

Comparison of 2007 Technical Instructions for Tuberculosis Screening and Treatment with 1991 Technical Instructions

Category	Standard TI 1991	Revised TI January 16, 2007
Validity of tuberculosis screening examination	12 months if normal; 6 months if Class A condition or Class B1 or B2 TB condition	6 months if normal; 3 months if Class B1
Tuberculosis history	Yes	Yes
Physical Exam	Yes	Yes
Chest Radiograph (CXR)	Persons ≥ 15 years: PA; <15 yrs: frontal and lateral views in specific circumstances	Persons 6 months—9 years: anteroposterior and lateral views Persons ≥ 10 : posteroanterior (PA) view
Tuberculin Skin Test (TST)	Not routine; used infrequently in specific circumstances	All persons ≥ 6 months through 5 years of age.
Tuberculosis laboratory screening	Persons >15 years with CXR and/or symptoms suggestive of active disease (or children <15 years of age who are contacts, have history of tuberculosis disease, or signs or symptoms): AFB smears x 3	Persons ≥ 6 months of age with tuberculosis symptoms, abnormal PE, or CXR suggestive of tuberculosis disease, or HIV positive : sputum for AFB smear x 3 plus tuberculosis cultures and DST (for persons who cannot produce sputum: specimen collection by other means such as induced sputum or gastric aspirates)
Initial patient management prior to laboratory results	Not Applicable	Consider treatment for other lower respiratory infection (no fluoroquinolones) if applicable; follow-up CXR for immigration medical screening not to be performed until 8 weeks after treatment
Management of persons with positive TST	Not applicable	Applicants ≤ 5 years of age who have a TST ≥ 10 mm but otherwise have a negative evaluation for tuberculosis will be classified for U.S. follow-up as Class B2 TB, LTBI Evaluation , with TST results and treatment status documented.
Tuberculosis treatment and management	Tuberculosis treatment guidance outdated, and minimal guidance for drug-resistant tuberculosis	ATS/CDC/IDSA guidelines primary source for treatment decisions. For drug resistant patients, refer also to written guidance from the Francis J. Curry National Tuberculosis Center and California Department of Health Services, 2004: Drug-Resistant Tuberculosis: A Survival Guide for Clinicians; MDR TB expert consultations and CDC consultations recommended Applicants, including children, diagnosed with tuberculosis disease that are smear and culture negative should not have treatment begun overseas unless the applicant would be harmed by waiting to start therapy after immigration.
Sources of tuberculosis drugs	Source not specified	Quality-assured drugs: WHO Global Drug Facility for first-line drugs and International Dispensary Association and WHO Green Light Committee for second-line drugs

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Laboratory monitoring during tuberculosis treatment	No monitoring after AFB smear becomes negative	<p>Drug susceptible, drug resistant (but not MDR TB): one sputum smear should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy until cultures are negative for 2 consecutive months.</p> <p>MDR TB: one sputum smear should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy</p> <p>No drug susceptibility testing results (culture negative): one sputum smear should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy</p>
Laboratory monitoring after tuberculosis treatment	Not applicable	All applicants to have one sputum smear collected and submitted for AFB microscopy and mycobacteria culture at the end of therapy.
Clearance after tuberculosis diagnosis and treatment	Not applicable	No clearance without satisfactory completion of treatment for smear positive or culture positive pulmonary or laryngeal tuberculosis
Public health response: contact investigations	History of tuberculosis contact noted	Specific guidance that family and household contacts of all tuberculosis patients should be evaluated, appropriately managed, and classified for U.S. follow-up
Management of known tuberculosis contacts	Not applicable	<p>Overseas management and US follow-up:</p> <ol style="list-style-type: none"> 1. For children < 4 years who are family or household contacts to a known tuberculosis case : if children have negative evaluations for tuberculosis disease (and source case is INH susceptible, or susceptibilities are unknown: this includes culture-negative source cases), begin directly observed preventive therapy (DOPT) regardless of TST result; if repeat TST at 8 wks is negative, can discontinue DOPT; can travel before DOPT completion. 2. For contacts (all ages) to MDR or INH-resistant cases: if positive TST, perform physical examination, symptom evaluation, and CXR every 3 months for 6 months, then every 6 months, until 24 months after end of estimated exposure; however, applicant may travel at any point when tuberculosis disease ruled out, classified for United States follow-up 3. Designate all contacts (including those that do not fit into specific categories above) for US follow-up as Class B3 TB, Contact Evaluation with TST results, source case information, and treatment status noted.
Pre-departure clearance examination	Not applicable	Pre-departure screening within 3 weeks of departure for all applicants with findings suggestive of tuberculosis disease on medical history, physical exam, or CXR but had negative sputum smears and negative cultures. Pre-departure screening consists of medical history, physical exam, CXR, and at least 3 sputum smears for AFB microscopy (cultures not required)
Information transfer to CDC and state and local public health	Paper: DS medical forms travel with refugees and are processed at port of entry	<p>Paper: DS medical forms and additional information on tuberculosis treatment travel with applicants and are processed at port of entry</p> <p>Electronic data transfer of DS medical forms, including tuberculosis screening, diagnosis and treatment, when available</p> <p>Class A and B1 cases reported to U.S. Embassy upon detection</p>

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Pre-departure Tuberculosis Classifications		
No TB Classification	Applicants with normal tuberculosis screening examinations	Applicants with normal tuberculosis screening examinations
Class A	"Tuberculosis, infectious." Abnormal CXR and one or more positive sputum smears.	Applicants who have tuberculosis disease diagnosed (sputum smear positive or culture positive) and require treatment overseas but have been granted a waiver in order to travel prior to the completion of therapy.
Class B1 - Pulmonary	"Tuberculosis clinically active, not infectious." Abnormal CXR and sputum smears negative	No treatment: Applicants who have medical history, physical exam, or CXR findings suggestive of pulmonary tuberculosis but have negative AFB sputum smears and cultures and are not diagnosed with tuberculosis or can wait to have tuberculosis treatment started after immigration Completed treatment: Applicants who were diagnosed with pulmonary tuberculosis and successfully completed directly observed therapy prior to immigration
Class B1 - Extrapulmonary	"Extrapulmonary tuberculosis, clinically active, not infectious." Radiographic or other evidence of extrapulmonary tuberculosis, clinically active	Evidence of extrapulmonary tuberculosis
Class B2	"Tuberculosis, not clinically active." Abnormal CXR suggestive of tuberculosis, not clinically active. No sputum smears required.	LTBI Evaluation. Applicants who have a tuberculin skin test ≥ 10 mm (among applicants ≤ 5 years of age) but otherwise have a negative evaluation for tuberculosis.
Class B3	"Consistent with tuberculosis, old or healed." Abnormal CXR; only abnormality is calcified hilar lymph node, primary complex, or granuloma. No sputum smears required.	Contact Evaluation. Applicants who are a contact of a known tuberculosis case.