Medical Screening for Immigrants, Refugees, and Migrants

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New Jersey B Immigration

- 2018 1263
- 2019 722
- 2020 199
- 2021 439
- 2022 908

Overseas Process

- All applicants living in high incidence countries with a WHO-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population must be evaluated for TB prior to entering the US
- All applicants living in low incidence countries with a WHO-estimated tuberculosis incidence rate of ≤ 20 cases per 100,000 population must be evaluated for TB prior to entering the US
- The examination is done by a panel physician in their country prior to coming to the US

United States Process

- The state receives this information from the electronic disease notification (EDN)
- State sends it to the county the patient lives
- The nurse case mangers is responsible for locating the B immigration or refugee

Strategies for Finding the Patient

- Field visit to the address
- Send a letter
- Call
- E-mail

Challenges for in Providing Health Assessments for New Arrivals

- Lack of familiarity with CDC screening recommendations
- Language barriers
- Cultural beliefs
- Have other priorities related to their new environment
- Lack of transportation

Patients are Not Responding

- Look through forms for sponsor
- Send a certified letter
- Inform health officer
- Send a warning letter
- Send a health officer letter

Chapter 57 8:57-5.1: Purpose and Scope

The principle purpose of this subchapter is to protect the public from the spread of tuberculosis (TB) disease by maximizing the use of currently available and highly effective treatments and interventions.

This subchapter applies specifically to persons who:

1. Have suspected or confirmed TB disease, as diagnosed by a health care provider, especially those with infectious or potentially infectious TB disease,
2. Those identified by public health professionals as contacts to persons with suspected or confirmed infectious or potentially infectious TB disease AND
3. Class B1 or B2 referrals from the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine (CDC-DGMQ) reported to reside in New Jersey.

Warning Letter

PUBLIC HEALTH WARNING NOTICE
FOR DIAGNOSTIC EXAMINATION

Patient's Name
Patient's Street Address
City, State & Zip Code

This Public Health Warning Notice is being issued as authorized by the New Jersey Administrative Code, Title 8, Chapter 57, Subchapter 5, Section 10 (N.J.A.C. 8:57-5.10). It is issued due to your failure to report to (clinic, street address, city, state & zip code) as requested for a diagnostic evaluation. The purpose of this evaluation will be to determine the risk your current condition may present to your health and the health of the public.

In order to meet the conditions of this public health warning notice, you must contact the clinic named above at (PHONE NUMBER) **within three business days of receipt of this letter to schedule an appointment for a diagnostic evaluation.**

Failure to schedule the appointment within the prescribed time limit or to keep the appointment once scheduled will result in the issuance of a Health Officer's Order as authorized under N.J.A.C. 8:57-5.10.

Sincerely,

(Signature)

(Name of nurse case manager)

CDC Technical Instructions for Panel Physicians

- The Division of Global Migration and Quarantine (DGMQ) developed these instructions in consultation with US tuberculosis subject matter experts and US panel physicians
- These instructions define the specific responsibilities of panel physicians in terms of testing and treatment of tuberculosis disease among applicants overseas for purposes of US immigration medical eligibility only

Panel Physicians vs. Civil Surgeons

- Panel Physicians
  - Medically trained, licensed, and experienced medical doctors practicing overseas who are appointed by the local US embassy or consulate. More than 760 panel physicians perform overseas predeparture medical examinations in accordance with requirements, referred to as technical instructions, provided by the Centers for Disease Control and Prevention's Division of Global Migration and Quarantine, Quality Assessment Program (QAP)
- Civil Surgeons
  - Provide the medical examination required by CDC regulations is a means of evaluating the health of persons applying for admission or adjustment of status as permanent residents in the United States
  - Civil surgeons must follow specific identification procedures, prescribed by the U.S. Department of Homeland Security (DHS), to ensure that the person appearing for the medical examination is the person who is actually applying. The civil surgeon is responsible for the entire examination, including chest radiographs, when required, and necessary laboratory procedures

Classification: A

- All applicants who have tuberculosis disease
- This also includes applicants with extrapulmonary tuberculosis who have a chest x-ray suggestive of pulmonary tuberculosis disease, regardless of sputum smear and culture results
- These applicants are not cleared for travel until completion of treatment unless a waiver is granted

Classification: B0

- Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed DGMQ-defined DOT under the supervision of a panel physician prior to immigration
- Travel clearance is valid for 3 months from the date final cultures are reported as negative

Definition of B1

- Applicants who have signs or symptoms, physical exam, or chest x-ray findings suggestive of tuberculosis disease, or have known HIV infection, but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis disease
- This classification also includes applicants who were diagnosed with tuberculosis disease by the panel physician, refused DOT treatment, and are returning after treatment and completion of 1-year wait. If all parts of the examination are complete, travel clearance is valid for 3 months from the date final cultures are reported as negative

Definition of B1Extrapulmonary

- Applicants diagnosed with extrapulmonary tuberculosis with a normal chest x-ray and negative sputum smears and cultures
- Travel clearance is valid for 3 months from the date final cultures are reported as negative

Definition of B2

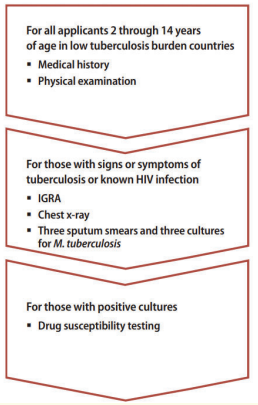
- Applicants who have a positive IGRA or TST but otherwise have a negative evaluation for tuberculosis. Documented
- Contacts with a positive IGRA or TST ≥5 mm must receive this classification in addition to a Class B3, Contact Evaluation

Definition of B3

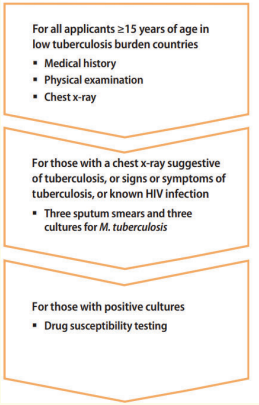
- Applicants who are a recent contact of a known tuberculosis disease case, regardless of IGRA or TST results
- The IGRA result or the size of the applicant's TST reaction must be documented
- If the IGRA or TST is positive and there is no evidence of tuberculosis disease, there will be two classifications, B2 and B3; if negative, B3 only

Overseas Screening for Applicants in Low Incidence Countries

Screening 2 through 14



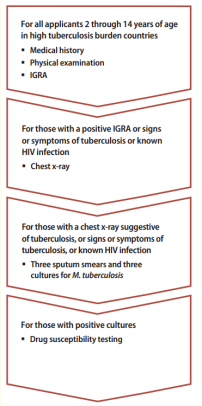
Screening > 15 years old



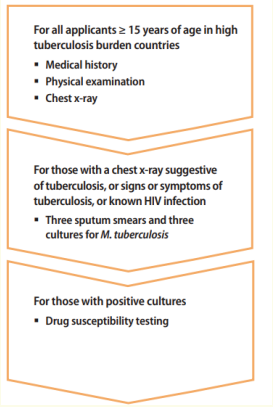
WHO-estimated tuberculosis disease incidence rate <20 per 100,000

Overseas Screening for Applicants in High Incidence Countries

Screening 2 through 14 y

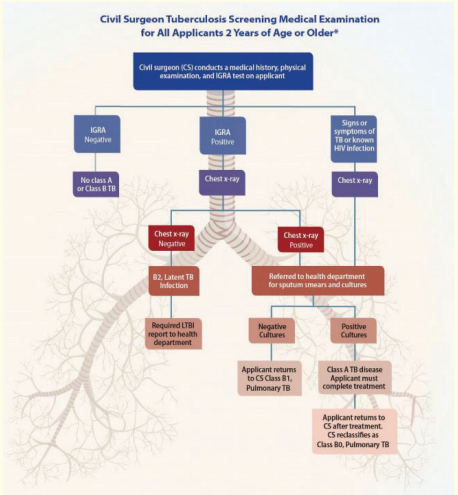


Screening > 15 years old



WHO-estimated tuberculosis disease incidence rate >20 per 100,000

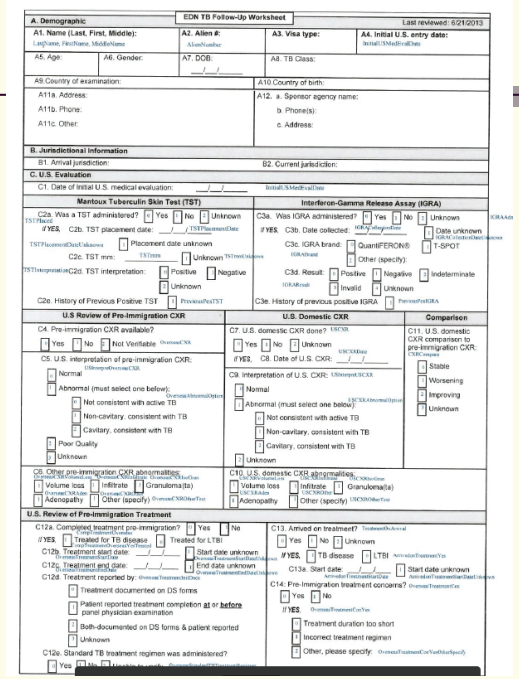
Civil Surgeons Exam



Medical Examination in the US

- TB education
- Medical history
- IGRA/TST
- Chest x-ray
- MD evaluation
- Treatment
- Discharge instructions
- Submit forms to the state

Worksheet



EDN TB Follow-Up Worksheet

Last reviewed: 6/21/2013

A. Demographic

A1. Name (Last, First, Middle):

A2. Alien #:

A3. Visa type:

A4. Initial U.S. entry date:

A5. Age:

A6. Gender:

A7. DOB:

A8. TB Class:

A9.Country of examination:

A10.Country of birth:

A11a. Address:

A11b. Phone:

A11c. Other:

A12. a. Sponsor agency name:

b. Phone(s):

c. Address:

B. Jurisdictional Information

B1. Arrival jurisdiction:

B2. Current jurisdiction:

C. U.S. Evaluation

C1. Date of Initial U.S. medical evaluation:

Mantoux Tuberculin Skin Test (TST)

C2a. Was a TST administered? Yes No Unknown

If YES, C2b. TST placement date:

Placement date unknown

C2c. TST mm: Unknown

C2d. TST interpretation: Positive Negative Unknown

C2e. History of Previous Positive TST

Interferon-Gamma Release Assay (IGRA)

C3a. Was IGRA administered? Yes No Unknown

If YES, C3b. Date collected: Date unknown

C3c. IGRA brand: QuantiFERON® T-SPOT

Other (specify):

C3d. Result: Positive Negative Indeterminate Invalid Unknown

C3e. History of previous positive IGRA

U.S Review of Pre-Immigration CXR

C4. Pre-immigration CXR available? Yes No Not Verifiable

C5. U.S. interpretation of pre-immigration CXR:

Normal

Abnormal (must select one below):

Not consistent with active TB

Non-cavitary, consistent with TB

Cavitary, consistent with TB

Poor Quality

Unknown

C6. Other pre-immigration CXR abnormalities:

Volume loss Infiltrate Granuloma(ta)

Adenopathy Other (specify):

U.S. Domestic CXR

C7. U.S. domestic CXR done? Yes No Unknown

If YES, C8. Date of U.S. CXR:

C9. Interpretation of U.S. CXR:

Normal

Abnormal (must select one below):

Not consistent with active TB

Non-cavitary, consistent with TB

Cavitary, consistent with TB

Unknown

C10. U.S. domestic CXR abnormalities:

Volume loss Infiltrate Granuloma(ta)

Adenopathy Other (specify):

Comparison

C11. U.S. domestic CXR comparison to pre-immigration CXR:

Stable

Worsening

Improving

Unknown

U.S. Review of Pre-Immigration Treatment

C12a. Completed treatment pre-immigration? Yes No

If YES, Treated for TB disease Treated for LTBI

C12b. Treatment start date: Start date unknown

C12c. Treatment end date: End date unknown

C12d. Treatment reported by:

Treatment documented on DS forms

Patient reported treatment completion at or before panel physician examination

Both-documented on DS forms & patient reported

Unknown

C12e. Standard TB treatment regimen was administered? Yes

C13. Arrived on treatment? Yes No Unknown

If YES, TB disease LTBI

C13a. Start date: Start date unknown

C14. Pre-Immigration treatment concerns? Yes No

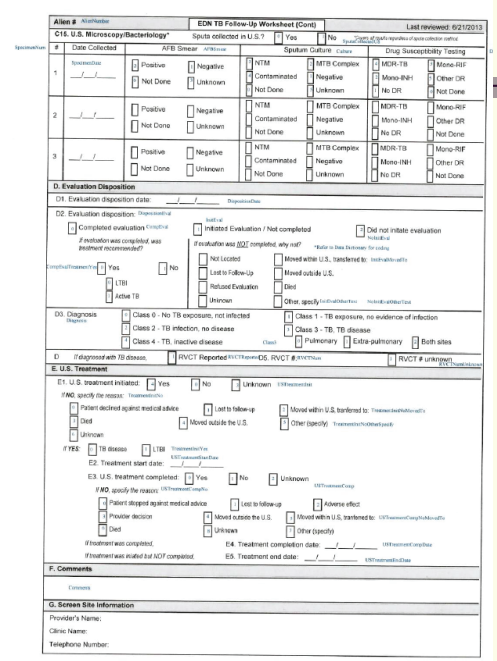
If YES

Treatment duration too short

Incorrect treatment regimen

Other, please specify:

Worksheet (2)



Alien # | EDN TB Follow-Up Worksheet (Cont) | Last reviewed: 6/21/2013

C16. U.S. Microscopy/Bacteriology* Sputa collected in U.S.? Yes No

#	Date Collected	AFB Smear	Sputum Culture	Drug Susceptibility Testing
1	___/___/___	Positive / Negative / Not Done / Unknown	NTM / MTB Complex / Contaminated / Negative / Not Done / Unknown	MDR-TB / Mono-RIF / Mono-INH / Other DR / No DR / Not Done
2	___/___/___	Positive / Negative / Not Done / Unknown	NTM / MTB Complex / Contaminated / Negative / Not Done / Unknown	MDR-TB / Mono-RIF / Mono-INH / Other DR / No DR / Not Done
3	___/___/___	Positive / Negative / Not Done / Unknown	NTM / MTB Complex / Contaminated / Negative / Not Done / Unknown	MDR-TB / Mono-RIF / Mono-INH / Other DR / No DR / Not Done

D. Evaluation Disposition

D1. Evaluation disposition date: ___/___/___

D2. Evaluation disposition: Completed evaluation / Initiated Evaluation / Not completed / Did not initiate evaluation

If evaluation was completed, was treatment recommended? Yes / No — LTBI / Active TB

If evaluation was NOT completed, why not? Not Located / Lost to Follow-Up / Refused Evaluation / Unknown / Moved within U.S., transferred to: / Moved outside U.S. / Died / Other, specify

D3. Diagnosis: Class 0 - No TB exposure, not infected / 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

D. If diagnosed with TB disease, RVCT Reported / D5. RVCT #: / RVCT # unknown

E. U.S. Treatment

E1. U.S. treatment initiated: Yes / No / Unknown

If NO, specify the reason: Patient declined against medical advice / Lost to follow-up / Moved within U.S. transferred to: / Died / Moved outside the U.S. / Other (specify) / Unknown

If YES: TB disease / LTBI

E2. Treatment start date: ___/___/___

E3. U.S. treatment completed: Yes / No / Unknown

If NO, specify the reason: Patient stopped against medical advice / Lost to follow-up / Adverse effect / Provider decision / Moved outside the U.S. / Moved within U.S. transferred to: / Died / Unknown / Other (specify)

If treatment was completed, E4. Treatment completion date: ___/___/___

If treatment was started but NOT completed, E5. Treatment end date: ___/___/___

F. Comments

Comments

G. Screen Site Information

Provider's Name:

Clinic Name:

Telephone Number:

Medical Screening for Tuberculosis and Latent TB Infection (LTBI) in the US

2 – 14 years of age

- Current medical history
- Assessment of medical information both current and overseas
- Symptom assessment
- Physical examination by a physician
- Repeat chest x-ray if overseas is over three months old or MD prefers

Screening 2 – 14 years of age

- A chest x-ray
  - Children 4 years of age and younger must have a Anterior – Posterior (AP) and lateral view of the chest
  - Children ≥ 5years of age get a Posterior-Anterior (PA) view of the chest
- Sputum testing when required as ordered by the physician

Medical Screening for Tuberculosis and Latent TB Infection (LTBI) in the US

≥ 15 years of age

- Current medical history
- Assessment of medical information both current and overseas
- Symptom assessment
- Physical examination by a physician

Screening ≥ 15 years of age

- An x-ray that was done in the United States regardless if they had one overseas (a comparison of all x-ray's should be done - if available)
  - Adults Posterior-Anterior (PA) view of the chest
- Tuberculin Skin Test (TST) or IGRA regardless if they have (positive/negative) results from out of the country
- Sputum testing when required as ordered by the physician

Determining the Results of US Medical Evaluation

* * CXR warranted if symptomatic regardless of TST or IGRA results

* * CXR should be done on all reported nonpulmonary TB cases

TB Testing Requirements for Humanitarian Parolees

United for Ukraine, Cubans, Haitians, Nicaraguans, and Venezuelans

- All humanitarian parolees two years of age or older must complete a medical screening for TB, including an Interferon release assay (IGRA) test, within 90 days of arrival in the U.S.
- While not required, a screening and tuberculin skin test are encouraged for children younger than two years old due to the high incidence of TB in in these countries*

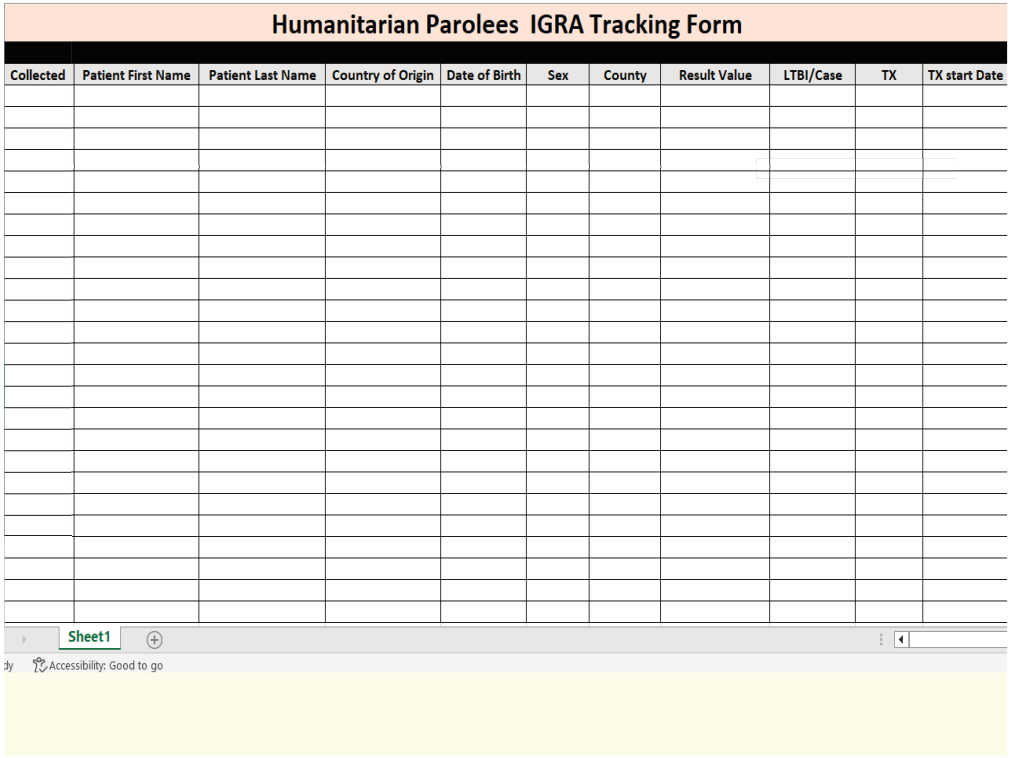
* Although Cuba has historically been considered a low risk TB country, please test persons arriving from Cuba

NJ TB Testing for U4U

- Clients are scheduled to come to the TB Clinic site for a Quest requestion form and location of the nearest Quest lab to perform the blood test
- Prior to receiving the form the client will fill out a self-assessment form
- If symptoms are noted on the form a nurse will do an assessment and decide if additional testing may be needed
- Clients will have to register with Quest to receive their test results
- Any positive IGRA tests will be reported back to the TB clinic by the NJ state TB program
  - Positive IGRA's will be followed by the TB clinic for chest x-ray and treatment

Cuban, Haitian, Nicaraguan, and Venezuelan Humanitarian Paroles

- Interferon release assays (IGRA) will be done in the TB Clinic or referred to a regional TB Clinic
  - T-Spot or QFT depending on which the clinic uses
    - All testing and supplies is provided by the NJ State TB Program
  - Results will be reported to the TB Clinic
    - Positive IGRA's will be followed by the TB clinic for chest x-ray and treatment



Questions?