



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

Michelle Morse, MD, MPH
Acting Health Commissioner

To: NYC clinicians, infection control practitioners, and community partners

From: Joseph Burzynski, MD, MPH
Assistant Commissioner and Director
Bureau of Tuberculosis Control

Re: New Resource Regarding Updated Respiratory Isolation and Restriction Recommendations for
NYC Tuberculosis Patients

Date: September 2025

Dear Colleagues,

We are writing to share a new resource on the updated New York City Department of Health and Mental Hygiene isolation recommendations for individuals with respiratory tuberculosis (TB) in community settings, based on guidelines from the National TB Coalition of America.¹

The new *Criteria for Hospital Discharge and Community Isolation for Patients with Respiratory Tuberculosis* flow diagram (see page 2) outlines the process and relevant considerations for discharge and isolation for TB patients in NYC. This resource is intended to provide NYC clinicians and infection control practitioners with a practical guide for incorporating updated recommendations into your clinical practice.

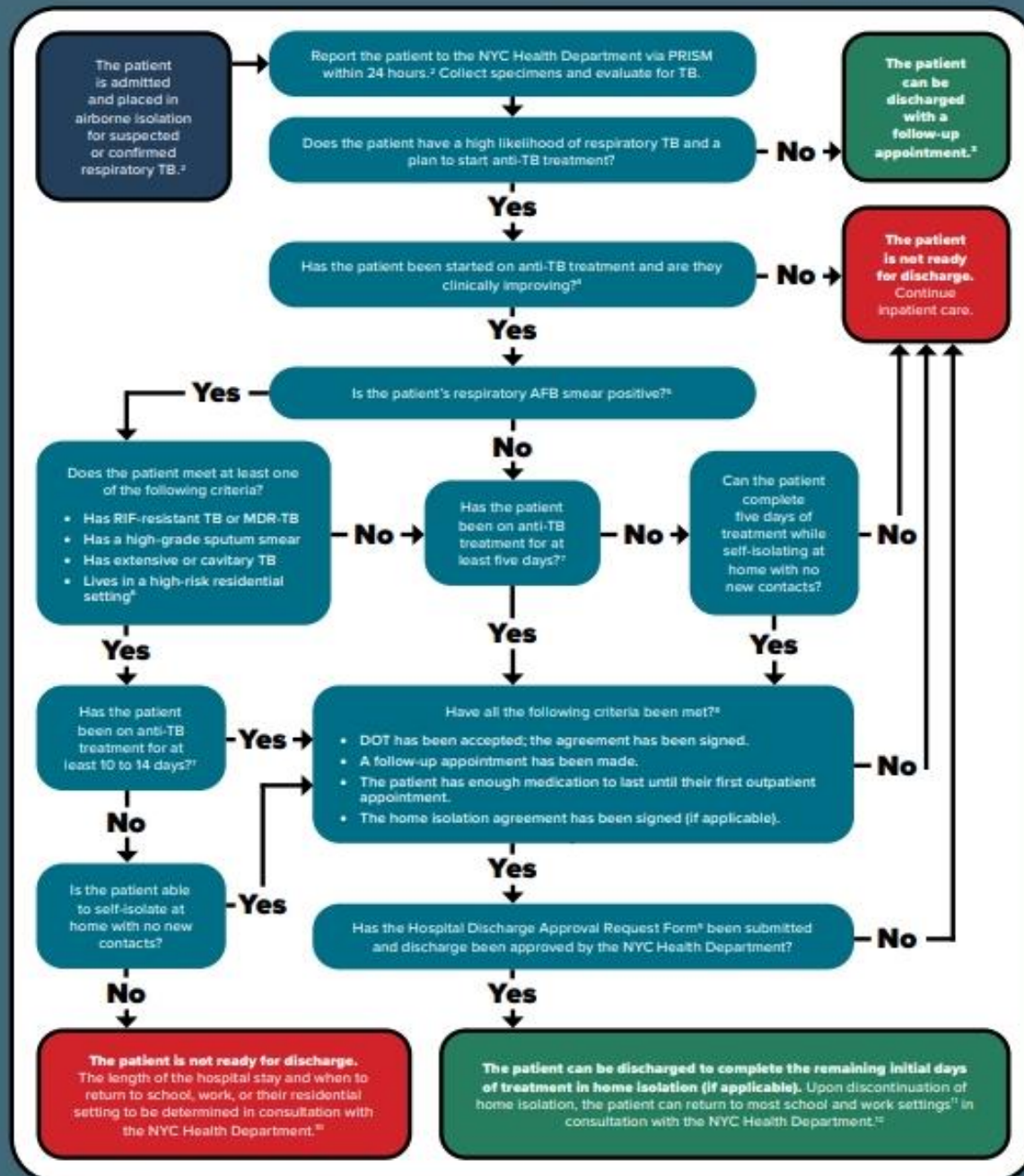
The flow diagram can also be found on the Health Department [website](#). This resource is aligned with our recently released isolation guidance linked here: [Respiratory Isolation Recommendations](#). If you have any questions, please contact the TB Provider Hotline at 844-713-0559.

¹ Shah M, Dansky Z, Nathavitharana R, et al. NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings. *Clin Infect Dis*. Published online April 18, 2024. doi:10.1093/cid/ciae199. Available [here](#).

Criteria for Hospital Discharge and Community Isolation of Patients With Respiratory Tuberculosis



All statements are general recommendations. Individualized discharge and isolation plans should be made in consultation with the NYC Health Department.¹ If you have any questions, call the TB Provider Hotline at 844-713-0559.



¹ Discharge decisions must also defer to the policies of the setting, organization, or jurisdiction that is accepting the patient.

² All patients with suspected or confirmed TB must be reported to the NYC Health Department, regardless of whether they are admitted to the hospital. Electronic case reports can be made via PRISM at a556-health.nyc.gov/prism.

³ If the index of suspicion for TB subsequently increases such that the patient initiates treatment for TB, a new report should be submitted to the NYC Health Department.

⁴ Clinical improvement may include symptom improvement, a decrease in sputum smear grade, and tolerance of medication. Patients who are started on anti-TB treatment are also assigned an NYC Health Department case manager for a comprehensive interview, education, and ongoing coordination and management.

⁵ NYC Health Department case managers provide hospital providers and infection control practitioners with information on specific discharge considerations.

⁶ High-risk residential settings may include dorm-style settings (such as shelters with shared sleeping spaces), nursing homes, rehabilitation centers, jails, prisons, and settings where

people who are immunocompromised, home health aides, or visiting nurses are present in the home to care for the person or a family member.

⁷ If the TB organism is not susceptible to the anti-TB treatment regimen, a longer period of treatment may be necessary.

⁸ If all the criteria have not been met, the case should be discussed with the NYC Health Department.

⁹ Discharge forms can be found at nyc.gov/health/tb-providers. Completed forms should be faxed to 844-713-0557.

¹⁰ All discharge decisions are to be made in consultation with the NYC Health Department and with consideration of the patient's individual circumstances. A home visit may be required.

¹¹ High-risk work settings may include shelters, hospitals and health care facilities, rehabilitation centers, nursing homes and other residential long-term care facilities, jails, prisons, and settings where children younger than age 5 (such as day cares and preschools) or people who are immunocompromised are present.