TB PATIENT DISCHARGE FROM A HEALTH FACILITY

Legal Authority
“A health facility ... shall discharge or release a person known to have active tuberculosis disease, or who the medical staff of the facility ... has reasonable grounds to believe has active tuberculosis disease, only after a written treatment plan ... is approved by the local health officer ...“ (CA H&S 121361). In Contra Costa County, the local health officer has delegated this authority to the TB Program, Contra Costa Public Health (CCPH).

Patient categories
The requirement for discharge approval applies to all patients with:
1. A person known to have TB disease (Class 3):
   a. Nucleic acid amplification test (GeneXpert or Mycobacterium Tuberculosis Direct [MTD]) positive for M. tuberculosis; OR
   b. AFB culture positive for M. tuberculosis
2. A person reasonably suspected to have TB disease (Class 5):
   a. Clinical and/or radiographic evidence of active TB disease; OR
   b. Sputum smear positive for acid-fast bacilli (unless NAAT negative), culture pending; OR
   c. Pathologic evidence of active TB disease; OR
   d. Any person for whom the clinical level of suspicion for active TB is high enough to warrant initiation of empiric therapy for TB

The requirement for prior approval of the discharge plan does not apply to a transfer to another facility for a higher level of care, or to transfer to a correctional facility. Submission of a discharge plan still applies. The requirement for approval of discharge applies to TB patients re-admitted for any cause until TB treatment has been completed.

Initial Medical Evaluation and Treatment
The following tests are required for all patients with known or suspected pulmonary TB:
2. Three sputum specimens for AFB smear and culture. The specimens must be collected at least 8 hours apart. At least one specimen must be collected early AM or induced, which must be sent for a nucleic acid amplification test (NAAT1).

1 Two NAATs are currently available: GeneXpert and Mycobacterium Tuberculosis Direct (MTD).
3. Unless all three sputa are smear negative for AFB organisms and the NAAT is negative for M. tuberculosis, and unless contraindicated, the patient must be prescribed a standard regimen for active TB, including isoniazid, rifampin or rifabutin, pyrazinamide and ethambutol. The patient must have taken and tolerated at least one dose of these medications.
4. HIV serology, unless the patient is known to be HIV positive, or has had a negative HIV within the prior 6 months.
5. Medical consultation from the TB Program is available during normal working hours and is highly recommended prior to making treatment decisions when the diagnosis is not clear.

Discharge Approval Process
The treating physician, or other designated hospital employee, must complete and FAX to CCPH:
1. TB Case Report form (T-8), Parts I and II, within one working day of when the diagnosis is first suspected. Demographic information provided on an attachment does not need to be re-written on the form. Attach all available bacteriologic and radiographic reports.
2. Discharge Information (T-8), Part III, one to three working days prior to anticipated discharge. Attach all available bacteriologic and radiographic reports not previously submitted. All information on the form must be completed. Three days is generally required for patients with a positive AFB smear and patients being discharged outside of Contra Costa County. A discharge request containing medication orders must be signed by a physician, or by a registered nurse on behalf of a physician.
3. The TB Program must respond to the discharge request within one working day.
4. If the discharge request is not approved by the TB Program, the reason(s) will be given, including additional steps required for approval. The discharge request must be re-submitted. Information previously provided does not need to be repeated if unchanged.
5. If the discharge request is approved by the TB Program, approval is valid for three working days. If the patient is not actually discharged within three days, the discharge request must be re-submitted.

General Criteria for Discharge
1. Discharge plan and attachments complete, reviewed and approved in writing by CCPH.
2. Patient understands diagnosis and expresses willingness to adhere with treatment, medical and public health follow-up. If medication started, patient must be adherent with the treatment given in the facility.
3. Provision of TB medications, or valid prescription for TB medications that the patient will be able to fill without charge, quantity sufficient to last until date of first follow-up appointment. Facility must identify and verify pharmacy is able and willing to fill this prescription without charge to the patient.
**Discharge of Infectiousness Patients**

Infectious patients may be approved for discharge after the following additional criteria have been met:

1. All close contacts identified.
2. Contacts < 5 years of age, and potentially immunocompromised contacts, have been evaluated for TB disease and started on empiric treatment for active TB or LTBI.
3. Patient agrees to home isolation; adherence with conditions of home isolation anticipated by CCPH.
4. Patient agrees to TB treatment by directly observed therapy (DOT); adherence with DOT anticipated by CCPH.

**Attachment**

T-8 form (also available at: [http://www.cchealth.org](http://www.cchealth.org))

**References**

CDPH/CTCA Guidelines for Reporting TB Suspects and Cases in CA
CDPH/CTCA Criteria for Determination of TB Patient Infectiousness and Release into High and Lower Risk Settings
Both available at [http://www.ctca.org](http://www.ctca.org)