Criteria for Assessing Contagiousness and Response to Treatment for Placement in General Population

| Category | Criteria |
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| * No symptoms suggestive of pulmonary TB disease, and
* Initial respiratory specimens AFB smear negative x3, and
* Negligible likelihood of MDR TB (no known exposure to MDR TB, no history of prior episodes of TB with poor compliance during treatment), and not from a country or region with high incidence of MDR and XDR TB‡
 | 1. Has produced 3 consecutive respiratory specimens NEGATIVE for AFB on smear microscopy, each obtained 8-24 hours apart with at least one collected in the morning\*
	* Respiratory specimens include:

• 3 sputa (preferably induced), OR • 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BALAND1. Has completed 5–7 days of standard multidrug anti-TB treatment\*

\*Treatment should be initiated after the initial 3 respiratory specimens have been collected |
|  |
| * Symptoms suggestive of pulmonary TB disease, and/or
* One or more initial three respiratory specimens positive for AFB on smear microscopy, and
* Negligible likelihood of MDR TB (no known exposure to MDR TB, no history of prior episodes of TB with poor compliance during treatment), and not from a country or region with high incidence of MDR and XDR TB‡
 | 1. Exhibits clinical improvement

AND1. Has completed at least 2 weeks of standard multidrug anti-TB treatment\*

AND1. Has produced 3 consecutive respiratory specimens NEGATIVE for AFB on smear microscopy, each obtained 8-24 hours apart with at least one collected in the morning\*
	* Respiratory specimens include:

• 3 sputa (preferably induced), OR • 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BAL\*Treatment should be initiated after the initial 3 respiratory specimens have been collected |
| * Suspected or confirmed to have MDR-TB disease (i.e., TB that is resistant to both isoniazid and rifampin)
 | 1. Notify the Regional Medical Director, Associate Medical Director, Deputy Assistant Director for Clinical Services, and the PHSP Unit of any detainee with or suspected of having MDR or XDR TB for awareness and placement on the HQ Significant Detainee Illness (SDI) list

AND1. Has produced 3 consecutive sputum specimens negative for AFB on smear microscopy and culture, each obtained 8-24 hours apart with at least two collected in the morning
	* more frequent AFB smears may be useful to assess the early response to treatment and to provide an indication of infectiousness
	* during treatment of patients with suspected MDR-TB pulmonary tuberculosis, a sputum specimen for microscopic examination and culture should be obtained at a minimum of monthly intervals until two consecutive early morning specimens are negative on culture

AND1. Has completed at least 2 weeks of effective multidrug anti-TB treatment

AND1. Exhibits clinical improvement
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|  |  |
| Extrapulmonary TB | Detainees with extrapulmonary TB are usually not contagious and do not require placement in AII; however, TB can be transmitted from a draining skin or tissue abscess, or post-operative incisions, containing *M. tuberculosis*. Follow established treatment guidelines in consultation with applicable subspecialties which include infectious disease and possibly other depending on the organ(s) involved. |

**Flow Diagram**

**Criteria for placing detainees in general population following evaluation for TB disease with respiratory specimens negative for AFB§**

□ No alternate explanation for clinical findings, **AND**

□ 5–7 days standard multidrug anti-TB treatment by DOT taken and tolerated, **AND**

□ Evidence of clinical improvement if symptoms initially present

General population, **AND**

Continue treatment by DOT unless TB disease is excluded

□ 3 consecutive respiratory specimens++  **negative** for acid-fast bacilli (AFB) on smear microscopy (collected 8–24 hours apart including 1 early morning specimen)

++ Respiratory specimens include:

* 3 sputa (preferably induced), **OR**
* 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BAL

General population

□ Alternate explanation for clinical findings

□ CXR suspicious for TB disease with or without symptoms

□ At least 1 of 3 consecutive respiratory specimens++  **positive** for acid-fast bacilli (AFB) on smear microscopy (collected 8–24 hours apart including 1 early morning specimen)

++ Respiratory specimens include:

* 3 sputa (preferably induced), **OR**
* 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BAL

□ 3 consecutive and all subsequent respiratory specimens++ **negative** for acid-fast bacilli (AFB) on smear microscopy (collected on separate days including 1 early morning specimen),

++ Respiratory specimens include:

* 3 sputa (preferably induced), **OR**
* 2 sputa (preferably induced) and 1 bronchoalveolar lavage (BAL); at least 1 sputum should be collected after BAL

**– AND –**

□ Clinical and radiographic improvement, **AND**

□ At least 2 consecutive and all subsequent sputum specimens **negative on culture** for M.TB

□ 3 consecutive sputum specimens **negative** for acid-fast bacilli (AFB) on smear microscopy (collected 8–24 hours apart including 1 early morning specimen), **AND**

□ Evidence of clinical improvement

□ Request a direct genetic test for rifampin and other drug resistance, through state public health lab

If direct genetic testing is negative

**Flow Diagram**

**Criteria for placing detainees in general population following evaluation for TB disease with respiratory specimens positive for AFB§**

□ At least 14 days effective multidrug treatment for MDR as recommended by expert consultation, taken by DOT, and tolerated

□ Known MDR TB

□ Increased risk for MDR TB§§

□ No risk factor for MDR TB

□ At least 14 days standard multidrug anti-TB treatment taken by DOT and tolerated

General population, **AND**

Continue effective multidrug treatment taken by DOT and tolerated