MEMORANDUM 2018-2

TO: Local Health Directors and TB Nurses

FROM: Jason Stout, MD, MHS
Medical Director
NC TB Control Program

DATE: October 12, 2018

RE: Changes to overseas and domestic TB screening

The Centers for Disease Control and Prevention has updated guidelines on screening of persons from countries with relatively high prevalence of TB. These updates apply to both overseas screening by panel physicians and domestic examinations by civil surgeons, and are effective 10/1/2018.

Links to the newly revised technical instructions:
Domestic – civil surgeons
https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html

Overseas – panel physicians
https://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/tuberculosis-panel-technical-instructions.html

For your convenience, the most significant items of interest to local TB programs are summarized below, but please follow the links above to the full technical instructions and read them carefully.

**Domestic examinations, performed by Civil Surgeons:**

- All applicants 2 years old or older must have an interferon gamma release assay (IGRA). Tuberculin skin tests cannot be used as a substitute.

IGRAs are blood tests for tuberculosis (TB) infection which measure the patient’s immune response (interferon gamma release) to 2-3 relatively TB-specific antigens. The antigens used for the IGRA tests are not present in the Bacille Calmette-Guerin vaccine (BCG), so false positive tests due to BCG are
unlikely to occur. The IGRA antigens are also not present in most nontuberculous mycobacteria, so false positive tests due to nontuberculous mycobacterial exposure or infection are less likely to occur with IGRA than with tuberculin skin testing. Currently, two IGRA are approved for use in the United States by the Food and Drug Administration: Quantiferon Plus® and T-SPOT.TB®.

- All applicants with a positive IGRA, known HIV infection or signs and symptoms of TB disease must have a chest x-ray. An anteroposterior (AP) or posteroanterior (PA) chest x-ray and a lateral chest x-ray must be done on all children less than 10 years of age. All applicants ≥ 10 years of age must have a PA chest x-ray. HIV testing is not a requirement; however, civil surgeons may advise HIV testing where clinically advisable. HIV+ persons with active pulmonary TB are less likely to have an abnormal chest x-ray than immunocompetent persons, and a negative IGRA does not rule out TB disease, thus HIV+ patients must provide sputum specimens for microscopy and culture regardless of IGRA and chest x-ray results. Applicants who have radiographic findings suggestive of active TB disease, signs or symptoms of TB disease, or known HIV infection must be referred to the local health department for sputum testing.

- If a chest x-ray shows findings suggestive of bacterial infections which may be treated with a course of antibiotics, fluoroquinolones must not be used for empiric treatment of respiratory infections because they are a mainstay of second line therapy for TB disease and their use could result in mistreatment of TB disease and lead to drug resistant TB disease treatment.

- Applicants diagnosed with latent TB infection (LTBI) must be reported to the local health departments with the following information: name, contact information, IGRA results and chest x-ray results. Civil surgeons must inform those applicants diagnosed with LTBI that they have been reported to the local health department and advise them to follow up with preventive treatment at the health department although it is not required to complete the status adjustment process.

Civil surgeons independent of health departments must NOT refer applicants to a health department for IGRA testing or chest x-ray; all IGRA and chest x-rays ordered by civil surgeons must be performed independently of a health department.

**Overseas Examinations performed by Panel Physicians**

- IGRA are required on all applicants 2 -14 years of age who are living in high incidence TB countries. If an IGRA is not licensed for use in the country in which the panel physician is practicing, the tuberculin skin test can be used for these children.

- Applicants who have been diagnosed with TB by the panel physician or presented to the panel physician while on TB disease treatment and have successfully completed directly observed therapy under the supervision of a panel physician prior to immigration will receive a classification of Class B0 TB, Pulmonary.