



## Tuberculosis Control Program Discharge Planning Guidelines

The purpose of this document is to guide healthcare providers in the appropriate discharge of suspected or confirmed tuberculosis (TB) patients. The form provides guidelines for initiating a discharge plan, criteria for approval, and information required for the Department of Public Health's evaluation of a TB patient's status.

In accordance with California State Health and Safety Codes, Division 105, Part 5, Chapter 1, Section 121361, health facilities must submit a written treatment plan for people with confirmed or suspected TB disease to the local health officer or designee and obtain approval to discharge TB case. If prior notification affects the person's health or public safety, the treatment plan must be submitted within 24 hours after discharge or transfer. The treatment plan must follow the provided guidelines.

### Initiating A Discharge Plan Guidelines

The patient must meet the following criteria to initiate a discharge plan:

- Sputum collection criteria:
  - 1) Three sputa collections at least 8-24 hours apart with one being an induced early morning collection
  - 2) Obtain 2 MTB PCR nucleic acid amplification test (NAAT) on two respiratory specimens for rapid detection within 24-48 hours
- Radiology reports, QuantiFERON Gold blood test results, and all other supporting documentation. TBC staff will provide a response within 24 hours.

### Weekday Discharges – Non-holiday, Monday – Friday, 8 am to 5 pm

1. Send a completed Tuberculosis Discharge Plan Suspect/Discharge Report Form (provided below) by fax to (909) 381-8471
2. Follow up with a phone call to the Discharge Coordinator in the Tuberculosis Control Program (TBC) at (800) 722-4794
3. TBC staff will review the request and notify the submitter of approval, additional information needed, or action prior to discharge.

If a patient is still infectious, a home evaluation may be required. TBC staff will conduct a home visit within 3 working days of notice. If the patient is homeless or there is concern for non-compliance, TBC staff will interview the patient prior to discharge. This interview will take place within one working day of notification.

### Holiday and Weekend Discharge

Providers may call the Public Health Duty Officer at **(909) 677-7168**. Response time will usually be within one hour. After receiving a hospital call, the duty officer will request the hospital to immediately fill out the Tuberculosis Discharge Plan Suspect/Discharge Report Form and fax it to TBC at **(909) 381-8471**. If all the criteria for discharge are confirmed by phone, the discharge may be verbally approved by the duty officer. The TBC staff will review the approval on the next business day.

**Discharging a confirmed TB case without approval is not permitted on weekends or holidays. Approval must be obtained from the Public Health Duty Officer, otherwise, from the TBC staff during regular business hours, which are Monday through Friday from 8 am to 5 pm.**

## Criteria for Discharge

- Patient has 3 acid-fast bacilli (AFB) smear/cultures sputa specimens collected at least 8-24 hours apart with one being an induced early morning collection.
- Diagnosed patients are on a clinician-prescribed regimen of treatment for at least 2 weeks for smear positive and 5 days for smear negative and tolerating.
- Individuals with compromised immune systems, newborns, or children under 5 years old must not be residing at the patient's release location unless they have received medical evaluation and appropriate prophylactic treatment.
- The patient is returning to the same household where he/she resided prior to hospitalization.
- The patient's address and phone number are known, permitting Department of Public Health follow-up.

The patient must be held until all criteria are met. Approval will not be granted until all criteria are met.

## EXPLANATION OF SELECTED QUESTIONS LISTED ON DISCHARGE REQUEST

### 1. COUNTRY OF ORIGIN/TRAVEL:

This provides important information about the patient's risk of having TB and having drug-resistant TB.

### 2. ADMISSION CXR/CURRENT CXR:

The admission CXR provides critical information, as this might be the only clinical evidence a provider has that indicates the patient is a TB suspect. The most suspicious CXRs would show cavitary lesions in the upper lobes, but TB can also present as infiltrates or consolidation in the upper or lower lobe, as a pleural effusion, etc. Immunocompromised patients and children tend to have the least "typical" findings. The current CXR is also very important as this gives us information on the patient's progress.

**PLEASE FAX ADMISSION AND/OR CURRENT CXR REPORTS.**

### 3. IGRA (Interferon Gamma Release Assay):

This is an important tool that can aid in the diagnosis of *Mycobacterium tuberculosis* infection. There are currently two FDA approved IGRA tests available in the United States: the T-SPOT test (T-Spot) and the QuantiFERON Gold test (QFT).

### 4. MAJOR SITE OF DISEASE:

This tells us about the patient's possible infectiousness. TB can affect all organs of the body. TB is spread via respiratory droplets. Laryngeal and pulmonary TB are the most communicable. Extra-pulmonary TB is not a public health threat; however, it must be reported and treated appropriately to prevent dissemination.

### 5. HIV STATUS/HIV LABS:

HIV status and level of immune suppression profoundly affect how TB presents and how it is treated. All TB patients should be tested for HIV if their status is unknown. If a TB patient is HIV+, **please provide the CD4 count and viral load.**

### 6. CO-MORBIDITIES/COMMENTS

Many conditions besides HIV can affect how TB presents and is treated, e.g. diabetes, renal disease, auto-immune disorders. Medications for other illnesses may also interact with TB meds. Please provide information on the patient's underlying medical conditions and other medications they will be taking when discharged.

## 7. BACTERIOLOGY:

This section helps Public Health in preparing discharge guidance. Patients can be safely discharged into a High Risk Setting or a Lower Risk Setting.

- High-risk settings can be housing (i.e. SNF, LTACH, prison/jail, Dialysis centers) or a work setting where others can share air with the TB patient or suspect for tuberculosis. Discharge criteria for this group is:
  - A usual TB work up.
  - Confirmed TB cases /or suspects with positive smears will need to complete and tolerated a TB regimen for at least 2 weeks. They will require a negative pressure room.
  - Smear negative suspects will need to complete and tolerated a TB regimen for 5 days. No isolation room will be required.

*If the above is not met the patient must go into a negative pressure room. Until all pending AFB cultures finalize negative for MTB.*

- Low risk setting can be a place of residence. This is a setting where others do not share the air with the TB patient or suspect. It is also somewhere where the persons sharing the air with the TB patient are not at increased risk for infection or progression to the disease.
- Persons at increased risk for progressing to TB disease if they become infected are:
  - Children <5 years old, those infected with HIV
  - Poorly controlled diabetics
  - Those with end stage renal disease
  - Intravenous users
  - Cancers of the head and neck
  - Those on anti-TNF- $\alpha$  agents
  - Those receiving chemotherapy
  - Organ recipients
  - Lymphoma
  - Leukemia
  - Those who have had gastric bypass surgery or a gastrectomy
  - Low BMI
  - Chronic malabsorption
  - Or silicosis.

## **PLEASE FAX ALL LABORATORY REPORTS.**

## 8. SPECIMEN SUSCEPTIBILITIES:

This information is not usually available by the time a patient is discharged and can take several weeks after a TB culture grows out before this testing can be done. However, if this information is known, the patient's medication regimen may need to be adjusted. Special rapid molecular testing can be done at the California Dept. of Public Health State Lab if:

- Drug resistant TB is suspected.
- The patient has been treated for TB in the past.
- The patient is failing treatment.
- The patient comes from an area of the world with high rates of drug resistance.
- The patient is known to have been exposed to someone with drug-resistant TB.

This testing can be arranged through TBC.

## 9. TB MEDICATION REGIMEN:

Most TB suspects or cases need to be on a RIPE regimen: Rifampin (RIF), Isoniazid (INH), Pyzrazinamide (PZA) and Ethambutol (EMB). There are other second line medications; however, they are typically not prescribed unless the patient is resistant to or cannot tolerate first line drugs. Please call TBC with any questions regarding adult or pediatric dosages and appropriate alternative regimens. Please include the start date and the dosages of all TB medications.

## 10. DISCHARGE PLANS:

- Anticipated Date of Discharge: Please give TBC at least 24-72 hours' notice before patient is to be discharged.
- The TBC Program needs detailed information regarding the destination of discharge. TBC may need to perform a home visit or a visit with the patient in the hospital prior to discharge.
- The TBC Program must be aware of the number of children, adults, and immunocompromised persons in the household; infants are of special concern due to the risk of progression to disseminated TB or TB meningitis.
- If discharging the patient on medication, please give or prescribe enough medications to last until the first follow up appointment with their medical provider or TBC.

## 11. WHO WILL PROVIDE TB CARE?

This information is extremely important, and discharge will not be approved until a follow up appointment is made for the patient. We are mandated by law to follow all TB cases in the county. Please provide us with appointment date and time along with:

- The name and contact information of the medical provider who will be providing TB care and continuing TB treatment for the patient.
- If the patient has no insurance then the patient will be scheduled with the Health Department (HD) TB clinic.
- If patient has insurance and their medical provider would like to refer the patient to HD for TB follow up, a referral should be requested to patient's insurance carrier prior to discharge in order to be seen at the HD TB clinic.
- The patient should be scheduled for a TB follow up appointment with a medical provider within 14 days of being discharged.

Submission of the attached form for discharge request will also fulfill state requirements for disease reporting. **NO ADDITIONAL FORM IS REQUIRED.**

**Discharge Guidance Reference:**

Diagnostics	Discharge Site	Patient must meet all criteria:
Smear positive And NAAT positive	Home	<ul style="list-style-type: none"> <li>• Follow-up plan has been made with the local county Tuberculosis (TB) program</li> <li>• Started on standard TB treatment and tolerated 2 weeks of TB treatment</li> <li>• All household members, who are not immunocompromised, have been previously exposed to the person with TB</li> <li>• Patient is willing to remain on respiratory isolation at the address provided</li> <li>• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment</li> </ul>
Smear positive And NAAT positive	Congregate Setting or High Risk Setting	<p>The patient can be <i>discharged</i> and is considered non-infectious if:</p> <ul style="list-style-type: none"> <li>• Three consecutive negative sputum smears from sputum collected in 8 – 24 hour intervals (at least one early morning specimen) <b><u>AND</u></b></li> <li>• Started on drug regimen and tolerated 2 weeks or longer of TB treatment <b><u>AND</u></b></li> <li>• Symptoms have improved</li> </ul>
Smear negative And NAAT positive Or NAAT negative	Home or Congregate Setting	<ul style="list-style-type: none"> <li>• Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)</li> <li>• Started on standard TB treatment and tolerating for AT LEAST 5 days</li> <li>• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment</li> </ul>
Smear negative And NAAT negative	Home or Congregate Setting	<ul style="list-style-type: none"> <li>• Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)</li> <li>• A diagnosis other than TB.</li> </ul>
Smear positive And NAAT negative	Home or Congregate setting	<ul style="list-style-type: none"> <li>• Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)</li> <li>• Started on standard TB treatment and tolerating for AT LEAST 5 days</li> <li>• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment</li> </ul>
Confirmed or Strongly suspected MDR or XDR	Home or Congregate Setting	<ul style="list-style-type: none"> <li>• Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen) <b><u>AND</u></b></li> <li>• Started on adequate DR-TB drug regimen and tolerating for AT LEAST 2 weeks (14 daily doses) or longer <b><u>AND</u></b></li> <li>• At least 2 consecutive negative sputum cultures without a subsequent positive culture</li> </ul>

*Adapted from Guidance on Release from Hospital Tuberculosis Isolation*

**References**

Heartland National TB Center . (2019, June). *www.HeartlandNTBC.org*. Retrieved May 11, 2021, from [www.heartlandNTBC.org](http://www.heartlandNTBC.org)



# TUBERCULOSIS DISCHARGE PLAN SUSPECT / DISCHARGE REPORT FORM

Phone: (800) 722-4794 Fax: (909) 381-8471

Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_

Fax: \_\_\_\_\_

(A) SUSPECT REPORT

Date Submitted: \_\_\_\_\_

Name:		Sex:	D.O.B.:	Age:
Current Address:			Phone:	
Legal Guardian:	Payor Source:	SSN:	Country of origin/travel history <sup>1</sup> :	
MR #:	Location:	Admit Date:		

**Clinical Information**

Admission CXR <sup>2</sup> : <input type="checkbox"/> NEAD <input type="checkbox"/> ABN-Cavitary <input type="checkbox"/> ABN Non-cavitary		Current CXR: <input type="checkbox"/> Worse <input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> None		
Patient weight/Kg	IGRA blood test: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	Previous HX of TB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major site of disease <sup>4</sup> :	
HIV Status <sup>5</sup> : <b>Provide copies of HIV results, CD4 count, and Viral Load for HIV positive patients<sup>5</sup>.</b>				
Why is patient a TB suspect? <input type="checkbox"/> Symptoms <input type="checkbox"/> CXR <input type="checkbox"/> Other (explain)				
TB Symptoms: <input type="checkbox"/> Cough <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Night Sweats <input type="checkbox"/> Wt. loss <input type="checkbox"/> Other:				
Co-morbidities/comments <sup>6</sup> :				

(B) DISCHARGE PLAN REQUEST

Date Submitted: \_\_\_\_\_

**BACTERIOLOGY<sup>7</sup>**

PULMONARY TB REQUIRES 3 CONSECUTIVE SPECIMEN SMEARS				Specimen submitted for specimen susceptibilities to laboratory <sup>8</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specimen Date	Source	Smear	Culture	Specimen Date	Source	Smear	Culture

**TB Medication Regimen<sup>9</sup>**

Medication	Dosage	Start Date	Medication	Dosage	Start Date
Rifampin					
INH					
PZA					
Ethambutol					
B <sub>6</sub>					

**DISCHARGE PLANS<sup>10</sup>**

Date of Discharge:	Discharge to: <input type="checkbox"/> Home <input type="checkbox"/> SNF	Discharge Address if not home:
Household: # of Adults	# of children	ages of children
Patient's Verbal Understanding of TB dx: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of immunocompromised
TB Care provided by <sup>11</sup> : <input type="checkbox"/> Other		Home/LTACH / SNF Isolation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Dept.: <b>606 E. Mill St. San Bernardino, CA 92415</b>		Follow up TB provider Name:
Phone Number: <b>800-722-4794</b>		Phone:
Appt Date:		Appt Date:
Final DX (if not TB):		

(C) TUBERCULOSIS CONTROL PROGRAM REVIEW

Discharge Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Problems Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Action required prior to approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		
Signed: For: Sharon Wang, DO, Tuberculosis Controller	Title:	Date: Time: