# 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>
</tr>
</thead>
</table>
| Sputum AFB Smear Positive **AND** NAAT Positive | Active TB Disease | **Home**—No high risk individuals or individuals without prior exposure | • Follow-up plan has been made with local TB program and DOT has been arranged\(^a\)  
• Started on standard TB treatment  
• 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  
• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment |
| 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  
• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment |

\(^a\)Pulmonary Tuberculosis

\(^b\)The hospital and/or treating clinician should contact the local health department prior to release of a patient with confirmed active TB disease.

**AFB** - Acid-fast bacilli  
**AII** - airborne infection isolation  
**DOT** - Directly Observed Therapy  
**MDR** - Multi-drug resistant  
**NAAT** - Nucleic Acid Amplification Test  
**TB** - Tuberculosis  
**XDR** - Extensively-drug resistant

**DOT** - Drug Susceptibility Testing  
**MDDR** - Molecular Detection of Drug Resistance
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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 is identified or is likely |
| Sputum AFB Smear Positive 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  
• No infants or children younger than 5 years of age or persons with immunocompromising conditions are present in the household who have not been evaluated and started on appropriate treatment |
| **A second NAAT should be considered to confirm** | 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 is identified or is likely |
| **Confirmed or Strongly 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) **AND**  
• 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 |

**References:**