

CDC IMMIGRATION REQUIREMENTS:

Technical Instructions for Tuberculosis Screening and Treatment

Using Cultures and Directly Observed Therapy

October 1, 2009



Muitos indivíduos vacinados com BCG terão TST falso -positivo

Tuberculosis Screening

Any applicant for whom the clinical suspicion of tuberculosis is high enough to warrant treatment for tuberculosis disease, regardless of laboratory results, is considered to have tuberculosis disease and is Class A for Tuberculosis.

Applicants 2-14 years of age living in countries with a World Health Organization (WHO)-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population should have a tuberculin skin test or an interferon gamma release assay.

Prior receipt of Bacille Calmette-Guérin (BCG) vaccination does not change the screening requirements or the required actions based on tuberculin skin test results.

A complete screening medical examination for tuberculosis consists of a medical history, physical examination, chest radiography (CXR, when required), determination of immune response to *Mycobacterium tuberculosis* antigens (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required), and sputum testing for *M. tuberculosis* (when required, Figures 1 and 2).

Applicants ≥ 15 years of age require a medical history, physical examination, and CXR. If an applicant has a CXR with findings suggestive of tuberculosis (page 5), has signs and symptoms of tuberculosis (page 5), or has human immunodeficiency virus (HIV) infection, the applicant should provide three sputum specimens to undergo microscopy for acid fast bacilli (AFB), as well as culture for mycobacteria and confirmation of the *Mycobacterium* species, at least to the *M. tuberculosis* complex level.

O teste IGRA resolve o impasse de quem deve ser tratado ou não!

Applicants 2-14 years of age living in countries with a World Health Organization (WHO)-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population should have a TST or an IGRA. If the TST is ≥ 10 mm or the IGRA is positive or if the applicant has signs and symptoms of tuberculosis or has HIV, a CXR (anteroposterior or posteroanterior view and a lateral view for applicants < 10 years of age; posteroanterior view for applicants ≥ 10 years of age) should be performed. Applicants who have a CXR with findings suggestive of tuberculosis, signs and symptoms of tuberculosis, or HIV infection should provide three sputum specimens to undergo microscopy for AFB, as well as culture for mycobacteria and confirmation of the *Mycobacterium* species, at least to the *M. tuberculosis* complex level.

Immune Response to *M. tuberculosis* Antigens

- Applicants 2-14 years of age living in countries with a WHO-estimated tuberculosis incidence rate of ≥ 20 cases per 100,000 population should have determination of immune response to *M. tuberculosis* antigens through placement of a TST or performance of an IGRA. Exceptions include applicants with written documentation from a physician of a previous TST reaction ≥ 10 mm or a positive IGRA. For TST, the written documentation must include date of the test, millimeters of induration, type of PPD used, and the testing physician's name and office information. For IGRA, the written documentation must include date of the test, type of IGRA performed, test results in standard units of measurement, the test interpretation (e.g., positive, negative, indeterminate, borderline), and the testing physician's name, signature and office information. Applicants 2-14 years of age with a documented previous history of tuberculosis disease should have a CXR, even if their TST < 10 mm or IGRA is negative.

Panel physicians should be advised that some experts prefer TST in children younger than 5 years of age. There are relatively few published reports documenting the performance of IGRAs in young children, obtaining sufficient blood is more difficult, and there is concern that IGRAs may perform differently in very young children who are at greater risk of a poor outcome if infection is undiagnosed.

- TST

Purified protein derivative (PPD) should be administered intradermally by the Mantoux method. Ideally, preparations used should be equivalent to 5TU PPD-S. However, in countries where such preparations are limited or impossible to import, panel physicians should use PPD preparations that are approved for use by their Ministries of Health. The type of PPD used should be documented.

- IGRA

Interferon gamma release assays are blood tests that measure a component of cell-mediated immune reactivity to *M. tuberculosis* in fresh whole blood. CDC allows the use of QuantiFERON®-TB Gold (QFT-G), QuantiFERON®-TB Gold In Tube (QFT-G IT), or T-SPOT® by panel physicians. Panel physicians should follow the manufacturers' written instructions for performing the examinations and interpreting test results. For the purpose of tuberculosis screening according to these Technical Instructions, an indeterminate test result should be viewed as a negative result. However, applicants with an indeterminate test result should be advised to have a repeat test after arrival to the United States. IGRA test results in their unit of measurement should be documented, even for those with negative or indeterminate results.