

**Appendix B. Tuberculosis (TB) risk assessment worksheet**

This model worksheet should be considered for use in performing TB risk assessments for health-care settings and nontraditional facility-based settings. Facilities with more than one type of setting will need to apply this table to each setting.

**Scoring:** ✓ or Y = Yes    X or N = No    NA = Not Applicable

**1. Incidence of TB**

- a. What is the incidence of TB in your community (county or region served by the health-care setting), and how does it compare with the state and national average?
- b. What is the incidence of TB in your facility and specific settings, and how do those rates compare? (Incidence is the number of TB cases in your community during the previous year. A rate of TB cases per 100,000 persons should be obtained for comparison.)\* This information can be obtained from the state or local health department.

**Rate**

Community \_\_\_\_\_  
 State \_\_\_\_\_  
 National \_\_\_\_\_  
 Facility \_\_\_\_\_  
 Department 1 \_\_\_\_\_  
 Department 2 \_\_\_\_\_  
 Department 3 \_\_\_\_\_

\_\_\_\_\_ c. Are patients with suspected or confirmed TB disease encountered in your setting (inpatient and outpatient)?

- 1) If yes, how many are treated in your health-care setting in 1 year? (Review laboratory data, infection-control records, and databases containing discharge diagnoses for this information.)
- 2) If no, does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?

Year	No. patients	
	Suspected	Confirmed
1 year ago	_____	_____
2 years ago	_____	_____
5 years ago	_____	_____

d. Currently, does your health-care setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of *Mycobacterium tuberculosis*?

**2 Risk Classification**

a. Inpatient settings

- 1) How many inpatient beds are in your inpatient setting? \_\_\_\_\_
- 2) How many patients with TB disease are encountered in the inpatient setting in 1 year? (Review laboratory data, infection-control records, and databases containing discharge diagnoses.) \_\_\_\_\_
- 3) Depending on the number of beds and TB patients encountered in 1 year, what is the risk classification for your inpatient setting?  
 \_\_\_ Low risk  
 \_\_\_ Medium risk  
 \_\_\_ Potential ongoing transmission

Quantity \_\_\_\_\_  
 Previous year \_\_\_\_\_  
 5 years ago \_\_\_\_\_

\_\_\_\_\_ 4) Does your health-care setting have a plan for triaging patients with suspected or confirmed TB disease?

b. Outpatient settings

- 1) How many TB patients are evaluated at your outpatient setting in 1 year? (Review laboratory data, infection-control records, and databases containing discharge diagnoses for this information.) \_\_\_\_\_
- 2) Is your health-care setting a TB clinic? (If yes, a classification of at least medium risk is recommended.) \_\_\_\_\_
- 3) Does evidence exist that a high incidence of TB disease has been observed in the community that the health-care setting serves? \_\_\_\_\_
- 4) Does evidence exist of person-to-person transmission of *M. tuberculosis* in the health-care setting? (Use information from case reports. Determine if any TST or blood assay for *M. tuberculosis* [BAMT] conversions have occurred among health-care workers [HCWs].) \_\_\_\_\_
- 5) Does evidence exist that ongoing or unresolved health-care-associated transmission has occurred in the health-care setting (based on case reports)? \_\_\_\_\_
- 6) Does a high incidence of immunocompromised patients or HCWs in the health-care setting exist? \_\_\_\_\_
- 7) Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years? \_\_\_\_\_
- 8) When was the first time a risk classification was done for your health-care setting? \_\_\_\_\_
- 9) Considering the items above, would your health-care setting need a higher risk classification? \_\_\_\_\_

Previous year \_\_\_\_\_  
 5 years ago \_\_\_\_\_

Year encountered \_\_\_\_\_

Date of classification \_\_\_\_\_

**Appendix B. (Continued) Tuberculosis (TB) risk assessment worksheet**

- \_\_\_\_\_ 10) Depending on the number of TB patients evaluated in 1 year, what is the risk classification for your outpatient setting (Appendix C)?
- \_\_\_\_\_ 11) Does your health-care setting have a plan for the triage of patients with suspected or confirmed TB disease?
- c. Nontraditional facility-based settings
- 1) How many TB patients are encountered at your setting in 1 year? Previous year \_\_\_\_\_  
5 years ago \_\_\_\_\_
- \_\_\_\_\_ 2) Does evidence exist that a high incidence of TB disease has been observed in the community that the setting serves?
- \_\_\_\_\_ 3) Does evidence exist of person-to-person transmission of *M. tuberculosis* in the setting?
- \_\_\_\_\_ 4) Have any recent TST or BAMT conversions occurred among staff or clients?
- \_\_\_\_\_ 5) Is there a high incidence of immunocompromised patients or HCWs in the setting?
- \_\_\_\_\_ 6) Have patients with drug-resistant TB disease been encountered in your health-care setting within the previous 5 years? Year encountered \_\_\_\_\_
- \_\_\_\_\_ 7) When was the first time a risk classification was done for your setting? Date of classification \_\_\_\_\_
- \_\_\_\_\_ 8) Considering the items above, would your setting require a higher risk classification?
- \_\_\_\_\_ 9) Does your setting have a plan for the triage of patients with suspected or confirmed TB disease?
- \_\_\_\_\_ 10) Depending on the number of patients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting (Appendix C)?
- \_\_\_\_\_ Low risk  
\_\_\_\_\_ Medium risk  
\_\_\_\_\_ Potential ongoing transmission

**3. Screening of HCWs for *M. tuberculosis* Infection**

- \_\_\_\_\_ a. Does the health-care setting have a TB screening program for HCWs?
- If yes, which HCWs are included in the TB screening program? (check all that apply)
- \_\_\_\_\_ Physicians
- \_\_\_\_\_ Mid-level practitioners
- \_\_\_\_\_ Service workers
- \_\_\_\_\_ (nurse practitioners [NP] and physician's assistants [PA])
- \_\_\_\_\_ Janitorial staff
- \_\_\_\_\_ Nurses
- \_\_\_\_\_ Maintenance or engineering staff
- \_\_\_\_\_ Administrators
- \_\_\_\_\_ Transportation staff
- \_\_\_\_\_ Laboratory workers
- \_\_\_\_\_ Dietary staff
- \_\_\_\_\_ Respiratory therapists
- \_\_\_\_\_ Receptionists
- \_\_\_\_\_ Physical therapists
- \_\_\_\_\_ Trainees and students
- \_\_\_\_\_ Contract staff
- \_\_\_\_\_ Volunteers
- \_\_\_\_\_ Construction or renovation workers
- \_\_\_\_\_ Others \_\_\_\_\_
- \_\_\_\_\_ b. Is baseline skin testing performed with two-step TST for HCWs?
- \_\_\_\_\_ c. Is baseline testing performed with QuantiFERON®-TB or other BAMT for HCWs?
- \_\_\_\_\_ d. How frequently are HCWs tested for *M. tuberculosis* infection? Frequency \_\_\_\_\_
- \_\_\_\_\_ e. Are *M. tuberculosis* infection test records maintained for HCWs?
- \_\_\_\_\_ f. Where are test records for HCWs maintained? Location \_\_\_\_\_
- \_\_\_\_\_ g. Who maintains the records? Name \_\_\_\_\_
- \_\_\_\_\_ h. If the setting has a serial TB screening program for HCWs to test for *M. tuberculosis* infection, what are the conversion rates for the previous years?†
- 1 year ago \_\_\_\_\_
- 2 years ago \_\_\_\_\_
- 3 years ago \_\_\_\_\_
- 4 years ago \_\_\_\_\_
- 5 years ago \_\_\_\_\_
- \_\_\_\_\_ i. Has the test conversion rate for *M. tuberculosis* infection been increasing or decreasing, or has it remained the same over the previous 5 years? (check one)

- Increasing
- Decreasing
- No change in previous 5 years

**Appendix B. (Continued) Tuberculosis (TB) risk assessment worksheet**

\_\_\_\_\_ j. Do any areas of the health-care setting (e.g., waiting rooms or clinics) or any group of HCWs (e.g., laboratory workers, emergency department staff, respiratory therapists, and HCWs who attend bronchoscopies) have a test conversion rate for *M. tuberculosis* infection that exceeds the health-care setting's annual average? Rate \_\_\_\_\_  
If yes, list. \_\_\_\_\_

\_\_\_\_\_ k. For HCWs who have positive test results for *M. tuberculosis* infection and who leave employment at the health setting, are efforts made to communicate test results and recommend follow-up of latent TB infection treatment with the local health department or their primary physician? \_\_\_ Not applicable

**4. TB Infection-Control Program**

\_\_\_\_\_ a. Does the health-care setting have a written TB infection-control plan? Name \_\_\_\_\_  
\_\_\_\_\_ b. Who is responsible for the infection-control program? Date \_\_\_\_\_  
\_\_\_\_\_ c. When was the TB infection-control plan first written? Date \_\_\_\_\_  
\_\_\_\_\_ d. When was the TB infection-control plan last reviewed or updated?

\_\_\_\_\_ e. Does the written infection-control plan need to be updated based on the timing of the previous update (i.e., >1 year, changing TB epidemiology of the community or setting, the occurrence of a TB outbreak, change in state or local TB policy, or other factors related to a change in risk for transmission of *M. tuberculosis*)?

\_\_\_\_\_ f. Does the health-care setting have an infection-control committee (or another committee with infection-control responsibilities)?

1) If yes, which groups are represented on the infection-control committee? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Physicians           | <input type="checkbox"/> Health and safety staff |
| <input type="checkbox"/> Nurses               | <input type="checkbox"/> Administrator           |
| <input type="checkbox"/> Epidemiologists      | <input type="checkbox"/> Risk assessment         |
| <input type="checkbox"/> Engineers            | <input type="checkbox"/> Quality control         |
| <input type="checkbox"/> Pharmacists          | <input type="checkbox"/> Others (specify)        |
| <input type="checkbox"/> Laboratory personnel |  |

2) If no, what committee is responsible for infection control in the setting? Committee \_\_\_\_\_

**5. Implementation of TB Infection-Control Plan Based on Review by Infection-Control Committee**

\_\_\_\_\_ a. Has a person been designated to be responsible for implementing an infection-control plan in your health-care setting? If yes, list the name. Name \_\_\_\_\_

b. Based on a review of the medical records, what is the average number of days for the following:

- Presentation of patient until collection of specimen.
- Specimen collection until receipt by laboratory.
- Receipt of specimen by laboratory until smear results are provided to health-care provider.
- Diagnosis until initiation of standard antituberculosis treatment.
- Receipt of specimen by laboratory until culture results are provided to health-care provider.
- Receipt of specimen by laboratory until drug-susceptibility results are provided to health-care provider.
- Receipt of drug-susceptibility results until adjustment of antituberculosis treatment, if indicated.
- Admission of patient to hospital until placement in airborne infection isolation (AII).

c. Through what means (e.g., review of TST or BAMT conversion rates, patient medical records, and time analysis) are lapses in infection control recognized? Means \_\_\_\_\_

d. What mechanisms are in place to correct lapses in infection control? Mechanisms \_\_\_\_\_

\_\_\_\_\_ e. Based on measurement in routine QC exercises, is the infection-control plan being properly implemented?

\_\_\_\_\_ f. Is ongoing training and education regarding TB infection-control practices provided for HCWs?

**Appendix B. (Continued) Tuberculosis (TB) risk assessment worksheet**

**6. Laboratory Processing of TB-Related Specimens, Tests, and Results Based on Laboratory Review**

a. Which of the following tests are either conducted in-house at your health-care setting's laboratory or sent out to a reference laboratory? (check all that apply)

<u>In-house</u>	<u>Sent out</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Acid-fast bacilli (AFB) smears
<input type="checkbox"/>	<input type="checkbox"/>	Culture using liquid media (e.g., Bactec and MB-BacT)
<input type="checkbox"/>	<input type="checkbox"/>	Culture using solid media
<input type="checkbox"/>	<input type="checkbox"/>	Drug-susceptibility testing
<input type="checkbox"/>	<input type="checkbox"/>	Nucleic acid amplification testing

b. What is the usual transport time for specimens to reach the laboratory for the following tests?

AFB smears \_\_\_\_\_  
 Culture using liquid media (e.g., Bactec, MB-BacT) \_\_\_\_\_  
 Culture using solid media \_\_\_\_\_ Drug-susceptibility testing \_\_\_\_\_  
 Nucleic acid amplification testing \_\_\_\_\_ Other (specify) \_\_\_\_\_

c. Does the laboratory at your health-care setting or the reference laboratory used by your health-care setting report AFB smear results for all patients within 24 hours of receipt of specimen? What is the procedure for weekends?  
 \_\_\_\_\_

**7. Environmental Controls**

a. Which environmental controls are in place in your health-care setting? (check all that apply and describe)

<u>Environmental control</u>	<u>Description</u>
<input type="checkbox"/> All rooms	_____
<input type="checkbox"/> Local exhaust ventilation (enclosing devices and exterior devices)	_____
<input type="checkbox"/> General ventilation (e.g., single-pass system, recirculation system)	_____
<input type="checkbox"/> Air-cleaning methods (e.g., high efficiency particulate air [HEPA] filtration and ultraviolet germicidal irradiation [UVGI])	_____

b. What are the actual air changes per hour (ACH) and design for various rooms in the setting?

<u>Room</u>	<u>ACH</u>	<u>Design</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Which of the following local exterior or enclosing devices such as exhaust ventilation devices are used in your health-care setting? (check all that apply)

- Laboratory hoods
- Booths for sputum induction
- Tents or hoods for enclosing patient or procedure

d. What general ventilation systems are used in your health-care setting? (check all that apply)

- Single-pass system
- Variable air volume
- Constant air volume
- Recirculation system
- Other \_\_\_\_\_

e. What air-cleaning methods are used in your health-care setting? (check all that apply)

<u>HEPA filtration</u>	<u>UVGI</u>
<input type="checkbox"/> Fixed room-air recirculation systems	<input type="checkbox"/> Duct irradiation
<input type="checkbox"/> Portable room-air recirculation systems	<input type="checkbox"/> Upper-air irradiation
	<input type="checkbox"/> Portable room-air cleaners

**Appendix B. (Continued) Tuberculosis (TB) risk assessment worksheet**

f. How many All rooms are in the health-care setting? Quantity \_\_\_\_\_

g. What ventilation methods are used for All rooms? (check all that apply)

Primary (general ventilation):

Single-pass heating, ventilating, and air conditioning (HVAC)

Recirculating HVAC systems

Secondary (methods to increase equivalent ACH):

Fixed room recirculating units

HEPA filtration

UVGI

Other (specify) \_\_\_\_\_

\_\_\_\_\_ h. Does your health-care setting employ, have access to, or collaborate with an environmental engineer (e.g., professional engineer) or other professional with appropriate expertise (e.g., certified industrial hygienist) for consultation on design specifications, installation, maintenance, and evaluation of environmental controls?

\_\_\_\_\_ i. Are environmental controls regularly checked and maintained with results recorded in maintenance logs?

\_\_\_\_\_ j. Is the directional airflow in All rooms checked daily when in use with smoke tubes or visual checks?

\_\_\_\_\_ k. Are these results readily available?

l. What procedures are in place if the All room pressure is not negative?

\_\_\_\_\_ m. Do All rooms meet the recommended pressure differential of 0.01-inch water column negative to surrounding structures?

**8. Respiratory-Protection Program**

\_\_\_\_\_ a. Does your health-care setting have a written respiratory-protection program?

b. Which HCWs are included in the respiratory-protection program? (check all that apply)

Physicians

Janitorial staff

Mid-level practitioners (NPs and PAs)

Maintenance or engineering staff

Nurses

Transportation staff

Administrators

Dietary staff

Laboratory personnel

Students

Contract staff

Others (specify) \_\_\_\_\_

Construction or renovation staff

Service personnel

c. Are respirators used in this setting for HCWs working with TB patients? If yes, include manufacturer, model, and specific application (e.g., ABC model 1234 for bronchoscopy and DEF model 5678 for routine contact with infectious TB patients).

Manufacturer

Model

Specific application

<u>Manufacturer</u>	<u>Model</u>	<u>Specific application</u>

\_\_\_\_\_ d. Is annual respiratory-protection training for HCWs performed by a person with advanced training in respiratory protection?

\_\_\_\_\_ e. Does your health-care setting provide initial fit testing for HCWs? If yes, when is it conducted?

Date \_\_\_\_\_

\_\_\_\_\_ f. Does your health-care setting provide periodic fit testing for HCWs? If yes, when and how frequently is it conducted?

Date \_\_\_\_\_

Frequency \_\_\_\_\_

g. What method of fit testing is used?

Method \_\_\_\_\_

\_\_\_\_\_ h. Is qualitative fit testing used?

\_\_\_\_\_ i. Is quantitative fit testing used?

**Appendix B. (Continued) Tuberculosis (TB) risk assessment worksheet**

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**9. Reassessment of TB Risk**

- a. How frequently is the TB risk assessment conducted or updated in the health-care setting?
- b. When was the last TB risk assessment conducted?
- c. What problems were identified during the previous TB risk assessment?

Frequency \_\_\_\_\_

Date \_\_\_\_\_

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_

- d. What actions were taken to address the problems identified during the previous TB risk assessment?

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_
- 4) \_\_\_\_\_  
\_\_\_\_\_
- 5) \_\_\_\_\_  
\_\_\_\_\_

- e. Did the risk classification need to be revised as a result of the last TB risk assessment?

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\* If the population served by the health-care facility is not representative of the community in which the facility is located, an alternate comparison population might be appropriate.

† Test conversion rate is calculated by dividing the number of conversions among HCWs by the number of HCWs who were tested and had previous negative results during a certain period (see Supplement, Surveillance and Detection of *M. tuberculosis* Infections in Health-Care Settings).

**Appendix C. Risk classifications for various health-care settings and recommended frequency of screening for *Mycobacterium tuberculosis* infection among health-care workers (HCWs)\***

Setting	Risk classification†		Potential ongoing transmission§
	Low risk	Medium risk	
Inpatient <200 beds	<3 TB patients/year	≥3 TB patients/year	Evidence of ongoing <i>M. tuberculosis</i> transmission, regardless of setting
Inpatient ≥200 beds	<6 TB patients/year	≥6 TB patients/year	
Outpatient; and nontraditional facility-based	<3 TB patients/year	≥3 TB patients/year	
TB treatment facilities	Settings in which <ul style="list-style-type: none"> <li>• persons who will be treated have been demonstrated to have latent TB infection (LTBI) and not TB disease</li> <li>• a system is in place to promptly detect and triage persons who have signs or symptoms of TB disease to a setting in which persons with TB disease are treated</li> <li>• no cough-inducing or aerosol-generating procedures are performed</li> </ul>	Settings in which <ul style="list-style-type: none"> <li>• persons with TB disease are encountered</li> <li>• criteria for low risk are not otherwise met</li> </ul>	
Laboratories	Laboratories in which clinical specimens that might contain <i>M. tuberculosis</i> are not manipulated	Laboratories in which clinical specimens that might contain <i>M. tuberculosis</i> might be manipulated	

**Recommendations for Screening Frequency**

Baseline two-step TST or one BAMT¶	Yes, for all HCWs upon hire	Yes, for all HCWs upon hire	Yes, for all HCWs upon hire
Serial TST or BAMT screening of HCWs	No**	At least every 12 months††	As needed in the investigation of potential ongoing transmission§§
TST or BAMT for HCWs upon unprotected exposure to <i>M. tuberculosis</i>	Perform a contact investigation (i.e., administer one TST or BAMT as soon as possible at the time of exposure, and, if the result is negative, give a second test [TST or BAMT, whichever was used for the first test] 8–10 weeks after the end of exposure to <i>M. tuberculosis</i> )¶¶		

\* The term Health-care workers (HCWs) refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to *M. tuberculosis* through air space shared with persons with TB disease.

† Settings that serve communities with a high incidence of TB disease or that treat populations at high risk (e.g., those with human immunodeficiency virus infection or other immunocompromising conditions) or that treat patients with drug-resistant TB disease might need to be classified as medium risk, even if they meet the low-risk criteria.

§ A classification of potential ongoing transmission should be applied to a specific group of HCWs or to a specific area of the health-care setting in which evidence of ongoing transmission is apparent, if such a group or area can be identified. Otherwise, a classification of potential ongoing transmission should be applied to the entire setting. This classification should be temporary and warrants immediate investigation and corrective steps after a determination has been made that ongoing transmission has ceased. The setting should be reclassified as medium risk, and the recommended timeframe for this medium risk classification is at least 1 year.

¶ All HCWs upon hire should have a documented baseline two-step tuberculin skin test (TST) or one blood assay for *M. tuberculosis* (BAMT) result at each new health-care setting, even if the setting is determined to be low risk. In certain settings, a choice might be made to not perform baseline TB screening or serial TB screening for HCWs who 1) will never be in contact with or have shared air space with patients who have TB disease (e.g., telephone operators who work in a separate building from patients) or 2) will never be in contact with clinical specimens that might contain *M. tuberculosis*. Establishment of a reliable baseline result can be beneficial if subsequent screening is needed after an unexpected exposure to *M. tuberculosis*.

\*\* HCWs in settings classified as low risk do not need to be included in the serial TB screening program.

†† The frequency of screening for infection with *M. tuberculosis* will be determined by the risk assessment for the setting and determined by the Infection Control team.

§§ During an investigation of potential ongoing transmission of *M. tuberculosis*, testing for *M. tuberculosis* infection should be performed every 8–10 weeks until a determination has been made that ongoing transmission has ceased. Then the setting should be reclassified as medium risk for at least 1 year.

¶¶ Procedures for contact investigations should not be confused with two-step TSTs, which are used for baseline TST results for newly hired HCWs.



**Appendix D. Environmental controls record and evaluation\***

Type of environmental control†	No.§	Location in the health-care setting¶	How often maintained**	How often evaluated**	Last evaluation date	Next evaluation due date

\* Some settings will not be able to complete all parts of the table. List environmental controls in order of effectiveness.  
 † For example, ultraviolet germicidal irradiation (UVGI), high-efficiency particulate air (HEPA) filters, or airborne infection isolation (All) room.  
 § Number of UVGI units, HEPA filters, and All rooms in each location of the health-care setting.  
 ¶ For example, inpatient rooms, emergency departments, bronchoscopy suites, sputum induction rooms, outpatient areas, and waiting areas.  
 \*\* Daily, weekly, monthly, annually, or other frequency (describe).



## Appendix E. Tuberculosis (TB) Internet addresses

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### CDC Websites

CDC.....	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
Division of Tuberculosis Elimination (DTBE).....	<a href="http://www.cdc.gov/tb">http://www.cdc.gov/tb</a>
Major TB Guidelines .....	<a href="http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj_guide.htm">http://www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj_guide.htm</a>
State TB Program Contact Information .....	<a href="http://www.cdc.gov/nchstp/tb/pubs/tboffices.htm">http://www.cdc.gov/nchstp/tb/pubs/tboffices.htm</a>
TB Education and Training Resources.....	<a href="http://www.findtbresources.org">http://www.findtbresources.org</a>
TB Program .....	<a href="http://www.cdc.gov/nchstp/tb/tbwebsites.htm">http://www.cdc.gov/nchstp/tb/tbwebsites.htm</a>
Division of AIDS, STD, and TB Laboratory Research .....	<a href="http://www.cdc.gov/ncidod/dastlr/TB/default.htm">http://www.cdc.gov/ncidod/dastlr/TB/default.htm</a>
National Center for Infectious Diseases (NCID) .....	<a href="http://www.cdc.gov/ncid">http://www.cdc.gov/ncid</a>
National Institute for Occupational Safety and Health (NIOSH) .....	<a href="http://www.cdc.gov/niosh/homepage.html">http://www.cdc.gov/niosh/homepage.html</a>
Respirator Information .....	<a href="http://www.cdc.gov/niosh/npptl/topics/respirators">http://www.cdc.gov/niosh/npptl/topics/respirators</a>
CDC/NIOSH Certified Equipment List (CEL).....	<a href="http://www.cdc.gov/niosh/npptl/topics/respirators/cel">http://www.cdc.gov/niosh/npptl/topics/respirators/cel</a>
CDC/NIOSH-Approved Disposable Particulate Respirators .....	<a href="http://www.cdc.gov/niosh/npptl/respirators/disp_part/particlist.html">http://www.cdc.gov/niosh/npptl/respirators/disp_part/particlist.html</a>
(Filtering Facepieces)	
Division of Healthcare Quality Promotion .....	<a href="http://www.cdc.gov/ncidod/hip/enviro/guide.htm">http://www.cdc.gov/ncidod/hip/enviro/guide.htm</a>
Emergency Preparedness and Response .....	<a href="http://www.bt.cdc.gov">http://www.bt.cdc.gov</a>

### Other U.S. Federal Government Agencies

National Institutes of Health (NIH) .....	<a href="http://www.nih.gov">http://www.nih.gov</a>
National Heart, Lung, and Blood Institute.....	<a href="http://www.nhlbi.nih.gov/funding/training/tbaa/index.htm">http://www.nhlbi.nih.gov/funding/training/tbaa/index.htm</a>
National Institute of Allergy and Infectious Diseases (NIAID) .....	<a href="http://www.niaid.nih.gov/dmid/tuberculosis">http://www.niaid.nih.gov/dmid/tuberculosis</a>
AIDSinfo .....	<a href="http://www.aidsinfo.nih.gov/guidelines">http://www.aidsinfo.nih.gov/guidelines</a>
Occupational Safety and Health Administration (OSHA).....	<a href="http://www.osha.gov">http://www.osha.gov</a> ; <a href="http://www.osha.gov/qna.pdf">www.osha.gov/qna.pdf</a>
Tuberculosis (OSHA).....	<a href="http://www.osha.gov/SLTC/tuberculosis/index.html">http://www.osha.gov/SLTC/tuberculosis/index.html</a>
Recordkeeping (OSHA).....	<a href="http://www.osha.gov/SLTC/respiratoryprotection/index.html">http://www.osha.gov/SLTC/respiratoryprotection/index.html</a>
Respiratory Protection (OSHA).....	<a href="http://www.osha.gov/recordkeeping">http://www.osha.gov/recordkeeping</a>
Ryan White Care Act/Wisconsin HIV/AIDS Program.....	<a href="http://www.dhfs.state.wi.us/AIDS-HIV/Resources/Overviews/AIDS_HIV.htm">http://www.dhfs.state.wi.us/AIDS-HIV/Resources/Overviews/AIDS_HIV.htm</a>
Food and Drug Administration (FDA).....	<a href="http://www.fda.gov">http://www.fda.gov</a>
Safety Information and Adverse Event Reporting System (FDA-AERS).....	<a href="http://www.fda.gov/medwatch">http://www.fda.gov/medwatch</a>
FDA and CDC Public Health Advisory: Infections from Endoscopes .....	<a href="http://www.fda.gov/cdrh/safety/endoreprocess.html">http://www.fda.gov/cdrh/safety/endoreprocess.html</a>
Inadequately Reprocessed by an Automated Endoscope Reprocessing System	

### Regional Training and Medical Consultation Centers

Francis J. Curry National Tuberculosis Center, San Francisco, California.....	<a href="http://www.nationaltbcenter.edu">http://www.nationaltbcenter.edu</a>
Heartland Regional Training Center, San Antonio, Texas.....	<a href="http://www.dshs.state.tx.us/tcid/educationctr.shtm">http://www.dshs.state.tx.us/tcid/educationctr.shtm</a>
New Jersey Medical School National Tuberculosis Center Newark, New Jersey .....	<a href="http://www.umdnj.edu/ntbcweb">http://www.umdnj.edu/ntbcweb</a>
Southeast Regional Training Center, Gainesville, Florida.....	<a href="http://sntc.medicine.ufl.edu/index.htm">http://sntc.medicine.ufl.edu/index.htm</a>

### Domestic Organizations

American Lung Association (ALA).....	<a href="http://www.lungusa.org/diseases/lungtb.html">http://www.lungusa.org/diseases/lungtb.html</a>
American Thoracic Society (ATS).....	<a href="http://www.thoracic.org">http://www.thoracic.org</a>
Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) .....	<a href="http://www.apic.org">http://www.apic.org</a>
HIV Drug Interactions Organization .....	<a href="http://www.hiv-druginteractions.org">http://www.hiv-druginteractions.org</a>
Infectious Disease Society of America/Bioterrorism and Information Resources (IDSA) .....	<a href="http://www.idsociety.org/bt/toc/htm">http://www.idsociety.org/bt/toc/htm</a>
National Prevention Information Network (NPIN) .....	<a href="http://www.cdcpin.org/scripts/index.asp">http://www.cdcpin.org/scripts/index.asp</a>
National Tuberculosis Controllers Association (NTCA) .....	<a href="http://www.ntca-tb.org">http://www.ntca-tb.org</a>
PharmWeb: Rapid Screening of Tuberculosis Pharmaceuticals .....	<a href="http://www.pharmweb.net/pwmirror/library/pharmwebvlib.html">http://www.pharmweb.net/pwmirror/library/pharmwebvlib.html</a>

### International Organizations

International Union Against Tuberculosis and Lung Disease (IUATLD) .....	<a href="http://www.iuatld.org/full_picture/en/frameset/frameset.phtml">http://www.iuatld.org/full_picture/en/frameset/frameset.phtml</a>
Stop TB Initiative.....	<a href="http://www.stoptb.org">http://www.stoptb.org</a>
Tuberculosis Research Center, India .....	<a href="http://www.trc-chennai.org">http://www.trc-chennai.org</a>
World Health Organization (WHO) Global TB Program .....	<a href="http://www.who.int/gtb">http://www.who.int/gtb</a>

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