

Electronic Disease Notification (EDN)



SCREENING FOR TB IN NEWLY ARRIVED REFUGEES AND
IMMIGRANTS

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Overview



- **EDN SYSTEM**
- **REFUGEE AND IMMIGRANT DATA**
- **CLASS B DESIGNATION**
- **CULTURAL SENSITIVITY**

Overseas Screening

- Immigrants and refugees are required to complete pre-immigration medical examinations before entering US
- Panel physicians designated by the US Department of State perform and sign-off on these screenings
- Medical exam documents for all refugees and for immigrants with certain medical conditions are collected at a CDC quarantine station on arrival to US

CDC Quarantine Stations by Jurisdiction



EDN



- Contains Department of State (DS) form information, the results of overseas medical exams and treatment, and immunization records
- Notifies state and local health departments of newly arriving immigrants with medical conditions, refugees, asylees, and parolees (e.g., Cuban and Haitian entrants) in your jurisdiction
- Allows you to download information about aliens in your jurisdiction for data analysis

EDN



- Includes TB Follow-Up Worksheet; supplies an electronic system to record and evaluate the outcome of domestic follow-up exams
- Provides an electronic system for health departments to track subsequent migration of aliens within the United States
- Allows comparison of overseas health assessments with domestic follow-up results
- Provides federal and state public health officials with data to evaluate the effectiveness of the follow-up of aliens with Class B TB

EDN



CDC Home Search Health Topics A-Z

Electronic Disease Notification (EDN)

9/10/2012

Alien Information

Name: Data Entry Person: Int'l Org. for Migration
Alien Number: Entering for Q-Station: Chicago Quarantine
File Number: Officer in Charge: Sena Blumensaadt
Arrival Date: 5/25/2011
Volag Name: International Rescue Comm

Relative Sponsor's Address

Sponsor Name: Organization: INTERNATIONAL RESCUE COMM
Address Line 1: Name:
Address Line 2: Address Line 1:
City State Zip: Address Line 2:
Home Phone: City State Zip:
Business Phone: Business Phone:
Business Fax: Business Fax:

Row	Name	Alien Number	DOB	Sex	POB
1				M	ETHIOPIA
2				M	ETHIOPIA
3				F	SOMALIA

Relationship to Principal Applicant: Native Language: Somali Case Priority: OPE
Citizenship: ETHIOPIA Case Location: UNHCR Number: Marital Status: Single

Pre-Departure Medical Screening Treatment

Anthelmintic	Albendazole 600/mg
Anthelmintic	Praziquantel 920/mg
Antimalarial	coartum 420mg 6dose

Navigation: 1 of 1, 100%, Find | Next

Left sidebar menu: Login, Logout, Administrative Tasks, EDN Workflow (Home, Alien List, Alien Search, Batch Print, Reports, Data Download), Help (Contacts, Help), Current Alien (Alien #, File #), EDN Forms (Alien Information, DS-2054 Medical Exam, DS-3025 Vaccination, DS-3026 Medical History, DS-3030 Chest X-Ray), EDN Activities (View/Update Address, View All Documents, View Scanned Docs, Migration Report)

- Alien Information

- Alien number
- Most current address
- Resettlement agency
- Family members resettled in same group
- Quarantine station
- Preferred language

Refugees



- The US resettles over 60,000 refugees each year
 - POTUS set 70,000 person ceiling for FY2015
 - Texas resettled 10,298 refugees in FY2013 and over 12,800 refugees in FY2014
- 98% of refugees arriving in Texas are resettled in seven counties
 - Harris, Dallas, Tarrant, Travis, Bexar, Potter and Taylor
- Refugees have formal, organized resettlement process
 - Compared to immigrants
 - More health information available on refugees
 - More aid available post-arrival

Refugees



- Post-arrival medical evaluation should be tailored to specific populations as much as possible
 - Base on factors including: country of origin, race, receipt of pre-departure interventions (vaccinations and presumptive therapy for malaria and intestinal parasites), epidemiologic risks in the country of origin and country or countries of first asylum
- Refugees may qualify for state Medicaid programs to cover post-arrival medical screening and any needed ongoing medical care

Immigrants



- No formal mechanism or funding source is available for post-arrival medical evaluation
 - Immigrants, with the exception of international adoptees, do not routinely receive evaluation beyond the recommended screening for Class B conditions
- Approximately 450,000 new arrivals to US annually
 - 40,000 through diversity lottery
 - 200,000 are family-sponsored

Class B Designation



- **Established during pre-immigration medical examination**
 - If exam is negative for TBI/TBD, no further TB follow-up is needed on arrival to US
 - If TBD is diagnosed, full treatment is required before travel to US
 - If exam is positive for TB and TBD is ruled-out, a Class B designation is assigned according to exam results

Class B Designation



Class Status	Pre-Immigration Exam Findings
Class B1	TB suspect (evidence of extrapulmonary or smear NEG pulmonary TB; ABL CXR; history of treatment for TBD; old healed TB)
Class B2	TBI (TST POS, CXR NL; treatment not initiated or completed prior to arrival)
Class B3	Contact (pre-departure exposure to confirmed TB case; can also have another Class designation)

Note: Pre-immigration TB screening is not intended to diagnose/treat extrapulmonary TB or TBI.

Class B Designation



Class Status	TB Follow-up
Class B1	Screen with TST/IGRA, CXR, symptom screen Verify previous treatment Establish a diagnosis
Class B2	Screen with TST/IGRA, symptom screen CXR if indicated Establish a diagnosis
Class B3	Screen as you would a typical TB contact (TST/IGRA, symptom screen) Gather info on source case (e.g. drug resistance) Establish a diagnosis

Note: These are general follow-up guidelines. Please consult local or regional TB Program Manager for jurisdiction-specific procedures.

TB Follow-up Worksheet



- Form designed to collect information on Class B aliens
- Data should be entered/updated:
 - First post-immigration evaluation for TB
 - As diagnostic reports are received
 - After establishing diagnosis
 - If alien is classified as lost to follow-up
 - When alien moves out of jurisdiction
 - Upon completion of TBI/TBD treatment

TB Follow-up Worksheet



- **Time frame for submitting TB Follow-up Worksheet:**
 - Class B aliens should receive initial evaluation within 30 days of arrival to the US
 - Establish diagnosis within 90 days of arrival
 - Reports can be run in EDN to determine the percentage of Follow-up Worksheets that are:
 - ✦ Not Started
 - ✦ In Progress
 - ✦ Submitted

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:		A12. a. Sponsor agency name:		
A11b. Phone:		b. Phone(s):		
A11c. Other:		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)		Interferon-Gamma Release Assay (IGRA)		
C2a. Was a TST administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C3a. Was IGRA administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
# YES, C2b. TST placement date: _____/_____/_____		# YES, C3b. Date collected: _____/_____/_____ Date unknown		
<input type="checkbox"/> Placement date unknown		C3c. IGRA brand: <input type="checkbox"/> QuantiFERON® <input type="checkbox"/> T-SPOT		
C2c. TST mm: _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> Other (specify):		
C2d. TST interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		C3d. Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate		
<input type="checkbox"/> Unknown		<input type="checkbox"/> Invalid <input type="checkbox"/> Unknown		
C2e. History of Previous Positive TST <input type="checkbox"/>		C3e. History of previous positive IGRA <input type="checkbox"/>		
U.S. Review of Pre-Immigration CXR		U.S. Domestic CXR		Comparison
C4. Pre-immigration CXR available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Verifiable		C7. U.S. domestic CXR done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		C11. U.S. domestic CXR comparison to pre-immigration CXR: <input type="checkbox"/> Stable <input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Unknown
C5. U.S. interpretation of pre-immigration CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Poor Quality <input type="checkbox"/> Unknown		# YES, C8. Date of U.S. CXR: _____/_____/_____		
		C9. Interpretation of U.S. CXR: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (must select one below): <input type="checkbox"/> Not consistent with active TB <input type="checkbox"/> Non-cavitary, consistent with TB <input type="checkbox"/> Cavitary, consistent with TB <input type="checkbox"/> Unknown		
C6. Other pre-immigration CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)		C10. U.S. domestic CXR abnormalities: <input type="checkbox"/> Volume loss <input type="checkbox"/> Infiltrate <input type="checkbox"/> Granuloma(ta) <input type="checkbox"/> Adenopathy <input type="checkbox"/> Other (specify)		
U.S. Review of Pre-Immigration Treatment				
C12a. Completed treatment pre-immigration? <input type="checkbox"/> Yes <input type="checkbox"/> No		C13. Arrived on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
# YES, <input type="checkbox"/> Treated for TB disease <input type="checkbox"/> Treated for LTBI		# YES, <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI		
C12b. Treatment start date: _____/_____/_____ Start date unknown		C13a. Start date: _____/_____/_____ Start date unknown		
C12c. Treatment end date: _____/_____/_____ End date unknown				
C12d. Treatment reported by: <input type="checkbox"/> Treatment documented on DS forms <input type="checkbox"/> Patient reported treatment completion <u>at</u> or <u>before</u> panel physician examination <input type="checkbox"/> Both-documented on DS forms & patient reported <input type="checkbox"/> Unknown		C14. Pre-immigration treatment concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No # YES, <input type="checkbox"/> Treatment duration too short <input type="checkbox"/> Incorrect treatment regimen <input type="checkbox"/> Other, please specify:		
C12e. Standard TB treatment regimen was administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to verify				

en #		EDN TB Follow-Up Worksheet (Cont)		Last reviewed: 6/21/2013	
5. U.S. Microscopy/Bacteriology*		Sputa collected in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Covers all results regardless of sputa collection method.	
Date Collected	AFB Smear	Sputum Culture		Drug Susceptibility Testing	
____/____/____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done		
____/____/____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done		
____/____/____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> NTM <input type="checkbox"/> MTB Complex <input type="checkbox"/> Contaminated <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown	<input type="checkbox"/> MDR-TB <input type="checkbox"/> Mono-RIF <input type="checkbox"/> Mono-INH <input type="checkbox"/> Other DR <input type="checkbox"/> No DR <input type="checkbox"/> Not Done		
Evaluation Disposition					
1. Evaluation disposition date: _____/_____/_____					
2. Evaluation disposition:					
<input type="checkbox"/> Completed evaluation		<input type="checkbox"/> Initiated Evaluation / Not completed		<input type="checkbox"/> Did not initiate evaluation	
<i>If evaluation was completed, was treatment recommended?</i>		<i>If evaluation was NOT completed, why not?</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not Located <input type="checkbox"/> Moved within U.S., transferred to: <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> Moved outside U.S. <input type="checkbox"/> Refused Evaluation <input type="checkbox"/> Died <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify			
<input type="checkbox"/> LTBI					
<input type="checkbox"/> Active TB					
3. Diagnosis					
<input type="checkbox"/> Class 0 - No TB exposure, not infected		<input type="checkbox"/> Class 1 - TB exposure, no evidence of infection			
<input type="checkbox"/> Class 2 - TB infection, no disease		<input type="checkbox"/> Class 3 - TB, TB disease			
<input type="checkbox"/> Class 4 - TB, inactive disease		<input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-pulmonary <input type="checkbox"/> Both sites			
<i>If diagnosed with TB disease, <input type="checkbox"/> RVCT Reported</i> D5. RVCT #: <input type="checkbox"/> RVCT # unknown					
U.S. Treatment					
E1. U.S. treatment initiated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
# NO, specify the reason:					
<input type="checkbox"/> Patient declined against medical advice		<input type="checkbox"/> Lost to follow-up		<input type="checkbox"/> Moved within U.S., transferred to:	
<input type="checkbox"/> Died		<input type="checkbox"/> Moved outside the U.S.		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Unknown					
# YES: <input type="checkbox"/> TB disease <input type="checkbox"/> LTBI					
E2. Treatment start date: _____/_____/_____					
E3. U.S. treatment completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
# NO, specify the reason:					
<input type="checkbox"/> Patient stopped against medical advice		<input type="checkbox"/> Lost to follow-up		<input type="checkbox"/> Adverse effect	
<input type="checkbox"/> Provider decision		<input type="checkbox"/> Moved outside the U.S.		<input type="checkbox"/> Moved within U.S., transferred to:	
<input type="checkbox"/> Died		<input type="checkbox"/> Unknown		<input type="checkbox"/> Other (specify)	
# If treatment was completed, E4. Treatment completion date: _____/_____/_____					
# If treatment was initiated but NOT completed, E5. Treatment end date: _____/_____/_____					
Comments					
Screen Site Information					
Provider's Name:					
Inic Name:					
Telephone Number:					

Cultural Sensitivity



- **Barriers to seeking evaluation and treatment:**
 - Language, social and cultural norms, including beliefs regarding Western medicine
 - Immigrants may not have access to Medicaid or health insurance
- **Priorities related to new environment:**
 - English classes, schooling, housing, work, etc.
 - Precedence over accessing health care services

Resources



- EDN Helpdesk 1-866-226-1617
 - EDN Helpdesk Email edn@cdc.gov
- DSHS TB and Refugee Health Services staff
 - Daniel Coy
 - EDN questions and support
 - 512-533-3150
- Lana Jones
 - 512-533-3159
 - Feel free to call me any time!