



GUIDELINES FOR DISCHARGE OF TUBERCULOSIS PATIENTS AND SUSPECTS

- **General Considerations**
- **Sputum Smear Positive Pulmonary Tuberculosis and Laryngeal Tuberculosis**
- **Pulmonary Tuberculosis with Negative Sputum Smears and/or Extra-pulmonary Tuberculosis**

General Considerations

Many tuberculosis (TB) patients are never hospitalized. The greatest risk of transmission occurs prior to initiation of treatment. Seventy-five percent of all people who are acid fast bacillus (AFB) sputum smear positive will remain so for at least 2 weeks, with the majority remaining positive for 4 to 6 weeks. Therefore, while it is realized that it is generally not practical or necessary to keep all patients hospitalized until 3 consecutive sputum smears are negative, other considerations must be evaluated. These include the likelihood the patient will adhere to treatment and isolation precautions; the likelihood of transmission to others (which includes not only the infectiousness of the patient but the number of new contacts); and the likelihood and severity of disease in those who may become infected.

Infectiousness is related to several clinical characteristics: pulmonary or laryngeal involvement; symptoms of cough or sneeze; positive sputum smear; cavitation on chest x-ray; length of appropriate therapy; and ability and willingness to cover the mouth when coughing or sneezing. In general, a person with TB likely is infectious if cough is present, sputum smears are positive, and therapy either has just started or is not eliciting a clinical response. However, the risk of transmission from a person with TB on appropriate therapy showing clinical improvement (reduction of cough, fever, and AFB on smear; and improvement in chest x-ray) is substantially reduced after 2 weeks on therapy.

Updated 6/7/2016



Sputum Smear Positive Pulmonary Tuberculosis and Laryngeal Tuberculosis

A. Criteria for discharge to home, with *no high risk individuals*ⁱ in the home:

1. The patient has been started on an appropriateⁱⁱ multiple drug regimen and is tolerating medications
2. The patient is medically stable and able to care for self.
3. The patient understands and can comply with home isolation (i.e., will not leave home or have unexposed visitors without wearing a mask, and has adequate support for meals and other essentials of daily living).
4. A plan for ongoing follow up and treatment has been establishedⁱⁱⁱ, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.

B. Criteria for discharge to home, *with high risk individuals*ⁱ in the home:

1. The patient has been on an appropriateⁱⁱ multiple drug regimen for 1 week, or longer if indicated.
2. The patient is medically stable and is clinically improving.
3.
 - a) If the high risk individuals already have been exposed to the patient, then 3 consecutive sputum AFB smears taken on different mornings must show a decrease in numbers of AFB.
 - b) If a previously unexposed high risk individual enters the household while the patient is hospitalized, then 3 consecutive sputum AFB smears taken on different mornings must be negative.
4. All previously exposed high-risk individuals, including immunocompromised individuals and children less than 5 years of age, have been evaluated and/or started on window prophylaxis.
5. The patient understands and can comply with home isolation (i.e., will not leave home or have unexposed visitors without wearing a mask, and has adequate support for meals and other essentials of daily living).
6. A plan for ongoing follow up and treatment has been establishedⁱⁱⁱ, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.



C. Criteria for discharge to a high-risk setting (e.g., prison, jail, hospital, skilled nursing facility, nursing home, HIV communal housing, drug treatment program, homeless shelter, migrant camp, dormitory, or other group setting)^{iv}:

1. The patient has been on an appropriateⁱⁱ multiple drug regimen for at least 2 weeks (14 daily doses) or longer.
2. The patient is medically stable and is clinically improving.
3. The patient has had sputum AFB smear conversion (3 consecutive negative sputum AFB smears taken on 3 different mornings).
4. A plan for ongoing follow up and treatment has been establishedⁱⁱⁱ, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.

Pulmonary Tuberculosis with Negative Sputum Smears and/or Extra-pulmonary Tuberculosis

A. Criteria for discharge:

1. The patient has been started on an appropriateⁱⁱ multiple drug regimen
2. The patient is medically stable.
3. If the patient has pulmonary TB, he/she has had at least 3 consecutive sputum AFB smears on different days that have been negative.
4. A plan for ongoing follow up and treatment has been establishedⁱⁱⁱ, directly observed therapy (DOT) considered, and discharge approval obtained from SFDPH TB Control Program.
5. If being discharged to a high risk setting, the patient has received at least 5 days of an appropriateⁱⁱ multiple drug regimen, and discharge approval obtained from SFDPH TB Control Program.



References

- A. American Thoracic Society, CDC, and Infectious Diseases Society of America. Treatment of Tuberculosis. *MMWR Recomm Rep*. 2003 Jun 20;52(RR-11):1-77.
- B. CDC. Controlling Tuberculosis in the United States – Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR Recomm Rep*. 2005 Nov 4;54(RR-12):1-81.
- C. California Department of Public Health / California Tuberculosis Controllers Association. Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Lower Risk Settings. 2009 http://www.ctca.org/index.cfm?fuseaction=page&page_id=5075
- D. CDC. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. *MMWR Recomm Rep*. 2005 Dec 30;54(RR-17):1-141.
- E. CDC. Prevention and control of tuberculosis in correctional and detention facilities: recommendations from CDC. *MMWR Recomm Rep*. 2006 Jul 7;55(RR-9):1-44.

ⁱ The decision as to whether or not high risk individuals are in the household should be based on Disease Control Investigator (DCI) assessment, and includes children less than 5 years of age and immunocompromised people (those with HIV infection, diabetes mellitus, hematologic malignancy, end stage renal disease, chronic under-nutrition; or those who have a history of prolonged steroid therapy, immunosuppressive therapy, intravenous drug use, or substantial rapid weight loss). Of these, children less than 5 years of age and those with HIV infection are considered highest risk.

ⁱⁱ The regimen should be consistent with the most recent American Thoracic Society/CDC guidelines (see reference A)

ⁱⁱⁱ The plan should include the physician who will provide follow up care, date(s) of follow up appointments, the prescription or dispensing of sufficient medications until the next appointment, and Directly Observed Therapy (DOT) if needed. Refer to SF GOTCH form: Tuberculosis Discharge, Treatment, and Follow-up Plan.

^{iv} See reference C for a full explanation of what constitutes high vs. low risk settings



Patient ID

Tuberculosis Discharge, Treatment, and Follow-up Plan

MANDATORY REPORT! Per state law Health and Safety Code Sections 121361(a)(1) and 121362, this form **must be completed for each patient** with active or suspected TB. Approval of the treatment plan by the TB Control Office **must** occur prior to transfer or discharge. Please contact the TB Control Office at least 24 hours prior the anticipated discharge time.

Section A: Patient Information

Pt. Name: _____ Alias (if any): _____ Gender: Male Female Trans
 Address: _____
 Primary language: _____ Race/Ethnicity: _____ Date of Birth: ___/___/___
 Country of Origin: _____ Date Arrived (in the US): ___/___/___
 Occupation: _____ Emergency Contact: _____ Phone: (____) _____
 Medical Insurance: _____ Medical Home: _____ Last 4 digits of SS# (VA only) _____

Section B: Hospital Information

Date of Admission: ___/___/___ Medical Record No.: _____
 Institution/Hospital: _____ Resident/Attending: _____
 Unit/Floor/Location: _____ Provider Contact: (____) _____ (pager/cell/phone)

Section C: Patient TB Information

Status: Confirmed Suspected (Date of TB Diagnosis: ___/___/___; Symptom Onset: ___/___/___)
 Reported to Health Dept: ___/___/___ Has not reported to the health department
 Immunocompromised: Yes No Psychiatric Evaluation: Yes No
 Substance Abuse: Yes No Psychiatric Disability: Yes No
 Homeless: Yes No Cognitive Deficit: Yes No
 Referrals made for above (i.e. psychiatric, substance abuse, homelessness/social services): _____

Test	Date	Result	
Last PPD/TST		<input type="checkbox"/> Pos. ___mm	<input type="checkbox"/> Neg.
QFT/IGRA		<input type="checkbox"/> Pos.	<input type="checkbox"/> Neg.
Initial CXR		Normal: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Cavitary: <input type="checkbox"/> Yes. <input type="checkbox"/> No.	
Most Recent CXR		Normal: <input type="checkbox"/> Yes. <input type="checkbox"/> No. Cavitary: <input type="checkbox"/> Yes. <input type="checkbox"/> No.	

Active cough? Pos. Neg. If **yes**, sputum productive? Pos. Neg.
 On treatment for active TB? Yes. No.
 On treatment for latent TB? Yes. No.
 Site of disease: Pulmonary Extrapulmonary (specify): _____

Bacteriology

Date	Source	AFB Smear Results	NAAT/PCR	AFB Culture Results (Organism Identified)
		<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> N/A.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pending
		<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> N/A.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pending
		<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> N/A.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pending

		<input type="checkbox"/> Pos. <input type="checkbox"/> Neg.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> N/A.	<input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Pending
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Section D: Discharge Information

Drug Regimen

Medication	Dosage	Other medication	Dosage
1. Rifampin		6.	
2. Isoniazid		7.	
3. Pyrazinamide		8.	
4. Ethambutol		9.	
5. B6		10.	

Relevant Inpatient Testing

Test Date	Result	Test Date	Result
1. HIV		2. Creatinine	

Patient's weight: ____ lbs. Date: ____/____/____ Anticipated discharge date: ____/____/____

Discharge to: Home Shelter SNF Jail/Prison Other (specify) _____

The decision to discharge this patient to a **congregate setting** is based on the discretion of the public health department, clinical improvement and*:

- Three negative sputum smears for AFB if initially smear positive, patient has had 2 weeks of anti-TB treatment, and has no contact with high-risk patients
- At least 5 days of treatment if initially has three smear negative AFB and has no contact with high-risk patients
- Other (specify) _____

If discharged home, ensure that there are no high-risk contacts and contact Public Health Department if needed.

Primary Medical Provider: (PRINT) _____ Follow-up appointment: (____/____/____)

Address/Institution: _____

Primary Medical Provider Phone (____) _____ Fax (____) _____

TB Meds Supplied by TB Clinic Hospital/SNF

Expected adherence to medication: Good Intermediate Poor

Any anticipated future travel: Yes No If yes, where: _____

Hospital Discharge Planner: _____ Phone (____) _____

Fax Reply To: _____ Phone (____) _____

Completed By: _____ Phone (____) _____

Name Title Date

*If your clinic has GeneXpert, criteria may vary

Fax this form to Julie Higashi, M.D., PhD, TB Controller, Deputy Health Officer at fax # (415) 206-4565

To Be Completed By Health Department:

Will patient be on directly observed therapy (DOT)? Yes No

If yes, where will DOT be administered: _____

How often will DOT be administered: Daily Biweekly Other (Specify: _____)

Contact evaluation will be completed by: Health Department PCP

Contacts/Household Composition (if known): _____

Health Department Review

Discharge or Transfer Approved: Yes No

Actions required prior to discharge:

Completed by: _____

Name Title Date

Follow-up TB clinic appointment date: ____/____/____

TB Clinic: 2460 22nd Street, Building 90, 4th floor, San Francisco, CA 94110 (415) 206-8524



Discharge Checklist

Patients with active or suspected tuberculosis can only be discharged after ALL of the following have been completed.

Tel. (415) 206-8524 Fax (415) 206-4565

Patient Last Name First Middle DOB: mm / dd / yyyy

- Medical records faxed to TB Control:
Physician notes (including H&P, Pulmonary/Infectious Disease Consult notes)
Medication list (including non-TB medications)
TB medication dosages and MAR of TB meds
Results from diagnostic tests (AFB smear/culture, molecular tests, pathology)
Radiology (CT, CXR)- both reports AND images burned onto a CD
Documented weight and labs (CBC, comp metabolic, HIV, hepatitis, HbA1c or fasting glucose, uric acid, QFT or PPD)
Fax the following information to TB Control:
Patient contact, address, and locating information (please verify with patient)
Completed "Tuberculosis Discharge, Treatment, and Follow-up Plan" (can be found at: http://sfcdep.org/tbhospitaldischarge.html)
Discharge checklist
Patient seen at TB Clinic (if at SFGH) and/or met with TB control staff
Educate the patient about their condition and plan
Final Approval obtained from TB Control to discharge patient (you will receive confirmation by completed form/call within 24 hours. Note that patients that live out of SF county may require >24 hours for final discharge approval.)
TB medication prescription- please only dispense what is instructed by TB Control

If you have any questions regarding procedures, please contact the San Francisco Tuberculosis Control Program and ask for the lead Disease Control Investigator (DCI).

FOR DPH USE ONLY
DCI Patient intake performed
High risk contacts evaluated and started on treatment
Discharge plan reviewed/approved by TB controller
Follow-up appointment arranged
Signature Date Approved