
Class B1- Case Review

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Class B1: Review of what's done overseas

- Adults (>15 y.o.) with abnormal CXR = Class B1.
- NO TB skin test or IGRA given overseas.
- As of May 2020, a digital CXR image will be in EDN.
- If symptomatic for TB or CXR abnormal or HIV+...
sputum (x3) smear, culture, susceptibilities will be done overseas.
- If cultures are negative, applicant can go to U.S.
- If applicant has TB disease, will be treated with DOT overseas prior to immigration.

J.G.

- JG is a 68 y.o. female arriving from the Philippines.
- You receive notification by email that her information is available in EDN.
- You review the paperwork...and immediately feel overwhelmed! Why is there so much information?!
- What should you look for specifically in the paperwork? (put in chat)

J.G.- reviewing EDN “paperwork”

- Where is she now? Is she in your jurisdiction? Is there a phone number? How will you handle confidentiality if the sponsor answers?
- What is the chest x-ray? Is it consistent with TB disease?
- What are the sputum smear and culture results? Were either positive?
- Was she treated for TB disease due to this medical evaluation? If yes, was the treatment adequate and given by D.O.T.?
- Does she have a history of being treated for TB disease? If yes, is it well documented?

J.G.

- Sponsor appears to be a relative. Valid address and there's a phone number. Address is in your jurisdiction.
- Class B1
- Chest X-ray abnormal: right upper lobe infiltrates. The image is in EDN.
- Overseas Sputum smear negative x 3, culture negative x 3.

You decide to call the patient. What will you tell her when you call? (put in chat)

What would you do if there was not a valid address or phone number?
(put in chat)

J.G.- phone

- Over the phone, with Tagalog interpretation, you explained to J.G. that because her chest x-ray was abnormal in the Philippines, you would like her to come to the clinic. You tell her you are concerned for her health and that the follow-up is important. You tell her the appointment and any medications will be free.
- J.G. asks if she will be “sent back to the Philippines” if she has TB. You tell her “No” and explain the appointment at your clinic is not required for immigration. Chest X-ray and test results will not effect her ability to stay in the U.S.
- You ask J.G. if she has a cough, fever, night sweats or any other unusual symptoms. She states she’s tired, but no other symptoms.

J.G.- clinic

- You meet J.G. at your clinic.
- What needs to be done? (put in chat)
- Does your health department offer clinical services for B waivers or do you refer all B waivers to a non-profit, FQHC or private sector clinic for follow-up? (put in chat)

J.G.- clinic

- You do not have a physician available to review the overseas CXR.
- Your protocol is to send the patient for a new CXR and ask the radiologist to compare/read the image from the Philippines and the new CXR.
- In your clinic, would you also place a TB skin test, QuantiFERON or TSPOT test during this visit? (put in chat)
- In your clinic, would you also start sputum collection at this visit? (put in chat)

J.G.- results of IGRA and CXR

- You obtain a QuantiFERON test during the visit. J.G.'s QuantiFERON test is POSITIVE.
- The radiologist reads the overseas CXR as “abnormal, right upper lobe infiltrates” and the domestic CXR as “normal”.
- What would happen next in your clinic? (put in chat)

Note: sometimes an overseas CXR will be read in the U.S. as normal. If your clinic has a physician who can read the overseas CXR FIRST- that might save you/the patient time and money!

J.G.- follow-up

- You review everything with the health officer.
- She decides to treat the patient for LTBI since the patient is asymptomatic and her most recent CXR is normal.
- What LTBI treatment regimens are best for this patient and why? (put in chat)
- What would you do differently if the domestic CXR was the same as the overseas CXR (right upper lobe infiltrates)?

J.C.- conclusion

- J.C. starts rifampin 600 mg daily. She will be treated for 4 months.
- She has a virtual appointment monthly to check for side effects and adherence to treatment.
- She successfully completes treatment!

- The TB Follow-up Worksheet is completed and submitted in EDN.
- See: [EDN Tuberculosis Follow-up Guide](#) for help with how to complete the work sheet.

HORRAY! YOU DID AN EXCELLENT JOB!