

## ATS Tuberculosis Classification Worksheet For Hmong Refugees

Due to the high number of tuberculosis (TB) cases identified among recent Hmong refugees, the California Department of Health Services TB Control Branch (TBCB) is requesting that you complete this “ATS Tuberculosis Classification Worksheet” for newly arrived Hmong refugees.

**Who:** This form should be completed for all refugees who arrived in your jurisdiction beginning June 2004, except those with confirmed active TB, or refugees whose information is entered into RHEIS. Contact Janice Westenhause at (510) 620-3055 or [jwestenh@dhs.ca.gov](mailto:jwestenh@dhs.ca.gov) for requirements for weekly reporting of verified cases of TB (ATS TB Class 3) in newly arrived Hmong refugees.

**When:** Complete and submit this form at the time final ATS TB classification is assigned.

**Moves:** If patient moves prior to completion of TB evaluation, indicate below, and use the NTCA Interjurisdictional Notification form to notify the destination jurisdiction.

**Where:** Using confidential mailing protocols, mail completed form to: Janice Westenhause, MPH  
Tuberculosis Control Branch  
P-building, 2<sup>nd</sup> floor  
850 Marina Bay Pkwy.  
Richmond, CA 94804

**OR** Fax to: (510) 620-3035

| 1. Patient Information   |                      |
|--|----------------------|
| Last name: _____   | First name: _____    |
| Alien number: _____  | Date of birth: _____ |
| Date of arrival in US: _____   |                      |
| Is patient a contact to a known Hmong case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |                      |
| If yes, name of case (if known): _____ Alien # of case (if known): _____   |                      |
| Does patient have a A/B classification for TB? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |                      |
| If yes, indicate A/B classification ( <i>check all that apply</i> ):   |                      |
| <input type="checkbox"/> A (with waiver) <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B Other, TB (TST+) <input type="checkbox"/> B Other, TB (Contact)    |                      |
| 2. Final ATS TB Classification   |                      |
| Final ATS TB classification: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4   |                      |
| Date final ATS classification assigned: _____  |                      |
| If evaluation was not completed in your jurisdiction, indicate reason:   |                      |
| <input type="checkbox"/> Moved to: _____ Moved date: _____ (include copy of IJ Notification)                        ATS class (0-5) at time of move: _____<br><small>(county or state)</small> |                      |
| <input type="checkbox"/> Lost or never located <input type="checkbox"/> Refused evaluation <input type="checkbox"/> Other: _____   |                      |
| 3. Jurisdiction Contact Information  |                      |
| Jurisdiction: _____ Form completion date: _____  |                      |
| Contact name: _____ Phone: _____ Email: _____  |                      |

**Questions:** If you need assistance in completing this form, please contact your TBCB Program Liaison at 510-620-3000.

## Instructions for ATS Tuberculosis Classification Worksheet for Hmong Refugees

### 1. Patient Information

**Last name**

**First name**

**Alien number:** Indicate the unique, identifying 8 digit Alien number.

**Date of Birth:** mm/dd/yyyy

**Is patient a contact to a known Hmong case?**

Check “Yes” if the patient is a contact to a confirmed, active case of TB in a recently arrived Hmong refugee.

If the patient is a contact, indicate the name and Alien number of the case, if known.

**Does the patient have an A/B classification for TB?**

Check “Yes” if the patient has any TB condition resulting in a B-classification, or if the patient arrives with an A waiver for TB.

**If “Yes”, indicate the A/B classification:**

For Hmong refugees entering the US after February 2005, the following information can be found on the “Enhanced Overseas Tuberculosis Screening and Treatment for Refugees Pre-Departure TB Classification Coversheet”, that will be included in the overseas medical packet. Yellow forms (75.17s) will not be generated for this group of refugees.

Check all that apply:

Check “**A (with waiver)**” if the patient was granted an A waiver for TB

Check “**B1**” if the patient was classified as “B1 TB, pulmonary, no treatment”; “B1 TB, pulmonary, completed treatment”; or “B1 TB, extrapulmonary”.

Check “**B2**” if the patient was classified as “B2 TB, inactive disease”. This classification should not be seen in Hmong refugees arriving after June 2005.

Check “**B Other, TB (TST+)**” if the person was classified as “B Other TB” as a result of a TST  $\geq$  5mm.

Check “**B Other, TB (Contact)**” if the person was classified as “B Other TB” because the person was a contact to a known case of TB.

### 2. ATS TB Classification

Indicate the final ATS classification for the patient. Indicate the date the final ATS classification was assigned.

**If evaluation was not completed in your jurisdiction, indicate the reason:**

Check “**Moved**” if the patient moved prior to completing an evaluation for TB, and indicate the state or local jurisdiction to which the patient is relocating. Indicate the date (approximate, if necessary) of the patient’s move. Include a copy of the NTCA Interjurisdictional Notification form, if available, so that we may contact the destination jurisdiction, if needed. Indicate ATS Classification (0-5) at the time patient moved.

Check “**Lost or never located**” if the patient was lost to follow-up before the TB evaluation was completed, or if you were never able to locate the patient in your jurisdiction.

Check “**Refused evaluation**” if the patient declined an evaluation for TB.

Check “**Other**” if the patient did not complete an evaluation for TB due to a reason other than those listed above. Indicate the reason in the space provided.

### 3. Jurisdiction Contact Information

Include contact information for the person completing the form, so that we may contact you if there are any questions about the information on the form.