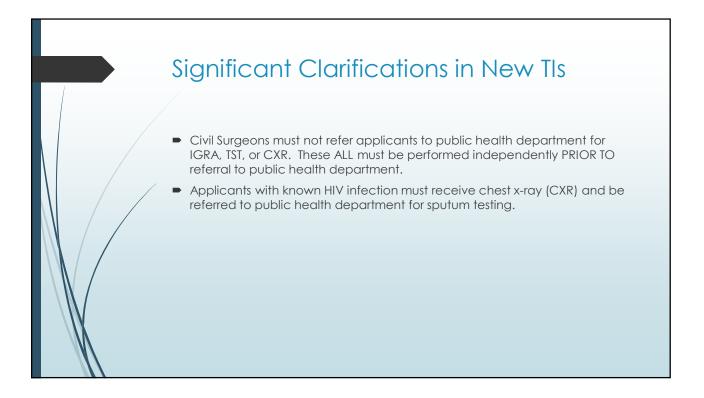
New Tuberculosis Technical Instructions for Civil Surgeons

Peter Davidson, Ph.D. TB Program Manager Michigan Department of Health and Human Services



- Effective 1 October, 2018.
- https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosiscivil-technical-instructions.html
- Must use IGRA in all applicants > 2 years of age.
- May only use TST in applicants < 2 years of age (when indicated).
- Must report cases of LTBI to public health department.
- Class B0: new category for applicants who complete TB disease treatment during status adjustment process.





Applicants > 2 Years of Age Must use IGRA (QuantiFERON or TSPOT). If IGRA positive: 10 years of age: anteroposterior OR posteroanterior, AND lateral CXR. 10 years of age: posteroanterior CXR. If CXR abnormal consistent with TB OR known HIV positive: refer to public health department.



- Physical examination and history.
- If TB signs/symptoms identified OR known HIV positive:
 - Perform TST or IGRA. TST positive if ≥ 10 mm; ≥ 5 mm if known contact to recent case.
 - Perform CXR (anteroposterior OR posteroanterior, AND lateral).
 - Report to public health department.

Reporting LTBI to Public Health

Overview of LTBI Reporting By Civil Surgeons

- Civil Surgeons are required to report cases of LTBI diagnosed during the Civil Surgeon Examination to public health, and must inform applicants of this reporting.
- Civil Surgeons should contact their State TB Program for rules and process to report LTBI:
 - Indiana: LTBI is a reportable condition in Indiana. All providers should report LTBI cases that meet Council of State & Territorial Epidemiologists (CSTE) definition to the appropriate local health department. Local health departments provide LTBI treatment to all patients, free of charge.
 - Ohio: LTBI is not a reportable condition in Ohio, but Civil Surgeons should report LTBI cases to appropriate local TB Control Unit. Local TB Control Units will provide LTBI treatment as their resources permit.
 - Michigan: LTBI is not a reportable condition in Michigan. State of Michigan TB
 Program has provided guidance to all Civil Surgeons practicing in Michigan* to
 report LTBI through the Michigan Disease Surveillance System (MDSS). Local
 health departments may provide treatment as their resources permit.

* as identified by Centers for Disease Control

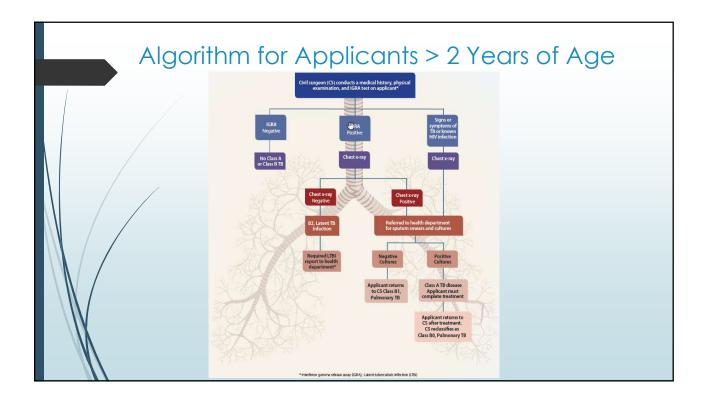
LTBI Reporting By Civil Surgeons in Michigan

- Guidance for reporting in MDSS was distributed in late September, 2018.
 - Electronic
 - Secure
 - MDSS automatically refers case to appropriate local health department based on patient address
- From 1 October 2018 31 May 2019:
 - 345 cases reported statewide (avg 43/mo)
 - 26 local health departments
 - Majority from counties in Detroit metro area
- MDHSS TB Program lacks staffing capacity to track completeness of Civil Surgeon LTBI case reports, referral for care, or treatment outcomes.



Class BO: Complete TB Disease Treatment During Status Adjustment

- All applicants who have or are diagnosed with TB Disease must receive an A Classification and complete treatment through the appropriate public health department.
- Class B0 is a new classification for applicants who complete TB Disease treatment during status adjustment.
 - Refer to TIs for details on how to document and update this in the I-693.
 - The appropriate public health department must sign that applicant has complied with public health recommendations and completed treatment.
- Refer to TIs for Classifications of B1 (Pulmonary or Extrapulmonary), B2 (LTBI), or B Other.



Clarification of TB Testing & Radiology Prior to Referral to Public Health

Initial IGRA, TST & CXR Performed Independent from Public Health

- Addresses ambiguities in prior TIs that resulted in delay of service, additional costs to applicants and public health, and confusion of roles between Civil Surgeon and public health.
- As components of the Tuberculosis Screening process, IGRA/TST and CXR must be performed and results documented before the applicant is referred to public health department.
 - Applicants with clinical signs/symptoms of TB Disease (regardless of site) must be referred immediately to appropriate public health department, regardless of IGRA or CXR findings.
 - Applicants with CXR suggestive of TB disease must be referred to public health department.





- Applicants with known HIV infection must be referred to public health department, regardless of IGRA, CXR or signs/symptoms of TB disease, AND must provide 3 morning sputum specimens for microscopy and culture.
- This requirement is in parity with TIs for Panel Physicians, but is somewhat divergent from guidelines and generally-accepted practice in the U.S.
- Some public health departments may not agree to collect sputa from such applicants, especially if CXR is normal and applicant is asymptomatic:
 - Internal policies regarding collection of sputum for smear and culture
 - Lack of negative pressure room in which to perform sputum collection safely for staff
- CDC's Division of TB Elimination has indicated that state and local public health programs should make their own decisions whether to accept applicants referred under this requirement, and/or for which applicants to attempt collection of sputa.



