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## 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  $\geq 8$  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<sup>†</sup>, 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<sup>†</sup>, 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.