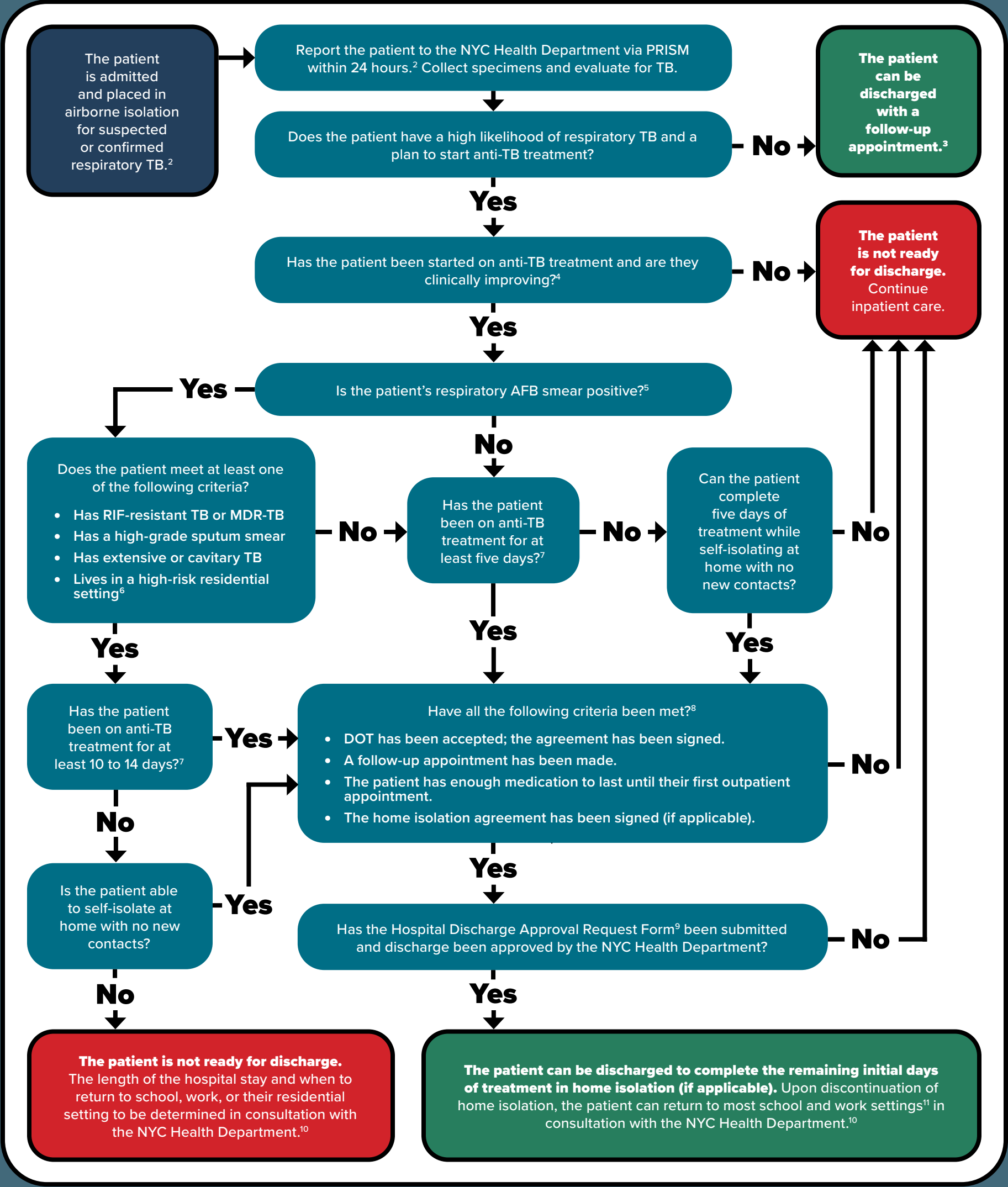


Criteria for Hospital Discharge and Community Isolation of Patients With Respiratory Tuberculosis

NYC Health

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 a816-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.