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CONTRA COSTA
PUBLIC HEALTH
COMMUNICABLE DISEASE
PROGRAMS

597 CENTER AVENUE, SUITE 200-A MARTINEZ, CALIFORNIA 94553 PH (925) 313-6740 FAX (925) 313-6465 WWW.CCHEALTH.ORG

# Discharge of a Suspected or Confirmed Tuberculosis (TB) Patient

### **Legal Authority**

California State Health and Safety Code mandates that patients with confirmed or suspected TB be reported to the local health department within one working day of diagnosis. Patients with confirmed or suspected TB <u>may not</u> be discharged or transferred from a healthcare facility without prior approval from the local health department (Exception: the patient is being transferred to another facility due to an immediate need for a higher level of care).

# In the case of an emergent transfer, please submit:

- Request for hospital discharge with the TB Discharge Case Report form as outlined below indicating the name and location of the accepting facility, even if all the TB diagnostic information requested is not available.
- TB Discharge Case Report form fulfills Title 17 reporting requirements and takes the place of the Confidential Morbidity Report (CMR) form. It can be found on our website at cchealth.org/tb/providers.php

### **Discharge Approval Process**

In order to ensure timely and appropriate discharge, facilities should notify the Contra Costa Public Health (CCPH) TB Control Program at least 2-3 days before the anticipated discharge date. Please fax the TB Discharge Case Report form documentation requested to 925-313-6465. TB Control Program staff will review the request and notify the submitter of approval or of the need for additional information/action prior to discharge. If a patient is still infectious, a home evaluation may be required to ensure the environment is suitable.

### **General Criteria for Discharge:**

	<b>TB Medications:</b> Patient is taking and tolerating all prescribed TB medications. (Pt. is not vomiting meds and liver enzymes
	are stable)
	<b>TB Medications:</b> Plan for continued, uninterrupted medications provided and in hand for discharge.
	AFB sputum smears negative x 3. Sputum specimens for AFB must be collected at least 8 hours apart, and at least one
	specimen must be an early morning specimen, an induced specimen, or collected by bronchoalveolar lavage.
	Home Evaluation: There are no immunocompromised individuals or children under 5 years old residing at the site to which
	the patient is being released, unless these individuals have been medically evaluated and are on appropriate preventive
	treatment.
	□ Patient is returning to the same household where he/she resided prior to hospitalization, <b>OR</b>
	☐ Alternative residence has been determined to be appropriate by CCPH.
	Validate patient address: The patient's address and phone number have been verified.
Criteri	a for Public Health Approval to Discharge an Infectious Patient:
	Home Evaluation: Household members who are immunocompromised or who are less than 5 years of age have been
	evaluated for TB disease and started on empiric treatment for active TB or latent TB infection.
	Patient Understanding: The patient demonstrates understanding of the TB diagnosis and is aware that CCPH staff will
	continue to follow the patient once he/she is discharged.
	Home Isolation Agreement: The patient signs the agreement to the conditions of home isolation.
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Note: If the patient is to be discharged to another county, CCPH still needs to approve the discharge and communicate with the county of residence. Other counties may have additional requirements for discharge.

Contra Costa Public Health Tuberculosis Control Program Phone: 925-313-6740 Fax: 925-313-6465 Hours: M-F, 8:00 a.m. – 5:00 p.m.

