: ☐ Yes ☐ No ☐ Unknown

E1b. If **NO**, 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: _____)
<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. If **YES**: ☐ Treated for TB disease ☐ Treated for LTBI

E2. Treatment start date: ____/____/____

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: _____

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

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: _____ State/jurisdiction
<input type="checkbox"/> Died	<input type="checkbox"/> Moved outside the U.S.	<input type="checkbox"/> Unknown
<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: ____/____/____

Specify reason therapy stopped: _____

RVC/IDISS number (if diagnosed with TB disease): _____

☐ **Treatment**

[Collapse Subsections](#)

☐ U.S. Treatment for TB Disease or TB Infection (LTBI)

U.S. treatment initiated:

If **No**, specify the reason. Select all that apply:

If marked other, specify:

If marked moved, what state did they move to:

If marked prior treatment completed, what year:

☐ U.S. Treatment for TB Disease or TB Infection (LTBI) Continued

If yes, treated for:

Treatment start date:

State/jurisdiction of treatment in U.S.:

Specify initial TB infection (LTBI) regimen:

If marked other, specify:

U.S. treatment completion status:

Treatment completion date:

Specify the reason. Select all that apply:

If marked other, specify:

If marked moved, what state did they move to:

Date therapy stopped:

E1 – Check Yes or No

If No, check the reason why and **submit form** to IDOH now. If Yes, check TB disease or LTBI.

E2 – If E1c is TB Disease or LTBI, write MM/DD/YYYY that person started treatment. If treatment started **submit form** to IDOH now.

E3 - *State/jurisdiction of treatment in U.S*

E4- Check specified initial treatment regimen.

E5- US treatment completed- Check Yes or No.

If **No**, check reason(s).

E6 – If E5 is yes, write MM/DD/YYYY that person finished treatment.

Re-submit to IDOH now.

Evaluation / Treatment Site Information

F/G – The worksheet data are sent to CDC electronically; therefore, the physician’s signature is not required. Please write the Physician’s name and clinic information on the worksheet.

If evaluation and treatment sites are the same, check the box.

F. Evaluation Site Information	G. Treatment Site Information
Provider's Name:	Provider's Name:
Clinic Name:	Clinic Name:
Telephone Number:	Telephone Number:
	<input type="checkbox"/> Same as evaluation site information

☐ Evaluation And Treatment Site Information

[Collapse Subsections](#)

☐ Evaluation Site

Provider's Name:

Clinic Name:

Phone Number:

☐ Treatment Site

Same as evaluation site information:

Provider's Name:

Clinic Name:

Phone Number:

Previous

Next

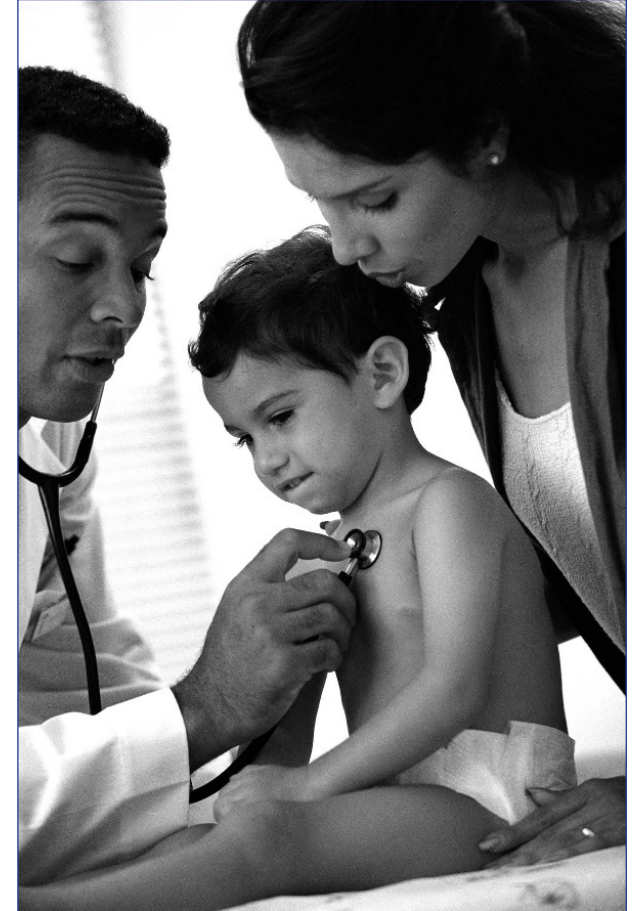
Barriers to Successful Screening and Treatment

- Stigma of TB
- Lack of insurance or payment source
- One of many health or life issues



Barriers to Successful Screening and Treatment

- Beliefs of origin of disease/preventative care
- Culture and trust of the health care system
- Transportation
- Language barrier



Class B NBS Resources

- [Class B NBS Workflow](#)
- [Class B in NBS Quick Guide](#)

Questions?
