

Frequently Asked Questions about B Waivers, Civil Surgeons and Immigration

B WAIVER IMMIGRANTS

What evaluation and treatment does this B Waiver immigrant need?

Determining the evaluation needed requires careful review of the B waiver information provided by CDC. Each B waiver immigrant will be different. If LTBI treatment is needed, using a short course regimen is recommended (Rifampin daily x 4 months or 12 dose once weekly INH/Rifapentine) unless there is a possibility of severe drug interactions.

Adults

Most adult B waivers (≥ 15 years old) are referred by CDC due to an abnormal overseas chest x-ray. The follow-up needed by the local public health authority (LPHA) for adults varies depending on the overseas chest x-ray and whether or not TB treatment was given overseas. Most adults will bring a disk of the overseas chest x-ray with them, or a digital image can be found in EDN or Orpheus. Send the B waiver immigrant for a new chest x-ray and ask the radiologist to compare the new chest x-ray with the old. Also obtain an interferon gamma release assay (QuantiFERON or T-SPOT) if the B waiver immigrant was not previously treated for TB. A TB skin test is also acceptable but not preferred. After you have this information, if the next steps are unclear, call the TB Program, OHA for consultation and/or consult your health officer.

Children

Most B waivers ages 2-14 years old are referred due to a positive overseas TB skin test, QuantiFERON or T-SPOT. Most children will have a disk of a normal overseas chest x-ray with them or a digital image can be found in EDN or Orpheus.

If no symptoms of TB disease or risk factors are present follow-up by:

- Repeating the TB skin test, QuantiFERON or T-SPOT to confirm it is positive. Retesting with QuantiFERON or T-SPOT is preferred. If not possible, retesting with TB skin test is acceptable. The TB Program, OHA can reimburse QuantiFERON and T-SPOT tests for non-metro areas.
- If the child has no symptoms of TB disease or risk factors for disease progression and the repeat test is negative, no further public health follow-up is required. A new chest x-ray is not needed.
- If the child has a positive test for LTBI, consider obtaining a new chest x-ray. A PA/lateral chest x-ray is needed for children < 5 years old. Referral to a pediatrician, health officer or primary care for physical assessment is recommended. Treat for LTBI if chest x-ray and physical assessment are normal.
- Contact the TB Program, OHA or Curry International TB Center for further guidance if needed.

What are the timelines for B Waiver Evaluation?

Within **30 days of EDN notification date** (not receipt of paperwork)

- **Date of first U.S. test or provider/clinic visit (C1-C3)**
- **U.S. review of pre-immigration CXR (C4-C5)**
- **U.S. review of pre-immigration treatment (C9a-C11a)**
- **A new U.S. domestic CXR (C6a-C7)**
- **Compare pre-immigration and new U.S. domestic CXR (C8)**
- **Collect sputum (C12)**

Within **120 days of EDN notification date** (not receipt of paperwork)

- **Disposition completed (D1a-D2abc)**
- **Diagnosis completed (D3)**
- **If TB confirmed enter info (D4)**
- **U.S treatment initiated (E1a-E4)**

Within **1 year of treatment start date**

- **U.S treatment completed (E5a-E6 – treatment end date)**
- **U.S. treatment incomplete (E5b-E6 – treatment stopped date)**

IMPORTANT NOTE: Information about B waiver follow-up should be submitted to the TB Program, OHA or entered into EDN 3 times:

1. **Upon completion of the initial evaluation (30 days after EDN notification date),**
2. **Upon evaluation disposition, diagnosis, and treatment initiation (120 days after EDN notification date) and**
3. **Upon completion of treatment (1 year)**

This Information must be entered into EDN (by the TB Program, OHA, or you) **within 5 business days.**

What steps should I take to find this person? When do I stop looking?

In general, you should not spend more than 30 days trying to locate B Waivers. Also remember B Waivers are sent a letter upon arrival instructing them to report to the health department. They may come to you before you notify them.

Following are suggested steps and timeframes:

- 1- Within **5 business days** of receiving paperwork, attempt to call the sponsor's phone number as listed on paperwork (if available) and/or send a letter to the sponsor's address.
- 2- If no response **after 10 business days** of receiving paperwork, a visit to the sponsor's home should take place if resources allow. If a home visit is not possible, try other methods to locate the B waiver and send a second letter via certified mail.
- 3- If you still haven't found the B Waiver **after 30 days**, check the appropriate box on the form and send it back to the State or submit via EDN.

Letters and educational materials should be language appropriate to the greatest extent possible! Remember to document your attempts to contact.

What should I do if the person has moved out of my jurisdiction?

Call the TB Program, OHA at 503-358-8516 or email: TB@odhsoha.oregon.gov

If you are an EDN user, you may transfer the B Waiver via EDN or call the TB Program, OHA for assistance.

What should I do if a B Waiver comes to my clinic with their paperwork, but I haven't received the forms from the State?

Call the TB Program, OHA at 503-358-8516.

CIVIL SURGEONS

What is a Civil Surgeon?

A civil surgeon is a medical doctor whom the United State Citizenship and Immigration Service (USCIS) has selected to perform required exams on immigrants who currently reside in the U.S. and wish to change their immigration status (for example, to become a permanent resident).

Are LPHAs required to follow-up with reports of LTBI or other TB referrals from Civil Surgeons?

LTBI is not reportable in Oregon. LPHAs are not required to follow-up on reports of LTBI or referrals from Civil Surgeons for TB skin tests, chest x-rays or treatment of LTBI.

BUT, if the Civil Surgeon suspects the immigrant has active TB disease (signs and symptoms of TB and/or an abnormal chest x-ray) they must report this to the LPHA and the LPHA should assist the Civil Surgeon in determining what needs to be done to rule out active TB disease.

Are LPHAs required to follow-up on reports or referrals from Civil Surgeons?

If the immigrant has an abnormal chest x-ray suggestive of TB or signs and symptoms of TB disease the Civil Surgeon must refer this to the LPHA. The LPHA should assist the Civil Surgeon in determining what needs to be done to rule out active TB disease.

Who can Civil Surgeons contact if they have questions on the screening process?

Civil Surgeons can email the CDC Division of Global Migration and Quarantine (DGMQ) at cdcqap@cdc.gov .

IMMIGRANTS

How do I know whether or not an immigrant is a B waiver?

You should receive notification of all B waivers from EDN or the TB Program, OHA. Unfortunately, sometimes notification is delayed, and the individual comes to the LPHA before you have the official paperwork from the CDC. The immigrant should have with them their own set of B waiver paperwork and/or a letter instructing them to report to the LPHA. If they have none of this or have a different type of paperwork...they may not be a B waiver! Call the TB Program, OHA at **503-358-8516** or email: heidi.behm@oha.oregon.gov for assistance.

We have immigrants come into our clinic asking for help with their immigration paperwork that don't seem to be B waivers. What should we do?

Most likely these are immigrants who already live in the U.S. and are now seeking an adjustment in their immigration status. They may need to be referred to a civil surgeon for screening. A list of civil surgeons is available at:

https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV

If there are further questions, you can refer the immigrant to the U.S. Immigration and Customs Services National Customer Service Center at **1-800-375-5283 (TTY 1-800-767-1833)**.

Although it's good to help when resources allow, it is not the responsibility of LPHAs or the TB Program, OHA to assist with this immigration readjustment process or provide these individuals with LTBI treatment.