FAQs
Tuberculosis Component of the Technical Instructions (TIs) for the Medical Examination of Aliens in the United States

These questions and answers are provided for easy reference by civil surgeons' offices and the Bureau of U.S. Citizenship and Immigration Services' offices.

1. At what age is a tuberculin skin test (TST) required?

   A Mantoux TST must be performed on all applicants who are 2 years of age and older, as well as applicants less than 2 years of age if there is evidence of contact with a person known to have tuberculosis (TB) or other reason to suspect (TB).

2. Are there any situations in which the TST is not required for applicants 2 years of age or older?

   There are two situations in which the TST is not required. Applicants providing **written documentation** (with a health-care provider's signature) of a TST reaction of 5 mm or greater of induration or applicants with a history of a severe reaction with blistering to a prior TST may be excluded from this requirement. Applicants in these two groups must undergo a chest radiograph. **A verbal history of a positive TST reaction from the applicant is not acceptable.**

   If the TST is not administered for one of these two reasons, the civil surgeon should not check the box next to "Tuberculin Skin Test" in Part 2, Section 2A of the I-693 form. Instead, the civil surgeon should clearly state the reason for the exception in the "Remarks" portion of Section 2A.

3. Should a TST be administered if a Bacille Calmette-Guérin (BCG) vaccination has been given in the past?

   Yes. Because many BCG-vaccinated applicants have lived in areas where TB transmission is common, the civil surgeon must perform the TST on all applicants, regardless of history or evidence of BCG vaccination, unless one of the two exceptions to TST administration noted in question #2 exists.

4. How should the civil surgeon interpret the TST if the applicant has received BCG in the past?

   Because many BCG-vaccinated applicants have lived in areas of the world where TB transmission frequently occurs, the civil surgeon should order a chest radiograph on all such applicants with a skin test reaction of 5 mm or greater of induration, and refer the applicant to the health department if the chest radiograph suggests active or inactive TB disease.

5. Can a TST be administered to pregnant women?

   Yes, pregnancy is not a contraindication to TST administration.

6. Can the civil surgeon accept TST results measuring less than 5mm induration or chest radiographs (images), which are dated before the civil surgeon examination and submitted by an outside doctor's office?

   Civil surgeons must ensure that the person appearing for the medical examination is the person who is actually applying for immigration benefits. The civil surgeon must confirm the applicant's identity by comparing facial appearance and signature with an official government document containing a recent photograph and signature, such as a passport, driver's license, or other type of identity card. **The applicant's identity must be verified in the same manner when the applicant is referred to another facility for a chest radiograph or laboratory test.**

7. What is the length of validity of TST and chest radiograph results obtained by the civil surgeon?

   The examination by the civil surgeon is a "snapshot" of the applicant's medical status. Therefore, the TST and chest radiograph results must be closely related in time to the physical examination and laboratory tests.

8. Can civil surgeons use Quantiferon (QFT-G) to detect *Mycobacterium tuberculosis* infection instead of a tuberculin skin test (TST)?

No. The role of QFT-G in targeted testing has not yet been fully defined and the test currently requires laboratory capability that is not widely available (Centers for Disease Control and Prevention. Guidelines for Using the QuantiFERON®-TB Gold Test for Detecting *Mycobacterium tuberculosis* Infection, United States. MMWR 2005; 54[No. RR-15]:49-55.) When changes to these guidelines occur, an update will be posted at http://www.cdc.gov/ncidod/dq/updates.htm. Until then, the TST is the required method.

9. Which applicants are required to undergo a chest radiograph?

A chest radiograph is required for all applicants who:

- Have a TST reaction of 5 mm or greater of induration.
- Are immunosuppressed, regardless of the size of induration of the TST (even if the TST measures 0 mm). This includes those who are:
  - HIV infected.
  - Receiving the equivalent of 15 mg/day or more of prednisone for at least one month.
  - Have a history of organ transplant.
- Have signs or symptoms of active TB, regardless of the size of induration of the TST

10. Are pregnant women required to undergo a chest radiograph?

Women who fall into the categories listed in question #9 are required to undergo a chest radiograph. **This requirement includes pregnant (or possibly pregnant) women.** Previously, the chest radiograph could be waived for a pregnant applicant if she had a scar or other evidence of BCG vaccination and denied having any TB-related symptoms. This exception is no longer permissible. If the applicant decides to undergo a radiograph during pregnancy, the possible risks of radiation to the fetus should be explained to her and informed consent obtained, confirmed by a signed consent form. **If she wishes, the applicant may defer the radiograph until after delivery, but the civil surgeon cannot sign the medical examination form until the radiograph is performed and interpreted, and treatment for Class A pulmonary TB disease, if needed, is completed.**

11. If the applicant has an abnormal chest radiograph, what should the civil surgeon do?

All applicants with an **abnormal chest radiograph suggestive of active or inactive TB disease** must be referred to the TB Control Program of the local health department for further evaluation. Applicants with clinical signs or symptoms suggestive of TB disease should also be referred regardless of TST induration or chest radiograph findings.

12. What is Class A–Pulmonary TB Disease, Active, Infectious?

In Class A–Pulmonary TB, the applicant has an abnormal chest radiograph suggestive of active TB disease (see Appendix B in the TB TIs), and one or more sputum smears positive for acid-fast bacteria (AFB) or one or more cultures positive for *M.tuberculosis complex.*

13. What is Class B1–Pulmonary TB, Active, Non-infectious?

In Class B1–Pulmonary TB, the applicant has an abnormal chest radiograph suggestive of active TB disease (see appendix B in the TIs), plus three sputum smears negative for AFB and three cultures negative for *M. Tuberculosis complex.*

14. What is Class B1–Extrapulmonary TB, Active, Non-infectious?

In Class B1–Extrapulmonary TB, the applicant has radiographic or other evidence of extrapulmonary TB, and no evidence of pulmonary TB disease.

15. What is Class B2–Pulmonary TB, Inactive?

In Class B2–Pulmonary TB, the applicant has an abnormal chest radiograph suggestive of inactive TB disease (see Appendix B in TIs), and no sputum smears or cultures are required or performed.

16. What is Class B–Latent TB Infection Needing Evaluation for Treatment (LTBI)?

In Class B–Latent TB Infection Needing Evaluation for Treatment (LTBI), the applicant has:

- A TST reaction of 10 mm or more of induration, and a history of recent arrival (within the last 5 years) in the United States from a high-prevalence country.

And

- No evidence of active TB disease.

OR

- A TST reaction of 5 mm or more of induration if the applicant is in one of these groups:
  - HIV-infected persons
  - Recent contacts of TB cases
  - Patients with transplanted organs
  - Other immunosuppressed patients (receiving the equivalent of 15 mg/day or more of prednisone for at least one month)

And

- No evidence of active TB disease.

OR

- A TST reaction of 10 mm or more of induration if the applicant is in one of these groups:
  - Persons with clinical conditions that place them at high risk (See Appendix C of the TB TIs)
  - Injection drug users
  - Residents and employees of high-risk congregate settings (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, or other health-care facilities)
  - Mycobacteriology laboratory personnel
  - Children <4 years of age, or children and adolescents exposed to adults in high-risk categories

And

- No evidence of active TB disease.

17. Should Part 3 of Form I-693 be completed when the civil surgeon is referring the applicant for evaluation for treatment of Latent TB Infection (LTBI)?

The 2008 TB TIs recommend that civil surgeons refer applicants with "Class B—Latent TB Infection Needing Evaluation for Treatment (LTBI)" to the TB Control Program of the local health department. The referral for evaluation for treatment of LTBI is recommended, not required. Part 3 of Form I-693 should be used only for required referrals, therefore the civil surgeon should not complete Part 3 of Form I-693 when making this referral. It follows that the health department is not required to complete Part 4 of Form I-693 after evaluation for treatment of LTBI is completed or after treatment for LTBI is completed. Please see question 18 for related information.

18. Should the civil surgeon communicate with the TB Control Program of the local health department about the availability of latent TB infection (LTBI) treatment?

Yes. The civil surgeon should contact the TB Control Program of the local health department in his or her area to ascertain local policies and procedures for treating such applicants. In some areas, the TB Control Program may be able to provide treatment. Some health departments TB Control Programs may lack the resources to follow up on all people with latent infection because they are focusing their efforts on higher-priority active TB cases and their contacts.

If the health department TB Control Program is not able to accept a referral, the civil surgeon may ask if the TB Control Program is able to provide treatment consultation for an applicant with LTBI. The TB Control Program may also have arrangements with other health-care providers in the community (e.g., community-based health centers or managed care organizations) that may be able to provide such treatment.

19. What is Class B– Other Chest Condition (non-TB)?

In Class B– Other Chest Condition (non-TB), the applicant has an abnormal chest radiograph, not suggestive of TB disease, needing follow-up (see Appendix B in TIs).

20. Who has to receive TB treatment before the civil surgeon can sign the I-693 form?

An applicant with Class A pulmonary TB disease (either smear or culture positive) must complete a CDC/ATS/ IDSA recommended course of anti-TB

treatment before he or she can be medically cleared by the civil surgeon. The minimum duration of treatment is 6 months.

When treatment has been completed and the applicant is no longer infectious, a representative of the health department should sign the "Referral Evaluation" section (Part 4) of the I-693 form, indicating that the applicant has complied with the recommended health follow-up. The applicant should then return to the civil surgeon with this form. If TB treatment has been prolonged, other portions of the medical examination may need to be repeated. When all portions of the examination are current the civil surgeon can sign the I-693 form.

21. Can the civil surgeon medically clear the applicant for TB even if the applicant is going to receive treatment for latent TB Infection (LTBI)?

Yes. Referral for treatment and/or completion of treatment for LTBI is not required for the civil surgeon to sign the I-693 form. As regards TB, the signature indicates the applicant is free of Class A pulmonary TB disease.

22. Can the civil surgeon medically clear the applicant for TB even if the applicant is classified as "Class B1–Extrapulmonary TB, Active, Non-infectious"?

Yes. By definition, Class B1-Extrapulmonary TB does not involve the lungs. Completion of treatment for Class B1-Extrapulmonary TB is not required for the civil surgeon to sign the I-693 form. As regards the TB, the signature indicates the applicant is free of Class A pulmonary TB disease.

23. Are there quick reference charts in the Technical Instructions that refer to risk factors for progression of TB infection to TB disease, TB signs and symptoms, and TB classifications?

Yes, these charts are found in Appendix C of the TB Technical Instructions.

24. Are these 2008 Civil Surgeon Tuberculosis (TB) Technical Instructions available on-line?

Yes, they are available at http://www.cdc.gov/ncidod/dq/civil.htm.

25. What Technical Instructions should the civil surgeon follow for the non-TB portions of the medical examination?

The civil surgeon should follow the 1991 Technical Instructions for Medical Examination of Aliens in the United States for all non-TB portions of the medical examination (other infectious diseases, mental health conditions, etc.), except for vaccinations. For the latter, there are specific Technical Instructions to Civil Surgeons for Vaccination Requirements. All civil surgeon Technical Instructions are available at http://www.cdc.gov/ncidod/dq/civil.htm.