MAYO CLINIC

Center for Tuberculosis

TB Screening and Referral Process for Civil Surgeons

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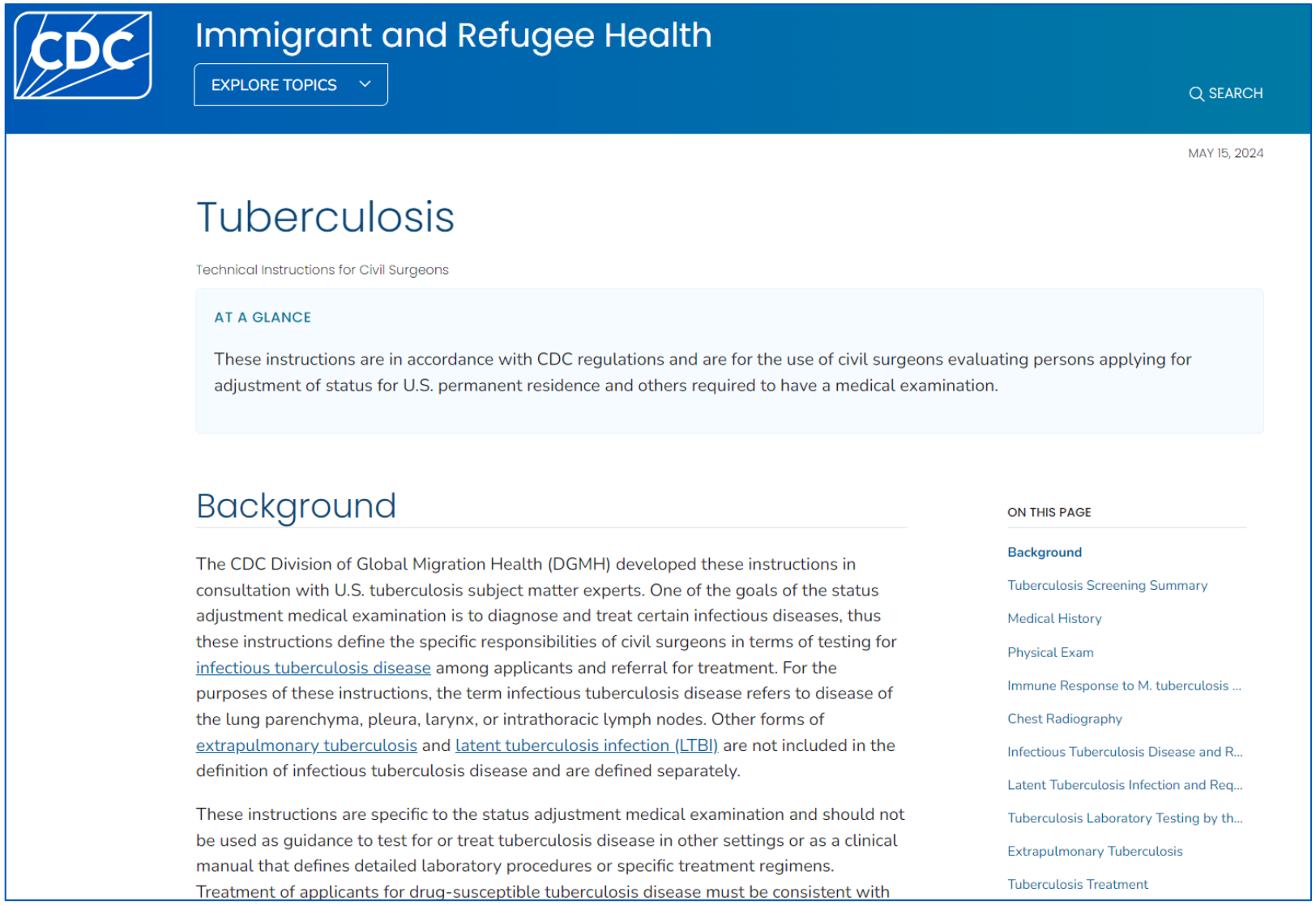
Technical Instructions for Civil Surgeon



Immigrant and Refugee Health

EXPLORE TOPICS

SEARCH

MAY 15, 2024

Tuberculosis

Technical Instructions for Civil Surgeons

AT A GLANCE

These instructions are in accordance with CDC regulations and are for the use of civil surgeons evaluating persons applying for adjustment of status for U.S. permanent residence and others required to have a medical examination.

Background

The CDC Division of Global Migration Health (DGMH) developed these instructions in consultation with U.S. tuberculosis subject matter experts. One of the goals of the status adjustment medical examination is to diagnose and treat certain infectious diseases, thus these instructions define the specific responsibilities of civil surgeons in terms of testing for infectious tuberculosis disease among applicants and referral for treatment. For the purposes of these instructions, the term infectious tuberculosis disease refers to disease of the lung parenchyma, pleura, larynx, or intrathoracic lymph nodes. Other forms of extrapulmonary tuberculosis and latent tuberculosis infection (LTBI) are not included in the definition of infectious tuberculosis disease and are defined separately.

These instructions are specific to the status adjustment medical examination and should not be used as guidance to test for or treat tuberculosis disease in other settings or as a clinical manual that defines detailed laboratory procedures or specific treatment regimens. Treatment of applicants for drug-susceptible tuberculosis disease must be consistent with

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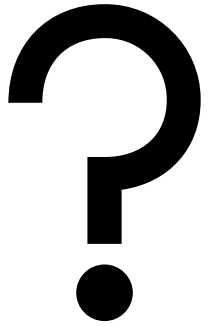
May 15, 2024

https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html

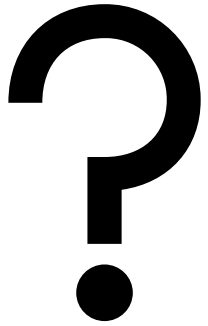


In the evaluation conducted by a Civil Surgeon, which combination of tests are commonly used to effectively rule out active TB?

A. Tuberculin skin test and Chest X-ray

B. Chest X-ray and IGRA

C. Complete blood count (CBC) and sputum culture



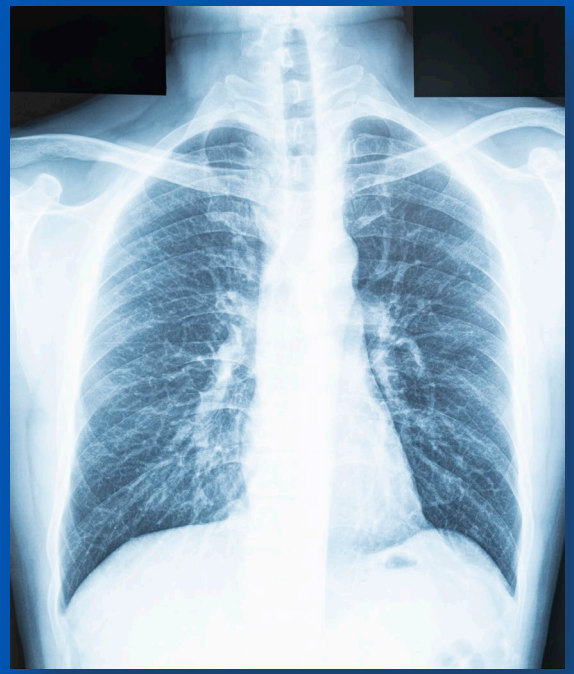
Which situation requires a referral to the Health Department for an HIV-positive applicant undergoing an immigration medical exam?

A. Refer all HIV positive individuals, regardless of symptoms or IGRA status.

B. Refer all HIV positive individuals who report TB symptoms OR who have a positive IGRA.

C. Only refer HIV positive individuals who have a positive IGRA.

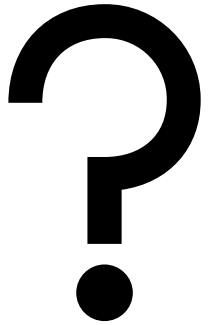
When is a Chest X-Ray Required?



- Positive IGRA
- Symptoms suggestive of TB
- Known HIV infection

Chest X-ray rules for Civil Surgeons

- Single view PA view ages 10+
- Not contraindicated in pregnancy
  - Single PA view
  - No shielding required
- Under age 10, AP or PA view PLUS lateral view
- Must be read by a radiologist
- Results must be available within 3 days



Which of the following chest X-ray (CXR) findings should warrant a referral?

A. Nodules with poorly defined margins

B. Calcified nodules

C. Calcified lymph nodes

D. Any of the above

Referral to Health Department

REQUIRED

- Infiltrate or consolidation
- Reticular markings suggestive of fibrosis
- Cavitary lesion(s)
- Nodule(s) or mass(es) with poorly defined margins
- Pleural effusion
- Hilar/mediastinal adenopathy
- Miliary findings
- Discrete linear opacity
- Discrete nodule(s) without calcification
- Volume loss or retraction
- Irregular thick pleural reaction
- Other findings suggestive of tuberculosis disease per radiologist's interpretation

NOT REQUIRED

- Cardiac abnormalities
- Musculoskeletal abnormalities
- Smooth pleural thickening, confirmed not to be an effusion
- Diaphragmatic tenting
- Single or scattered calcified pulmonary nodule(s)
- Calcified lymph node(s)

No memorization necessary…

Sputum Smears and Cultures Results

(3) Chest X-Ray: Required based on IGRA result, or if specific IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy) _____

Date Chest X-Ray Read (mm/dd/yyyy) _____

Result:

- ☐ Normal
- ☐ Abnormal findings suggestive of TB that require smears and cultures:
  - ☐ Infiltrate or consolidation
  - ☐ Reticular markings suggestive of fibrosis
  - ☐ Cavitary lesion
  - ☐ Nodule(s) 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 (further describe in Remarks section below)

Referral required to rule out active pulmonary TB

- Positive IGRA with CXR findings of concern
- Known HIV positive – regardless of test results
- Symptoms concerning for pulmonary TB
- Extrapulmonary TB disease

Referring to the Health Department

- **DO NOT sign Form I-693**
- Make contact and explain reason for referral
- DO NOT complete Part 8, Tuberculosis sections
  - Sputum smears and culture decision
  - Sputum smears and culture results
  - TB Classification
- DO complete Part 8, Required Referral
- DO send labs, X-rays, and page 11 of Form I-693

Top of page 11 – YES, complete

Part 8. Civil Surgeon Worksheet (continued)

5. Required Referral to Health Department or Other Doctor (To be completed by civil surgeon, if a referral is medically required.)

A. Type or Print Name of Doctor or Health Department Receiving Required Referral

Generic County Health Department

B. Address

Street Number and Name: 123 Main Street

Apt. Ste. Flr. Number:

City or Town: Anytown

State: OK

ZIP Code: 12345

C. Date of Referral (mm/dd/yyyy)

D. Remarks: (Include the name of medical condition and the reasons for referral. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.)

Positive IGRA with pleural effusion on CXR. Approximately 2 months of a dry cough. Please evaluate for active tuberculosis.

Bottom of page 11 – needs signature

Part 9. Referral Evaluation (To be completed by the health department or other doctor performing the referral evaluation.)

The applicant identified on this Form I-693 was referred to me by the civil surgeon named in **Part 7.** of this Form I-693. I have provided appropriate evaluation/treatment, having made every reasonable effort to verify that the person whom I have evaluated/ treated is the person identified in **Part 1.**

1. Evaluating Physician or Health Department's Full Name

A. Family Name (Last Name): Lung | Given Name (First Name): Clara | Middle Name (if applicable):

B. Health Department 's Name: Generic County Health Department

2. Address

Street Number and Name: 123 Main Street | Apt. Ste. Flr. Number:

City or Town: Anytown | State: OK | ZIP Code: 12345

3. Signature of Health Department Individual or Other Doctor Performing Referral Evaluation

Signature: Clara Lung, MD | Date Signed (mm/dd/yyyy): 6/20/2024

4. Name of Medical Practice or Health Department: Generic County Health Department

5. Daytime Telephone Number: 999-123-4567

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

When will HD sign form?

- Initial sputum cultures are negative, or
- Treatment is complete and 2 post-treatment sputum cultures are negative

Timeframe

- Active treatment for non-TB pulmonary infection
  - Do not treat with fluoroquinolones!
  - Wait 8 weeks to conduct X-ray
- Sputum culture needed – cannot call negative until
  - 6 weeks (liquid)
  - 8 weeks (solid)
- Pulmonary TB – completion of treatment (duration depends) and 2 negative post-treatment sputum cultures

Complete TB Section

Was sputum collected?

Sputum smear results?

Sputum culture results?

TB Classification

Remarks

Part 8. Civil Surgeon Worksheet (continued)

(4) Sputum Smears and Cultures Decision

- ☐ No, not indicated.
- ☐ Yes, indicated due to signs or symptoms of TB.
- ☐ Yes, indicated due to chest X-ray suggestive of TB.
- ☐ Yes, indicated due to known HIV infection or extrapulmonary TB.
- ☐ Yes, indicated for end of treatment cultures.

(5) Sputum Smears and Cultures Results

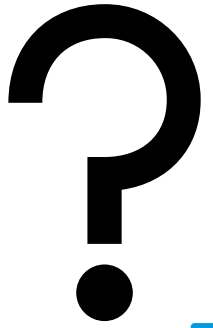
Sputum Smear Results				
	Date Specimen Obtained (mm/dd/yyyy)	**Date Smear Result Reported** (mm/dd/yyyy)	**Positive**	**Negative**
1.				
2.				
3.				

Sputum Culture Results						
	Date Specimen Obtained (mm/dd/yyyy)	**Date Culture Result Reported** (mm/dd/yyyy)	**Positive**	**Negative**	**NTM**	**Contaminated**
1.						
2.						
3.						

(6) TB Classification/Findings (Select only if chest X-ray was performed.):

- ☐ No Class A or Class B TB
- ☐ Class A Pulmonary TB Disease
- ☐ Class B0 Pulmonary TB
- ☐ Class B1 Pulmonary TB
- ☐ Class B1 Extrapulmonary TB
- ☐ Class B2 TB, Latent TB Infection
- ☐ Class B, Other Chest Condition (non-TB)

(7) Remarks: (Include any signs or symptoms of TB, additional tests and therapy given, with start and stop dates and any changes. If you did not perform IGRA, give the reason why an exception applies.)



As a Civil Surgeon, when should you downgrade a Class A TB designation after treatment?

A. When the Health Department has confirmed that treatment has been completed and the patient is no longer communicable with 2 negative sputum cultures.

B. Only after the Health Department confirms the patient has started treatment and is under the supervision of the Health Department.

C. Downgrading is not applicable; Class A TB remains unchanged.

Classifications

- No Class A or B TB – No TB infection **or previously treated LTBI**. Cannot have TB symptoms or HIV.
- Class A TB – pulmonary (or extrapulmonary with CXR suggestive of TB disease)
- Class B0, Pulmonary TB – Completed treatment for active TB
- Class B1, Pulmonary TB – Underwent HD evaluation but **infectious TB was ruled out**
- Class B1, Extrapulmonary TB – negative CXR & sputum
- Class B2, Latent TB – **untreated**
- Class B, Other non-TB chest condition – abnormal CXR but not suggestive of TB. Negative IGRA. No known HIV. No clinical signs/symptoms of TB.

Additional Information

Part 11. Additional Information

If you (the applicant or the civil surgeon) need extra space to provide any additional information within this form use the space below. If you (the applicant or civil surgeon) need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print the applicant's name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
KAUFFEN	IMA	

2. A-Number (if any) ▶ A- 1 2 3 4 5 6 7 8 9

3. A. Page Number	B. Part Number	C. Item Number
7	8	1.A. (7)

D. Referred to Generic County Health Department and diagnosed with pulmonary TB. See attached treatment notes and documentation of a complete course of treatment and 2 negative sputum cultures post-treatment.

Thank you