Technical Bulletin  
Division of Public and Behavioral Health

Date: December 11, 2018  
Topic: Update to Tuberculosis Technical Instructions for Civil Surgeons  
Contact: Susan McElhany, Tuberculosis Program Manager, Division of Public and Behavioral Health  
To: Civil Surgeons who provide services to residents and status adjustment applicants of Nevada

Policy Statement: The Nevada Division of Public and Behavioral Health (DPBH) Tuberculosis Program is alerting Nevada civil surgeons of the Division of Global Migration and Quarantine’s (DGMQ) Updated Tuberculosis Technical Instructions for Civil Surgeons.

To assist in the identification and elimination of tuberculosis in the U.S., the DGMQ updated (September 2018) its Technical Instructions for civil surgeons to include applicant screening not only for detection of pulmonary tuberculosis disease, but also to include evaluation for diagnosis and reporting of latent tuberculosis infection (LTBI).

Recommendations for screening and reporting (Updates in Tuberculosis Technical Instructions, September 2018)  
https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html

Location of Required Tests

Civil surgeons must perform required tests independent of the health department, below.

Tuberculosis Screening

All applicants ≥ 2 years of age must have an interferon gamma release assay (IGRA) test.

- Currently QuantiFERON® or T-SPOT® are FDA approved IGRAss.
- Indeterminate results should be retested.
- Tuberculin Skin Testing cannot be used in place of IGRA testing.

Chest Radiographs (chest X-ray)

All positive IGRAss must have a chest radiograph (CXR).

All known applicants who are HIV positive must have a CXR, regardless of the IGRA result.

All applicants showing suspicious signs and symptoms of TB disease must have a CXR, regardless of the IGRA result.

All known applicants with a documented diagnosis and completed treatment for LTBI must have a CXR.

Must Report All Cases of Abnormal Chest Radiograph

Civil surgeons must refer applicants with abnormal chest radiographs suggestive of tuberculosis disease to the health department of jurisdiction for further evaluation, and be:

- Communicated to the applicant
- Reported to the local health department of jurisdiction using State of Nevada Confidential Morbidity Report Form, or, report should minimally include:
  - Applicant name and contact information
  - Provider name and contact information
  - IGRA results
  - CXR results

- The civil surgeon must not classify, issue medical clearance for tuberculosis, or sign the I-693 for until the applicant returns form the local health department with documentation of the results of tuberculosis evaluation.
**Must Report All Cases of Latent Tuberculosis Infection (LTBI)**

Applicants diagnosed with latent TB infection (LTBI) through a positive IGRA result, a CXR not suggestive of TB disease, no known HIV infection, and no signs or symptoms of TB disease, must be:

- Communicated to the applicant.
- Reported to the local health department of jurisdiction; report should minimally include:
  - Applicant name and contact information
  - IGRA results
  - CXR results

**Referral for latent TB Infection (LTBI)**

The Nevada DPBH TB Program requests if an applicant requires referral to the local health department for treatment of latent TB infection (LTBI), please send the applicant’s report of LTBI diagnosis, including IGRA and CXR results, prior to referral. Additionally, please provide the applicant with health department phone contact information, and advise the applicant to schedule evaluation health department TB clinic (walk-ins are not advised).

**For Detailed Information on Tuberculosis Technical Instructions:**

CDC DGMQ Tuberculosis Technical Instructions:  

**For More Information:**

Susan McElhany, DPBH TB Program, [smcelhany@health.nv.gov](mailto:smcelhany@health.nv.gov)

Nevada Administrative Code: [https://www.leg.state.nv.us/NAC/NAC-441A.html#NAC441ASec230](https://www.leg.state.nv.us/NAC/NAC-441A.html#NAC441ASec230)

Nevada Division of Public and Behavioral Health: [http://dpbh.nv.gov/](http://dpbh.nv.gov/)


_________________________________  
Ihsan Azzam, Ph. D., M.D.  
Chief Medical Officer

_________________________________  
Julie Kotchevar, Ph. D.  
Administrator

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