PASADENA
PUBLIC HEALTH DEPARTMENT

DISCHARGE AND TRANSFER GUIDELINES FOR TUBERCULOSIS PATIENTS AND SUSPECTS

The California Health and Safety Code, Division 105, Part 5, Chapter 1, Section 121361 requires that health facilities submit to the local health officer a written treatment plan for persons known to have or suspected of having active tuberculosis disease. Tuberculosis cases and suspects may be discharged from a health facility only after the local health officer, or his/her designee, approves the written treatment plan. When prior notification would jeopardize the person's health or the public safety, the notification and treatment plan shall be submitted within 24 hours of discharge or transfer to another healthcare facility. The following are guidelines for determining the appropriateness of the treatment plan:

General Considerations

While preventing the transmission of tuberculosis from infectious patients is a first tier priority for public health and safety, it is generally not necessary to keep all patients hospitalized until 3 consecutive sputum smears are negative, and other considerations must be evaluated. These include the likelihood that the patient will adhere to treatment and isolation compliance; the likelihood of transmission to others (disease severity) and the likelihood and severity of disease in those who may become infected (immune status).

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 is likely to be 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.

Therefore, in a collaborative effort with our public and private hospital facilities to facilitate an appropriate and timely discharge, the following updated guidelines are prescribed as our Pasadena Public Health Department criteria for discharge:

Sputum Smear-Positive Pulmonary Tuberculosis Suspect and Laryngeal Tuberculosis Suspect

1) Criteria for discharge to home, with no high risk individuals[i] in the home:

   a) Appropriate TB treatment has been initiated that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California.
   b) A home evaluation has been completed by a Public Health Nurse (PHN) who has assessed the environment and identified high risk individuals.
   c) The patient understands and can comply with home isolation until the Public Health Clinician overseeing the patient has determined that he/she is no longer infectious.
   d) There is a documented plan (Request for Hospital Discharge/Transfer Approval Form H-804) for continued TB care either by private physician or the Department of Public Health.

2) Criteria for discharge to home with high risk individuals in the home:

   a) The patient has completed at least 14 days of multi-drug anti-tuberculosis therapy that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection and exhibits clinical improvement (e.g., reduction in fever and cough).
   b) A home evaluation has been completed by a Public Health Nurse (PHN) who has assessed the environment and identified high risk individuals.
   c) All previously exposed high-risk individuals, including children 3 years old and younger are on appropriate LTBI treatment or window period treatment for presumed LTBI.
      i) If a previously unexposed high risk individual enters the household while the patient is hospitalized, then patient must have three (3) consecutive AFB smear negative sputums.
   d) The patient understands and can comply with home isolation until the Public Health Clinician overseeing the patient has determined that he/she is no longer infectious.
   e) There is a documented plan (Request for Hospital Discharge Approval/Transfer Form H-804) for continued TB care either by private physician or the Pasadena Public Health Department.

3) Criteria for discharge into a high-risk setting[ii]

   a) Have three (3) consecutive AFB smear-negative sputum specimens collected at least 8 hours apart, one of which should be an induced or early morning specimen.
   b) Completed at least 14 days of multi-drug anti-tuberculosis therapy that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection and exhibit clinical improvement (e.g., reduction in fever and cough).
   c) The patient's ability to ambulate and perform all activities of daily living should be appropriate for the discharge setting
      i) If patient requires TB housing, client must be able to live independently.
      ii) If patient requires transportation to and from clinic appointments, patient must be able to enter and exit a passenger vehicle independently.
   d) Have continued close medical supervision, including directly observed therapy (DOT)
   e) Continues multi-drug therapy, even if another pulmonary process is diagnosed, pending negative final culture results from at least three (3) sputum specimens.
   f) There is a documented plan (Request for Hospital Discharge/Transfer Approval Form H-804) for continued TB care either by private physician or the Department of Public Health.

A pulmonary TB suspect can be presumed to have infection with non-tuberculous mycobacteria (NTM) if there are at least two (2) AFB smear positive respiratory samples which are 1) Nucleic acid amplification test (NAAT) negative for MTB and 2) Testing for the presence of inhibitors to the test are negative. Patient may be discharged into a high risk setting after consultation and approval of TB Control Program. [iii]

Pulmonary Tuberculosis Suspect with Negative Sputum Smears

Criteria for discharge:

   a) Appropriate TB treatment has been initiated that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California (at least one dose taken and tolerated).

b) If being discharged to a high risk setting, the patient has completed at least five (5) days of multi-drug anti- tuberculosis therapy that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection.
c) There is a documented plan (Request for Hospital Discharge/Transfer Approval Form H-804) for continued TB care either by private physician or the Department of Public Health.

Known MDR-TB Case

Criteria for discharge:

a) Have three (3) consecutive AFB smear negative sputum specimens collected on separate days, one of which should be induced, an early morning specimen, or bronchoalveolar lavage (BAL), and no subsequent sputum specimen is smear positive.
b) At least 14 daily doses of MDR-TB treatment taken and tolerated.
c) Exhibit clinical improvement.
d) If being discharged to a high risk setting, the patient meets the above criteria AND has at least two (2) consecutive negative sputum cultures without a subsequent positive culture.
e) There is a documented plan (Request for Hospital Discharge/Transfer Approval Form H-804) for continued TB care either by private physician or the Department of Public Health.

Extra-pulmonary Tuberculosis Suspect

Criteria for discharge:

a) There has been an adequate work-up initiated which includes an evaluation of current symptoms, CXR, and sputum collection for AFB smear and culture (if abnormal CXR or immunocompromised)
b) Appropriate TB treatment has been initiated that is consistent with CDPH/CTCA Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California (at least one dose taken and tolerated).
c) There is a documented plan (Request for Hospital Discharge/Transfer Approval Form H-804) for continued TB care either by private physician or the Department of Public Health.

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[i] **High risk individuals:** Persons at increased risk of progression to TB disease if infected including children 3 years old and younger and persons with medical conditions associated with an increased risk of progression to active TB disease including those with HIV infection, diabetes mellitus, end-stage renal disease, injection drug use, cancer of the head and neck, immunosuppressive treatment, post-transplant therapy, hematologic malignancy, intestinal bypass or gastrectomy, low body weight, chronic malabsorption, malnutrition and clinical situations associated with rapid weight loss, silicosis.

[ii] **High risk setting:** e.g., health care facilities, nursing home, congregate living site for persons infected with Human Immunodeficiency Virus (HIV), drug treatment residential facilities, homeless shelter, jail, board and care, other congregate living sites especially those housing persons at increased risk of progression to TB disease if infected, public living accommodations, including single room occupancy hotels, if air is shared in common areas or through the building ventilation system.

[iii] **NAAT**: The above NAAT testing must be performed within 7 days of multidrug TB chemotherapy having been administered as prior TB treatment may decrease the sensitivity of the NAAT test.

References:
California Health and Safety Code section 121361.
California Department of Public Health and California Tuberculosis Controllers Association (CDPH/CTCA Joint Guidelines): Guidelines for the assessment of TB patient infectiousness and placement into high and lower risk settings.
Pasadena Public Health Department Request for Hospital Discharge Approval Form.