



Tuberculosis Technical Instructions for Civil Surgeons

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**CDC Technical Instructions:
What Civil Surgeons in California Need to Know**

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Agenda

During this presentation, I will

- Explain the workup required by the Civil Surgeon Tuberculosis (TB) Technical Instructions (TIs)
- Explain how to assign tuberculosis classifications
- Answer questions about the TB TIs

Interferon Gamma Release Assays (IGRA)

IGRA Requirements for Civil Surgeon Exam

- Effective October 1, 2018
- All applicants 2 years of age and older must receive an IGRA test, TST can no longer be used

Civil Surgeon Responsibility for Testing

- Wording in Technical Instructions as of October 1, 2018:

“Civil surgeons that are independent of health departments (HDs) must not refer applicants to a health department for IGRA testing or chest x-ray; all IGRAs and chest x-rays ordered by civil surgeons must be performed independently of a health department.”

Question

Yes or No: Can an IGRA test tell you whether a patient has active TB disease or Latent TB Infection (LTBI)?

Answer: No. A positive IGRA suggests that someone has been infected with MTB, but not whether it is active or latent

LTBI Reporting Requirement

Latent Tuberculosis Infection (LTBI)

- Applicants who have a positive IGRA, or history of a positive IGRA, no signs or symptoms, and a chest x-ray not suggestive of tuberculosis disease have LTBI
- LTBI is not an inadmissible (Class A) medical condition
- Treatment for LTBI is not part of the status adjustment process
- Class B2 TB, Latent TB Infection

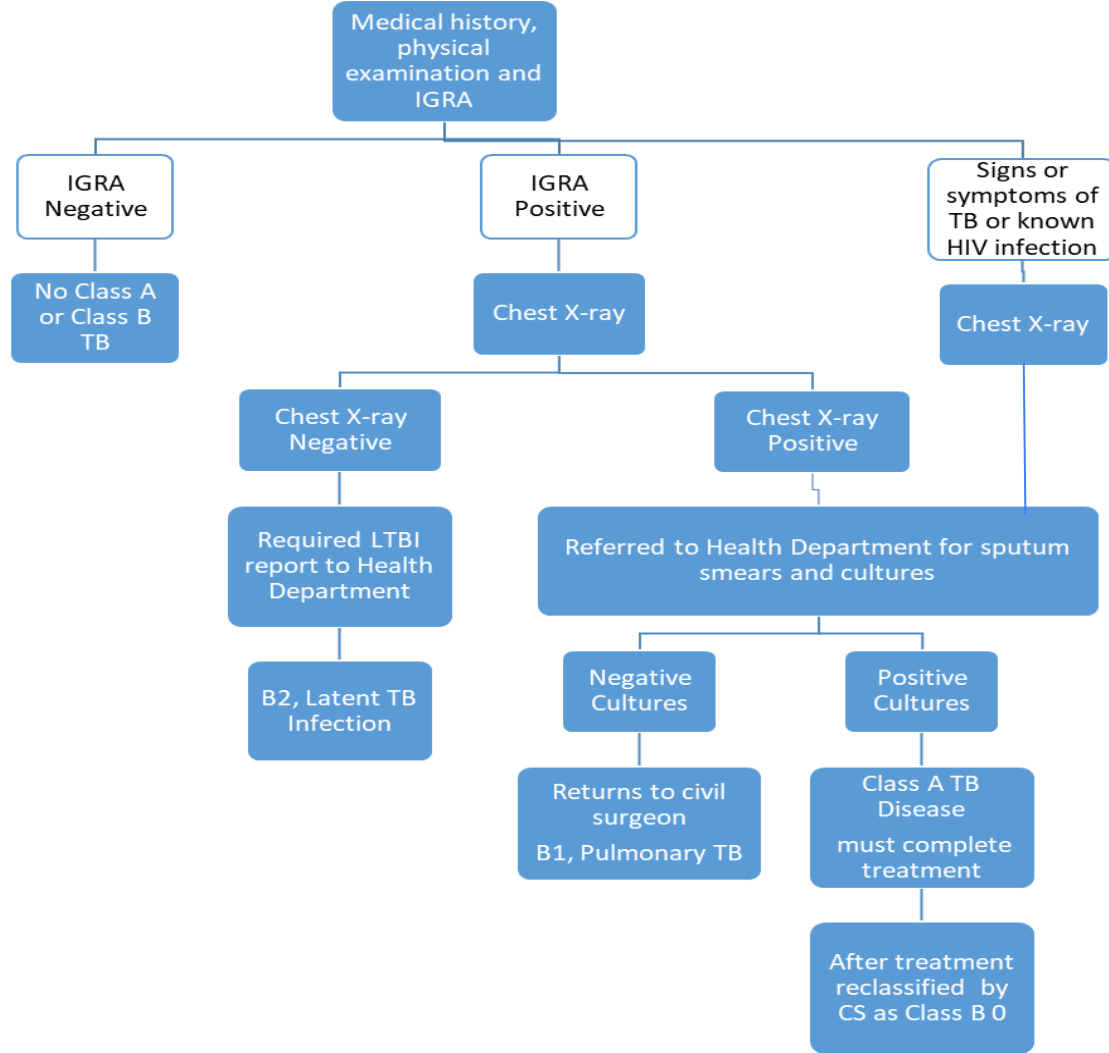
Civil Surgeon Required Reporting of LTBI

- Civil Surgeons are required to report LTBI cases to health departments
- The minimum is that the applicant's name, contact information, IGRA results, and chest x-ray results must be reported to the health department of jurisdiction
- There is no requirement for these applicants to present to the health department as part of the status adjustment process
- There is no requirement for these applicants to complete treatment for LTBI during the status adjustment process, because LTBI is not a Class A condition

Tuberculosis Classifications

Civil Surgeon B0 Classification

Applicants who were successfully treated for tuberculosis disease during the status adjustment process will now receive a classification of B0, Pulmonary TB



For Children Less than 2 Years of Age

- All applicants less than 2 years of age must have a physical examination and medical history
- Only those who have signs or symptoms suggestive of tuberculosis disease or have known HIV infection
 - must have a TST or IGRA, and
 - must have a chest x-ray, and
 - must be reported to the health department of jurisdiction for further evaluation

Extrapulmonary Tuberculosis

- Applicants diagnosed with extrapulmonary tuberculosis only must have a chest x-ray and must present to the HD to provide three sputum specimens for smears and cultures, regardless of chest x-ray results
- If the chest x-ray is suggestive of pulmonary TB disease:
 - The applicant is Class A and must complete treatment even if sputum smears and cultures are negative
- If the chest x-ray is normal and the sputum smears and cultures are negative:
 - These applicants can be cleared and assigned a Class B1 TB, Extrapulmonary tuberculosis classification

Cases

Case 1

You are examining a 42-year-old male applicant who presents you with clear documentation of a positive IGRA and full treatment for LTBI in the past year. You obtain a chest x-ray, which is read as normal, and call the local HD, which confirms the history you were given. How should this applicant be classified?

- a. Class B2 TB, Latent TB Infection
- b. Class A TB
- c. No Class A or Class B TB
- d. Simply place a gold star in the TB classification section of the I-693

Case 2

You are seeing a 48-year-old applicant who presents a full history of positive IGRA results and treatment for LTBI at the local health department. He states that since he was treated in the past year for LTBI he thinks a chest x-ray should not be required at this point. What do you say to him?

- a. You are correct, you don't need a chest x-ray
- b. You must have a chest x-ray ordered by the civil surgeon and read by a radiologist because of your history of a positive IGRA result
- c. You will automatically receive a classification of "No class A or Class B TB"
- d. None of the above

Case 2 continued

The chest x-ray for this applicant is read as “discrete nodule without calcification in the left upper lobe.” Which of the following should you do next?

- a. Send the applicant to the local HD for sputum smear and culture testing
- b. Repeat the IGRA test
- c. Assign him a classification of “No Class A or Class B TB”
- d. Assign him a classification of “Class B2, Latent TB Infection”

Case 3

You recently sent a 35-year-old female applicant with a positive IGRA for a chest x-ray. The radiologist report states that there is a cavity in the left upper lobe suggestive of tuberculosis and a CT is recommended for better visualization. What do you do?

- a. Tell the applicant she is required to get a chest CT in order to complete the status adjustment process
- b. Tell the applicant she is required to present to the local health department to receive TB testing, and call the HD to explain the case
- c. Tell the applicant she should start the process of requesting a TB waiver
- d. Give the applicant a classification of Class B2, Latent TB Infection

Case 3 continued

- An applicant with a chest x-ray suggestive of TB must proceed to sputum smear and culture testing, and you should inform the HD of the case details and the requirement
- Applicants need to be informed that TB cultures require 8 weeks for a negative result
- If cultures are positive, treatment will be a minimum of 6 months and the applicant will be Class A for TB until completion of treatment
- This determination must be made based on chest x-ray images; CT images can't be used

Case 4

You are seeing a 56-year-old male applicant who has a positive IGRA result and negative chest x-ray, both ordered by you. All other parts of the exam and vaccinations are complete, and you give him a classification of Class B2, Latent TB Infection. What should you do next?

- a. Require the applicant to go to the health department before you sign the I-693
- b. Require the applicant to complete LTBI treatment at your office before signing the I-693
- c. Sign the I-693 and let the applicant know that he has LTBI, he will be reported to the HD, and LTBI treatment is recommended for his health but not part of the status adjustment process
- d. None of the above

Thank you!
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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Suggests Tuberculosis (Need Smears and Cultures)

- Infiltrate or consolidation
- Reticular markings suggestive of fibrosis
- Cavitory lesions
- Nodules or mass with poorly defined margins (such as tuberculoma)
- Pleural effusion
- Hilar/mediastinal adenopathy
- Miliary findings
- Discrete linear opacity
- Discrete nodule(s) without calcification
- Volume loss or retraction
- Irregular thick pleural reaction
- Other