

# Class B Immigrant and Refugee Evaluation in New York State (NYS)

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## Abstract

**Background:** The National Tuberculosis Indicators Project (NTIP) monitoring system was developed by the Centers for Disease Control and Prevention (CDC) for tracking progress of tuberculosis (TB) programs toward meeting national TB program objectives. NTIP indicates NYS is not meeting program targets for immigrants/refugees with Class B TB conditions. Objectives include initiating health exams for 84% of arrivals within 30 days and completing exams for 76% within 90 days of notification date.

**Methods:** Line lists of immigrants/refugees with Class B TB conditions were obtained from the CDC Electronic Disease Notification system (EDN) and NYS Communicable Disease Electronic Surveillance System (CDESS) for years 2014 and 2015. Data were analyzed in SAS 9.4. NTIP performance objectives were recalculated. For 2015, outliers were compared to their arrival paperwork to investigate errors. Interviews regarding Class B procedures were conducted with NYS's 11 highest TB morbidity counties. Topics included sources of information for completing data fields.

**Results:** Initial analysis indicated that 33.6% of immigrants/refugees initiated an evaluation within 30 days in 2014 and 60.6% completed within 90 days. For 2015, 42.2% initiated within 30 days and 66.1% completed within 90 days. After review and correction of 2015 data, overall performance increased 14.6% to 48.2% for Objective 1 and 5.8% to 66.4% for Objective 2. Interviews showed 6/11 counties were incorrectly completing the Date of Initial Evaluation field and 7/11 counties requested more detailed instructions for filling out forms.

**Conclusions:** To identify deficiencies in performance and develop adequate interventions, it is first necessary to ensure the accuracy of data reported. Understanding how information is gathered, entered and what quality assurance procedures are followed are key factors. More detailed instructions needed for data fields include a clear definition for Initial Date of Evaluation as counties were using the date a TST was read as opposed to planted. Further interventions at the state level include reports for quality assurance to identify and correct errors. Understanding and implementing proper, consistent procedures will assist NYS with increasing performance toward NTIP objectives among the immigrant and refugee population.

## Background

**Class B TB Condition** – Immigrant/refugee with an abnormal chest x-ray suggestive of TB with negative sputum smears and cultures; includes previously treated TB.

- Refugees and immigrants are required to have an overseas medical evaluation prior to arrival in the US to rule out or classify TB disease.
- Those persons found to have active, non-infectious TB and inactive, non-infectious TB are recommended to initiate a medical examination within 30 days of arrival (Objective 1) and complete a medical examination within 90 days of arrival (Objective 2).
- The Refugee Health Program (RHP) sends an email to the county health department upon the arrival of a new Class B.

- Outcomes of the domestic follow-up examination are recorded on the TB Worksheet by county staff and entered into EDN and CDESS by the RHP.
- Data from EDN were used to calculate the national objectives for NTIP reports.
- Calculations of the national objectives from CDESS data should mirror NTIP, but they are different and NY is working towards increasing performance on NTIP's objectives for Examination of Immigrants and Refugees.

## Problem:

NYS continues to fall short in meeting NTIP performance objectives for Examination of Immigrants and Refugees

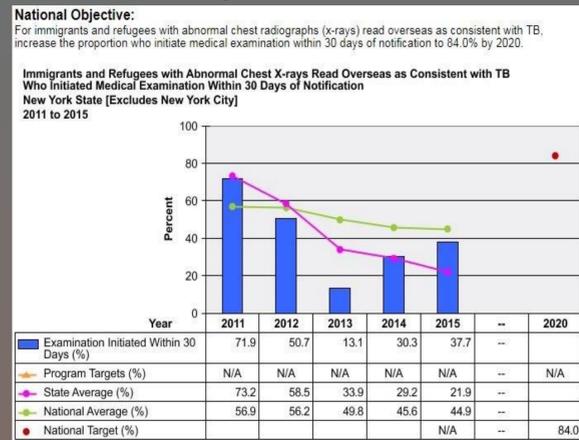
## Methods

- Line lists were obtained from CDESS, EDN, and NTIP for immigrants and refugees with a Class B TB condition for 2014 and 2015.
- Using SAS 9.4, Objective 1 was calculated in CDESS and EDN separately, compared against each other and to NTIP. To calculate Objective 2, CDESS and EDN needed to be merged, then compared to NTIP.

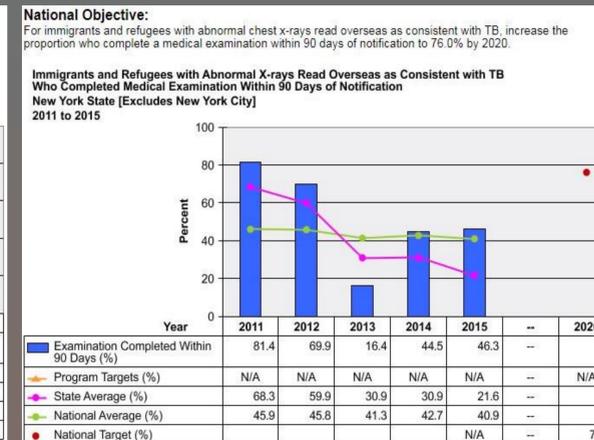
- 2015 outliers were pulled and compared to their original hardcopy arrival paperwork to investigate potential errors.
- Errors were corrected and objectives were recalculated.
- Interviews regarding Class B Evaluation procedures were performed among the 11 highest TB morbidity counties.

## Results

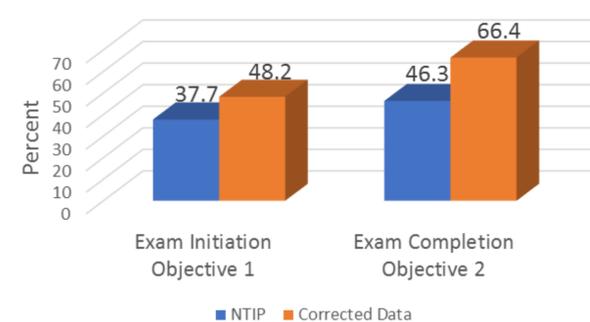
### Objective 1 – Initiate medical exam within 30 days of notification



### Objective 2 – Complete medical exam within 90 days of notification



## Percent of Class B's Meeting NTIP Performance Objectives Before & After Data Correction, 2015



## County Interview Questions

- 1) Does your county find the Refugee Health Program's email notification for a Class B arrival helpful?  
**8/11 (72.3%) counties found this helpful (2 neutral, 1 stated it was unreliable).**
- 2) What is your county's procedure to process a Class B individual, following notification of their arrival?  
**Various inconsistent procedures among counties including when to initiate contact with a new Class B, contact method(s), length of time and/or number of attempts to contact Class B.**
- 3) Does your county find any of the data fields as ambiguous or confusing when completing the Class B TB Worksheet?  
**6/11 (54.5%) counties - Date of Initial TB Evaluation.**  
**2/11 counties (18.2%) - Need more guidance on the entire form.**
- 4) How does your county define Date of Initial TB Exam?  
**Date a TST is placed, Date a county receives Class B TB Worksheet from the State, Date a diagnosis was made by physician.**
- 5) What outreach efforts does your county perform before declaring a Class B as Lost to Follow-up?  
**Contacting only by phone calls, phone calls and/or visits to address, only mailing a certified letter, certified letter followed by a visit to the house (each county had different set amounts of time they wait to declare Lost to Follow-up).**

## Discussion

Data entry and systematic errors at the state and county levels were found. However, supportive actions from the state level to aid counties in immigrant and refugee TB program operations were also uncovered. Most counties found the RHP's email notification of a Class B arrival useful in prioritizing and preparing to process a Class B entering their county. Through data analysis and county interviews, it was discovered that the Date of Initial TB Exam was found to have the most errors due to differing interpretations of the definition. This date specifically affects the calculations for performance objectives 1 and 2.

## Recommendations

- Provide a Helpful Hints sheet to counties and State field representatives for a quick reference guide when filling out TB forms.
- Provide supplemental instructions for data fields, including a clear definition for Date of Initial TB Eval.
- Develop data quality assurance procedures/checks at state level to identify errors.
- Review and update the Forms Manual to ensure clear concise data field definitions and to reflect recent changes in completing the Class B TB Worksheet.
- Vocabulary between NTIP Objectives and the Class B TB Worksheet are inconsistent and should be standardized.