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

Category	1991	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 no tuberculosis classification or only Class B2 TB or Class B3 TB. 3 months if Class B1 TB, Pulmonary or Class B1 TB, Extrapulmonary or for applicants who have HIV infection.
Tuberculosis history	Yes	Yes
Physical examination	Yes	Yes
CXR	Persons ≥15 years: PA; <15 years: frontal and lateral views in specific circumstances	Required for all applicants ≥15 years. Applicants <15 years receive CXR if they have a TST ≥5 mm (when required based on estimated tuberculosis incidence rate in country of origin) or have signs and symptoms suggestive of tuberculosis, but see 42 CFR 34.3 (b)(v).
TST	Not routine; used infrequently in specific circumstances	All applicants 2-14 years of age living in countries with a WHO-estimated incidence rate ≥20 per 100,000. All applicants who are contacts of a known tuberculosis case.
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 with tuberculosis symptoms, abnormal physical examination, or CXR suggestive of tuberculosis disease, or who are 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 2-14 years of age or contacts who have a TST ≥10 mm but who 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Tuberculosis treatment and management	Tuberculosis treatment guidance outdated, and minimal guidance for drug-resistant tuberculosis	Treating physicians should follow ATS/CDC/IDSA guidelines. For drug-resistant patients, treating physicians 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. Treatment of drug-resistant and MDR TB should be done by or in close consultation with experts in the management of such cases and in coordination with the Division of Global Migration and Quarantine

		(DGMQ).
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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.
Laboratory monitoring during tuberculosis treatment	No monitoring after AFB smear becomes negative	Drug susceptible, drug resistant (but not MDR) TB: two sputum specimens should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy until cultures are negative for 2 consecutive months. MDR TB: two sputum specimens should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy. No drug-susceptibility testing results (culture negative): one sputum specimen should be collected and submitted for AFB microscopy and mycobacteria culture each month of therapy.
Laboratory monitoring after tuberculosis treatment	Not applicable	All applicants to have two sputum specimens collected and submitted for AFB microscopy and mycobacteria culture at the end of therapy.
Management of known tuberculosis contacts	Not applicable	All contacts should have a TST. If the TST is ≥5 mm, the contact should be further evaluated with medical history, physical examination, and CXR. If the contact is not started on LTBI therapy, he or she should receive an evaluation with medical history, physical examination, and CXR every 3 months until departure. If the TST is <5 mm and the contact is not placed on prophylaxis, the TST should be repeated every 3 months until ≥8 weeks after contact ends, the index case has negative sputum cultures for 2 consecutive months, or TST becomes ≥5 mm. Children <4 years of age and applicants with impaired immunity who are contacts of a known tuberculosis case (that is not isoniazid resistant) and who have a negative evaluation for tuberculosis disease, should begin DOPT. Preventive therapy should be discontinued if TST is <5 mm 8 weeks after conclusion of exposure to the infectious case. Contacts cleared for travel should receive a Class B3 TB, Contact Evaluation classification.

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Pre-departure clearance examination	Not applicable	Additional screening immediately prior to departure (pre-departure evaluation) may be required in the event of an outbreak of tuberculosis disease or in the setting of extremely elevated rates of tuberculosis disease. When required, pre-departure screening would occur within 3 weeks of departure for all applicants with findings suggestive of tuberculosis disease on medical history, physical examination, or CXR but had negative sputum smears and negative cultures. Pre-departure screening would consist 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	Paper: DS medical forms and additional information on tuberculosis treatment travel with applicants and are processed at port of entry. Electronic data transfer of DS medical forms, including tuberculosis screening, diagnosis and treatment, when available. Class A and B1 cases reported to U.S. Embassy upon detection.

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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 who have been granted a waiver 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 but who 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.

* AFB, acid-fast bacilli; ATS, American Thoracic Society; CXR, Chest radiograph; DGMQ; Division of Global Migration and Quarantine; DOPT, directly observed preventive therapy; DS, Department of State; DST, drug-sensitivity testing; HIV, human immunodeficiency virus; IDSA; Infectious Diseases Society of America; LTBI, latent tuberculosis infection; MDR TB; multidrug-resistant tuberculosis; PA, posterior-anterior; TST, Tuberculin Skin Test; WHO, World Health Organization