# Electronic Disease Notification

# EDN Tuberculosis Follow-Up Guide

This guidance document is intended for EDN users who use the TB follow-up module in EDN. The guide is designed to train EDN users on worksheet follow-up reporting and worksheet completion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

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# Introduction to Electronic Disease Notification, Tuberculosis Follow-Up Module

## Document Purpose and Audience

This document is intended as a guideline for health departments and grantees that use the CDC's web-based Electronic Disease Notification (EDN) system. Specifically, the document outlines directions for completing the revised TB follow-up worksheet.

## Background

The Division of Global Migration and Quarantine (DGMQ) at the Centers for Disease Control and Prevention has the regulatory mission of preventing the introduction, transmission, and interstate spread of communicable diseases into the United States and its territories. In order to achieve this mission, CDC notifies U.S. health departments about immigrants and refugees relocating to the United States who have conditions of public health significance, including tuberculosis (TB); CDC *highly* recommends that immigrants and refugees classified overseas with TB conditions be screened for TB during domestic medical follow-up examinations.

The platform used to notify health departments is the web-based Electronic Disease Notification (EDN) system. EDN collects demographic and overseas medical screening information from several overseas partners, including the International Organization for Migration (IOM). U.S. health departments with access to EDN are able to obtain electronic copies of the overseas medical documentation. The TB Follow-Up Module in EDN functions as a method of collecting domestic TB follow-up examination data from U.S. health departments.

**EDN is used to**

- Obtaining and storing information recorded electronically on the U.S. Department of State (DoS) Medical Examination for Immigrant and Refugee Applicant forms and other additional supporting medical documentation from external partners
- Notifying U.S. health departments of immigrants identified overseas as having conditions of public health significance and all refugees
- Providing U.S. health departments with electronic access to overseas medical documentation
- Providing U.S. health departments with an electronic system to record and evaluate the outcome of domestic TB follow-up examinations
- Informing U.S. health departments when an immigrant or refugee moves to a different jurisdiction (*secondary migration*)

## Tuberculosis Follow-Up Worksheet

The Tuberculosis (TB) follow-up worksheet collects information on outcomes from the domestic TB follow-up evaluation for immigrants and refugees who relocated to the United States and who have a TB condition.

Information collected on the worksheet provides disease surveillance data for domestic TB control programs. These data will be important for measuring the efficiency and effectiveness of global TB prevention activities.

The 2007 TB follow-up worksheet was revised by the EDN Workgroup and several CDC partners to increase the level of user friendliness by—

- Reorganizing and simplifying sections
- Updating content to reflect current terminology

## Quality Assurance

EDN staff implements data quality control measures to ensure the accuracy of overseas medical screening information submitted by external partners. Any questions or concerns regarding the accuracy of overseas medical screening data retrieved through EDN should be sent to the EDN help desk at EDNhelpdesk@cdc.gov.

Assuring data completeness and quality is strongly encouraged for all TB follow-up reporting. Each reporting jurisdiction is expected to implement measures for reviewing and updating data. Activities should include ensuring that TB follow-up data are collected and entered into EDN accurately.

Although health departments share TB follow-up data with CDC, the responsibility and authority for TB follow- up reporting rest solely on the health department. States vary in the structure and organization of their surveillance systems and often in the quality assurance of their case reporting. As with any reportable disease, the completeness of TB reporting reflects how actively health departments solicit case report information.

## Data Entry and Security

Data collected on the TB follow-up worksheet are entered and transmitted directly to CDC through the data entry section of EDN. Maintaining data security is the responsibility of the reporting state or local health department.

Access to TB follow-up worksheets and EDN should be restricted to persons authorized to perform TB follow- up-related duties. Hard copies should be stored and secured in a locked area. Approved access to any database containing TB follow-up outcome data should be controlled though the use of local user identification (user ID) and challenge phrases. All other electronic surveillance files should also be protected with passwords known only to designated surveillance staff.

## Patient Confidentiality

The TB follow-up worksheet provides personally identifiable information to U.S. health departments for locating arriving refugees and immigrants who have TB conditions. Due to the highly confidential nature of TB follow-up data, CDC implements several measures to protect patient privacy, including—

**Access Restricted to Authorized users**: Only authorized users directly involved with TB follow-up examinations for U.S.-bound aliens at the state, local or federal level can have access to domestic TB follow-up data.

Authorized users at the federal level include EDN staff, information technology staff, and other partners directly involved in TB follow-up. Authorized users at the state and local level will have access only to records belonging to their jurisdiction.

A database security package is implemented on CDC's mainframe computer to control unauthorized access to the system. Attempts to gain access by unauthorized persons are automatically recorded and reviewed regularly. Access is granted to only a limited number of physicians, scientists, statisticians, and designated support staff of CDC or its contractors, as authorized by the system manager to accomplish the stated purposes for which the data in this system have been collected.

**A Secure Data Network**: EDN is accessible only though the secured data network (SDN) connection. SDN is a secure data transfer service offered by CDC. SDN has a highly sophisticated firewall system in place to protect personally identifiable information and provide a high level of data integrity. The server, which is physically located at the National Center for Health Statistics, is protected under both a Windows firewall system security feature and the CDC firewall. The SDN monitors EDN system 24 hours a day, 7 days a week for data redundancy features and disaster recovery features.

**Digital Certificates**: A digital certificate is required for all EDN users to gain access to the EDN website on the SDN server. The digital certificate must be installed on users' work computers to provide assurances of their identity every time they log on. Each digital certificate must be renewed annual basis. To gain access to EDN, an authorized user must select a challenge phrase, which will be routinely updated.

CDC has provided an Assurance of Confidentiality for the TB follow-up module of EDN. Information on the TB follow-up worksheets that would permit identification of any individual will be held in confidence and will not be released without that person's consent, in accordance with section 306 and 308 (d) of the Public Health Services Act (42 U.S.C. 242k and 242m).

## Privacy Act

Please see Appendix C, entitled *Privacy Act System Notice 09-20-0103,* for information regarding the Privacy Act as it applies to EDN.

# Revised TB Follow-Up Worksheet

The TB follow-up worksheet was revised by the EDN Working Group in coordination with CDC to improve its organization, increase user friendliness, and update content to reflect current terminology. This section will outline the changes to the 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 ☐ No ☐ Unable to verify

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:

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

**C15. U.S. Microscopy/Bacteriology*** Sputa collected in U.S.? ☐ Yes ☐ No **Covers all results regardless of sputa collection method.*

| # | 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 initate evaluation

*If evaluation was completed, was treatment recommended?*

☐ Yes ☐ No

☐ LTBI

☐ Active TB

*If evaluation was NOT completed, why not?*

☐ Not Located ☐ Moved within U.S., transferred to:

☐ Lost to Follow-Up ☐ Moved outside U.S.

☐ Refused Evaluation ☐ Died

☐ Unknown ☐ 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, tranferred 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, tranferred to:

☐ Died ☐ Unknown ☐ Other (specify)

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

*If treatment was iniated but NOT completed,* E5. Treatment end date: ___/___/_____

## F. Comments

## G. Screen Site Information

Provider's Name:

Clinic Name:

Telephone Number:

**The revised TB follow-up worksheet contains seven sections:**

1. Section A - Demographic Information
2. Section B - Jurisdictional Information
3. Section C - U.S. Evaluation
    - Mantoux Tuberculin Skin Test (TST)
    - Interferon Gamma Release Assay (IGRA)
    - U.S. Review of Pre-Immigration Chest Radiograph (CXR)
    - U.S. Domestic CXR
    - Comparison
    - U.S. Review of Pre-Immigration Treatment
    - U.S. Microscopy/Bacteriology
4. Section D - Evaluation Disposition
5. Section E - U.S. Treatment
6. Section F - Comments
7. Section G - Screen Site Information

## TB Follow-Up Worksheet Revisions

### Section A. Demographic

| EDN TB Follow-Up Worksheet | | | |
|---|---|---|---|
| **A. Demographic** | | | Last reviewed: 6/21/2013 |
| **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:<br>A11b. Phone:<br>A11c. Other: | | A12. a. Sponsor agency name:<br>b. Phone(s):<br>c. Address: | |

1. Data items A1 through A4 were set in bold to help health departments clearly locate the name, alien number, visa type, and initial U.S. entry date of the arriving refugee or immigrant with a TB condition
2. Date format line has been added to A7, DOB.
3. Quarantine station information has been removed but will still be available electronically in EDN.

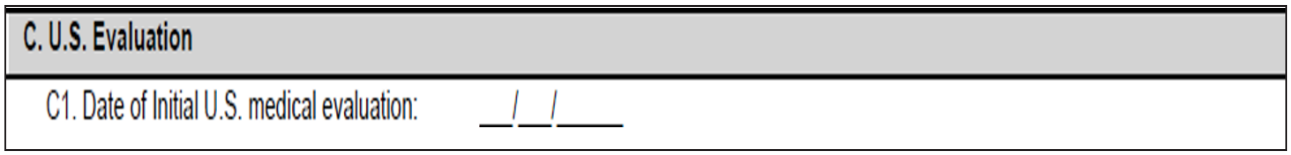
### Section B: Jurisdictional Information

| B. Jurisdictional Information | |
|---|---|
| B1. Arrival jurisdiction: | B2. Current jurisdiction: |

1. Destination state has been removed, and arrival and current jurisdictions have been added.

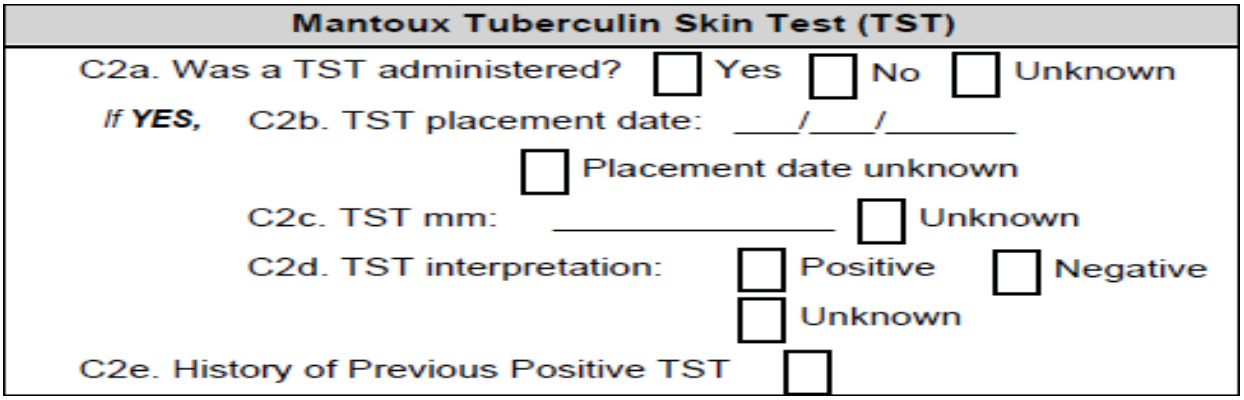
**Section C. U.S. Evaluation**

*Date of initial U.S. medical evaluation*



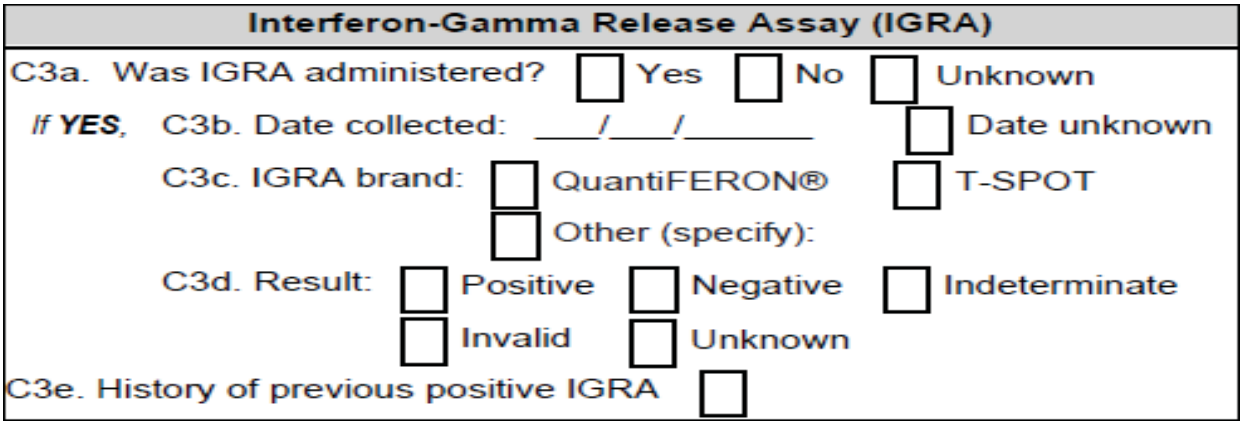

1. Date format line has been added to C1, Date of initiation U.S. medical evaluation

*Mantoux Tuberculin Skin Test (TST)*




1. Section heading was changed to Mantoux Tuberculin Skin Test (TST)
2. Date format line was added to C2b, TST placement date
3. Placement date unknown option was added to C2b, TST placement date
4. Unknown option was added to C2c, TST mm.

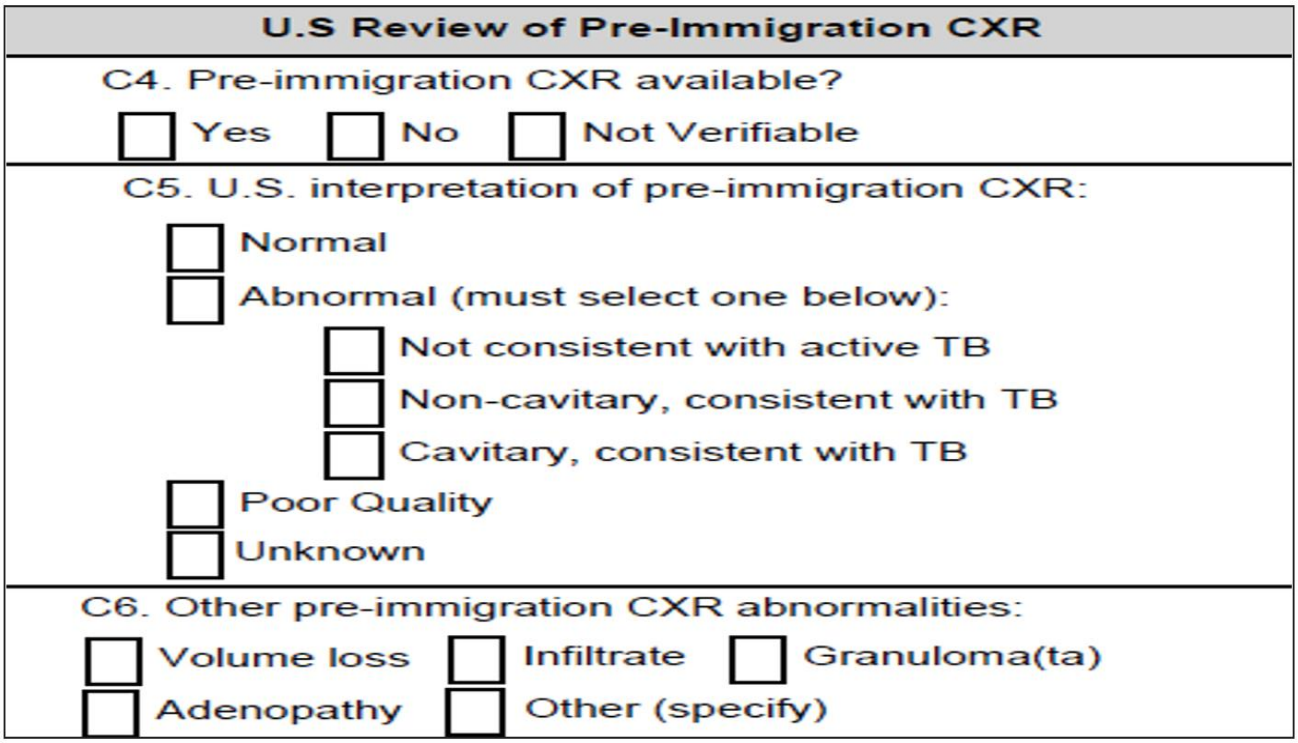
*Interferon-Gamma Release Assay (IGRA)*




1. Section heading added
2. QuantiFERON®(QFT) test has been changed to Interferon-Gamma Release Assay (IGRA) to accommodate different brands of IGRA
3. Date format line was added to C3b, Date collected.
4. Date unknown option was added to C3b, Date collected
5. IGRA brand options were added to C3c, IGRA brand

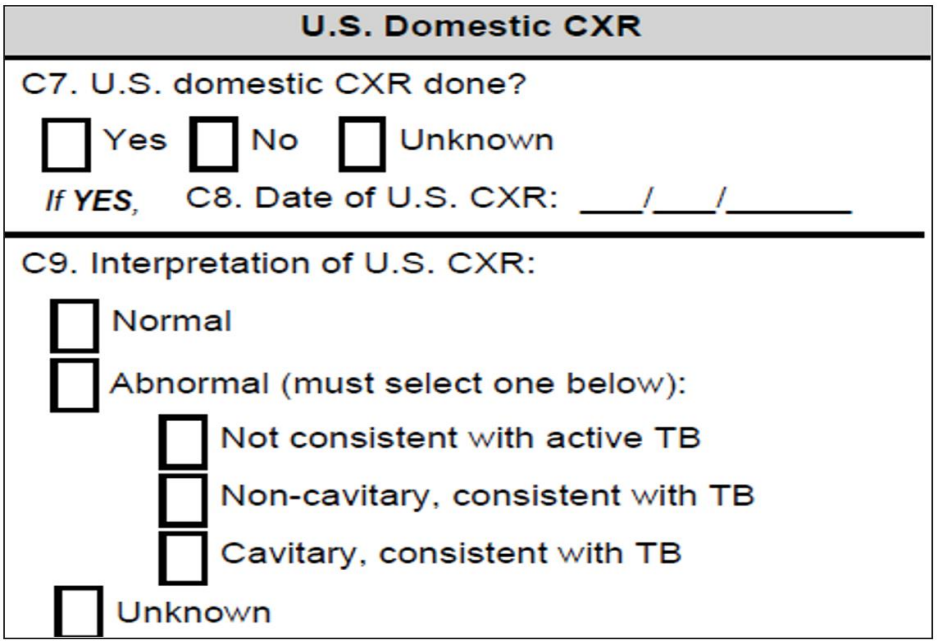
6. Invalid result option added to C3d, Result

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



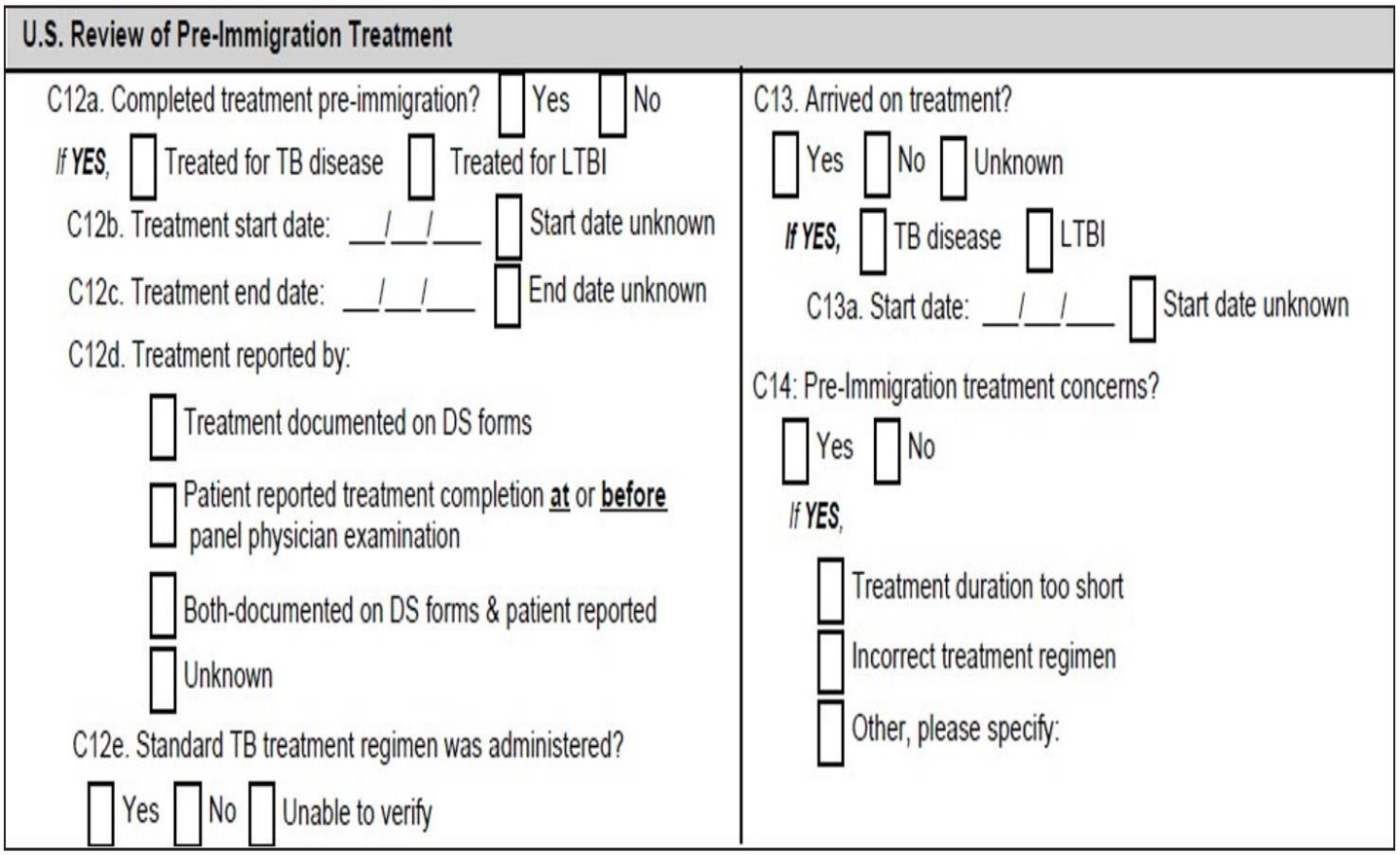

1. Section subheading changed from U.S. Review of Overseas CXR to U.S. Review of **Pre-Immigration** CXR
2. Date format line added to C8, Date of U.S. CXR
3. Abnormalities in C5 were updated to reflect abnormalities listed on the Report of Verified Cases of Tuberculosis (RVCT)
4. Other pre-immigrant CXR abnormalities from the old worksheet are listed on C6, Other pre-immigration CXR abnormalities
5. Fibrosis was removed from the list of abnormalities in C6.
6. Volume loss was added to the list of abnormalities in C6.

**U.S. Domestic CXR**




1. Abnormalities in C9 were changed to reflect those listed in the Report of Verified Cases of Tuberculosis
2. Other pre-immigrant CXR abnormalities from the old worksheet are listed in C8.
3. Fibrosis was removed from the list of abnormalities in C10.
4. Volume loss was added to the list of abnormalities in C10.

## U.S. Review of Pre-Immigration Treatment




1. Section subheading was changed to U.S. Review of Pre-Immigration Treatment
2. Section was moved from the second page to the first page
3. Active TB disease and latent TB infection (LTBI) check boxes were added to differentiate between TB disease treatment and LTBI treatment
4. Date format lines were added to C12b, Treatment start date, and C12c, Treatment end date
5. Options for C12d. were further clarified to include historic TB treatment
6. Unknown option was added to C12d.
7. New data item, C12e, Standard TB treatment regimen was administered, was added.
8. TB treatment type and start date were added to C13, Arrived on treatment
9. New data item, C14, Pre-immigration treatment concerns, was added.

**U.S. Microscopy/Bacteriology***

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

**C15. U.S. Microscopy/Bacteriology*** Sputa collected in U.S.? ☐ Yes ☐ No **Covers all results regardless of sputa collection method.*

| # | 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 |

1. Section moved from first page to second page
2. Alien number was added to the top of the worksheet
3. “Specimen not collected in U.S.” on the old worksheet was reworded as ‘Sputa collected in U.S.,’ and yes and no options were added
4. Date format lines were added

**Section D. Evaluation Disposition**

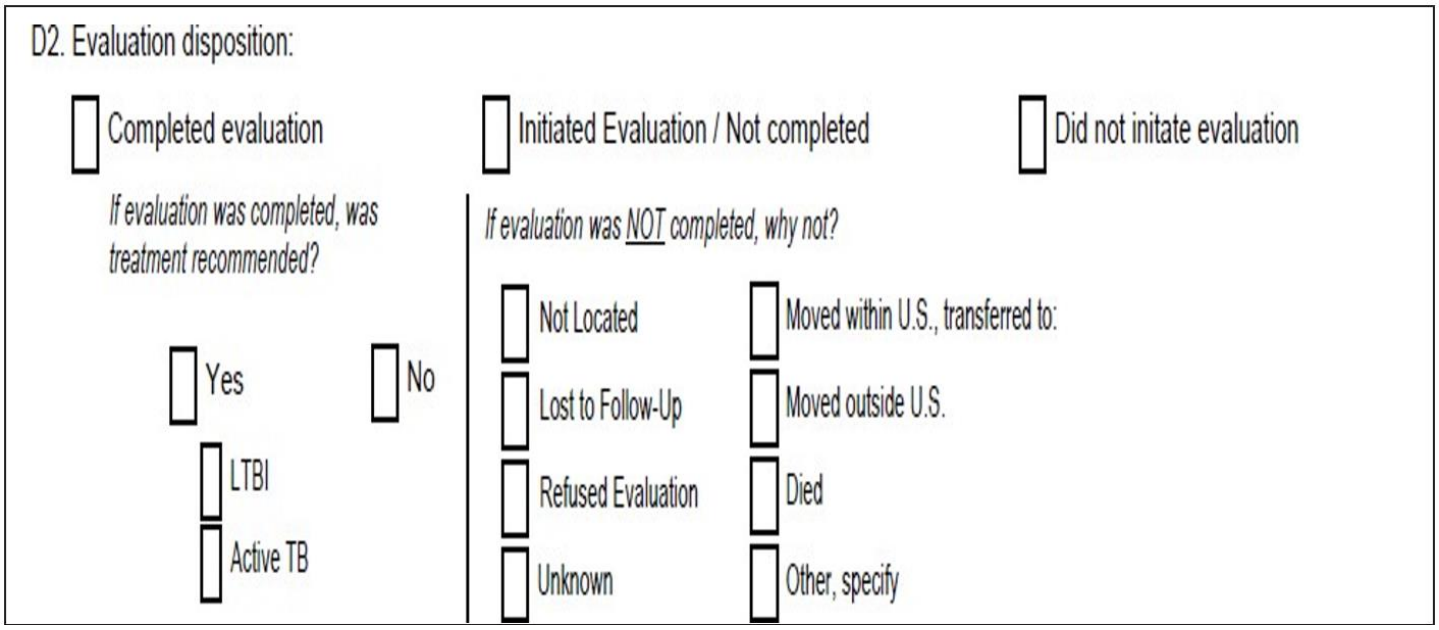
*D1. Evaluation disposition date*

**D. Evaluation Disposition**

D1. Evaluation disposition date: __/__/____

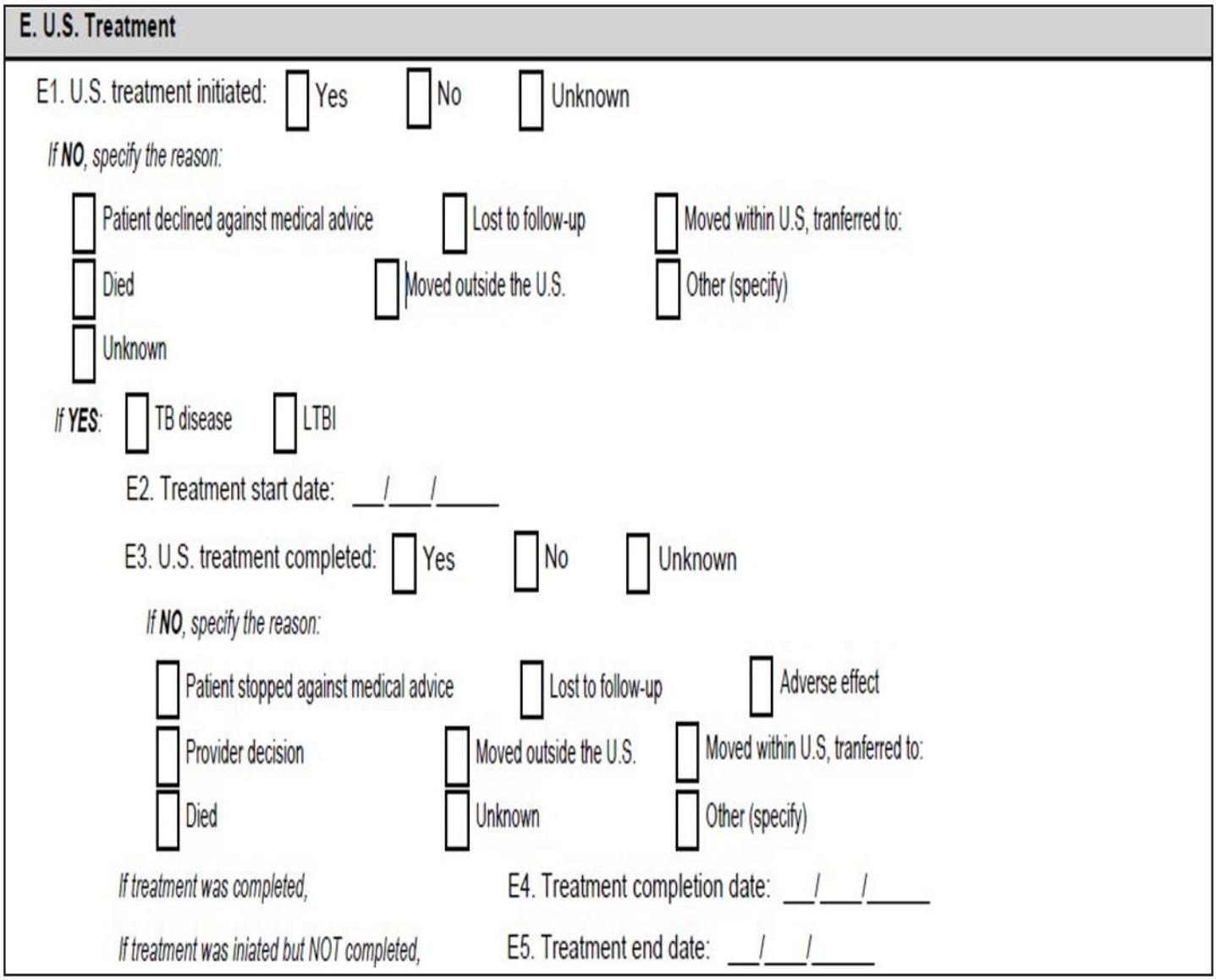
1. Date format line was added

*D2. Evaluation disposition*




1. Section was reorganized for simplicity
2. Transfer field was added

## Section E. U.S. Treatment




1. Section was reorganized for simplicity
2. Reasons for not initiating treatment for TB disease or LTBI were added
3. Transfer information field was added to reasons for not initiating or completing treatment.
4. Date format lines were added.
5. Treatment end date field from old worksheet has been separated into two fields:
    a. Treatment completion date
    b. Treatment end date

## Section G. Screen Site Information

| G. Screen Site Information |
| --- |
| Provider's Name: |
| Clinic Name: |
| Telephone Number: |

1. Physician's signature and date were removed.

## TB Follow-Up Evaluation End-Points

The TB follow-up worksheet should be completed until an **evaluation end-point** has been reached. An exception to this would be if an evaluation was *not initiated* for an immigrant or refugee. Evaluation end- points are recorded under **Section D:** Evaluation Disposition. TB follow-up evaluation end points are explained briefly below. End-points are discussed in greater detail on **page 39.**

### Evaluation completed

A follow-up evaluation for TB has been completed for an arriving immigrant or refugee with a TB condition for which a final American Thoracic Society diagnosis has been made. Treatment may or may not have been recommended.

### Initiated evaluation, not completed

A follow-up evaluation for TB had been started for the arriving immigrant or refugee with a TB condition; however, the evaluation could not be completed for one of the reasons listed below.

*The immigrant or refugee—*

a. Moved within the United States
b. Was lost to follow-up
c. Moved outside the United States
d. Refused to be evaluated
e. Died

## Evaluation not initiated

A follow-up evaluation for TB has not been initiated for the arriving immigrant or refugee with a TB condition, for one of the reasons listed below.

*The immigrant or refugee—*

a. Could not be located
b. Moved within the United States
c. Was lost to follow-up
d. Refused to be evaluated
e. Died

## Domestic TB Follow-Up Evaluation and Reporting Timeline

Upon arrival to the United States, arriving immigrants and refugees with a TB condition should be screened for TB within 30 days of their arrival date. Domestic evaluation outcomes should be reported promptly in EDN.

The domestic TB follow-up timeline is discussed in further detail below.

1. The initial medical evaluation should occur within **30 days** of arrival. This initial evaluation often includes a U.S. review of pre-departure medical information and previous treatment, TST or IGRA, domestic CXR, and sputum collection, if indicated.
2. The domestic TB follow-up evaluation should be completed within **90 days** of arrival. This includes comparison of pre-departure and U.S. exam results, results of U.S. microscopy/bacteriology, and determination of a disposition.
3. If treatment is recommended for TB disease or LTBI, the treatment start and end dates should be documented in the U.S. Treatment section. Since treatment for TB can take up to 9 months on average, the treatment end date should be reported within **1 year** of the treatment start date.

| TB Follow-Up Worksheet Sections | Timeline (*within x days of U.S. arrival)* |
|---|---|
| **Section C. - U.S. Evaluation** | |
| Initial U.S. Medical Evaluation (C1 – C3) | 30 days |
| U.S. Review of Overseas CXR (C4 – C6) | 30 days |
| Domestic CXR (C7 – C10) | 30 days |
| Comparison (C11) | 30 days |
| U.S. Microscopy/Bacteriology (C12) | <12 weeks |
| U.S. Review of Overseas Treatment (C13 – C16) | 30 days |
| **Section D. - Evaluation Disposition** | |
| Disposition (D1 – D2) | 90 days |
| Diagnosis (D3 – D4) | 90 days |
| **Section E. – U .S. Treatment** | |
| U.S. Treatment Initiated (E1 – E2) | 90 days |
| U.S. Treatment Completed (E3 – E4) | <9 months |

### Reporting

Follow-up examination outcomes should be reported to EDN promptly. TB follow-up evaluation results can be saved in EDN continuously, regardless of evaluation completion. Once available, TB follow-up evaluation results should be reported to EDN within **5** business days to ensure accurate and speedy reporting. For patients receiving treatment, it may take several months before treatment outcomes may be reported; however, other sections, such as TB Screening (TST, IGRA) and Evaluation Disposition, should be reported to EDN as soon as available. Providing local health departments with EDN access may alleviate the burden of TB follow-up reporting for state health departments. Please contact the EDN help desk at EDNhelpdesk@cdc.gov for more information.

# TB Follow-Up Worksheet Instructions

The following contains detailed descriptions of each data item on the new revised TB follow-up worksheet.

# Section A: Demographic Information

## Introduction

*Section A* of the tuberculosis follow-up worksheet contains alien demographic information. This section is **pre- populated by the EDN system**. If this form is used by a provider to complete the evaluation, manually completing all the fields in section A may be advantageous.

Alien contact information is located in this section. Additional contact information may have been recorded on the person's scanned documents by a U.S. quarantine station official.

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Name (Last, First, Middle)** | Complete name | The system will automatically populate this field. |
| **Alien #** | Unique identification number assigned by the U.S. Department of State. | The system will automatically populate this field. |
| **Visa Type** | Visa classification as determined by the Department of State. Visa types are explained in **Table 2** on the next page. | The system will automatically populate this field. |
| **Initial Entry Date** | The date arrived in the U.S., as documented by CDC Quarantine Stations or U.S. Bureau of Citizenship agents. | The system will automatically populate this field. |
| **Age** | Age at the time of U.S. arrival. | The system will automatically populate this field. Age is calculated by the system using the date of birth and the date of arrival. |
| **Gender-**Male, Female (e.g., m, f) | | The system will automatically populate this field. |
| **DOB** (mm/dd/yyyy) | | The system will automatically populate this field. |
| **TB Class** | TB classification as determined by the overseas panel physician. | The system will automatically populate this field. |
| **Class Condition** | Condition of public health significance as determined by the panel physician. | The system will automatically populate this field. |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Country of Examination** | The country in which the person was examined by a panel physician. | The system will automatically populate this field.<br><br>List of country abbreviations is located in **Appendix C.** |
| **Country of Birth** | | The system will automatically populate this field.<br><br>List of country abbreviations is located in **Appendix C**. |
| **Sponsor Address, Phone, Other** | The contact information of the person's sponsor. | The system will automatically populate this field. |
| **Sponsor Agency Name, Address, Phone** | Sponsor ***agency's*** contact information. | The system will automatically populate this field.<br><br>Refugees often have a sponsoring agency; immigrants do **not**. |

**Table 1. Visa Explanations**

| Visa Type | Description |
|---|---|
| **Immigrant** | An immigrant is a foreign-born person in the United States with permanent resident status. |
| **Asylee** | An asylee is a foreign-born person in the United States who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution. An asylee meets the same criteria as those for a refugee; the difference is the person's location at the time of application –the potential asylee is in the United States or applying for admission at a port of entry, and the potential refugee is outside the United States. |
| **Parolee** | A parolee is a foreign-born person allowed to enter the United States for urgent humanitarian reasons or because entry is determined to be of significant public benefit. |
| **Fiancé/Family** | The V visa (in the nonimmigrant category) allows the spouse or child of a U.S. legal permanent resident to live and work in the United States.<br>The K visa (in the nonimmigrant category) allows the fiancé of a U.S. citizen to enter the United States for a specific period and specifically for the purpose of marriage. |

| Visa Type | Description |
|---|---|
| **Refugee** | A refugee is a foreign-born person who is in a country other than his or her country of nationality and who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution. |

**Figure 1. Pre-Immigration Class A Conditions identified during overseas health screenings**

## Class A Condition

**Description**

U.S. Visa applicants identified overseas with Class A conditions during their pre-departure exams usually remain in their current country of residence until the condition has been treated or is in remission. Upon completion of treatment, these applicants are then reclassified as a Class B. In unusual circumstances, applicants with a Class A condition may be granted a **waiver** as long as testing indicates they are not contagious and will not expose others to their condition while traveling. The expectation is that Class A arrivals will seek medical care within 1 week of arrival in the United States. Class A conditions are listed below.

- Infectious tuberculosis
- Syphilis, untreated
- Chancroid, untreated
- Gonorrhea, untreated
- Granuloma inguinale, untreated
- Lymphogranuloma venereum, untreated
- Hansen disease, untreated multibacillary
- Addiction or abuse of a specific substance
- Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur

**** HIV was removed from this list in January 2010***

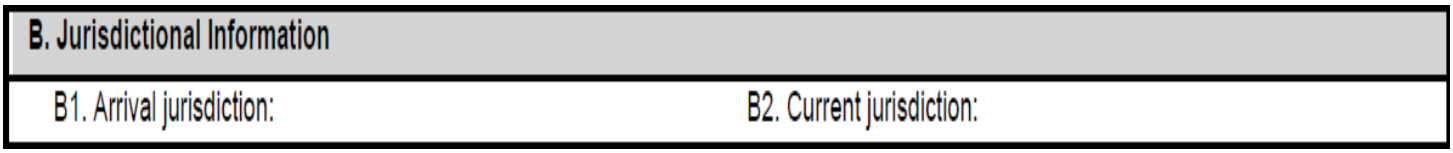
**Figure 2. Pre-Immigration Class B Conditions identified during overseas health screenings**

| Class B Condition |
| --- |
| **Description**<br>Class B conditions are not inadmissible, but represent a significant departure from normal health with the exception of pregnancy. Class B conditions are listed below.<br>• Syphilis (with residual defect) treated within the last year<br>• Current pregnancy<br>• Any physical or mental disorder (excluding addiction or abuse of specific substance but including other substance- related disorder) without harmful behavior or history of such behavior unlikely to recur<br>• Hansen disease, treated multibacillary<br>• Hansen disease, paucibacillary<br>• Sustained, full remission of addiction or abuse of specific substances<br>• Noninfectious pulmonary tuberculosis<br>• Noninfectious extrapulmonary tuberculosis<br>• Latent tuberculosis infection evaluation<br>• Tuberculosis contact evaluation |

# Section B: Jurisdictional Information

## Section B. Introduction

Section B of the tuberculosis follow-up worksheet contains information on the assigned U.S. jurisdiction for the immigrant or refugee. U.S. jurisdiction assignment is based on the immigrant or refugee's self–reported U.S. address pre-immigration. This section is pre-populated by EDN.




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Arrival Jurisdiction** | The primary health jurisdiction (local, state) where the immigrant or refugee initially resettled. | The system will automatically populate this field. |
| **Current Jurisdiction** | In the event of secondary migration (the immigrant or refugee moves to another area outside the arrival jurisdiction), this is the secondary health jurisdiction the arriver moved to. | The system will automatically populate this field.<br>In the event the TB Class arriver did ***not*** move to a different jurisdiction, this section will be remain blank.<br><br>A transfer must be made by the former jurisdiction. Please refer to the EDN interjurisdictional transfer protocol for more information, **located in the appendices section on pg XX for more detail.** |

# Section C: U.S. Evaluation

## Section C. Introduction

The U.S. Evaluation section should be completed by a local health professional in the jurisdiction. It is recommended that the U.S. evaluation be initiated within **30 days** of the person's arrival date. Data should be reported to CDC promptly.

**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 <u>at</u> or <u>before</u> panel physician examination
- ☐ Both-documented on DS forms & patient reported
- ☐ Unknown

C12e. Standard TB treatment regimen was administered?

☐ Yes ☐ No ☐ Unable to verify

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:

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

**C15. U.S. Microscopy/Bacteriology*** Sputa collected in U.S.? ☐ Yes ☐ No **Covers all results regardless of sputa collection method.*

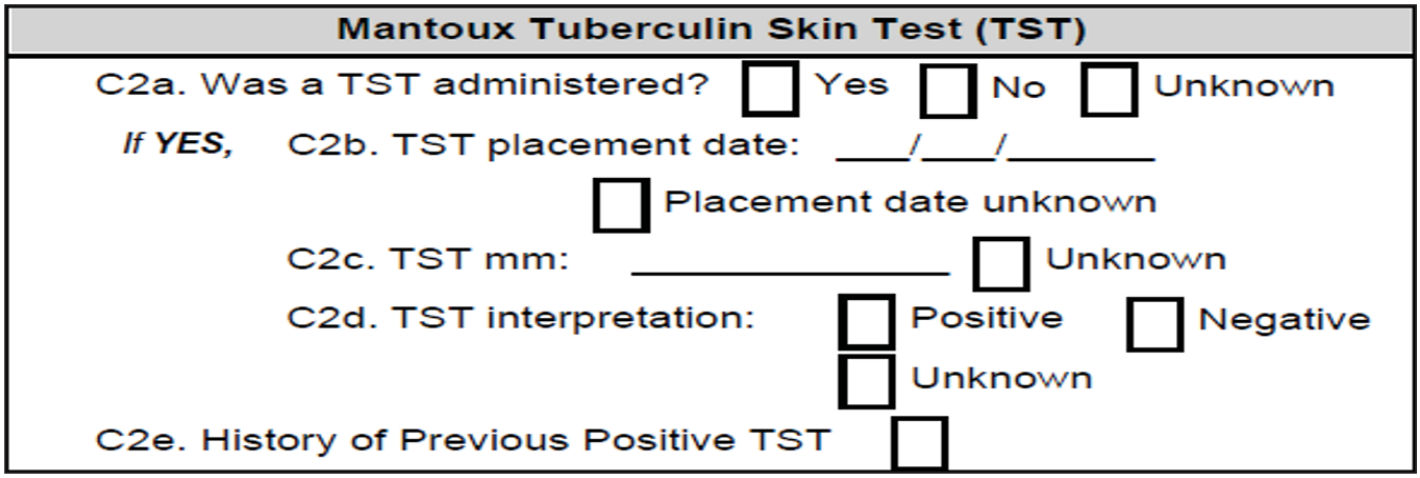
| # | Date Collected | AFB Smear | Sputum Culture | Drug Susceptibility Testing |
|---|---|---|---|---|
| 1 | ___/___/_____ | ☐ Positive ☐ Negative ☐ Not Done ☐ Unknown | ☐ NTM ☐ MTB Complex ☐ Contaminated ☐ Negative ☐ Not Done ☐ Unknown | ☐ MDR-TB ☐ Mono-RIF ☐ Mono-INH ☐ Other DR ☐ No DR ☐ Not Done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

## C1. Date of Initial U.S. Medical Evaluation

C1. Date of Initial U.S. medical evaluation: __/__/_____

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Date of Initiate U.S. Medical Evaluation** (mm/dd/yyyy) | | Indicate the date the domestic medical evaluation was initiated by a U.S. medical provider, resulting in initial diagnostic test during post-U.S. arrival domestic screening for TB.<br><br>Please note that this is **not the date** when the health department first contacted the immigrant or refugee. |

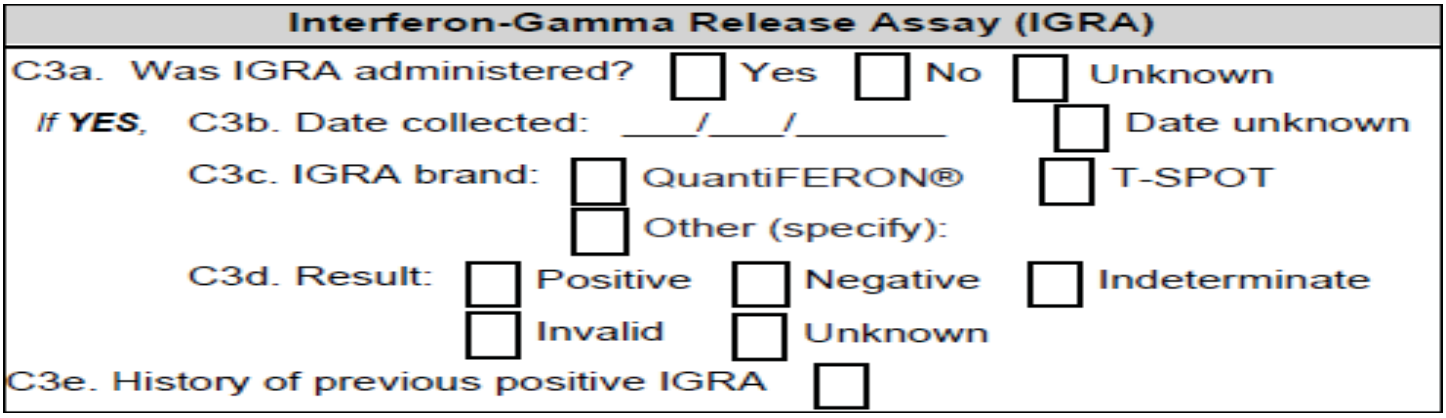
## C2. Mantoux Tuberculin Skin Test (TST)




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Was a TST administered? -** Yes, No, Unknown | Inquiry as to whether a TST was administered post-U.S. arrival during domestic screening for TB.<br>• Yes – means a TST was placed.<br>• No - means a TST was not placed. | Indicate if a TST was administered during the domestic screening for TB. Note: If a TST was not administered, please leave the rest of the section blank and proceed to the QFT section. |
| **TST Placement Date -** Month, Day, Year (e.g., 01/01/2010) | The month, day, and year the tuberculin skin test (TST) was placed in the United States. | Indicate the date the TST was **placed**. Refers to the date the TST was **placed**, not read. |
| **TST mm** | | Indicate the millimeters of induration for the TST. |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **TST Interpretation –** Positive, Negative, Unknown | Interpretation of TST reaction, per CDC guidelines.<br>• Positive – means that the person is likely infected with *M. tuberculosis*<br>• Negative – means the skin test did not meet current criteria for a positive test<br>• Unknown – means it is not known whether the skin test was performed or the results are unknown for a reason other than results pending | Indicate if there is a history of a previous positive TST. Indicate a previous positive history only if it is documented on a medical record. |
| **History of Previous Positive TST** | Inquiry of whether the person has a medical history of a previous positive TST result.<br>• – An unmarked check box means there is **no** history of a previous positive TST<br>• – A marked check box means there is a history of a previous positive TST | Can be confirmed with information from the DS forms or by the patient's verbal history. |

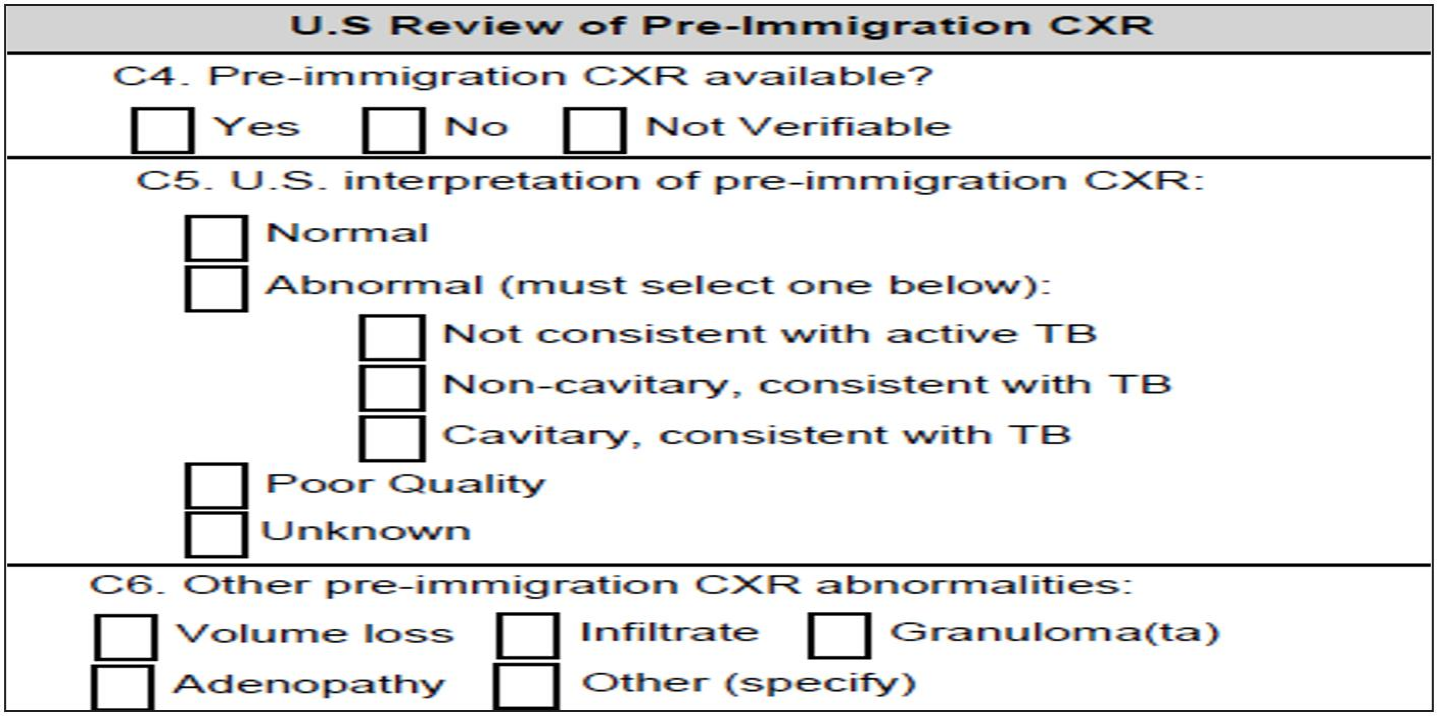
## C3. Interferon Gamma Release Assay (IGRA)




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Was IGRA administered?** – Yes, No, Unknown | Inquiry of whether an IGRA was administered post-U.S. arrival during domestic screening for TB. | Indicate whether an IGRA was administered during the domestic screening for TB.<br><br>If a different brand was used, please indicate the results in this section **AND** indicate the brand used in the comments section, section F. |
| **If Yes** | | Only complete data items C3b – C3d if an IGRA was administered during domestic screening for TB. |
| **Date Collected**– Month, Day, Year (e.g., 01/01/2010) | | Indicate the date the IGRA was administered during domestic screening for TB. |
| **IGRA Brand –** QuantiFERON, T- SPOT, Other (specify) | | Indicate the specific brand of IGRA administered. If the specific brand is not on the provided list, select "Other, specify" and indicate the brand. |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Result –** Positive, Negative, Indeterminate, Invalid, Unknown | The result of the IGRA test<br>• 'Positive' – means that it is probable that the person is infected with *M. tuberculosis*.<br>• 'Negative' – means that it is unlikely that the person is infected with *M. tuberculosis*.<br>• 'Unknown' – means it is not known whether the QFT was performed, or if the results are not known<br>• 'Indeterminate' – means it was uncertain if the person is infected with *M. tuberculosis*. | Indicate the result of the IGRA test administered during domestic screening for TB. |

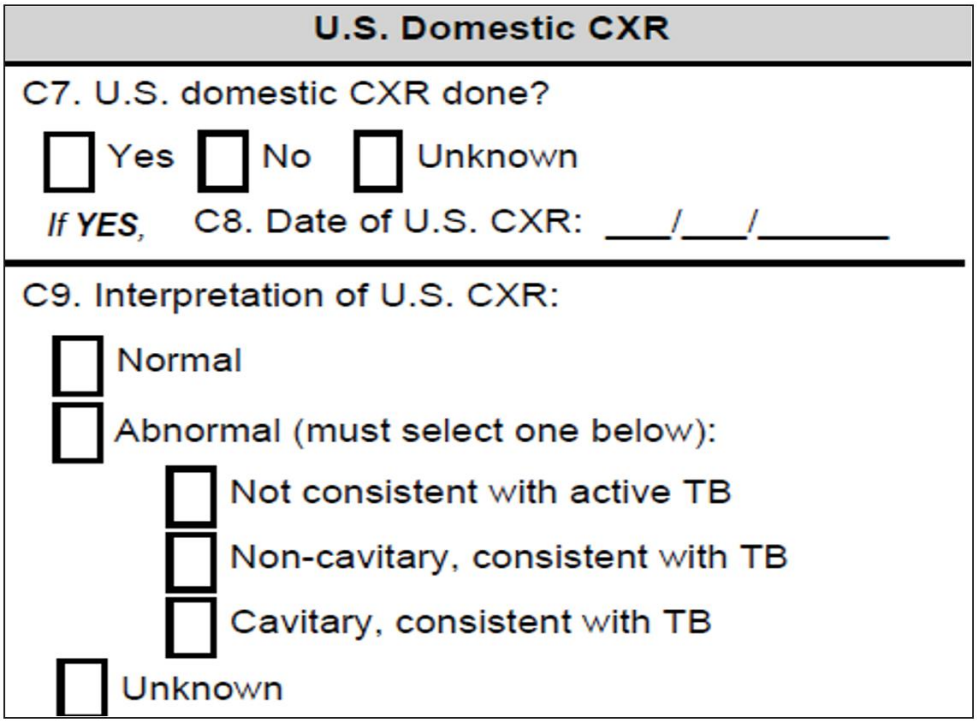
## C4. - C6. U.S Review of Pre-Immigration CXR




| Data Item | Description | Comment |
|---|---|---|
| **Pre-immigration CXR Available** – Yes, No, Unknown, Not Verifiable | Inquiry as to whether the overseas chest X-ray was physically available.<br>• Unknown – means the overseas it is unknown whether or not the overseas CXR was available to the U.S. clinician<br>• Not Verifiable – means the overseas CXR did not have both the person's name and date of birth | Indicate whether the overseas CXR is available and that it has both the person's name and date of birth. If these are not documented on the X-ray, please indicate "not verifiable." |
| **U.S. Interpretation of pre- immigration CXR** – Normal Abnormal, Poor Quality, Unknown, | • Unknown – means the U.S. clinician's interpretation of the overseas CXR is unknown for reasons other than 'results pending' | Indicate the U.S. clinician's interpretation of the overseas CXR. If no CXR is physically available, indicate "unknown." Please do not transcribe what was reported on the overseas medical evaluation to complete this section. |

| Data Item | Description | Comment |
|---|---|---|
| **Abnormal** – Not consistent with active TB Noncavitary, consistent with TB, Cavitary, consistent with TB | The U.S clinician's interpretation of abnormalities found on the overseas CXR. If a U.S. physician interprets the overseas CXR as abnormal, indicate type of abnormality (-ies) reported. Check all that apply. | If the U.S. clinician indicated abnormalities in the overseas CXR, please indicate one If no CXR is available, leave this section blank. Please specify other abnormalities found, such as military, in the comments section. Do not transcribe what was reported on the overseas medical evaluation to complete this section. |
| **Other pre-immigration CXR Abnormalities** – Volume Loss Infiltrate, Granuloma(ta), Adenopathy, Other (Specify) | Please list other abnormalities found on the overseas CXR by the U.S. clinician. Check all that apply | If the U.S. clinician indicated other abnormalities, please indicate them here.<br><br>If no CXR is available, leave this section blank. Please specify other abnormalities found, such as military, in the comments section. Please do not transcribe what was reported on the overseas medical evaluation to complete this section. |

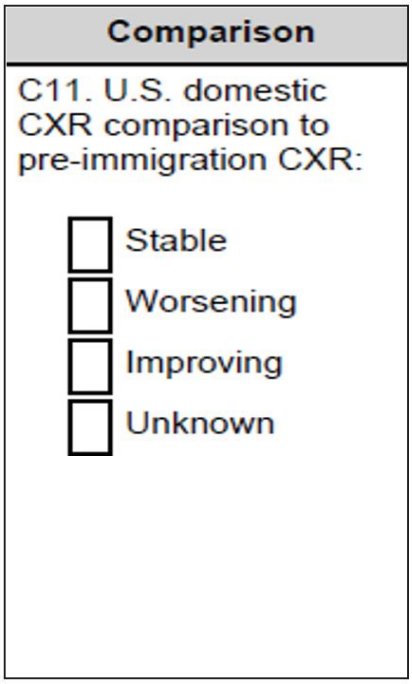
## C7. - C10. Domestic CXR




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **U.S. domestic CXR Done?** - Yes, No, Unknown | | Indicate if a CXR was done during domestic screening for TB<br><br>If it is not known whether a CXR was done for the TB Class arriver or the interpretation of the domestic CXR is not known for reasons other than 'results pending,' please indicate "unknown". |
| **Date of U.S. CXR** (mm/dd/yyyy) | | If no chest X-ray was taken in the United States, leave blank. |
| **Interpretation U.S. CXR -** Normal, Abnormal, Unknown | Interpretation of the chest X-ray that was taken in the U.S. | The interpretation is considered "unknown" if the CXR or result is not available. |

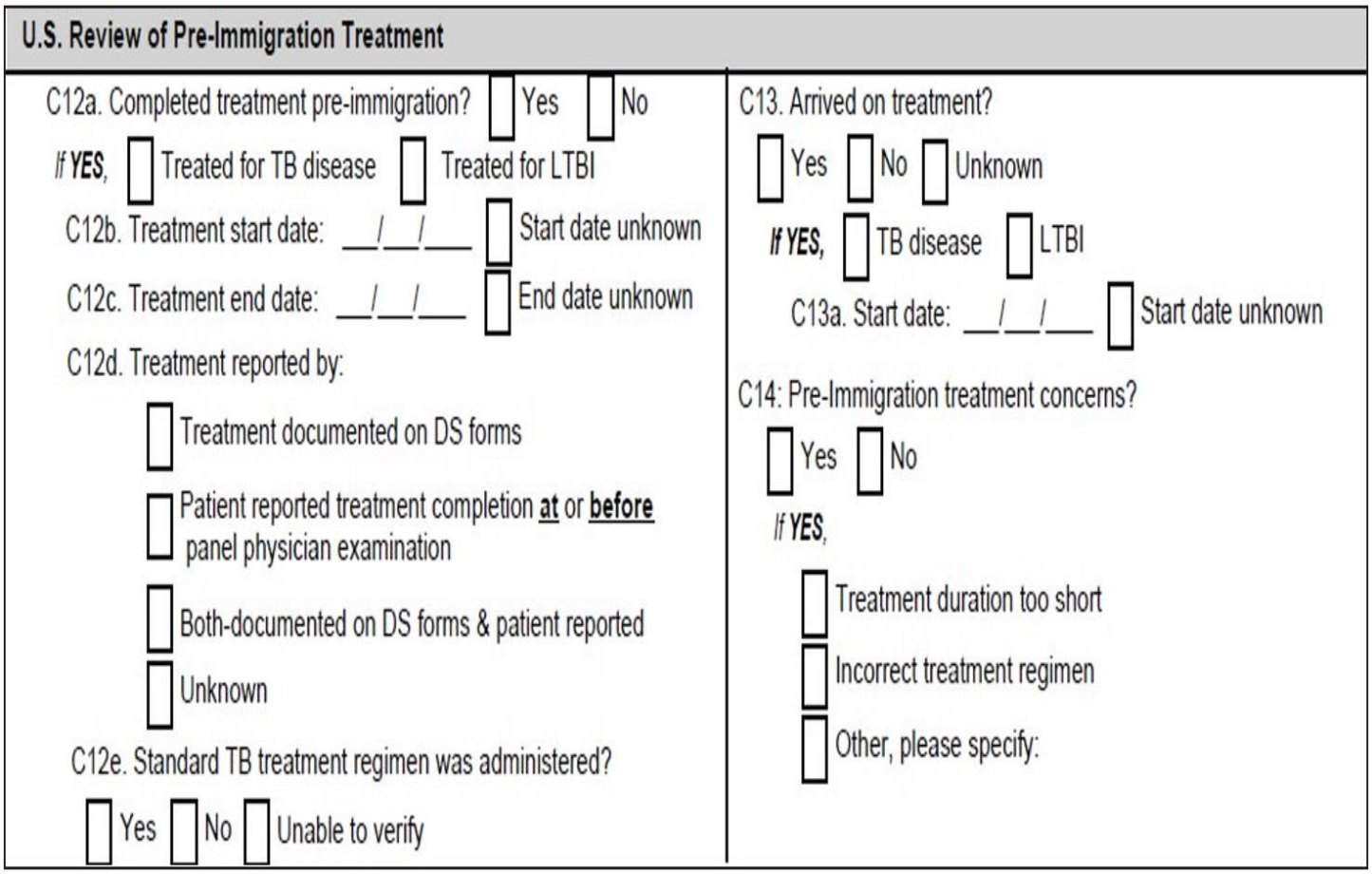
| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Abnormal** – Not consistent with active TB, Noncavitary, consistent with TB, Cavitary, consistent with TB | The U.S clinician's interpretation of abnormalities found on the **domestic** CXR. If a U.S. clinician interprets the **domestic** CXR as abnormal, indicate type of abnormality (-ies) reported. Check all that apply.<br>• Not consistent with active TB<br>• Non-cavitary, consistent with TB<br>• Cavitary, consistent with TB | Please select one of the abnormalities.<br><br>If no CXR is available, leave this section blank. Do not transcribe what was reported on the overseas medical evaluation to complete this section. |
| **Other pre-immigration CXR Abnormalities** – Volume Loss, Infilitrate, Granuloma(ta), Adenopathy, Other (Specify) | Please list other abnormalities found on the **domestic** CXR by the U.S. clinician. Check all that apply. | If other abnormalities are present, please indicate them.<br><br>If no CXR is available, leave this section blank. Please specify other abnormalities found, such as military, in the comments section. Do not transcribe what was reported on the overseas medical evaluation to complete this section. |

## C11. U.S. Domestic CXR Comparison to Pre-immigration CXR




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **U.S. CXR Comparison to Overseas CXR**<br>Stable, Worsening, Improving, Unknown | | Indicate whether the U.S clinician determined the CXR as stable, worsening, or improving.<br><br>The section should be completed only if an overseas CXR is physically available and verifiable (the name and date of birth are on the CXR). |

## C12. – C14. U.S. Review of Overseas Treatment




| Data Item | Description | Instructions/Comment(s) |
|---|---|---|
| **Completed treatment pre- immigration? –** Yes (Treated for TB disease, Treated for LTBI), No | Indicate whether TB treatment was completed overseas before U.S. arrival. | If treatment for LTBI or active TB disease was completed pre-immigration, please indicate "Yes" and whether the person was treated for LTBI or active TB disease. |
| If yes, | | Fill out data items C12b – C12e only if TB treatment was completed pre - immigration. |
| Treatment start date | | Indicate the date the TB treatment was started. If the treatment start date is "unknown," check that box |
| Treatment end date | | Indicate the date the TB treatment was ended. If the treatment end date is "unknown," check that box |

| Data Item | Description | Instructions/Comment(s) |
|---|---|---|
| Treatment Reported By | | Indicate how the overseas treatment was reported. |
| **U.S. Review of TB Disease** | Indicates whether overseas treatment was reviewed by U.S. clinician. Also determines whether treatment was documented by the panel physician on DS forms, was reported by the patient, or was reported by both. | If no overseas treatment was recommended or documented, indicate “no”. |
| **Arrived on Treatment** | Indicates if the patient arrived on treatment from overseas. | |
| **Completed Treatment Overseas** | Indicates whether treatment was completed overseas. | |
| **Overseas Treatment Concerns** | Indicates whether the U.S. clinician has concerns regarding the treatment regimen prescribed by the overseas panel physician. | If there are concerns, the U.S. clinician should provide comments in section F. |

## C15. U.S. Microscopy/Bacteriology

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

**C15. U.S. Microscopy/Bacteriology*** Sputa collected in U.S.? ☐ Yes ☐ No **Covers all results regardless of sputa collection method.*

| # | 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 |

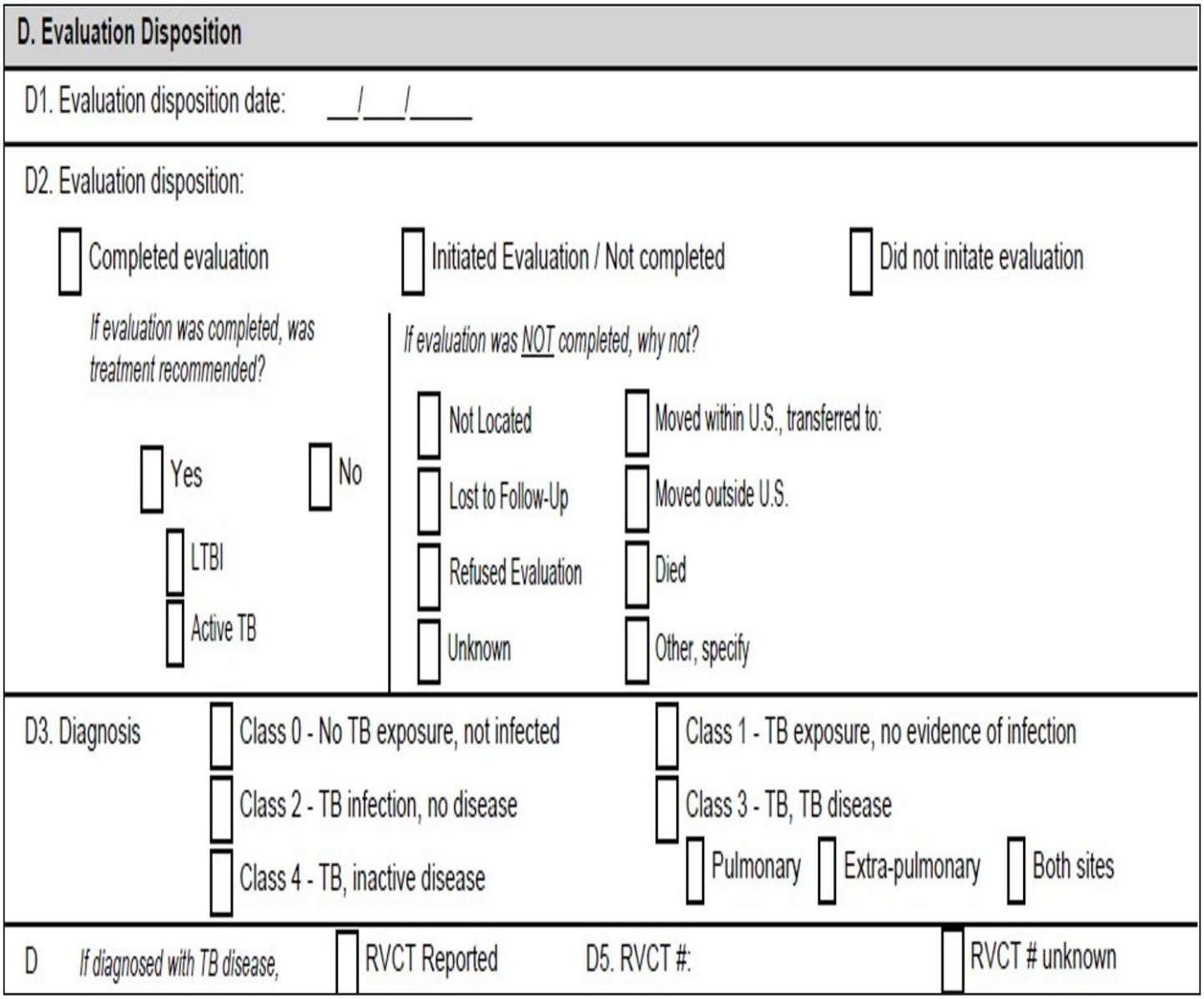
| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Specimen not collected in the United States.** | | |
| **Specimen Source** | 'Sputum' includes spontaneous and induced sputum. Sputum or pulmonary secretions obtained by bronchoscopy procedures or gastric aspiration should also be included. Do **NOT** include tracheal suction. | Examples of specimen sources include the following: sputum and bronchial washing. |
| **Date** (mm/dd/yyyy) | Date of specimen collection. | |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **AFB Smear Result** Not Done, Positive, Negative, Unknown | | |
| **Culture Result** Not Done | | Culture not performed |
| **Culture Result** NTM, | | Non-tuberculosis mycobacteria |
| **Culture Result** Negative | | Results were negative for growth of mycobacteria |
| **Culture Result** Contaminated | | Sputum culture test for AFB is known to have been contaminated |
| **Culture Result** MTB Complex | | Culture results are positive for growth of *Mycobacterium tuberculosis* complex (*M. tuberculosis, M. bovis, M. africanum*) |
| **Culture Result** Unknown | | If it is NOT known if a sputum smear was performed, or the results are NOT known for a reason other than 'pending results' |
| **Drug Resistance (DR)** Mono-Rif | | Any specimen cultures resistant only to Rifampin. Specimen cultures resistant to Rifampin and another drug (except Isoniazid) would be noted under "Other Resistance) |
| **Drug Resistance (DR)** No DR | | Pansusceptible |
| **Drug Resistance (DR)** MDR-TB | | Multiple drug-resistant tuberculosis |
| **Drug Resistance (DR)** Mono-INH | | Any specimen cultures resistant only to Isoniazid (regardless of concentration level of resistance). Specimen cultures resistant to Isonizaid and another drug (except Rifampin) would be noted under 'Other Resistance' |
| **Drug Resistance (DR)** Other DR | | Resistance to drugs or a drug combination not listed above. Please record the resistant pattern in **Section F: Comments** |

# Section D: Disposition

## Section D: Introduction

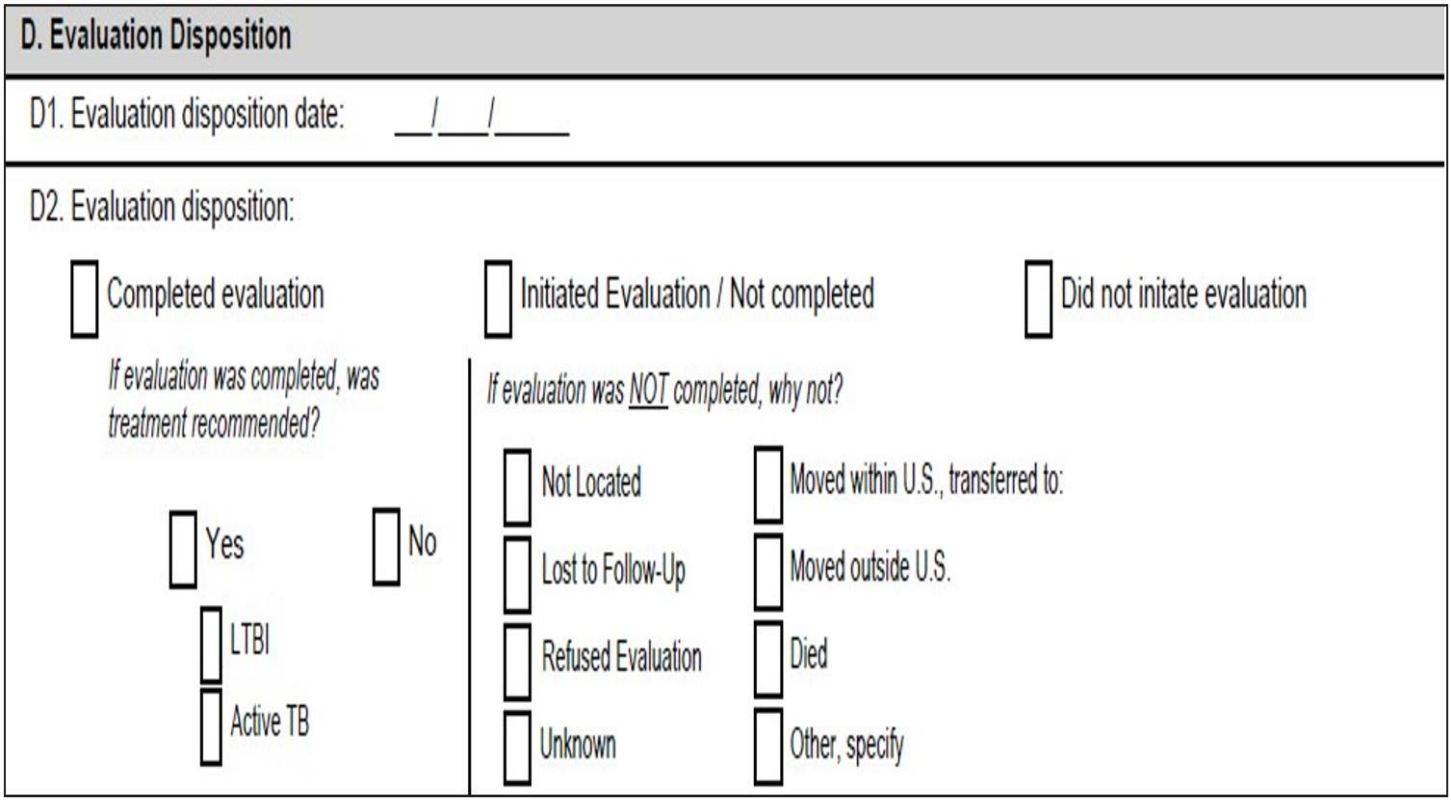
This section collects information on whether a TB follow-up evaluation has been completed. The end points of an evaluation are indicated in D2 (i.e., Completed Evaluation, Initiated Evaluation/Not Completed, Did Not Initiate Evaluation).



## An Introduction to TB Follow-Up Evaluation End Points

Provided below are instructions on which sections to complete for each evaluation disposition. Please note that once a disposition is reached, these data should be reported to EDN promptly. If treatment for LTBI or active TB disease is recommended, treatment information should be reported as soon as it becomes available.

## D1. - D2. Disposition Date and Evaluation Disposition




### Domestic TB Follow-Up Evaluation End Points

| Data Item | Description | Instructions/Comment |
|---|---|---|
| **Disposition Date** | Date when an evaluation end point was reached. | |
| **Evaluation Disposition**<br>**Completed Evaluation:** Treatment Recommended, No Treatment Recommended<br>**Initiated Evaluation/Not Completed:** Not located, Lost to Follow-up, Refused Evaluation, Unknown, Moved within U.S., Transferred to, Moved outside U.S., Died, Other, specify<br>**Did Not Initiate Evaluation:** Not located, Lost to Follow-up, Refused Evaluation, Unknown, Moved within U.S., Transferred to, Moved outside U.S., Died, Other, specify | Please see descriptions and comments on **page 42**. | |

### Completed Evaluation

A domestic TB follow-up evaluation has been completed for an arriving immigrant or refugee for whom a final TB diagnosis has been made.

| Data Item | Description | Comments |
|---|---|---|
| **Treatment Recommended** | . | If treatment is recommended, Section E. (U.S. treatment) should be completed. |
| **No Treatment Recommended** | | If treatment is not recommended, Section E. (U.S. treatment) should not be completed. |

### Initiated Evaluation/Not Completed

A domestic TB follow-up had been initiated for an arriving immigrant or refugee for whom initial screenings for TB were done. However, screenings were not completed or a final TB diagnosis could not be made because of one of the following reasons.

| Data Item | Description | Comments |
|---|---|---|
| Not Located | Indicate 'not located' only for evaluations that not have been started | Only indicate not located for evaluations that not have been started. |
| Lost to Follow-up | The person failed to return to complete the evaluation. | Initial jurisdiction CANNOT provide locating information. |
| Refused Evaluation | | |
| Moved outside United States. | The patient returned to the country of origin prior to completion of the evaluation. | |
| Moved within United States; transferred to: | The patient moved to another EDN jurisdiction before an evaluation could be completed. | Initial jurisdiction is able to transfer the patient's record to the secondary jurisdiction in EDN. |
| Died | | |
| Other, specify | For reasons other than those stated previously the evaluation was not completed. | Specify the reason for "Not Completed", in the form's comments section (Section F). |

### Did Not Initiate Evaluation

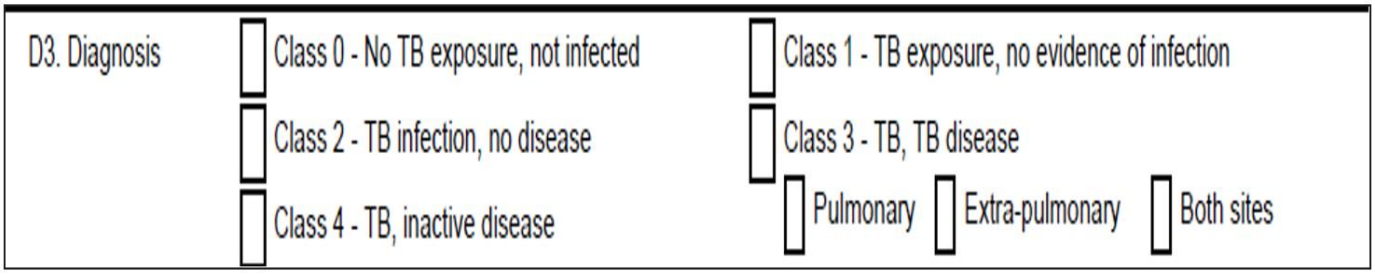
A domestic evaluation for TB has not been started for the arriving immigrant or refugee because of one of the following reasons.

| Data Item | Description | Comments |
|---|---|---|
| Not Located | | The health department is responsible for determining when all resources have been exhausted in search of the patient |
| Moved within U.S. transfer made: | Although the patient was located, an evaluation was not initiated because he or she relocated to another jurisdiction. | Initial jurisdiction is able to transfer the patient's record to the secondary jurisdiction in EDN. |

| Data Item | Description | Comments |
|---|---|---|
| Lost to Follow-Up | The patient was located but failed to report for initial TB screening at the clinic, and subsequent attempts to contact have failed. | Initial jurisdiction cannot provide locating information. |
| Moved outside U.S. | | |
| Refused Evaluation | | |
| Died | | |
| Unknown | The evaluation was not started for unknown reasons | |
| Other, specify | An evaluation was NOT initiated for reasons other than those stated above. | Other reasons should be specified in the comments section. |

## D3. Diagnosis

The diagnosis section of the worksheet collects information on the patient's domestic TB diagnosis.




| Classification of Persons Exposed to and/or Infected with *M. tuberculosis* | Description | Comments |
|---|---|---|
| **Class 0** | No TB exposure | Negative reaction to tuberculin skin test or IGRA<br>No history of exposure |
| **Class 1: TB exposure, no evidence of infection** | Exposure to TB but not latent TB infection | Negative reaction to tuberculin skin test or IGRA<br>No evidence of infection.<br>History of exposure to tuberculosis but negative reaction to the tuberculin skin test |
| **Class 2: TB infection, no disease** | Latent TB Infection (LTBI) | Positive reaction to the tuberculin skin test<br>Negative microscopy/bacteriology results<br>No clinical or radiographic evidence of tuberculosis |
| **Class 3: TB, active disease** | Active TB disease | Clinically active tuberculosis<br>Person must have clinical and/or radiologic evidence of tuberculosis<br>Established most definitively by isolation of *M. tuberculosis*<br>In absence for a positive culture for *M. tuberculosis*, persons in this class must have a positive reaction to the tuberculin test<br>Class 3 is further defined as pulmonary or extrapulmonary, in both sites on the follow-up form. |

| Classification of Persons Exposed to and/or Infected with *M. tuberculosis* | Description | Comments |
|---|---|---|
| **Class 4: Tuberculosis, inactive disease** | Old, healed, inactive TB disease | History of previous episode(s) of tuberculosis or abnormal stable radiographic findings<br>Positive reaction to tuberculin skin test<br>Negative microscopy/bacteriology<br>No clinical and/or radiographic evidence of current disease |

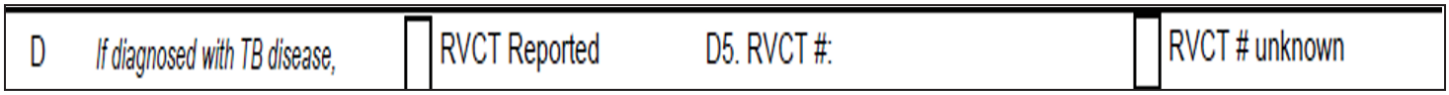
**Source:**

The CDC Prevention Guidelines Database Archive at http://wonder.cdc.gov/wonder/prevguid/p0000425/p0000425.asp#head007000000000000

**Note:**

The Class 5 TB Suspect category is intentionally left out of EDN TB follow-up reporting. The goal is to capture the complete follow-up: diagnostic, disposition, and treatment. Allowing Class 5 TB suspect as an end-point would not allow CDC to collect information on treatment.

## D4. Report of a Verified Case of Tuberculosis (RVCT)

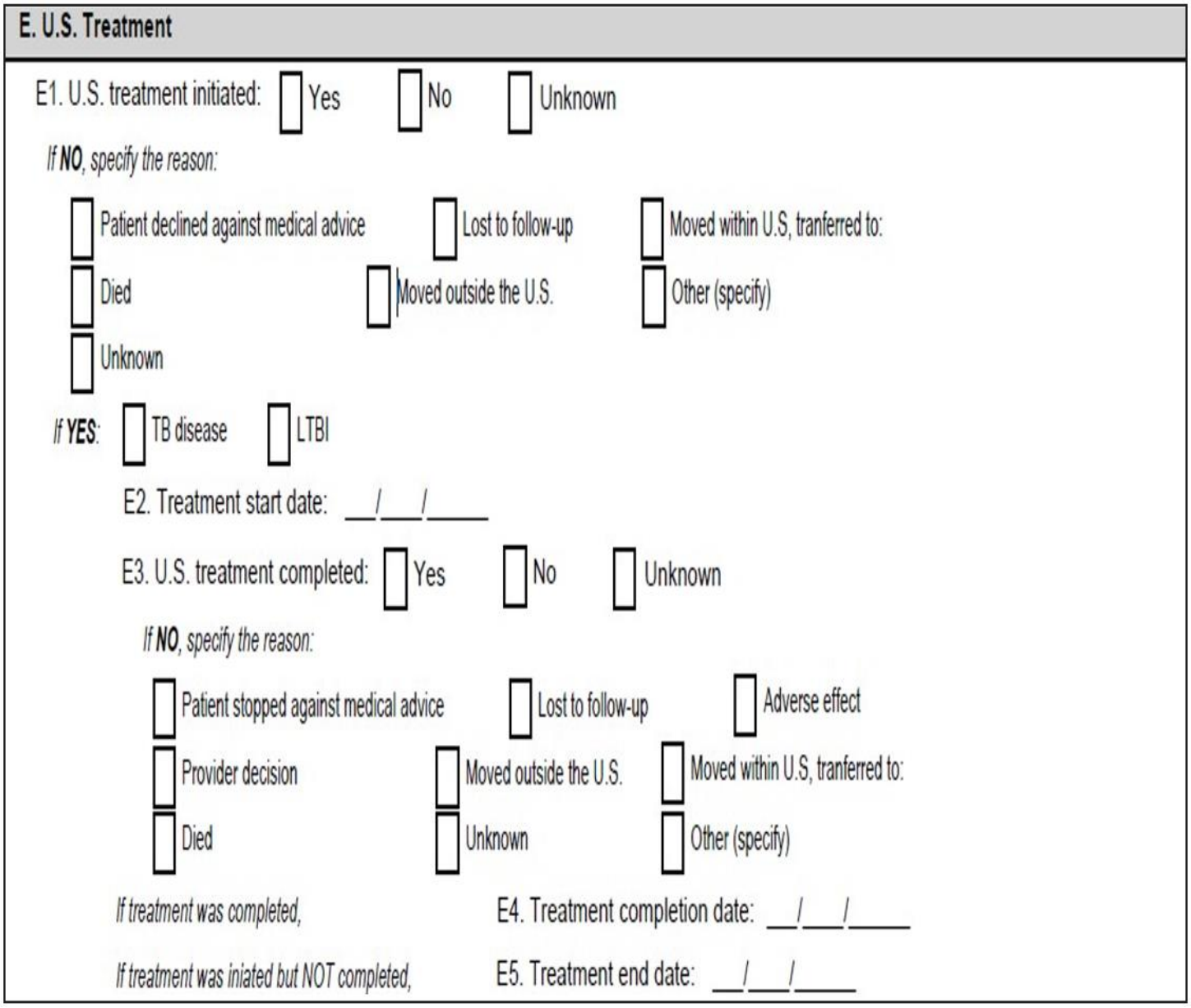



| Data Item | Description | Instructions/Comment |
|---|---|---|
| **RVCT Reported** | Indicates whether the patient with active TB disease was reported as a verified case of tuberculosis to CDC<br>‘ ’ – An unmarked check box means that the patient was **not** reported as a verified case of tuberculosis to CDC<br>‘ ’ – A marked check box means that the patient **was** reported as a verified case of tuberculosis to CDC | Complete this only if the patient has active tuberculosis |
| **RVCT #** | Indicates the RVCT# assigned to the patient | Complete this only if the patient was reported to the RVCT |
| **RVCT # Unknown** | Indicates that the patient was reported to the RVCT; however, the RVCT# is unknown<br>An unmarked check box means the RVCT number is **known**<br>A marked check box means the RVCT number is **unknown** | |

# Section E: U.S. Treatment

## Section E. Introduction

Section E collects information on domestic TB treatment. Section E should be filled out only if treatment was recommended for a person with a Class 2, 3, or 4 classifications.




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **U.S. Treatment Initiated** | | If yes is indicated, please continue on to the “If YES” portion of section |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **If No, specify 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 | Treatment was not initiated for the patient for one of the following reasons:<br>• Patient declined against medical advice<br>• Lost to follow-up – means that the patient did not report for TB treatment, and subsequent attempts to contact the patient have failed<br>• Moved within United States, transferred to: -means the patient moved to another jurisdiction<br>• Died<br>• Moved outside the U.S<br>• Unknown<br>• Other, specify – means the patient did not initiate treatment for reasons other than specified above | |
| **If Yes,** | If treatment was initiated, indicate whether it was started for LTBI or active TB disease | |
| **Treatment Start Date** (mm/dd/yyyy) | | |
| **Treatment Completed** | Indicates whether U.S. treatment was **completed.** | |

| Data Item | Description | Instructions/Comments |
|---|---|---|
| **If No,** specify reason | Indicates reasons for not completing treatment.<br>• Patient stopped against medical advice<br>• Lost to follow-up<br>• Adverse effect – means treatment was permanently stopped because of an adverse event due to anti-TB medications<br>• Provider decision – means that treatment was stopped by the provider for reasons other than adverse effects<br>• Moved within United States, transferred to jurisdiction before treatment could be completed<br>• Moved outside the U.S<br>• Died<br>• Unknown – means that treatment was **not** completed for unknown reasons<br>• Other, specify – means that treatment was not completed for reasons other than those listed above | |
| **U.S. Treatment Completion Date** | | Complete only if treatment was completed |
| **U.S. Treatment End Date** | | Complete only if treatment was **not** completed |

# Section F: Comments

## Section F. Introduction

Section F is the comments section of the TB follow-up worksheet. Please include any important medical or patient outcome information or clarifications that could not be captured in other sections of the worksheet here.

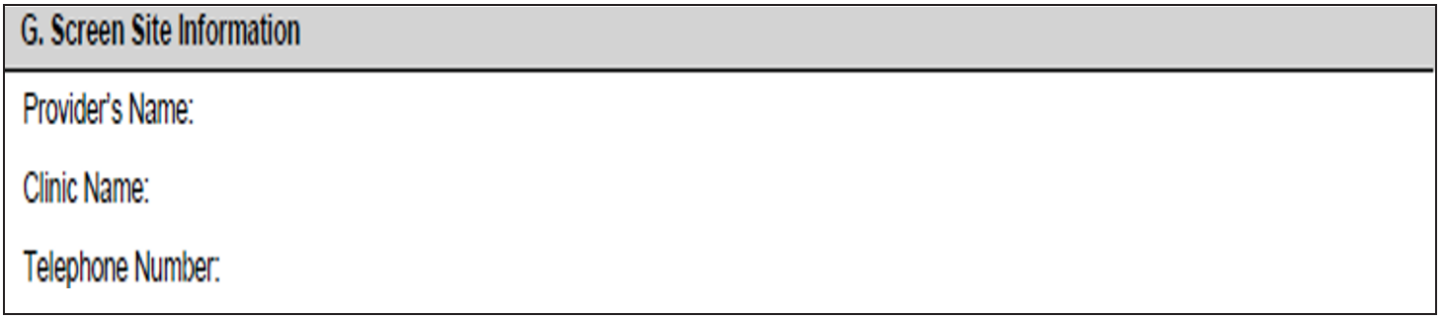
| F. Comments |
| --- |
| |

| Data Item | Description | Instructions/Comments |
| --- | --- | --- |
| **Comments** | Comments section. | Use this section to provide more information on responses indicated 'other, please specify.' If additional room is needed, information can be written or typed on a second form and attached to the worksheet. |

# Section G: Screen Site Information

## Section G. Introduction

Section G contains information about where the immigrant or refugee was evaluated. EDN does not collect the physician's signature.




| Data Item | Description | Instructions/Comments |
|---|---|---|
| **Provider's Name** | The name of the provider who performed U.S. medical evaluation. | |
| **Clinic Name** | The name of the clinic where the patient was evaluated. | |
| **Telephone Number** | Clinic phone number. | |

# Appendix A: Country Codes

| Birth Country | Country Name | Region |
|---|---|---|
| AF | AFGHANISTAN | Near East |
| AL | ALBANIA | Eastern Europe |
| AG | ALGERIA | North Africa |
| AQ | AMERICAN SAMOA | Pacific |
| AN | ANDORRA | Western Europe |
| AO | ANGOLA | Southern Africa |
| AV | ANGUILLA | Caribbean |
| AY | ANTARCTICA | Pacific |
| AL | ANTIGUA AND BURBUDA | Caribbean |
| AG | ARGENTINA | South America |
| AQ | ARMENIA | USSR/Former Soviet Union |
| AN | ASHMORE AND CARTIER ISL | Pacific |
| AO | AUSTRALIA | Austral Asia |
| AV | AUSTRIA | Western Europe |
| AY | AZERBAIJAN | USSR/Former Soviet Union |
| AC | BAHAMAS, THE | Caribbean |
| AR | BAHRAIN | Middle East |
| AM | BAKER ISLAND | Pacific |
| AT | BANGLADESH | Central Asia |
| AS | BARBADOS | Caribbean |
| AU | BASSAS DA INDIA | Southern Africa |
| AJ | BELARUS | USSR/Former Soviet Union |
| BF | BELGIUM | Western Europe |
| BA | BELIZE | Central America |
| BN | BENIN | West Africa |
| FQ | BERMUDA | North America |
| BG | BHUTAN | Central Asia |
| BB | BOLIVIA | South America |
| BS | BOSNIA AND HERCEGOVINA | Eastern Europe |
| BC | BOTSWANA | Southern Africa |
| BV | BOUVET ISLAND | Southern Africa |
| BR | BRAZIL | South America |
| IO | BRITISH INDIAN OCEAN TERRITORY | Southern Africa |
| VI | BRITISH VIRGIN ISLANDS | Caribbean |
| BX | BRUNEI | East Asia |
| BU | BULGARIA | Eastern Europe |
| UV | BURKINA FASO | West Africa |
| MM | BURMA | East Asia |
| BM | BURMA, MYANMAR | East Asia |
| BY | BURUNDI | Central Africa |
| CB | CAMBODIA | East Asia |
| CM | CAMEROON | Central Africa |
| CA | CANADA | North America |

| Birth Country | Country Name | Region |
|---|---|---|
| CV | CAPE VERDE | West Africa |
| CJ | CAYMAN ISLANDS | Caribbean |
| CT | CENTRAL AFRICAN REPUBLIC | Central Africa |
| CD | CHAD | Central Africa |
| CI | CHILE | South America |
| CH | CHINA | East Asia |
| KT | CHRISTMAS ISLAND | Pacific |
| IP | CLIPPERTON ISLAND | Latin America |
| CK | COCOS (KEELING) ISLANDS | Pacific |
| CO | COLOMBIA | South America |
| CN | COMOROS | Southern Africa |
| CF | CONGO | Central Africa |
| CW | COOK ISLANDS | Pacific |
| CR | CORAL SEA ISLANDS | Pacific |
| CS | COSTA RICA | Central America |
| IV | COTE D'IVOIRE | West Africa |
| HR | CROATIA | Eastern Europe |
| CU | CUBA | Caribbean |
| CY | CYPRUS | Middle East |
| EZ | CZECH REPUBLIC | Eastern Europe |
| CZ | CZECHOSLOVAKIA (OLD) | Eastern Europe |
| CG | DEMOCRATIC REPUBLIC OF THE CONGO | Central Africa |
| DA | DENMARK | Western Europe |
| DJ | DJIBOUTI | East Africa |
| DO | DOMINICA | Caribbean |
| DR | DOMINICAN REPUBLIC | Caribbean |
| EC | ECUADOR | South America |
| EG | EGYPT | North Africa |
| ES | EL SALVADOR | Central America |
| EK | EQUATORIAL GUINEA | Central Africa |
| ER | ERITREA | East Africa |
| EN | ESTONIA | USSR/Former Soviet Union |
| ET | ETHIOPIA | East Africa |
| EU | EUROPA ISLAND | Southern Africa |
| FK | FALKLAND (IS MALVINAS) | South America |
| FO | FAROE ISLANDS | Western Europe |
| FM | FED STATES MICRONESIA | Pacific |
| FJ | FIJI | Pacific |
| FI | FINLAND | Western Europe |
| FR | FRANCE | Western Europe |
| FG | FRENCH GUIANA | South America |
| FP | FRENCH POLYNESIA | Pacific |
| GB | GABON | Central Africa |
| GA | GAMBIA, THE | West Africa |
| GZ | GAZA STRIP | Middle East |
| GG | GEORGIA | USSR/Former Soviet Union |
| GM | GERMANY | Western Europe |

| Birth Country | Country Name | Region |
|---|---|---|
| GH | GHANA | West Africa |
| GI | GIBRALTAR | Western Europe |
| GO | GLORIOSO ISLANDS | Southern Africa |
| GR | GREECE | Eastern Europe |
| GL | GREENLAND | Western Europe |
| GJ | GRENADA | Caribbean |
| GP | GUADELOUPE | Caribbean |
| GQ | GUAM | Pacific |
| GT | GUATEMALA | Central America |
| GK | GUERNSEY | Western Europe |
| GV | GUINEA | West Africa |
| PU | GUINEA-BISSAU | West Africa |
| GY | GUYANA | South America |
| HA | HAITI | Caribbean |
| HM | HEARD ISLAND & MCDONALD ISLANDS | South Africa |
| HO | HONDURAS | Central America |
| HK | HONG KONG | East Asia |
| HQ | HOWLAND ISLAND | Pacific |
| HU | HUNGARY | Eastern Europe |
| IC | ICELAND | Western Europe |
| IN | INDIA | Central Asia |
| ID | INDONESIA | East Asia |
| IR | IRAN | Near Asia |
| IZ | IRAQ | Middle East |
| EI | IRELAND | Western Europe |
| IS | ISRAEL | Middle East |
| IT | ITALY | Western Europe |
| JM | JAMAICA | Caribbean |
| JN | JAN MAYEN | Western Europe |
| JA | JAPAN | East Asia |
| DQ | JARVIS ISLAND | Pacific |
| JE | JERSEY | Western Europe |
| JS | JERUSALEM | Middle East |
| JQ | JOHNSTON ATOLL | Pacific |
| JO | JORDAN | Middle East |
| JU | JUAN DE NOVA ISLAND | Southern Africa |
| KZ | KAZAKHSTAN | USSR/Former Soviet Union |
| KE | KENYA | East Africa |
| KQ | KINGMAN REEF | Pacific |
| KR | KIRIBATI | Pacific |
| KN | KOREA, DEMOCRATIC PEOPLE'S REPUBLIC | East Asia |
| KS | KOREA, REPUBLIC OF | East Asia |
| KU | KUWAIT | Middle East |
| KG | KYRGYZSTAN | USSR/Former Soviet Union |
| LA | LAOS | East Asia |
| LG | LATVIA | USSR/Former Soviet Union |
| LE | LEBANON | Middle East |

| Birth Country | Country Name | Region |
|---|---|---|
| LT | LESOTHO | Southern Africa |
| LI | LIBERIA | West Africa |
| LY | LIBYA | North Africa |
| LS | LIECHTENSTEIN | Western Europe |
| LH | LITHUANIA | USSR/Former Soviet Union |
| LU | LUXEMBOURG | Western Europe |
| MC | MACAU | East Asia |
| MK | MACEDONIA | Eastern Europe |
| MA | MADAGASCAR | South Africa |
| MI | MALAWI | Central Africa |
| MY | MALAYSIA | East Asia |
| MV | MALDIVES | Central Asia |
| ML | MALI | West Africa |
| MT | MALTA | Western Europe |
| IM | MAN, ISLE OF | Western Europe |
| RM | MARSHALL ISLANDS | Pacific |
| MB | MARTINIQUE | Caribbean |
| MR | MAURITANIA | West Africa |
| MP | MAURITIUS | Southern Africa |
| MF | MAYOTTE | Southern Africa |
| MX | MEXICO | Central America |
| MQ | MIDWAY ISLAND | Pacific |
| MD | MOLDOVA | USSR/Former Soviet Union |
| MN | MONACO | Western Europe |
| MG | MONGOLIA | Central Asia |
| MW | MONTENEGRO | Eastern Europe |
| MH | MONTSERRAT | Caribbean |
| MO | MOROCCO | North Africa |
| MZ | MOZAMBIQUE | Southern Africa |
| WA | NAMIBIA | Southern Africa |
| NR | NAURU | Pacific |
| BQ | NAVASSA ISLAND | Caribbean |
| NP | NEPAL | Central Asia |
| NL | NETHERLANDS | Western Europe |
| NT | NETHERLANDS ANTILLES | Caribbean |
| NC | NEW CALEDONIA | Australasia |
| NZ | NEW ZEALAND | Australasia |
| NU | NICARAGUA | Central America |
| NG | NIGER | West Africa |
| NI | NIGERIA | West Africa |
| NE | NIUE | Pacific |
| NF | NORFOLK ISLAND | Pacific |
| CQ | NORTHERN MARIANA ISLANDS | Pacific |
| NO | NORWAY | Western Europe |
| MU | OMAN | Middle East |
| PK | PAKISTAN | Near Asia |
| LQ | PALMYRA ATOLL | Pacific |

| Birth Country | Country Name | Region |
|---|---|---|
| PM | PANAMA | Central America |
| PP | PAPUA NEW GUINEA | Australasia Asia |
| PF | PARACEL ISLANDS | East Asia |
| PA | PARAGUAY | South America |
| PE | PERU | South America |
| RP | PHILIPPINES | Pacific |
| PC | PITCAIRN ISLANDS | Pacific |
| PL | POLAND | Eastern Europe |
| PO | PORTUGAL | Western Europe |
| PT | PORTUGUESE TIMOR | Pacific |
| RQ | PUERTO RICO | Caribbean |
| QA | QATAR | Middle East |
| RE | REUNION | South Africa |
| RO | ROMANIA | Eastern Europe |
| RS | RUSSIA | USSR/Former Soviet Union |
| RW | RWANDA | Central Africa |
| SX | S. GEORGIA/S.SANDWICH ISLANDS | Latin America |
| SM | SAN MARINO | Western Europe |
| TP | SAO TOME AND PRINCIPE | Central Africa |
| SA | SAUDI ARABIA | Middle East |
| SG | SENEGAL | West Africa |
| SR | SERBIA | Eastern Europe |
| SE | SEYCHELLES | Southern Africa |
| SL | SIERRA LEONE | West Africa |
| SN | SINGAPORE | East Asia |
| LO | SLOVAK REPUBLIC | Eastern Europe |
| SI | SLOVENIA | Eastern Europe |
| BP | SOLOMON ISLANDS | Pacific |
| SO | SOMALIA | East Africa |
| SF | SOUTH AFRICA | Southern Africa |
| FS | SOUTHERN OCEAN & ANTARCTIC LANDS | East Asia |
| SP | SPAIN | Western Europe |
| PG | SPRATLY ISLANDS | East Asia |
| CE | SRI LANKA | Central Asia |
| ST | ST LUCIA | Caribbean |
| SH | ST. HELENA | Southern Africa |
| SC | ST. KITTS AND NEVIS | Caribbean |
| SB | ST. PIERRE AND MIQUELON | North America |
| VC | ST. VINCENT/GRENADINES | Caribbean |
| SU | SUDAN | North Africa |
| NS | SURINAME | South America |
| SV | SVALBARD | Western Europe |
| WZ | SWAZILAND | Southern Africa |
| SW | SWEDEN | Western Europe |
| SZ | SWITZERLAND | Western Europe |
| SY | SYRIA | Middle East |
| TW | TAIWAN | East Asia |

| Birth Country | Country Name | Region |
|---|---|---|
| TI | TAJIKISTAN | USSR/Former Soviet Union |
| TZ | TANZANIA, UNITED REPUBLIC OF | East Africa |
| TH | THAILAND | East Asia |
| TO | TOGO | West Africa |
| TL | TOKELAU | Pacific |
| TN | TONGA | Pacific |
| TD | TRINIDAD AND TOBAGO | Caribbean |
| TE | TROMELIN ISLAND | Southern Africa |
| PS | TRUST TERR OF PACIFIC | Pacific |
| TS | TUNISIA | North Africa |
| TU | TURKEY | Near Asia |
| TX | TURKMENISTAN | USSR/Former Soviet Union |
| TK | TURKS AND CAICOS ISLANDS | Caribbean |
| TV | TUVALU | Pacific |
| UM | U.S. MINOR OUTLYING ISLANDS | Pacific |
| UR | U.S.S.R. (OLD) | USSR/Former Soviet Union |
| UG | UGANDA | Central Africa |
| UP | UKRAINE | USSR/Former Soviet Union |
| TC | UNITED ARAB EMIRATES | Middle East |
| UK | UNITED KINGDOM | Western Europe |
| ZZ | UNKNOWN | Uncertain |
| UY | URUGUAY | South America |
| US | USA | North America |
| UZ | UZBEKISTAN | Eastern Europe |
| NH | VANUATU | Pacific |
| VT | VATICAN CITY | Western Europe |
| VE | VENEZUELA | South America |
| VM | VIETNAM | East Asia |
| VQ | VIRGIN ISLANDS | Caribbean |
| WQ | WAKE ISLAND | Pacific |
| WF | WALLIS AND FUTUNA | Pacific |
| WE | WEST BANK | Middle East |
| WI | WESTERN SAHARA | North Africa |
| WS | WESTERN SAMOA | Pacific |
| YM | YEMEN | Middle East |
| YU | YUGOSLAVIA (OLD) | Eastern Europe |
| ZA | ZAMBIA | Southern Africa |
| ZI | ZIMBABWE | Southern Africa |

# Appendix B: TB Worksheet Glossary

| Term | Definition |
|---|---|
| Acid-fast bacilli (AFB) | Microorganisms that, when stained, retain color even after they have been washed in an acid solution; may be detected under a microscope in a stained smear. *M. tuberculosis* is the most common AFB and this is a quick way to determine if the person has TB infection. |
| Active TB disease | An illness caused by bacteria called *Mycobacterium tuberculosis*, in which tuberculosis (TB) bacteria are multiplying and attacking parts of the body, most commonly the lungs. A person with active TB disease is capable of spreading the disease to others if the TB bacteria are active in the lungs or throat. The symptoms of active TB include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms may include a bad cough, pain in the chest, and coughing up blood. |
| Cavity | A hollow space within the lung, visible on a chest X-ray or CT scan |
| Culture | To grow organisms on media (substances containing nutrients) so that they or the product of this process can be identified |
| Diagnostic evaluation | An evaluation used to diagnose TB disease; includes a medical history, a chest X-ray, the collection of specimens for bacteriologic examination, and possibly a tuberculin skin test or an interferon-gamma release assay such as the QuantiFERON®-TB Gold Test |
| Drug-resistant TB | TB caused by organisms that are able to grow in the presence of particular drug; TB that is resistant to at least one first-line ant tuberculosis drug |
| Extra pulmonary TB | TB disease that occurs in places other than the lungs, such as the lymph nodes, the pleura, the brain, the kidneys, or the bones; most types of extra pulmonary TB are not infectious |
| Interferon-gamma (IFN-γ) | Protein that is normally produced by the body in response to infection |
| Interferon-gamma release assay (IGRA) | A type of blood test that measures a person's immune reactivity to *M. tuberculosis* by measuring release of IFN- γ. In the U.S., QuantiFERON®-TB Gold, QuantiFERON®-TB Gold In-Tube, and T-SPOT® are examples of this kind of test. |
| Latent TB infection (LTBI) | Refers to the condition when a person is infected with tubercle bacilli, but TB disease has not developed. Persons with LTBI do not have TB disease symptoms, and they cannot spread TB germs to others. Persons with LTBI usually have a positive result to the Mantoux tuberculin skin test or an interferon-gamma release assay. |
| LTBI treatment | Medication that is given to people who have latent TB infection to prevent them from developing TB disease |
| Mantoux Tuberculin skin test (TST) | A method of testing for TB infection; a needle and syringe are used to inject 0.1 mL of 5 tuberculin units of liquid tuberculin between the layers of the skin (intradermally), usually on the forearm; the reaction to this test, a palpable swollen area (induration), is measured 48 to 72 hours after the injection and is interpreted as positive or negative depending on the size of the reaction and the patient's risk factors for TB |

| Term | Definition |
|---|---|
| Multidrug-resistant TB (MDR TB) | Resistant to at least the drugs isoniazid and rifampin, MDR TB is more difficult to treat than drug- susceptible TB |
| *Mycobacterium tuberculosis* | One of the organisms that causes TB in humans, and sometimes called the tubercle bacillus; belongs to a group of bacteria called mycobacteria |
| *Mycobacterium tuberculosis* complex | A group of closely related mycobacteria that can cause active TB (e.g., *M. tuberculosis*, *M. bovis*, and *M. africanum*). Most TB in the United States is caused by *M. tuberculosis.* |
| Pulmonary TB | TB disease that occurs in the lungs, typically causing a cough and an abnormal chest X-ray. Pulmonary TB is usually infectious if untreated. Most TB cases reported in the United States are pulmonary TB. |
| Report of Verified Case of Tuberculosis (RVCT) | The national tuberculosis (TB) surveillance data reporting form. All jurisdictions report these data to CDC on each newly reported case of TB. The results are used for determining the TB morbidity case rates for the United States, U.S. territories, U.S. island areas and U.S. outlying areas. |
| Smear | A specimen that has been smeared onto a glass slide, stained, washing in an acid solution, and then placed under the microscope for examination; used to detect acid-fast bacilli in a specimen |
| Specimen | A sample collected from a person for testing |
| Sputum | Phlegm from deep in the lungs, collected in a sterile container for processing and examination |
| Susceptibility | An organism's ability to be killed by a particular drug |

# Appendix C: Privacy Act System Notice 09-20-0103

System name: Alien Tuberculosis Follow-up Program. HHS/CDC/NCEZID.

Security classification: None.

System location: Office of the Director, Division of Global Migration and Quarantine, National Center for Emerging and Zoonotic Infectious Diseases, Corporate Square, Bldg. 10, Rm. 1209, Centers for Disease Control and Prevention.

Categories of individuals covered by the system: Immigrants and refugees with tuberculosis.

Categories of records in the system: Medical history.

Authority for maintenance of the system: Public Health Service Act, Section 325, "Examination of Aliens" (42 U.S.C. 252); and the Immigration and Nationality Act, Section 212(g), "Application for Waiver of Grounds of Inadmissibility" (8 U.S.C. 1182(g)).

Purpose(s): To provide a record system for the surveillance and periodic medical evaluation of immigrant aliens with tuberculosis.

Routine uses of records maintained in the system, including categories of users and the purposes of such uses: Disclosure may be made to state health departments, city health departments or the courts, private physicians, or other health care facilities that will provide medical care for the immigrant alien. Disclosure may be made to a congressional office from the record of an individual in response to a verified inquiry from the congressional office made at the written request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, for example, in defending a claim against the Public Health Service based upon an individual's mental or physical condition and alleged to have arisen because of activities of the Public Health Service in connection with such individual, disclosure may be made to the Department of Justice to enable that Department to present an effective defense, provided that such disclosure is compatible with the purpose for which the records were collected. Records may be disclosed by CDC in connection with public health activities to the Social Security Administration for sources of locating information to accomplish the research or program purposes for which the records were collected. CDC is authorized to share information on aliens with the Social Security Administration to determine eligibility for benefits, pursuant to Section 1631 (e) of the Social Security Act as amended by Public Law 103- 296, or as otherwise provided for in the Social Security Act.

Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:

Storage: Card files and computer tapes/disks and printouts.

Retrievability: Records are retrieved by name, Alien Registration Number, and by year of birth.

Safeguards:

1. Authorized Users: A database security package is implemented on CDC's mainframe computer to control unauthorized access to the system. Attempts to gain access by unauthorized individuals are automatically recorded and reviewed on a regular basis. Access is granted to only a limited number of physicians, scientists, statisticians, and designated support staff of the Centers for Disease Control and Prevention (CDC), or its contractors, as authorized by the system manager to accomplish the stated purposes for which the data in this system have been collected.

2. Physical Safeguards: Access to the CDC Clifton Road facility where the mainframe computer is located is controlled by a cardkey system. Access to the computer room is controlled by a cardkey and security code (numeric keypad) system. Access to the data entry area is also controlled by a cardkey system. The hard copy records are kept in locked cabinets in locked rooms. The local fire department is located nearby. The computer room is protected by an automatic sprinkler system, automatic sensors (e.g., water, heat, smoke, etc.) are installed, and portable fire extinguishers are located throughout the computer room. The system is backed up on a nightly basis with copies of the files stored off site in a secure fireproof safe. The 24-hour guard service in buildings provides personnel screening of visitors. Electronic anti-intrusion devices are in effect at the Federal Records Center.

3. Procedural Safeguards: Protection for computerized records both on the mainframe and the CIO Local Area Network (LAN) includes programmed verification of valid user identification code and password prior to logging on to the system, mandatory password changes, limited log-ins, virus protection, and user rights/file attribute restrictions. Password protection imposes user name and password log-in requirements to prevent unauthorized access. Each user name is assigned limited access rights to files and directories at varying levels to control file sharing. There are routine daily backup procedures, and a Vault Management System for secure off-site storage is available for backup tapes. To avoid inadvertent data disclosure, "degaussing" is performed to ensure that all data are removed from Privacy Act computer tapes and/or other magnetic media. Additional safeguards may be built into the program by the system analyst as warranted by the sensitivity of the data. CDC and contractor employees who maintain records are instructed to check with the system manager prior to making disclosures of data. When individually identified data are being used in a room, admittance at either CDC or contractor sites is restricted to specifically authorized personnel. Privacy Act provisions are included in contracts, and the CDC Project Director, contract officers and project officers oversee compliance with these requirements. Upon completion of the contract, all data will be either returned to CDC or destroyed, as specified by the contract.

4. Implementation Guidelines: The safeguards outlined above are developed in accordance with Chapter 45- 13, "Safeguarding Records Contained in Systems of Records," of the HHS General Administration Manual; and Part 6, "Automated Information System Security," of the HHS Information Resources Management Manual. FRC safeguards are in compliance with GSA Federal Property Management Regulations, Subchapter B-- Archives and Records. Data maintained in CDC Atlanta's Processing Center are in compliance with OMB Circular A-130, Appendix III. Security is provided for information collection, processing, transmission, storage, and dissemination in general support systems and major applications. The CIO LAN currently operates under Novell Netware v 4.11 and is in compliance with "CDC & ATSDR Security Standards for Novell File Servers."

Retention and disposal: Card files are maintained in the agency for two years and are destroyed by paper recycling process after 2 years. Computer files are maintained for 4 years at CDC. Records are destroyed by erasing tape after 4 years.

Notification procedure: An individual may learn if a record exists about himself or herself by contacting the system manager at the address above. Requesters in person must provide driver's license or other positive identification. Individuals who do not appear in person must either: (1) submit a notarized request to verify their identity; or (2) certify that they are the individuals they claim to be and that they understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a $5,000 fine. An individual who requests notification of or access to medical records shall, at the time the request is made, designate in writing a responsible representative who is willing to review the record and inform the subject individual of its contents at the representative's discretion. A parent or guardian who requests notification of, or access to, a child's medical record shall designate a family physician or other health professional (other than a family member) to whom the record, if any, will be sent. The parent or guardian must verify relationship to the child by means of a birth certificate or court order, as well as verify that he or she is who he or she claims to be. The following information must be provided when requesting notification: (1) full name; (2) the approximate date and place of the study, if known; and (3) nature of the questionnaire or study in which the requester participated.

Record access procedures: Same as notification procedures. Requesters should also reasonably specify the record contents being sought. An accounting of disclosures that have been made on the record, if any, may be requested.

Contesting record procedures: Contact the official at the address specified under System Manager above, reasonably identify the record and specify the information being contested, the corrective action sought, and the reasons for requesting the correction, along with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

Record source categories: Information obtained from alien's visa medical documents at port of entry by Quarantine Inspectors.

Systems exempted from certain provisions of the act: None.