transmission include respiratory isolation of persons with suspected TB until they are proven to be noninfectious (at least by sputum AFB smear negativity), proper ventilation in rooms of patients with infectious TB, use of ultraviolet irradiation in areas of increased risk of TB transmission, correct use of personal protective equipment, and periodic screening of personnel who may come into contact with known or unsuspected cases of TB. In the past, radiographic surveys, especially those conducted with portable equipment and miniature films, were advocated for case finding. Today, however, the prevalence of TB in industrialized countries is sufficiently low that "mass miniature radiography" is not cost effective.

In high-prevalence countries, most TB control programs have made remarkable progress in reducing morbidity and mortality since the mid-1990s by adopting and implementing the standards and strategies internationally promoted by the WHO. Between 2000 and 2018, more than 60 million lives are estimated to have been saved. The essential elements of good TB care and control were established in the mid-1990s and consist of well-defined interventions that were the basis of the "DOTS strategy": early detection of cases and bacteriologic confirmation of the diagnosis; administration of standardized short-course chemotherapy, with direct supervision to ensure adherence to treatment and the provision of social support to patients; availability of drugs of proven quality, with an effective supply and management system; and a monitoring and evaluation system, including assessment of treatment outcomes—e.g., cure, completion of treatment without bacteriologic proof of cure, death, treatment failure, and default—in all cases registered and notified as well as measurement of the impact of control methods on classical TB indicators such as mortality, incidence, prevalence, and drug resistance. In 2006, the WHO indicated that, besides pursuing these essential elements that remain the fundamental components of any control strategy, additional steps had to be undertaken in order to reach international TB control targets. These steps included addressing HIV-associated TB and MDR-TB with additional measures; operating in harmony with general health services; engaging all care providers beyond the public providers; empowering people with TB and their communities;