



# National Tuberculosis Controllers Association

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## Interjurisdictional Notifications: EDN Clients and New Arrival Transfers

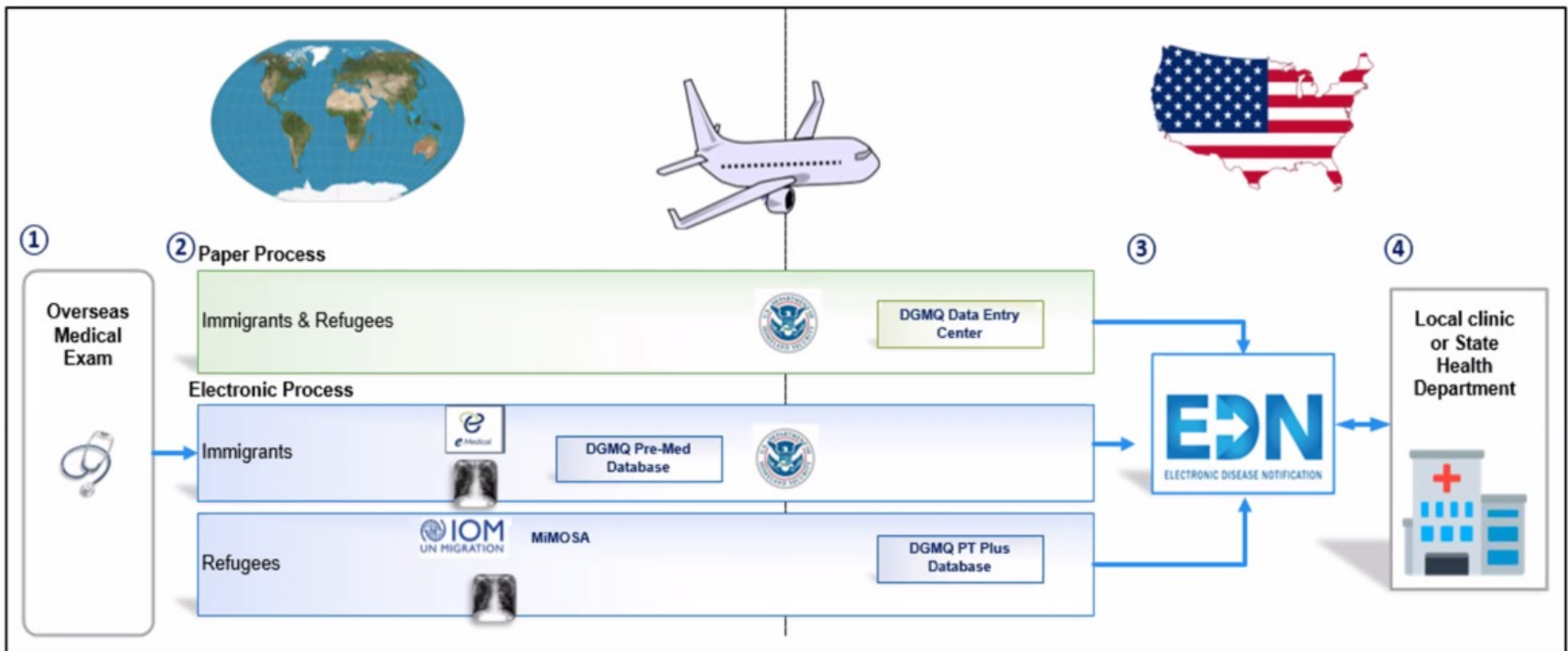
# Class B Arrivals

- **Class B0:** The individual was diagnosed with TB by the panel physician or presented to the panel physician while on TB treatment and successfully completed Division of Global Migration and Quarantine (DGMQ)-defined directly observed therapy (DOT) prior to departure.
- **Class B1:** The individual has signs or symptoms, physical exam findings, or CXR findings suggestive of TB disease, but has negative sputum smears and cultures. Or, the individual has a history of treatment for active TB disease but did not receive it through DGMQ-defined DOT. Or, the individual has confirmed extrapulmonary TB disease.
- **Class B2:** The individual has a positive IGRA or TST, but other evaluation for active TB disease is negative.
- **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.



# Class B Arrivals

## Information Flow from Overseas to US Health Partners



# Class B Arrivals

**Menu**

- My Profile
- Logout

**Links**

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

**My Applications**

**Electronic Disease Notification**

- EDN (Electronic Disease Notification)

**The Epidemic Information Exchange (Epi-X)**

- The Epidemic Information Exchange (Epi-X)
- Epi-X Forum

**National Tuberculosis Indicators Project**

Visa Type	DOB	TB Class	Jurisdiction	Date of Arrival	Notification Date	Worksheet Status	Exam Country
I		B1 (TI 07)	Fairfax HD VA	Jul 21, 2022	Jul 25, 2022	Not Started	VIETNAM
I		B1 (TI 07)	Central Shenandoah HD VA	Jul 22, 2022	Jul 25, 2022	Not Started	INDIA
I		B1 (TI 07)	Fairfax HD VA	Jul 22, 2022	Jul 25, 2022	Not Started	VIETNAM
I		B1 (TI 07)	Fairfax HD VA	Jul 22, 2022	Jul 25, 2022	Not Started	VIETNAM
I		B1 (TI 07)	VA	Jul 21, 2022	Jul 22, 2022	Not Started	VIETNAM
R		None	Central Shenandoah HD VA	Jul 20, 2022	Jul 21, 2022	N/A	ZAMBIA
R		None	Central Shenandoah HD VA	Jul 20, 2022	Jul 21, 2022	N/A	ZAMBIA
R		B2 (TI 07)	Central Shenandoah HD VA	Jul 20, 2022	Jul 21, 2022	Not Started	ZAMBIA
R		B1 (TI 07)	Central Shenandoah HD VA	Jul 20, 2022	Jul 21, 2022	Not Started	ZAMBIA
I		B1 (TI 07)	Fairfax HD VA	Jul 19, 2022	Jul 20, 2022	Not Started	INDIA
R		None	Fairfax HD VA	Jul 18, 2022	Jul 20, 2022	N/A	QATAR
SIV		B3 (TI 07)	Alexandria HD VA	May 26, 2022	* Jul 20, 2022	Not Started	QATAR

CDC Home Search Health Topics A-Z

**Electronic Disease Notification (EDN)**

Division of Global Migration and Quarantine

**EDN**  
ELECTRONIC DISEASE NOTIFICATION

Welcome Jill Grumbine to EDN.  
You are logged on as the Virginia State TB/Refugee Coordinator

Please select a jurisdiction/role to use in EDN :  
VA State Health Department TB/Refugee Coordinator

Note: This application has been optimized for use with Internet Explorer version 11.

**Login**

- Logout
- Administrative Tasks
- EDN Workflow**
- Alien List
- Alien Search
- Batch Print
- Reports
- Data Download
- Help**
- Contacts
- Help



# Class B Arrivals – Wrong Address, No Exam Initiated

- If the individual actually lives in another state and **no post-immigration** medical exam as been initiated, **transfer the record in EDN** and **do not complete an IJN**.

# Class B Arrivals – Wrong Address, No Exam Initiated

**Login**  
[Logout](#)  
[Administrative Tasks](#)  
**EDN Workflow**  
[Home](#)  
[Alien List](#)  
[Alien Search](#)  
[Batch Print](#)  
[Reports](#)  
[Data Download](#)  
[HL7 Vaccination Download](#)  
**Help**  
[Contact List](#)  
[Contact Search](#)  
[ARMS Document Search](#)  
[ARMS Details Search](#)  
[Help](#)

**Current Alien**  
 Alien [REDACTED]  
 File [REDACTED]  
[Document List](#)

**EDN Forms**  
[Alien Information](#)  
[DS-2054 Medical Exam](#)  
[DS-3025 Vaccination](#)  
[DS-3026 Medical History](#)  
[DS-3030 TB Worksheet](#)  
[Pre-Departure Medical Screening](#)  
**Worksheet**  
[Worksheet Data Entry](#)  
[Generate Alien's TB Follow-Up Worksheet](#)  
**EDN Action**  
[View/Update Address](#)  
[View/Download Documents](#)

7/25/2022 1 of 1

### Alien Information

Name: [REDACTED] Data Entry Person  
 Arrival Date: 7/19/2022 Entering for Q-Stat  
 Notification Date: 7/20/2022 Officer in Charge  
 Alien Number: [REDACTED]  
 File Number: [REDACTED]  
 Date of Birth: [REDACTED]  
 TB Classification: B1 (TI 07)  
 Volag Name: [REDACTED] Affiliate

Relative Sponsor's Address  
 Sponsor Name: [REDACTED] Organization:  
 Address Line 1: [REDACTED] Name:  
 Address Line 2: [REDACTED] Address Line 1:  
 City State Zip: [REDACTED] City State Zip:  
 Phone: [REDACTED] Business Phone:  
 Alternate Phone: [REDACTED] Business Fax:  
 Email: [REDACTED] Business Email:

Row	Name	Alien Number	DOB
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Relationship to Principal Applicant: PRINCIPAL APPLICANT  
 Native Language: [REDACTED] Other Minor Language: [REDACTED]  
 Case Location: Camp As Sayliyah  
 Citizenship: QATAR UNHCR Number: [REDACTED]

## Electronic Disease Notification (EDN)

### View/Update Address

#### Alien Data

#### Current Address

Address 1: [REDACTED]  
 Address 2: [REDACTED]  
 City: [REDACTED]  
 State: [REDACTED]  
 Zip: [REDACTED]  
 Phone: [REDACTED]  
 Phone/Fax: [REDACTED]

**Old address**

#### Prior Screening Information

Screening Status:  
 Screening Comments:

### Change Address

#### Address Information:

\*Address 1: [REDACTED]  
 Address 2: [REDACTED]  
 \*City: [REDACTED]  
 \*State: [REDACTED]  
 \*Zip: [REDACTED]  
 Phone(XXX-XXX-XXXX): [REDACTED]  
 Phone/Fax(XXX-XXX-XXXX): [REDACTED]

**Correct address**

#### Screening Information:

\* Note: this information will be applied to all selected aliens if a Batch Transfer is performed.

Screening Status: (No Status) [v]

Screening Comments: **No exam initiated due to incorrect address**

Save Cancel

The change will transfer this record and the selected family records, if any, to new jurisdiction. Do you wish to make this change?

Change Address





# Class B0 and B1 Arrivals – Moved, Exam Initiated

- Best practice:
  - IJN form

AND

- Transfer in EDN after the TB Follow-up Worksheet is updated

AND

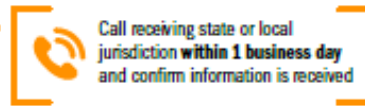
- Confirmatory communication with receiving jurisdiction (ideally a call)

# Class B0 and B1 Arrivals – Moved, Exam Initiated

## Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

Type of Referral:  Active/Possible TB  
 TB Contact  
 TB Infection



Online directory of state and big city TB programs: [www.tbcontrollers.org/community/statecityterritory/](http://www.tbcontrollers.org/community/statecityterritory/)

### NTNC/NTCA Recognized Standard for Communication of the IJN Form:

The recommended workflow for the secure transmission of the UN and additional guidance on completing and sending the UN Form and Follow-Up is provided in the UN Companion Guide: [www.tbcontrollers.org/resources/interjurisdictional-transfers/](http://www.tbcontrollers.org/resources/interjurisdictional-transfers/)

<b>Referring</b> • Local Jurisdiction	Name of Local Program: Alexandria Health Department	City: Alexandria	Date sent to Referring State: 08/04/2022
	County: Alexandria	State: Virginia	
<b>Referring</b> • State • Big City • Territory	Local Program Contact: Sally Sputum	Phone: 703-222-2222	Date sent to Receiving State/ Big City/Territory:
	<input type="checkbox"/> Fax: <input type="text"/>	<input checked="" type="checkbox"/> Email: <a href="mailto:tb nurse@vdh.virginia.gov">tb nurse@vdh.virginia.gov</a>	
Name of Program: Virginia Dept of Health TB Program		Jurisdiction: Virginia	Date sent to Receiving State/ Big City/Territory:
Program Contact: Laura Young		Phone: 804-836-6050	
<input type="checkbox"/> Fax: <input type="text"/>		<input checked="" type="checkbox"/> Email: <a href="mailto:laura.r.young@vdh.virginia.gov">laura.r.young@vdh.virginia.gov</a>	

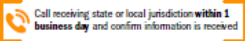




# Class B0 and B1 Arrivals – Moved, Exam Initiated

## Interjurisdictional TB Notification

Active/Evaluation for Possible TB Disease PAGE 1 OF 2

Referred for:  TB disease continued care  TB disease evaluation  Date of Expected Arrival: 08/04/2022

**Client Information**

Last Name:  Client Last Name First Name:  Client First Name Middle Name:

Date of Birth: 01/01/1987 Sex at Birth:  F  M Gender Identity:  Female Race:  White Ethnicity:  Not Hispa

Country of Birth:  South Africa Primary Language:  English Interpreter Needed?  No  Yes

New Address: 1234 Main Street City:  Ann Arbor

State/Province/Region:  Michigan Zip Code: 12345 County:  United States

Phone 1: 123-223-2223 Phone 2:  Email:  emailaddress@gmail.com

Immigrant/Refugee Classification:  B1 EDN #  123456793 Transfer Complete in EDN  Yes  No

**Alternate Contact** Name:  Relationship:  Phone:

Additional Contact Information:

**Diagnosis Verified by:**  Pending Site of Disease:  Pulmonary Specify extrapulmonary:

**If Pulmonary:**  Cavitary  Sputum culture conversion documented Date of first negative sputum culture:

Isolation:  Discontinued  Continued isolation necessary, specify:

**RVCT (Case Report) Attached (required if counted):**  Yes  No

**Tests/Results:** TST/IGRA:  Yes Culture(s):  No: Pending Radiology:  Yes Smear(s):  Yes NAAT:  Yes Susceptibilities (if culture positive):

**Treatment Summary:** MAR/DOT Log Attached:

Drug	Dosage	Therapy Admin	Date Started	Date Stopped
<input type="text"/> Rifampin	<input type="text"/>	<input type="text"/> 5x wk DOT	<input type="text"/> 07/20/2022	<input type="text"/>
<input type="text"/> Isoniazid	<input type="text"/>	<input type="text"/> 5x wk DOT	<input type="text"/> 07/20/2022	<input type="text"/>
<input type="text"/> Pyrazinamide	<input type="text"/>	<input type="text"/> 5x wk DOT	<input type="text"/> 07/20/2022	<input type="text"/>
<input type="text"/> Ethambutol	<input type="text"/>	<input type="text"/> 5x wk SAT	<input type="text"/> 07/20/2022	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Medication Administration Method:  DOT  eDOT  SAT

Side Effects, Adherence, or Administration Problems:  none

Estimated Treatment Duration:  6 months Last DOT dose administered on:  07/25/2022

Date medication given for travel:  # of doses in hand for travel:  14 Prescription Given:

**Comments:**  Moving to live with sister in Denver.

## Interjurisdictional TB Notification Follow-Up

Active/Evaluation for Possible TB Disease PAGE 2 OF 2

**Client Information** Last Name:  Client Last Name First Name:  Client First Name Date of Birth: 01/01/1987

**Follow-Up Information**

**Report Status:**  Date of Disposition:  Reason Dispositioned:

If Disposition Other:

Evaluation:  Evaluation Outcome:

**Tests/Results:** TST/IGRA:  Radiology:  Smear(s):  NAAT:

Most recent results are attached (If not attached, please provide reason) Culture(s):  Susceptibilities (if culture positive):

**Treatment Status:**  MAR/DOT Log Attached:  If not completed, provide reason:

**If Active TB Disease:** Counting Jurisdiction:  RVCT#

**If Patient Moved:** Notified New Jurisdiction:

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

**Comments:**



# Class B0 and B1 Arrivals - Moved, Exam Initiated

## State, Big City, and Territory TB Program Contacts

Print



### States:

AK | AL | AR | AZ | CA | CO | CT | DE | FL | GA | HI | IA | ID | IL | IN | KS | KY  
| LA | MA | MD | ME | MI | MN | MO | MS | MT | NC | ND | NE | NH | NJ | NM  
| NV | NY | OH | OK | OR | PA | RI | SC | SD | TN | TX | UT | VT | VA | WA  
| WI | WV | WY

## Michigan

TB Program Website:

<http://www.michigan.gov/tb>

### Surveillance, Epidemiology & Interjurisdictional Referrals (IJN)\*

*\*Program prefers secure fax; a phone call is required  
for persons with active or potential active TB.*

Shona Smith, MPH

TB Control Program

Communicable Disease Division

Michigan Department of Health and Human Services

Physical Address: 333 South Grand Avenue, Lansing, MI 48933

Mailing Address: P.O. Box 30195, Lansing, MI 48909

Tel: 517-242-4273

Fax: 517-335-8263


Email: [SmithS79@michigan.gov](mailto:SmithS79@michigan.gov)

# Class B0 and B1 Arrivals - Moved, Exam Initiated

<b>INITIAL</b>	<b>FOLLOW UP</b>	<b>Referring</b> <ul style="list-style-type: none"><li>• State</li><li>• Big City</li><li>• Territory</li></ul>	Name of Program: Virginia Dept of Health TB Program	Jurisdiction: Virginia	Date sent to Receiving State/Big City/Territory:
			Program Contact: Laura Young	Phone: 804-836-6059	08/04/2022
			<input type="checkbox"/> Fax:	<input checked="" type="checkbox"/> Email: laura.r.young@vdh.virginia.gov	
			<i>Check box above for preferred document transmission.</i>		
<b>INITIAL</b>	<b>FOLLOW UP</b>	<b>Receiving</b> <ul style="list-style-type: none"><li>• State</li><li>• Big City</li><li>• Territory</li></ul>	Name of Program: Michigan Dept of Health	Jurisdiction: Michigan	Date sent to Receiving Local:
			Program Contact: Shona Smith	Phone:	
			<input type="checkbox"/> Fax:	<input checked="" type="checkbox"/> Email: SmithS79@michigan.gov	
			<i>Check box above for preferred document transmission.</i>		

# Class B0 and B1 Arrivals - Moved, Exam Initiated

IJN - Virginia to Michigan

Virtru Protection ON 

Smith, Shona (CDC michigan.gov) (michigan.gov)

IJN - Virginia to Michigan Personal Introduction ▾

Hi Shona,


Please find an IJN and additional information attached attached for a B1 who is being treated as a clinical case. The information has also been transferred in EDN.


Virginia has counted this case.

Please confirm receipt of this information and let me know if you have any questions.

Thanks,  
Laura

Laura R. Young, MPH, CIC | Tuberculosis Epidemiologist  
Division of Clinical Epidemiology | Virginia Dept. of Health  
[laura.r.young@vdh.virginia.gov](mailto:laura.r.young@vdh.virginia.gov)  
cell: 804-836-6059 | fax: 804-416-5178  
*she/her/hers*

1 SECURED ATTACHMENT 

 r0018913.pdf.tdf  
387.0 KB

Default to full screen

Label


Request read receipt


Plain text mode

Print

Check spelling

Smart Compose feedback

 Insert cat

Secure Send 

My meetings

- Type of Referral:
- Active/Possible TB
  - TB Contact
  - TB Infection



Call receiving state or local jurisdiction **within 1 business day** and confirm information is received



# Class B2 and B3 Arrivals – Moved, Exam Initiated

- Best practice:
  - IJN formAND
  - Transfer in EDN after the TB Follow-up Worksheet is updated
- Optional:
  - Confirmatory communication with receiving jurisdiction (especially for young children, high risk contacts, etc.)

# Class B2 and B3 Arrivals – Moved, Exam Initiated

B2: TB Infection:

**Interjurisdictional TB Notification**

**TB Infection Continued Care (Not a Contact)**

Date of Expected Arrival:

**Client Information**

Last Name:  First Name:  Middle Name:

Date of Birth:  Sex at Birth:  Gender Identity:  Race:  Ethnicity:

Country of Birth:  Primary Language:  Interpreter Needed?

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

Immigrant/ Refugee Classification:  EDN A#:  Transfer Complete In EDN:

**Alternate Contact** Name:  Relationship:  Phone:

Additional Contact Information:

B3: TB Contact:

**Interjurisdictional TB Notification**

**TB Contact Investigation**

Date of Expected Arrival:

Referred for:  Location, evaluation  Completion of evaluation (evaluation initiated, but the person moved)

**Client Information**

Last Name:  First Name:  Middle Name:

Date of Birth:  Sex at Birth:  Gender Identity:  Female Race:  Ethnicity:

Country of Birth:  Primary Language:  Interpreter Needed?  No

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

**Alternate Contact** Name:  Relationship:  Phone:



# Class B2 and B3 Arrivals – Moved, Exam Completed, Treatment Needed

B2: TB Infection:

**Interjurisdictional TB Notification**

**TB Infection Continued Care (Not a Contact)**

Date of Expected Arrival:

**Client Information**

Last Name:  First Name:  Middle Name:

Date of Birth:  Sex at Birth:  Gender Identity:  Race:  Ethnicity:

Country of Birth:  Primary Language:  Interpreter Needed?

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

Immigrant/ Refugee Classification:  EDN A#:  Transfer Complete In EDN:

**Alternate Contact** Name:  Relationship:  Phone:

Additional Contact Information:

B3: TB Contact:

**Interjurisdictional TB Notification**

**TB Contact Investigation**

Date of Expected Arrival:

Referred for:  Location, evaluation  Completion of evaluation (evaluation initiated, but the person moved)

**Client Information**

Last Name:  First Name:  Middle Name:

Date of Birth:  Sex at Birth:  Gender Identity:  Female Race:  Ethnicity:

Country of Birth:  Primary Language:  Interpreter Needed?  No

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

**Alternate Contact** Name:  Relationship:  Phone:

# Other New Arrivals

- Operation Allies Welcome
- Uniting for Ukraine
- Other scenarios



# Contact Information

Laura R. Young, MPH, CIC

TB Epidemiologist/Surveillance Coordinator

Virginia Department of Health

804-864-7922

[laura.r.young@vdh.virginia.gov](mailto:laura.r.young@vdh.virginia.gov)

