

EDN Process

The North Dakota Department of Health and Human Services (HHS) receives notification of newly arrived immigrants, refugees, and asylees electronically from the Centers for Disease Control and Prevention (CDC) through the Electronic Disease Notification (EDN) system. Records from overseas medical examinations are downloaded and sent to you, the local health jurisdictions, from HHS.

Local public health (LPH) has the responsibility to facilitate TB evaluation is completed for each B1, B2, and B3 arrival.

The U.S. Department of State requires all refugees and immigrants coming to the United States to have a pre-immigration medical exam to rule out diseases of public health significance, one of which is active pulmonary TB. Adults ages 15 years or older are required to have a chest X-ray (CXR), and children ages 2 through 15 years old are required to have a TB skin test (TST).

If the pre-immigration TB exam is negative, no further follow-up is needed upon arrival in the U.S. If infectious TB disease is diagnosed during the pre-immigration exam, full treatment is required before the individual is cleared to travel. If the pre-immigration TB exam has positive findings other than infectious TB disease, a TB Class B designation is given according to exam results:

- Class B1: The individual had an abnormal CXR with evidence of TB, and/or the individual has a history of treatment for active TB disease.
- Class B2: The individual was diagnosed with latent TB infection (LTBI). These are typically children whose TST result was positive and CXR was normal.
- Class B3: The individual is a recent contact of an infectious TB case; an individual can have this designation along with another TB Class designation.

The paperwork may make it appear that a patient has had a complete evaluation for TB disease. However, the overseas evaluation is designed only to detect abnormal radiographs and determine infectiousness at the time of travel. Even if active TB disease is ruled out after the evaluation is completed, most B1, B2, and B3 arrivals are priority candidates for treatment of latent TB infection.

Refugee Arrivals

1. Make a telephone call to the home of the refugee sponsor or relative within five (5) business days of receiving the notification. Arrange for the refugee to see a civil surgeon or private provider to have a TB evaluation completed.
2. Once an appointment has been arranged for the refugee, forward the EDN paperwork HHS sent you to the provider who will be performing the evaluation.
3. Every effort should be made to locate B1 and B2 arrivals as they are considered at-risk for TB infection or TB disease.
4. If you are unable to locate the refugee/immigrant, notify the TB Program at HHS. If the person has moved, please forward the new address as well as any other information to the HHS TB Program.

Immigrant Arrivals

LPH will need to play a more direct role in the process than for refugees, as immigrants do not have the support of a resettlement agency and may not have health insurance.

1. Attempt to contact the immigrant or sponsor listed on their paperwork. Explain the purpose of the exam and its importance. Many immigrants will have received a letter about their Class B designation upon arrival, but may not fully understand the need for the evaluation or how to obtain it.
2. Ask if they have a preferred health-care provider. If not, assess their resources and facilitate setting up an appointment for a TB evaluation with a provider in your area. If they don't have insurance and have limited ability to pay, consider referring them to facilities with sliding-fee scales.
3. Once an appointment has been arranged, forward the EDN paperwork HHS sent you to the provider who will be performing the evaluation.
4. If LPH is not able to initiate a TB evaluation for the arrival, please indicate the reason (e.g., not located, lost to follow-up, refused, returned to country of origin) on the back of the TB Follow-up Worksheet and return to the HHS TB Program.

LPH is not expected to help immigrants establish primary care – only to facilitate TB evaluations with local providers. This evaluation, while highly recommended, is optional; immigrants are allowed to refuse.