

Dear Civil Surgeons in DMV Area,

We are reaching out to you in a recent effort to increase our surveillance of Tuberculosis (TB) in the community and establish a more meaningful partnership with the Civil Surgeons in the area. Our intention is to have Civil Surgeons communicate TB results in accordance with current Tuberculosis Technical Instructions for Civil Surgeons from the Centers for Disease Control and Prevention (CDC) and the United States Citizenship and Immigration Services (USCIS) that were established in 2018.

As an overview, the USCIS and CDC currently require that all status-adjusters over the age of two years old that are screened by Civil Surgeons receive an interferon gamma release assay (IGRA) to be screened for TB/LTBI. Furthermore, anyone with a positive IGRA, known HIV infection, or signs/symptoms of TB should have a Chest X-Ray (CXR) performed.

As of 2018, the USCIS/CDC updated technical instructions for Civil Surgeons also require that all applicants with a positive IGRA are reported directly to the local health department by the Civil Surgeon performing these tests. These diagnostic tests, including the IGRA and CXR, should be ordered by the Civil Surgeon treating the applicant and not referred to the DC Department of Health.

For your convenience, we have also included the reporting requirements on the following page, which are directly modified from the 2018 USCIS/CDC [Tuberculosis Technical Instructions for Civil Surgeons](#):

CLASSIFICATION	DEFINITION	REPORTING REQUIREMENT
Latent TB Infection (LTBI)	<ul style="list-style-type: none"> • Positive IGRA • CXR not suggestive of TB Disease • No known HIV infection • No signs or symptoms of TB 	<p>Must be reported directly to the DC Department of Health using the HAHSTA Case Report Form Using LTBI Reporting Instructions.</p> <p><u>I-693 may be completed at this time.</u></p>
Suspicion for Active Disease or Confirmed Disease	<p><u>This definition applies if any of the following are met:</u></p> <ul style="list-style-type: none"> • Abnormal CXR suggestive of TB • Signs or Symptoms suggestive of TB 	<p>Provider should report to the DC Department of Health within 24 hours as Class III (Confirmed TB) or a Class V (Suspected TB). Use HAHSTA Case Report Form.</p> <p><u>The I-693 may not be completed until the applicant completes an evaluation by Department of Health.</u></p>
Known HIV Status	<ul style="list-style-type: none"> • Applicant has a known positive HIV test/diagnosis 	<p>Civil Surgeon will still be required to have CXR and IGRA ordered, as well as symptom review.</p> <p>Civil Surgeon is also required to refer patient directly to DC Department of Health for additional evaluation regardless of IGRA/CXR Results.</p> <p><u>The I-693 may not be completed until the applicant completes an evaluation by Department of Health.</u></p>

***This reporting table is only relevant to patients with DC addresses (For those with other state addresses, please follow that jurisdiction's protocol for LTBI Reporting)**

Reporting Applicants with Latent TB Infection:

As of 2018, CDC has required that Civil Surgeons report LTBI to the local health departments. To increase the surveillance of TB in the community and keep up with current guidelines, we are asking that Civil Surgeons report these results directly to the DC Department of Health through the [HAHSTA Case Report Form](#). The Civil Surgeon may still complete the I-693 as per protocol.

Treatment for LTBI:

The treatment of LTBI is a crucial step in preventing the progression to Active TB, and thus is an important step to prevent the spread of TB in the community.

During applicant visits, Civil Surgeons are highly encouraged to discuss LTBI treatment options and to complete the necessary referrals to another practice, if necessary.

To ensure access to LTBI treatment, Civil Surgeons may:

- 1) Refer the applicant to a primary care provider or another practice that is experienced in providing LTBI treatment within the applicant's community.
- 2) Offer treatment to the applicant at the civil surgeon's office.
- 3) If other options are not available, refer the applicant to the Department of Health for LTBI treatment. To refer applicants to DC Health, be sure to indicate this on the [HAHSTA Case Report Form](#).

For more information regarding LTBI and treatment referral, please see the rest of the tool kit, in which we have included the following:

- Detailed Reporting Instructions
- TB Information for Patients
- LTBI Treatment Guide for Providers

Thank you for taking the time to read this, and we look forward to continuing to foster a strong partnership that will continue to prevent the spread of TB in the District of Columbia.

For further information on TB in DC, please visit [our website](#). For additional information on the Civil Surgeon Technical Instructions for TB, you can find the full instructions through this [link](#) to CDC's technical instruction webpage.

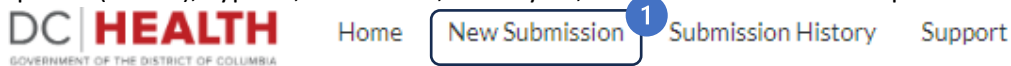
For any questions directly related to these materials, please call 202-770-9983.

Thank You,
Jason Beverley, MS, RN, FNP-BC
STD & TB Control Division Chief
HIV, AIDS, Hepatitis, STD, & TB Administration (HAHSTA)
DC Department of Health
Direct: 202-698-4046

Reporting Guide for Civil Surgeons in DC

Step 1: Create an Account on [DC Reporting and Surveillance Center \(DCRC\)](#)

Step 2: Select the “New Submission” Tab on the top left of the screen. Then Select the “HIV/AIDS, Viral Hepatitis (Non-A), Syphilis, Gonorrhea, Chlamydia, and Tuberculosis Case Report”



Welcome to the **DC Health Provider Portal**

Where do I complete my actions?

View progress, status update, and prior submissions [here](#).

Use the Quick Links to the right for creating new submissions.

DC Reporting and Surveillance Center (DCRC)

Select the type of submission you would like to make by program area:

- HIV/AIDS, Viral Hepatitis (Non-A), Syphilis, Gonorrhea, Chlamydia, and Tuberculosis Case Report
- Notifiable Disease and Condition Case Report (General communicable diseases)
- Animal Bite Case Report (Submissions for animal bites, scratches, or other close interactions)
- Prevention Activities Report Form (Syndemics RFA# HAHSTA_SYN112522)

HIV/AIDS, Hepatitis, STD and TB Administration

Step 3: Once selected, you will need to fill out the submitter information. Be sure to select “TB Case Report ONLY” in this section. You will also need to complete “Submitter State” to continue*.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
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Date Form Completed : November 21, 2022

Program: TB Case Report ONLY 3

Step 4: Fill out the “Client Information” section to the best of your knowledge. You must fill out everything with asterisks to continue*.

Step 5: Once you reach “Risk History”, select “Civil Surgeon Screening” as the response for “Reason for exam/testing”, and hit “Next”. If you do not select “Civil Surgeon Screening” you will not be able to report LTBI.

* Reason for exam/testing

Civil Surgeon Screening

--None--

Contact Investigation

TB Symptoms

Screening

Other

Civil Surgeon Screening

Department of Corrections Screening

Step 6: Under “Disease Reporting”, find the “Classification” question, and select “Class 2: LTBI”

Classification

Class 2: LTBI

--None--

Class 0: No Exposure

Class 1: Exposure; No Infection

Class 2: LTBI

Class 3: Active TB

Class 4: TB disease; Not Active

Class 5: Suspicion for TB

Unknown

- Continue to complete the form and be sure to include CXR Results, IGRA Results, etc.

Step 7: Find “Treatment Referral” and fill out the most appropriate response. Please fill out the rest of the page to the best of your knowledge as well.

HIV/AIDS, Hepatitis, STD and TB Administration

Treatment Referral

Currently, the DC TB Program is only accepting LTBI reports from the Department of Corrections (DOC) or Civil Surgeons

Select the most appropriate option for patient's treatment plan

--None--

--None--

Treatment being started directly by Civil Surgeon or DOC

Treatment being referred to outside provider

I am referring this individual for treatment to the DC TB Program

Patient was educated on treatment options and declined

- Whichever option you select will trigger additional questions to answer.

Step 8: Go to the last page titled “Additional Information” and select upload documents if possible. This will allow you to upload all supporting documents, which in this case should include medical history, IGRA/TSTs results, and CXR imaging.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
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Additional Information

Additional Information (e.g. excel line list, clinical notes) will be sent by

Uploading documents

Faxing documents to 202-724-2363

Typing, or copying/pasting information below

No additional clinical information is available

Clinical Laboratory Additional Documents

To add file(s)/document(s), please click on "Upload Files" button and select file(s)/document(s) or drag and drop file(s)/document(s) in "drop files" section.

Upload Files
Or drop files

TB Additional Guidance: Upload the medical history notes, results of TSTs/IGRAs, imaging results, and the results of any specimens collected for smear/culture/NAAT.

Additional Comments

*If unable to upload, please fax results to 202-724-2363

Step 9: Scroll to the bottom of the page and click “Submit”, then you are finished!

Referring Patients Living with HIV

In accordance with CDC guidelines, Civil Surgeons should refer any patients who are living with HIV directly to the Department of Health, regardless of IGRA Results and CXR status.

Step 1 – 5: Follow the same instructions as above.

Step 6: Additionally complete the following questions and hit next once completing:

- Previous HIV Test?

**HIV/AIDS, Hepatitis, STD and
TB Administration**

- If Yes, what is the client's results
- Was client referred to HIV Testing?

Reason for exam/testing
Civil Surgeon Screening
Previous HIV Test?
Yes
If yes, what is the client's result?
--None--
Was client referred to HIV Testing?
--None--

Step 7: Complete the HIV-Positive client portion at the top of the page

Step 8: In the Tuberculosis section, find the classification drop down and select, "Civil Surgeon Reporting Applicant Living with HIV"

- This will trigger a checkbox to confirm that the applicant knows they will be directly outreached by DC Health
- ***Remember: This should only be selected if the patient is HIV Positive but has no other positive or suspicious TB Results. (Ex. The applicant is known HIV positive, and their IGRA is negative, with a normal CXR and are asymptomatic, this would be the best process to complete referral)

Classification
Civil Surgeon Reporting Applicant Living with HIV
<input checked="" type="checkbox"/> Patient understands they will be contacted by DC Health for further evaluation, and cannot complete their status adjustment until they are fully evaluated

Step 9: Fill out all relevant test results such as IGRA and CXR, then continue to the final page. Here you can attach your results, leave any additional notes, and submit!

LATENT TUBERCULOSIS INFECTION

What is latent TB?

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis* and spreads through the air from person to person.

In some people, TB bacteria can live in the body without causing the individual to become ill and without the individual being contagious — this is called latent TB infection (LTBI).

In people with LTBI, the body is able to fight the bacteria to stop them from multiplying and the individual does not experience symptoms of disease for months, years or even a lifetime.

However, people with LTBI may develop the disease later in life if they do not receive the appropriate treatment to prevent active TB disease. Receiving the appropriate tests from a medical provider is the only method to detect infection.

What is the difference between latent TB infection and active TB disease?

In someone with latent **TB infection (LTBI)**, the bacteria are not causing illness and the individual will not feel symptoms. People with LTBI cannot transmit the TB bacteria to others. To greatly reduce the risk of developing active TB disease in the future, short-course prophylactic treatment is available for those with LTBI.

Someone with **active TB disease** will often have severe symptoms and they may transmit the bacteria to other people through coughing, speaking, sneezing or singing. There is treatment for both LTBI and active TB disease, but for those with TB disease, the treatment is longer and requires more medication.

What does LTBI look like?

- ▶ No symptoms of TB
- ▶ Blood tests (IGRA) or skin test (TST) will have a positive result but chest x-ray will be normal or not consistent with active TB
- ▶ Cannot spread TB bacteria to others

Why take medication for LTBI?

- ▶ A person with LTBI can have TB bacteria in their body for years before progressing to active TB disease and developing symptoms
- ▶ Taking anti-TB medication is the only way to kill these TB bacteria
- ▶ When taken appropriately, anti-TB medication for LTBI can prevent you from developing TB disease in the future

What are my options?

- ▶ There are several treatment options available for LTBI that can prevent progression to active TB disease
- ▶ Some regimens are as short as 3 or 4 months — ask your provider about 3HP or 4R
- ▶ 3HP is a short-course regimen of 12 weeks of medication, only taken once a week and can prevent progression to active TB disease when taken appropriately

Guide for LTBI Treatment

General Guidelines:

- Treatment should be recommended for individuals with positive IGRA and negative CXR who are cleared of all indicators for Active TB
- Regimen should be based on age, co-existing medical conditions, potential drug-drug interactions, and if known, the source case’s drug susceptibility results
 - If the patient knows who they were exposed to, and confirmed they had any form of drug resistant TB, a TB expert should be consulted for treatment recommendations
- Patient should be informed of possible adverse side effects and should be monitored during treatment for both adverse side effects and active TB symptoms.

Available Treatments:

Table modified directly from [CDC’s Treatment Regimens for Latent TB Infection \(LTBI\)](#):

Drug Regimen	Duration	Frequency	Dose Count
Isoniazid (INH) and Rifapentine (RPT) – 3HP	3 Months	Once per Week	12
Rifampin (RIF) – 4R	4 months	Daily	120
Isoniazid (INH) and Rifampin (RIF) – 3HR	3 months	Daily	90
Isoniazid (INH)	6 months	Daily	180
		Twice Weekly	52
	9 months	Daily	270
		Twice Weekly	76

Using the 3HP Regimen:

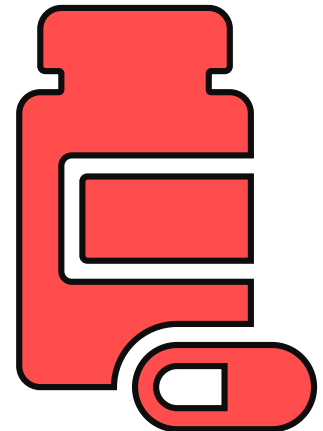
By using a 12-dose treatment plan, the rates of completion become higher as it is more convenient for patients to adhere to. This can also be self-administered by the patient.

Previous recommendations for 3HP included most persons over the age of 12. CDC has now expanded 3HP to patients which include:

- Children between 2-12 years old
- People living with HIV – must [clarify no drug interaction](#) to rifapentine

Additional Treatment Options

- **Prioritize 3–4-month treatments:** shorter treatments are easier to complete for patients, are clinically proven to be effective, and have lower hepatotoxicity
- If short term treatment is not feasible, refer to 6 or 9-month treatments



Monitoring Patients During Treatment

Patients should first be made aware of possible adverse side effects:

Common Adverse Side Effects:

- Unexplained loss of appetite
- Nausea or vomiting
- Brown urine
- Jaundice skin or eyes
- Tingling, numbness or burning in hands or feet
- Weakness or Fatigue
- Fever
- Abdominal pain or tenderness
- Blurred Vision

**If patient is taking Rifampin or Rifapentine they may experience orange discoloring in urine which is normal*

Monitoring Recommendations:

- Monthly check ins to:
 - Monitor any new symptoms for Active TB Disease
 - Evaluate adherence to medication
 - Monitor for any adverse reactions
 - Perform laboratory testing (*See below*)
- Laboratory testing should be considered for the following patients:
 - Liver disorder or history of liver disease
 - Regular alcohol use or injecting drug use
 - Patients living with HIV
 - Pregnant or delivered within last 3 months



Post Treatment Follow Up:

- Once treatment is completed, ensure the patient given the following for proof completion:
 - IGRA or TST test
 - CXR Summary
 - Letter of completion with names of medicines, doses, and length of treatment
- If symptoms of Active TB arise after treatment, patient should seek provider evaluation ASAP