# Guidance on Release from Hospital Tuberculosis Isolation

<table>
<thead>
<tr>
<th>Diagnostics:</th>
<th>Clinical Impression:</th>
<th>Under Airborne Isolation (AII) and discharging to:</th>
<th>Patient must meet all criteria:</th>
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</thead>
</table>
| Sputum AFB Smear Positive AND NAAT Positive | Active TB Disease | **Home**—No high risk individuals | • Follow-up plan has been made with local TB program and DOT has been arranged\(^\text{b}\)  
• Started on standard TB treatment  
• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household  
• All household members, who are not immunocompromised, have been previously exposed to the person with TB  
• Patient is willing to not travel outside the home until negative sputum smear results are received |
| Sputum AFB Smear Negative (or No Sputum AFB Smear Done) AND NAAT Positive | High likelihood of TB | **Home**—with/without high risk individuals OR **High-Risk/Congregate Setting** | Patients with infectious TB should NOT be allowed to return to a setting with high risk individuals. The patient can be **discharged** and is considered non-infectious if:  
• Three consecutive negative sputum smears from sputum collected in 8 - 24 hour intervals (at least one early morning specimen) **AND**  
• Started on drug regimen and tolerating for AT LEAST 2 weeks or longer **AND**  
• Symptoms have improved |
| Sputum AFB Smear Negative AND NAAT Negative | High likelihood of TB | **Home**—with/without high risk individuals OR **High-Risk/Congregate Setting** | • Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)  
• Started on standard TB treatment and tolerating for AT LEAST 5 days  
• A plan has been made to follow-up on culture results |

\(^\text{a}\) Pulmonary Tuberculosis  
\(^\text{b}\) The hospital and/or treating clinician should contact the local health department prior to release of a patient with confirmed active TB disease. In these matters, individual state, city, and/or county infection control policies should be reviewed prior to discharge.
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| Sputum AFB Smear Negative **AND** NAAT Negative | TB is unlikely | **Home**—with/without high risk individuals OR **High-Risk/Congregate Setting** | • Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)  
• A plan has been made to follow-up on culture results  
• A diagnosis other than TB should be identified |
| Confirmed or Highly Suspected MDR or XDR  
Diagnosed via: DST, MDDR, GeneXpert, or MTB/RIF Assay | N/A | **Home**—with/without high risk individuals OR **High-Risk/Congregate Setting** | • Three consecutive negative sputum smears from sputum collected in 8 to 24 hour intervals (at least one early morning specimen)  
• Started on adequate DR-TB drug regimen and tolerating for AT LEAST 2 weeks (14 daily doses) or longer **AND**  
• At least 2 consecutive negative sputum cultures without a subsequent positive culture |

**Term**

- **High Risk Individuals** (Individuals at increased risk of progression to TB disease if infected or exposed): Immunocompromised or weak immune system; Children less than 5 years of age; Injection drug users; Persons living with HIV
- **High Risk/Congregate Setting**: Homeless Shelters; Correctional facilities; Nursing homes; Residential homes for those living with HIV

**Sputum Smear**

A test used to detect the presence or absence of AFB in a sputum specimen. The presence of AFB on a sputum smear often indicates TB disease. These results can be received within 24 hours of the laboratory receiving the specimen. If AFB are discovered the results of the test are positive, however, diagnosis of TB is not confirmed solely upon sputum smear results because some AFB are not *Mycobacterium tuberculosis* (*M. tuberculosis*). A culture is used to confirm diagnosis of TB disease.

**Culture**

A test used to further identify the presence of *M. tuberculosis* in a sputum smear. Up to 6 weeks may be needed before growth is detected because *M. tuberculosis* is a slow growing organism. A positive *M. tuberculosis* culture can confirm the diagnosis of TB disease.

**References**


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