CRITERIA FOR DISCHARGE OF TB PATIENTS

I. Absence of High Risk* Individuals in the Home

A. Patient has been started on appropriate therapy; AND

B. Patient has had three (3) specimens collected for AFB smear and culture (see below for MDR-TB patients). Sputum specimens may be collected ≥ 8 hours apart. At least one specimen must be early AM, a bronco-alveolar lavage (BAL), or collected post bronchoscopy; AND

C. The patient is stable; AND

D. The physician has established a plan for ongoing follow-up and treatment after discharge; AND

E. If a patient is still smear positive, must agree to home isolation until cleared by Public Health.

F. Department of Public Health has reviewed and approved discharge.

II. High Risk Individuals in the Home or Going to High Risk Environment**

A. Patient has been on appropriate therapy for at least two (2) weeks, AND

B. Patient has three (3) respiratory specimens, including at least one (1) early AM or induced sputum†, or BAL, collected at least eight (8) hours apart, are AFB smear negative.

C. Patient is stable, AND

D. The physician has established a plan for ongoing follow-up and treatment after discharge with directly observed therapy (DOT) if needed; AND

E. Department of Public Health has reviewed and approved discharge.

III. MDR-TB Patients

A. Three (3) consecutive respiratory specimens collected on separate days, including at least one (1) early AM or induced sputum†, or BAL, are AFB smear negative, and no subsequent sputum specimen is smear positive.

B. At least fourteen (14) daily doses of treatment for MDR-TB taken and tolerated by DOT;

C. Clinical improvement; AND

D. At least two (2) consecutive negative sputum cultures, without a subsequent positive culture, are required for patients going to a high-risk environment.

E. Department of Public Health has reviewed and approved discharge.