



News/Update: Tuberculosis Technical Instructions for Panel Physicians and Civil Surgeons

August 14th, 2018

Dear Colleagues,

The new Tuberculosis Technical Instructions (TB TIs) for Panel Physicians and Civil Surgeons have been finalized. These new requirements will go into effect October 1, 2018 and the documents will be posted online in the next few weeks. These documents contain some new requirements for panel physicians screening immigrants and refugees overseas, and civil surgeons screening lawful permanent resident applicants in the United States. The changes will affect the notifications and test results that health departments receive from panel physicians and civil surgeons, and the major changes are outlined below.

Changes for Panel Physicians screening immigrants and refugees overseas

1. Old 2009 TB TIs required the following– IGRA or TST testing in all applicants 2 through 14 years of age in all countries with a WHO-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population.

New 2018 Panel Physician TB TIs state the following – IGRA testing is required for all applicants 2 through 14 years old who are living in countries with a WHO-estimated tuberculosis disease incidence rate of ≥ 20 cases per 100,000 population. IGRA must be performed for these applicants if a US Food and Drug Administration (FDA)-approved IGRA test is licensed for use in the country in which the panel physician is practicing. If IGRA is not licensed for use in the country, TST should be used for these applicants. [Current US clinical practice guidelines](#) suggest using TST rather than an IGRA in healthy children <5 years of age; some pediatric experts use IGRA for children as young as 2 years old ([Red Book 2018](#)). Because of programmatic concerns in the setting of this examination, panel physicians overseas must use an IGRA as defined in these instructions for all applicants 2 years through 14 years of age.

2. Old 2009 TB TIs classified applicants who had completed directly observed therapy (DOT) at an approved site as Class B1 TB, Pulmonary

New 2018 Panel Physician TB TIs state the following- Applicants who were diagnosed with tuberculosis by the panel physician or presented to the panel physician while on tuberculosis treatment and successfully completed directly observed therapy under the supervision of a panel physician prior to immigration will receive a classification of **Class B0 TB, Pulmonary**. This classification will be noted in the remarks section until a field can be created on the next version of the Department of State (DS) forms.

Changes for Civil Surgeons screening applicants for status adjustment to lawful permanent residence in the United States

1. Old 2008 TB TIs required the following – IGRA or TST was used for all applicants 2 years and up. A chest x-ray was required when TST or IGRA was positive.

New 2018 Civil Surgeon TB TIs state the following – All applicants 2 years of age or older must have an IGRA performed. [Current US clinical practice guidelines](#) suggest using TST rather than an IGRA in healthy children <5 years of age for whom it is decided that diagnostic testing for tuberculosis disease is warranted; some pediatric experts use IGRA for children as young as 2 years old ([Red Book 2018](#)). Because of programmatic concerns in the setting of this examination, civil surgeons must use an IGRA as defined in these instructions for all applicants 2 years of age or older. A chest x-ray is required for all applicants with a positive IGRA result.

2. Although it was always intended that TST and IGRA testing and chest x-rays would be performed by the civil surgeons (and not health departments), the new 2018 Civil Surgeon TB TIs state the following: Civil surgeons 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.
3. Old 2008 TB TIs recommended that civil surgeons contact their health departments about whether they wanted to receive reports of LTBI. However, many health departments reported that they would like to receive the reports, and are not receiving them.

New 2018 Civil Surgeon TB TIs state the following - Applicants with a positive IGRA result and chest x-ray not suggestive of tuberculosis disease, no known HIV infection, and no signs or symptoms of tuberculosis disease have LTBI. The positive IGRA results must be communicated to the applicant. Then the applicant's name, contact information, IGRA results, and chest x-ray results must be reported to the health department of jurisdiction. Nationwide, health departments have different systems for managing LTBI. For this reason, civil surgeons must proactively communicate with the health department of jurisdiction to coordinate reporting. For applicants who are diagnosed with LTBI, the I-693 can be completed and given to the applicant. Civil surgeons must inform such applicants that their LTBI diagnosis has been reported to the local health department and should advise the applicant that follow-up treatment is important to prevent tuberculosis disease, although not required to complete the status adjustment process. Of note, the 2018 TB TIs do not require health departments to contact these applicants or provide treatment for LTBI.

In addition to these changes, there are many other edits, clarifications and minor changes to the new TB TIs which we hope will make the process easier to understand and implement. Notifications will be sent when the new TB TIs are posted online in advance of the October 1, 2018 implementation date.

Sincerely,
Joanna Regan, MD, MPH
Medical Assessment and Policy Team
Immigrant, Refugee and Migrant Health Branch
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention