



TB Infection Control

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Has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this activity



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Health Services

TB Infection Control

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Slides resourced from Russell W. Jones, MPH



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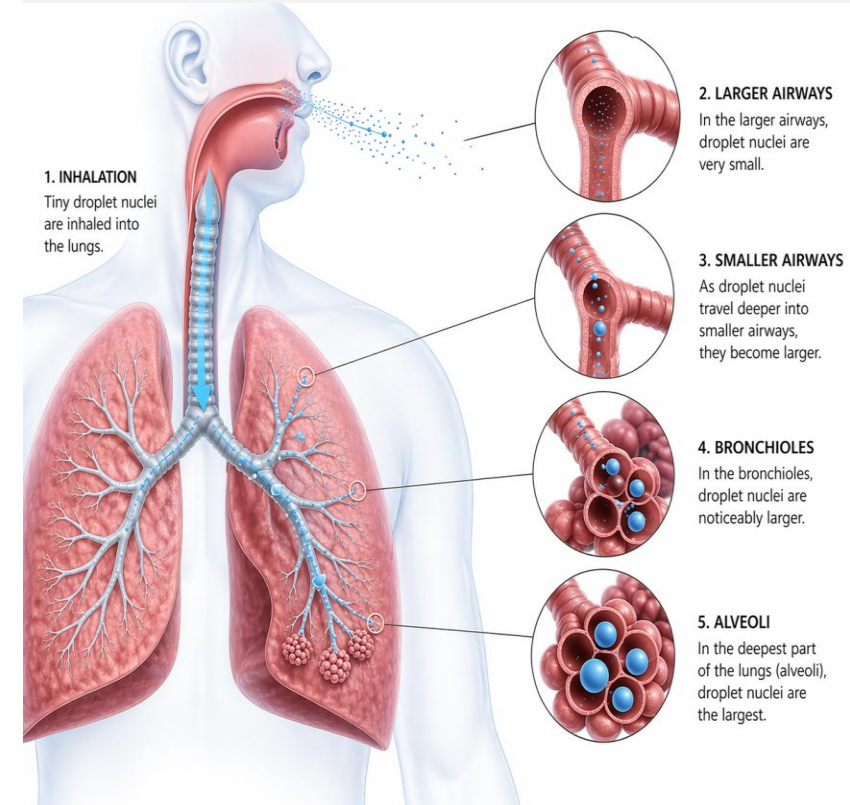
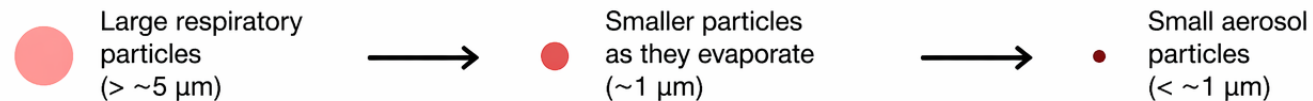
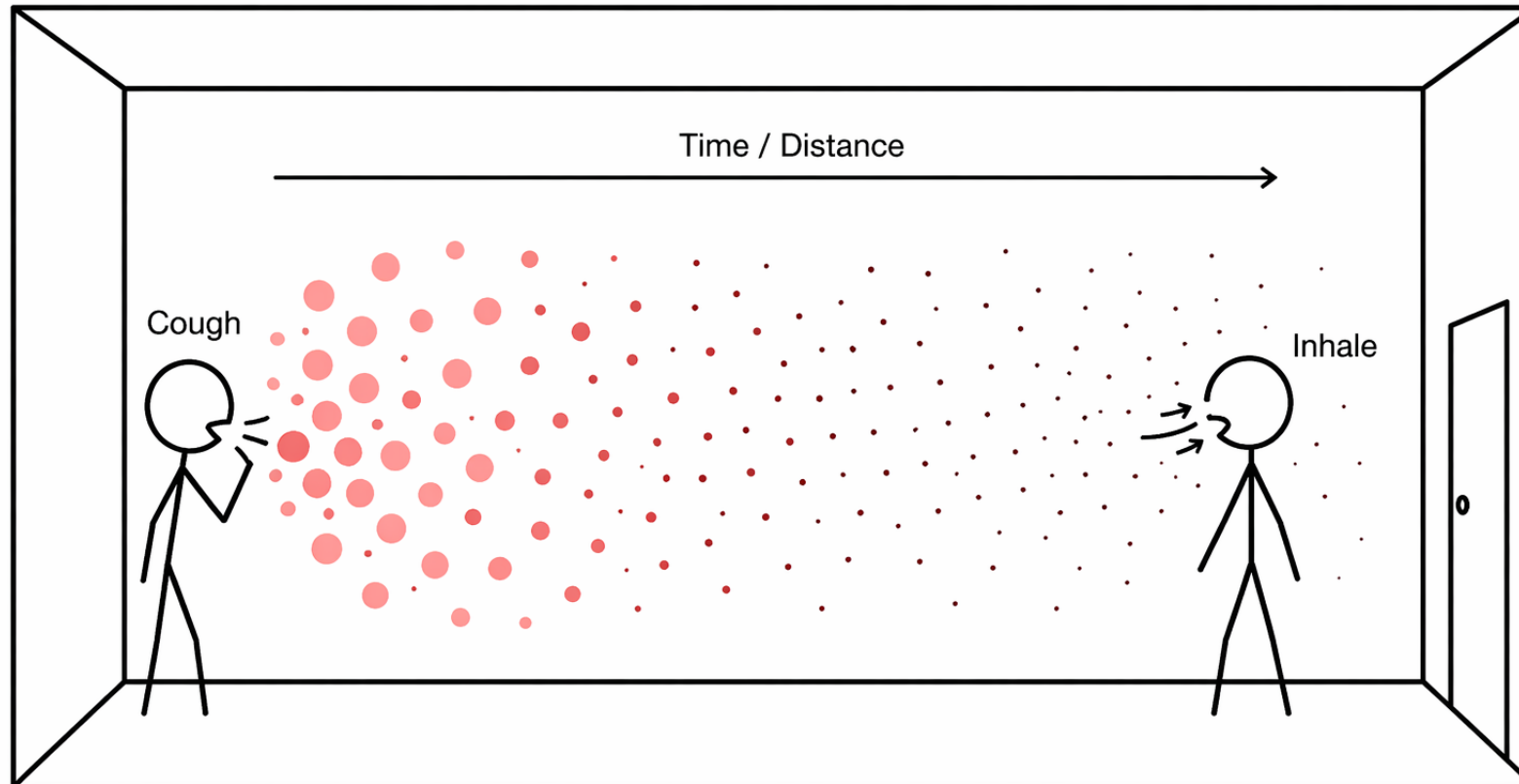
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Objectives

- Infection Control Measures in a clinic or hospital setting:
 - Identify the hierarchy in a TB infection control program.
 - Choose the best respiratory protection for the patient and health care worker.
 - Reduce transmission by manipulating space, ventilation, and air cleaning methods.
- Identify if a TB patient is infectious, and if so, when a TB patient is considered non-infectious:
 - Determine risk of infectiousness.
 - Know when to place your patient on isolation precautions.
 - Know when it is safe to allow your patient to return to work/ school/community activities.

TB Infection Control



Hierarchy of Controls

Administrative

- Reduces the risk of exposure to potential TB cases by managing *people* and *policies*.

Environmental

- Reduce concentration of droplet nuclei by managing and treating *the air*.

Respiratory protection

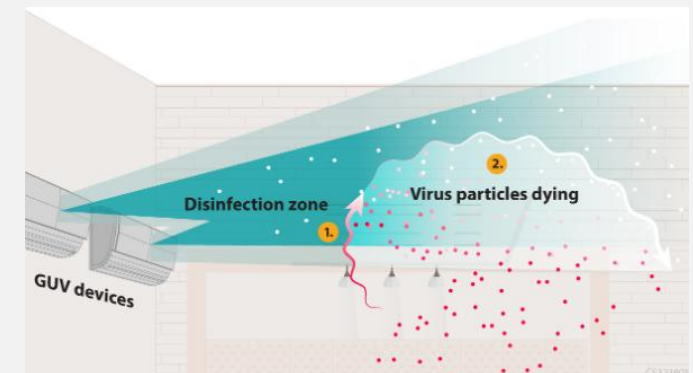
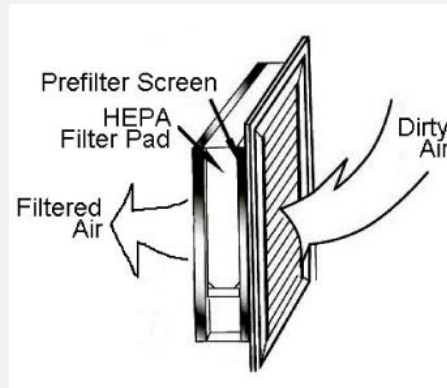
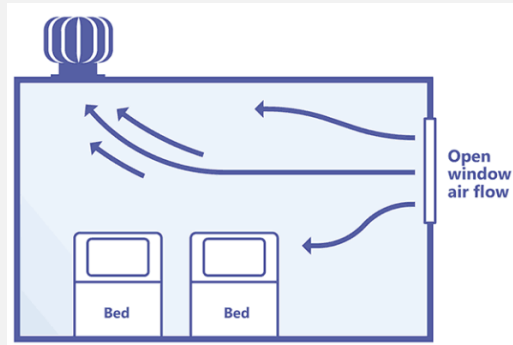
- Proper use of *personal protective equipment (PPE)* in certain scenarios

Administrative Controls

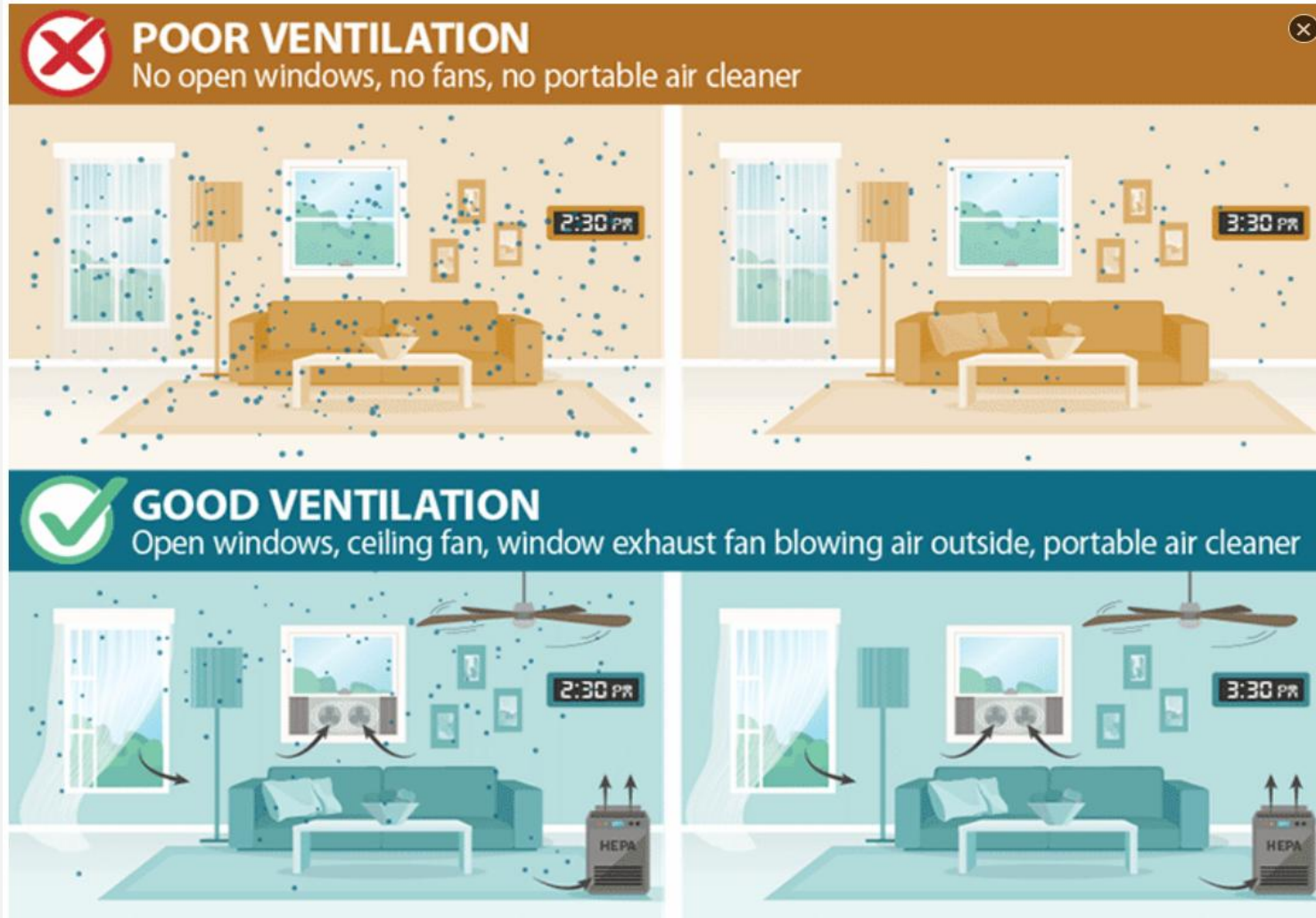
- Recommendations to reduce M.TB transmission **through policy and practice:**
- Policies, procedures and guidelines on controls used to prevent TB transmission including triage, environmental measures and maintenance, respiratory protection control, and worker training.
- Triage people with TB s/s or w/ TB disease.
- Physical “isolation” by of people w/ presumed or demonstrated infectious TB.
- Pharmacologic “isolation” by prompt initiation of effective TB treatment /Anti-TB Treatment (ATT) of people w/ TB disease.
- Respiratory hygiene (including cough etiquette) in people w/ presumed or confirmed TB.

Environmental (engineering) Controls

- **Reduce concentration of infectious bacilli in air** in areas where contamination is likely:
- Upper-room germicidal ultraviolet (GUV) systems – uses UV light to kill microorganisms
- Ventilation systems (including natural, mixed-mode, mechanical ventilation and recirculated air through high-efficiency particulate air (HEPA) filters
- All (airborne infection isolation room)(negative pressure room)
- Airflow



Examples of Ventilation in Home Settings

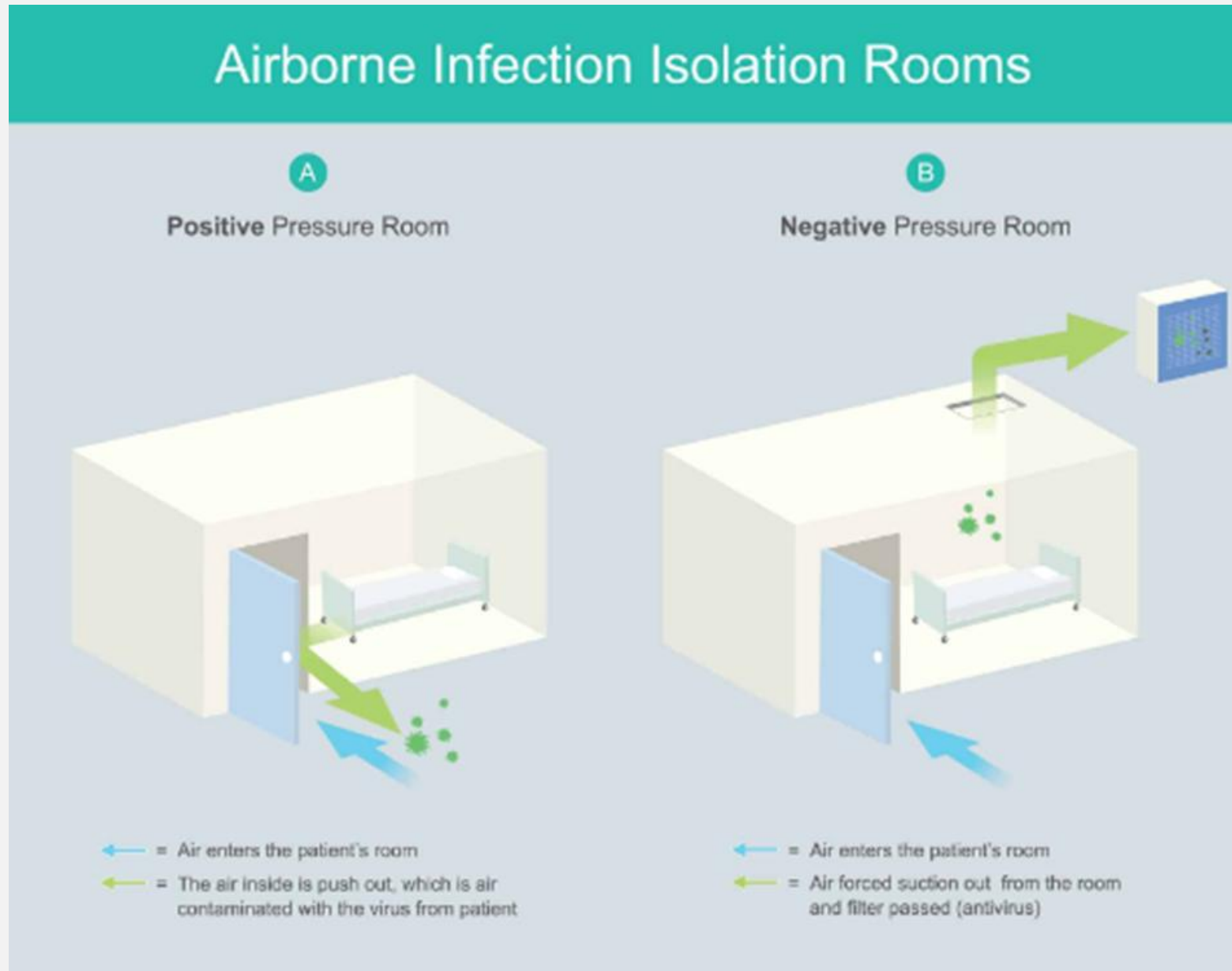


Relative Pressure - Positive, Negative, or Neutral

Positive: More air delivered to room than is exhausted. Pushes out of the room relative an adjacent area . You don't want you're TB exam room positive relative to the hall.

Negative moves air into the room. More air is exhausted than delivered. This is required for your airborne isolation rooms.

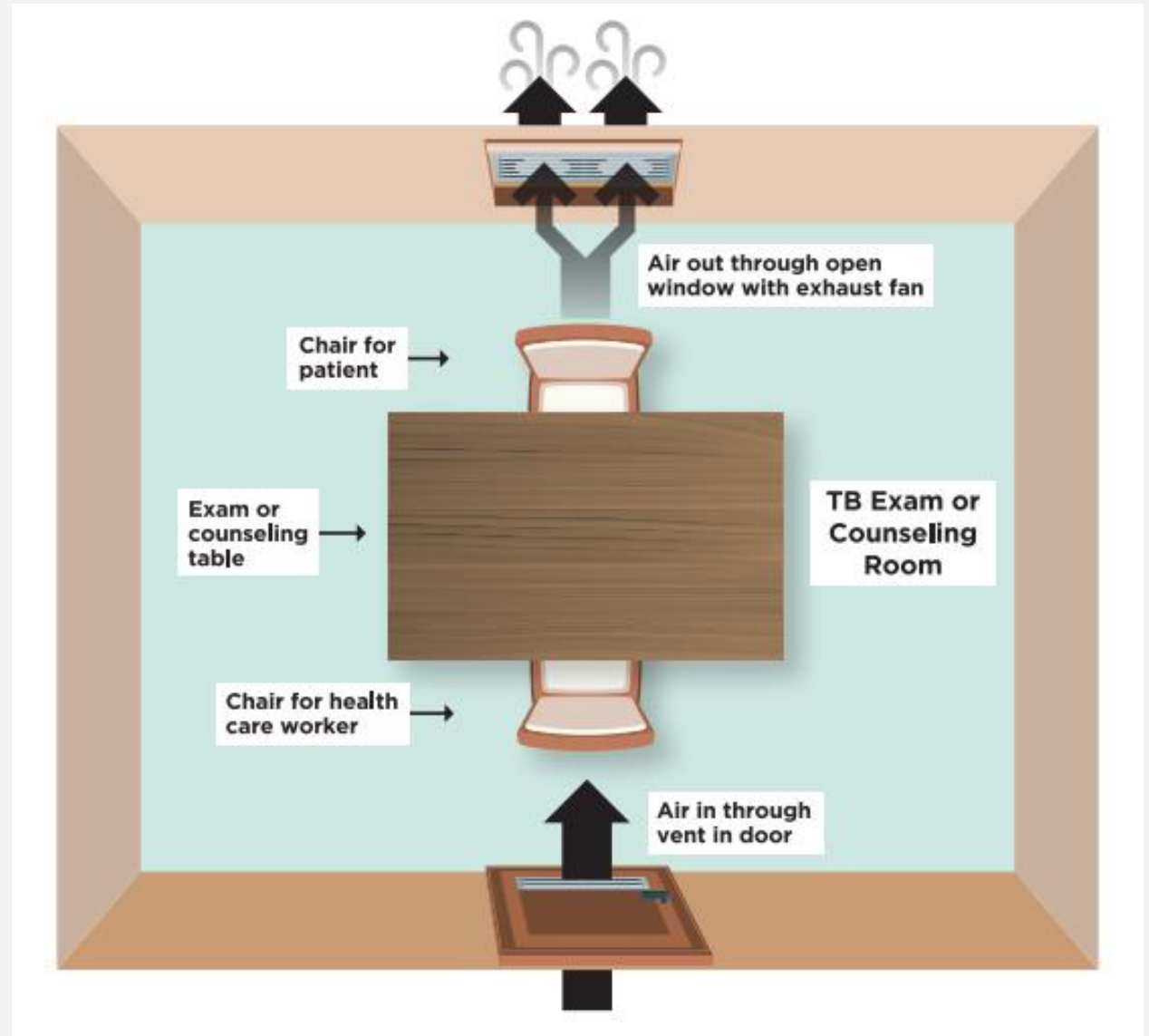
Neutral or light positive is the normal for most clinic type settings.



Ventilation for Clinic Exam Rooms

Open doors, louvers, and windows to bring in fresh air from outside and allow for the escape of contaminated room air.

Fan-assisted Natural Ventilation in TB Exam or Counseling Room



Airborne Containment Removal

Air change per hour (ACH) is the number of times that the total air volume in a room or space is completely removed and replaced in an hour.

The effective number of ACH can be increased by using cleaners (i.e. , HEPA filtering devices)

Air changes per hour (ACH) and time required for removal efficiencies of 99% and 99.9% of airborne contaminants*

ACH	99%	99.9%
	Minutes Required for Removal Efficiency†	
2	138	207
4	69	104
6	46	69
12	23	35
15	18	28
20	14	21
50	6	8
400	<1	1

* This table can be used to estimate the time necessary to clear the air of airborne *Mycobacterium tuberculosis* after the source patient leaves the area or when aerosol-producing procedures are complete.

† Time in minutes to reduce the airborne concentration by 99% or 99.9%.

Respiratory Protection

Protect personnel who must work in environments with contaminated air:

- Personal respiratory protection within framework of respiratory protection program.
- Program should identify risks, personnel who may be exposed, other mitigations to prevent exposure, and respirator selection, program administration
- Particulate respirators (N95)

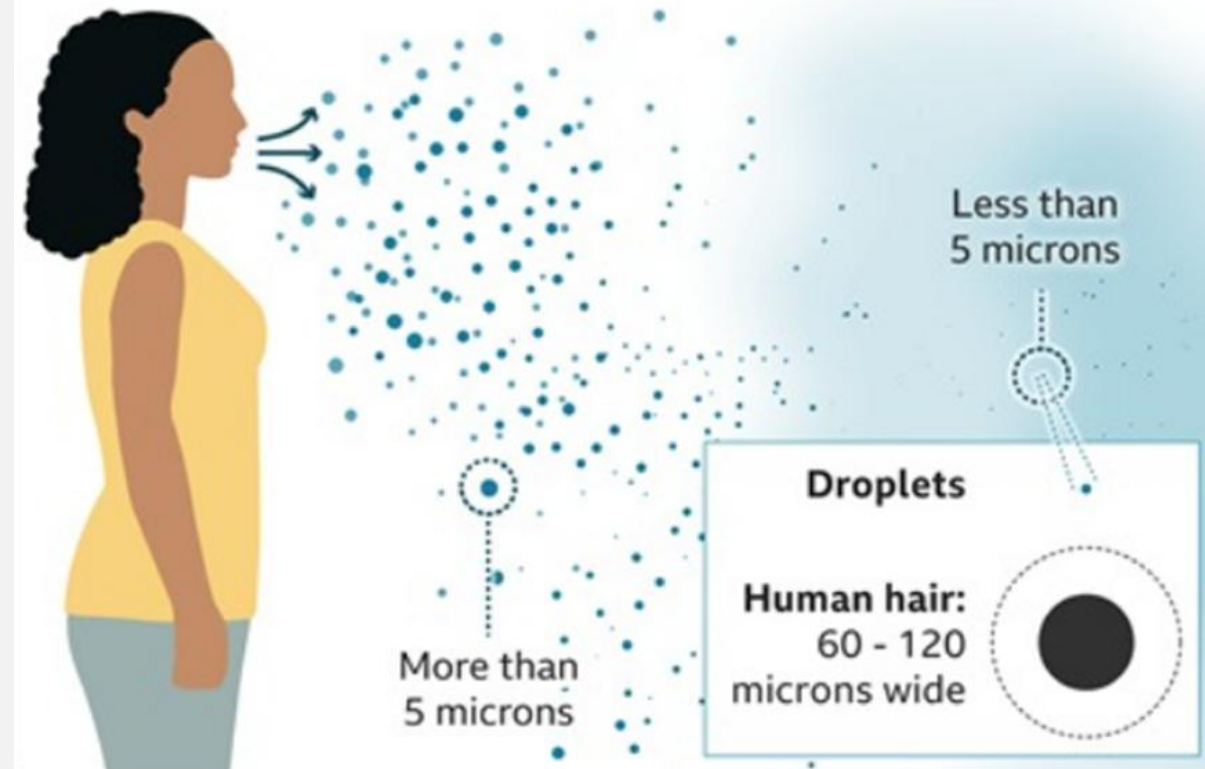
The difference between droplet and airborne transmission

Droplet transmission

Coughs and sneezes can spread droplets of saliva and mucus

Airborne transmission

Tiny particles, possibly produced by talking, are suspended in the air for longer and travel further



Source: WHO

BBC

Understanding the Difference

FIGURE 2.

Surgical mask worn by person with infectious TB during transit through facility



Source: iStock.com/Sasirin Parnai



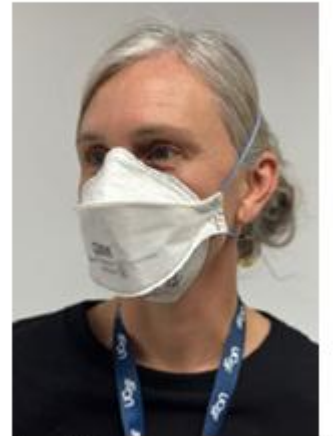
Surgical Mask



N95 Respirator

FIGURE 1.

TB healthcare provider wearing an N95 respirator



Source: CIBC

For the patient: 

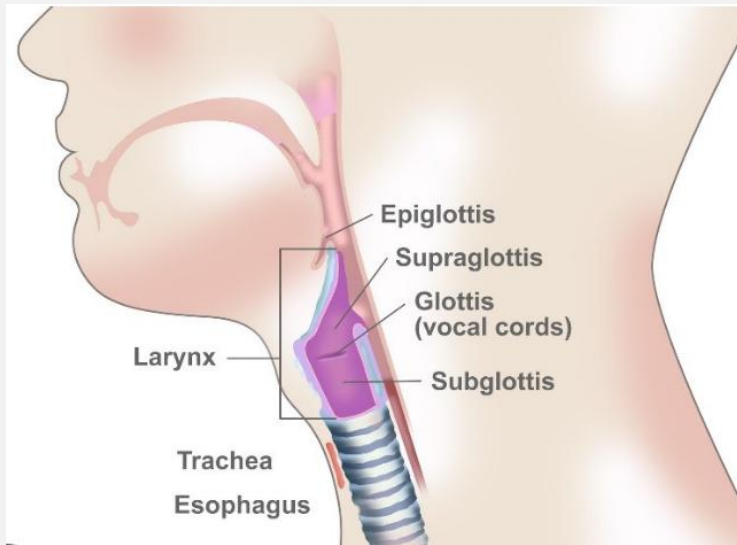
Warning: If a TB patient is wearing an N95 they can have increased respiratory distress.

For the HCW: 

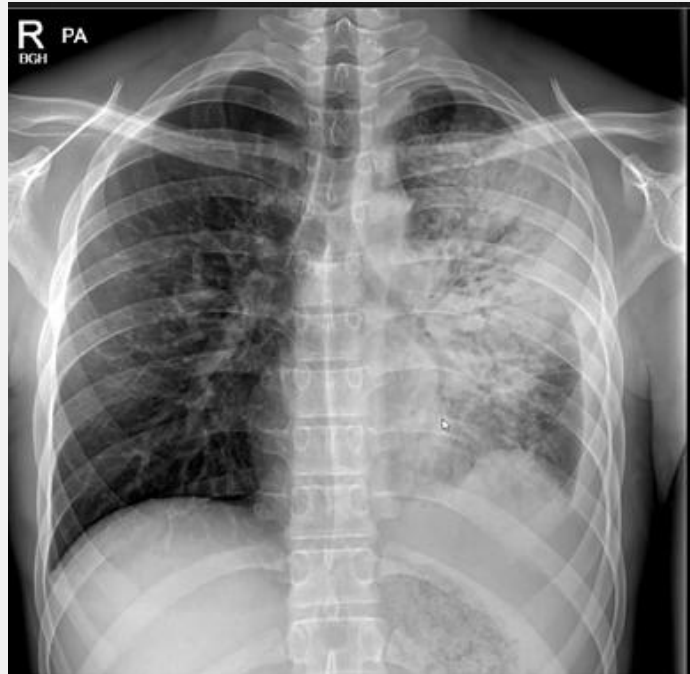
Fit Testing should be done to ensure fit.

Which sites of disease can be potentially infectious?

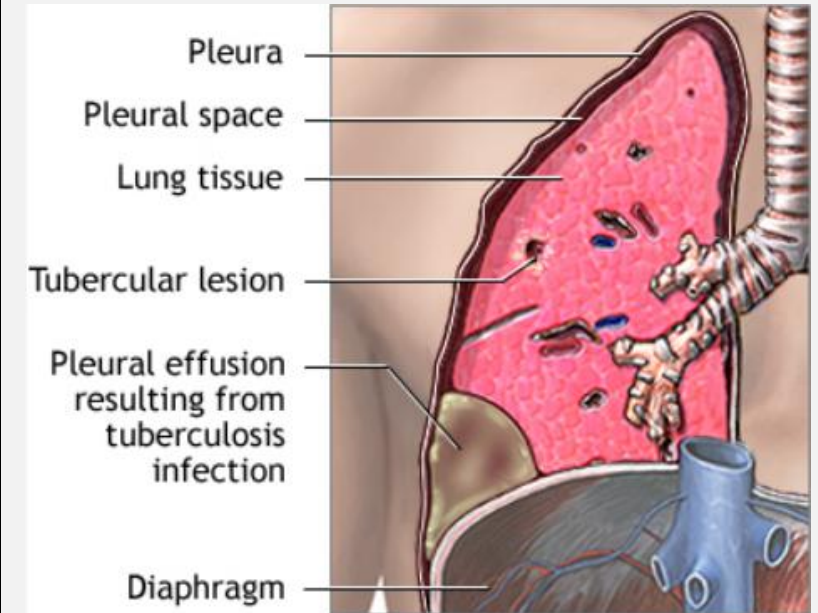
Air access is key!



Laryngeal TB



Pulmonary TB with or without cavitation



Isolated pleural TB - not considered infectious. Pulmonary or laryngeal involvement then patient is infectious.

Which Risk Factors Increase the Risk of Infectiousness?

Increased Risk	Decreased Risk
• Cavity • Sputum smear positive • Laryngeal TB • Coughing (3+ weeks) • Cough inducing procedures • Aerosolizing procedures • Small enclosed space • Poor ventilation • <i>Increased airspace sharing time (duration/frequency during infectious period)</i>	• Good cough hygiene (cover your cough!) • Sputum smear negative • Appropriate and adequate treatment (what does that mean?)

Higher Smear = Higher Risk

Table 3.8 – Smear classifications and results.

Classification of Smear	Smear Result	Infectiousness of Patient
4+	Strongly positive	Probably very infectious
3+	Strongly positive	Probably very infectious
2+	Moderately positive	Probably infectious
1+	Moderately positive	Probably infectious
Actual number of AFB seen (no plus sign)	Weakly positive	Probably infectious
No AFB seen	Negative	May or may not be infectious

*The criteria for determining whether a patient may be considered noninfectious are discussed in *Module 5, Infectiousness and Infection Control*.

TB Infectiousness In Children

- Typically, Paucibacillary TB. Children don't typically have a productive cough or are unable to provide a sample.
- Even if they do, their samples are less likely to contain visible TB bacteria – even when the bacteria are present in their bodies – pulmonary TB with negative smears but positive cultures.
- Unless Adult Type presentation (cavity, smear positive), usually not considered to be infectious.
- While small children aren't usually considered infectious, perform a source case investigation, if unknown:
 - How did they get exposed to TB?
 - Is there an accompanying adult with them that has infectious, untreated TB?

Criteria to Determine if TB Isolation is Indicated

TB Isolation *IS NOT* Indicated

- 1.1 – Children <10 years, *unless* they have adult type TB* (if so, they fall into 2.1)
- 1.2 – Patients with extrapulmonary TB and no pulmonary involvement**

TB Isolation *IS* Indicated

- 2.1 – Patients with confirmed or suspected pulmonary or laryngeal TB
- 2.2 – Patients with extrapulmonary TB if pulmonary TB is not yet ruled out**
- 2.3 – Patients who are not adherent to or tolerant of anti-TB therapy

**Adult type TB: cavitation on chest imaging; and/or if sputum is collected, have smear positivity; and/or have suspected laryngeal TB.*

***Ruling out pulmonary TB includes obtaining three negative AFB sputum smears, a negative nucleic acid amplification (NAA), radiology not consistent with TB, with no respiratory symptoms. Refer to DSHS TB Section's Standing Delegation Orders (SDOs) for more details.*

Steps for TB Isolation and Restrictions

1) Determine if TB isolation is necessary.

- Consider the age of the patient as well as disease site when determining need for TB isolation.

2) Assign a restriction level.

- Review where the patient lives, works, and spends a significant amount of time when assigning restriction level.
- Adjust restrictions as necessary to protect the patient and the community; re-evaluate weekly during the TB isolation period.

3) Release the patient from TB isolation and restrictions.

- Follow evidence-based criteria to ensure patients do not remain isolated with restrictions longer than necessary.
- Follow each step using tables and figures referenced in this guide. Use appendices to document TB isolation and restriction status and to supplement patient education.

High-Risk Settings and their Populations

- **Correctional Facilities***
 - Includes jails, prisons, federal detention facilities (i.e., Immigrations and Customs Enforcement [ICE]) and other detention facilities.
- **Inpatient Care Facilities***
 - Hospitals, skilled nursing facilities, long-term care facilities, nursing homes, etc.
 - These are inpatient settings housing individuals with varying risk factors.
- **High-Risk Outpatient Settings**
 - Includes dialysis units, cancer infusion centers, HIV treatment centers, transplant clinics, and dental-care settings.
- **Homeless Shelters**
 - Includes dialysis units, cancer infusion centers, HIV treatment centers, transplant clinics, and dental-care settings.
- **Refugee Camps and Rescue Missions**
 - Includes unaccompanied children's shelters.
 - These are non-stable settings; caution should be taken to prevent exposure of transient contacts.

For infection control in healthcare settings, refer to **Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. For infection control in correctional facilities, refer to **Prevention and Control of Tuberculosis in Correctional Facilities, 1996**.*

Restriction Levels - Extensive

EXTENSIVE LEVEL RESTRICTIONS

Extensive restrictions apply to:

- Patients with confirmed or suspected TB who are not yet on ATT; or
- Patients on ATT who live in High-Risk Transmission Settings. These include correctional facilities, inpatient care facilities, homeless shelters, and refugee camps or rescue missions (Table 3); or
- Patients with possible drug-resistant TB (DR-TB) pending laboratory confirmation (if the patient is not on ATT for DR-TB); or
- Patients who are not - adherent to or tolerant of ATT.

This level of restriction limits movement to an established location(s) and requires proper masking for the patient and healthcare personnel (Appendix 8). Extensive restrictions may include the use of airborne infection isolation rooms (AIIR), separation, or placing a patient on home-based isolation until ATT

Restriction Levels - Moderate

Moderate restrictions apply to:

- Patients who have started ATT, but have not met the release criteria; ***and***
- Patients who are adherent to and tolerant of ATT who do not live in High-Risk Transmission Settings (**Table 3**).

This level of restriction allows for some patient movement in the community while reducing the risk of transmission to contacts. They may limit employment, housing, or social or community activities occurring in crowded or poorly ventilated indoor spaces, as well as new exposures to vulnerable populations; however most outdoor activities are permitted (Shah et al., 2024). Masking is required indoors for environments outside the home.

Restriction Levels – Low

Low level restrictions only apply to:

- Patients who are adherent to and tolerant of at least 5 ATT doses who do not live in High-Risk Transmission Settings (**Table 3**); *and*
- patients who are not likely to transmit TB to the general community but have not met the release criteria because of the following:
 - They remain AFB sputum smear positive; *and*
 - they are likely to expose vulnerable people.

This level of restriction allows for routine activities in and around the home and community but would explicitly restrict working in or visiting High-Risk Transmission Settings (**Table 3**) and Other Congregate Settings with Risk of TB Transmission (**Table 4**) as determined by the PHR or LHD. If the patient must enter the setting temporarily for medical care, ensure airborne infection control practices (e.g., AIIR, separation, masking) occur. Masking is also required when patient is around vulnerable contacts (i.e., immunocompromised, young children, etc.).

Release the Patient from TB Isolation and Restrictions

Patients are more likely to transmit TB before they begin ATT. The bacterial load decreases quickly after effective therapy begins, and, despite AFB smear positivity, the risk of transmission declines rapidly. *“Most patients are unlikely to transmit (TB) to others after the first few days (24–72h) of ATT initiation” (Shah et al., 2024).* Some instances, however, require longer durations of TB isolation to protect vulnerable contacts.

...

PHRs and LHDs will release most patients based on the number of ATT doses and not bacteriological results. However, sputum smear negativity is required for other patients where the risk of a TB exposure would impact vulnerable or susceptible contacts.

DSHS Isolation and Restriction forms – TB -900-902a

TB-900	Patient Assessments During TB Isolation and Restrictions 	9/2026
TB-901	Documenting TB Isolation and Restriction Status 	9/2026
TB-902	Patient Acknowledgment of Conditions for TB Isolation Release 	9/2026
TB-902a	Patient Acknowledgment of Conditions for TB Isolation Release (Spanish) 	9/2026

Patient Assessments During TB Isolation and Restrictions

Decisions to release a patient from TB isolation and restrictions, or transition to lower or higher restriction levels, should be made based on the setting where the patient is being released, contacts they are around, the patient's tolerance of and adherence to an effective anti-TB therapy (ATT), as well as their clinical assessment. This form is intended to document the clinical assessment (e.g., improvement or worsening of a cough, weight loss or weight gain, etc.). The authorized licensed nurse, licensed healthcare provider (LHP) or LHP's designee may perform this assessment at least weekly (every five days), and document results until patient is released from TB isolation and restrictions. *Complete a new form weekly until fully released.*

Patient's Name: _____ Date of Birth: _____

Assessment performed by: _____ Title: _____

Assessment Date: _____

Date	Interval of Assessment*	Weight Lbs	Disposition (include when patient is placed in TB isolation, restriction level, and date removed)
	Baseline**		
	Week 1		
	Week 2		
	Week 3		
	Week 4**		
	Week 5		
	Week 6		
	Week 7		
	Week 8**		

*Assessments should occur at least weekly while under TB isolation and restrictions.

**Timeframe when weight is required, unless otherwise requested by the LHP.

Tuberculosis Signs and Symptoms			
TB Signs/Symptoms	Baseline	Weekly	Upon Release from TB Isolation and Restrictions
Cough	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Fever	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Chills	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Night Sweats	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Hemoptysis	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Loss of appetite	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Other:	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐
Other:	No ☐ Yes ☐	No ☐ Yes ☐	No ☐ Yes ☐

Patient's clinical status during this assessment: ☐ Stable ☐ Improving ☐ Worsening

Patient Assessments During TB Isolation and Restrictions

Mental Health Check-In

Use this section to document a baseline and weekly mental health check-in during TB isolation and restrictions. Document any interventions and communication with the licensed healthcare provider when indicated. Interventions for services can include <https://findhelp.org/>, <https://www.211.org/about-us/your-local-211> or other local services.

Questions	Baseline	Weekly	Notes and Interventions to Assessment Findings
Are you having feelings of sadness, anger, depression, anxiety?	No ☐ Yes ☐	No ☐ Yes ☐	
Are you feeling stable/able to address your needs during your TB isolation and restriction period?	No ☐ Yes ☐	No ☐ Yes ☐	
Do you have any physical needs (e.g., food delivery, needs for housing, etc.)?	No ☐ Yes ☐	No ☐ Yes ☐	
Do you have any social needs (e.g., mental health services, substance use recovery, childcare, etc.)?	No ☐ Yes ☐	No ☐ Yes ☐	
Other:			

Document any additional notes regarding mental health evaluation, including interventions to mental-health check-in status:

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

Directions: TB isolation and restriction status should be evaluated initially and weekly until all restrictions are removed. Therefore, complete this form at initial intake and complete a new version of this form every five business days (weekly) throughout course of care when making any decisions on TB isolation and restrictions. For references, see: [DSHS Tuberculosis Isolation and Restrictions Implementation Guide](#).

Name of Patient: _____ DOB: _____
Health Department: _____
Name of Nurse Case Manager: _____
Name of TB Provider/TB Physician: _____

Section 1: Date and Time of Evaluation, Patient Plans

Date of Evaluation: _____

Timing of Evaluation:

☐ Initial ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Other: _____

Where does the patient plan to stay (where will the patient be sleeping) this week?
Include the address and location type (e.g., home). This will be referred to as the "stay location".

Places the patient needs to travel/visit initially/this week:

- ☐ Work: _____
☐ School: _____
☐ Volunteer: _____
☐ Childcare: _____
☐ Transportation/Travel plans: _____
☐ Medical/Dental appointment: _____
☐ Other: _____

☐ No plans to leave the "stay location"

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

Section 2: TB Isolation and Restriction Status

Document patient's TB isolation and restriction status until released.

Step 1: Determine if TB Isolation is Indicated.

- ☐ Yes, isolation is indicated. Date placed in TB isolation: _____
☐ Patient has known or suspected pulmonary or laryngeal TB (circle which one).
☐ Patient has extrapulmonary TB and pulmonary disease is not yet ruled out.
☐ Patient is not adherent to or tolerant of therapy.
- ☐ No, isolation is not indicated. Select reason, and **do not continue** with this form unless status changes.
☐ Child is under age 10 years old and does not have cavitation on chest imaging; if sputum was collected, was not AFB smear positive.
☐ Patient has extrapulmonary TB and pulmonary disease has been ruled out.

Step 2: If Isolation is Indicated, Assign Restriction Level.

Ensure patient understands the restriction levels. *NOTE: Restriction level may change during the TB isolation period; document when changes occur. For example, document if a patient moves from extensive to moderate level restrictions after starting ATT and again when the patient later moves from moderate to low-level restrictions if applicable.*

	☐ Extensive	☐ Moderate	☐ Low
List places that patient can travel to or visit, specifying any masking or infection control measures, if needed.			
List any places the patient should NOT travel to or visit.			

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

Step 3: Release from TB Isolation and Restrictions When Criteria are Met.

Complete #1 if patient must have negative bacteriology results before releasing.

1. Patient needs at least three negative AFB sputum smear results and at least 5 ATT doses and:

- ☐ Is released. Date of release: _____.
- ☐ Lives in, works, or visits a High-Risk Transmission Setting ([Table 3](#)) and 3 consecutive sputum collected 8-24 hours apart are AFB smear negative; patient has symptom improvement and is adherent to therapy.
- ☐ Other, specify: _____
- ☐ Is not released; will continue to evaluate weekly.
- ☐ Lives in, works, or visits a High-Risk Transmission Setting ([Table 3](#)) and does not have 3 consecutive negative AFB sputum collected 8-24 hours apart and symptom improvement.
- ☐ Non-adherent to therapy.
- ☐ Not tolerating ATT.
- ☐ Other, specify: _____

Complete #2-4 as applicable if patient is eligible for release based on number of ATT doses.

2. Patient has had 5 ATT doses and:

- ☐ Is released. Date of release: _____.
- ☐ Never had a positive AFB sputum smear result, adherent to DOT, tolerant of ATT, no worsening symptoms.
- ☐ AFB sputum smear positive but does not live in, work or visit in High-Risk Transmission Settings (correctional facilities, in-patient facilities, high-risk outpatient settings, homeless shelters, and refugee camps or rescue missions ([Table 3](#))) **AND** does not live, work, or frequent Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) **AND** is on ATT to which they are likely susceptible; **AND** baseline TB signs and symptoms are not worsening **AND** not likely to expose children under age 5 or immunocompromised individuals.
- ☐ Is not released – will continue to evaluate weekly.
- ☐ Lives in, works, or visits a High-Risk Transmission Setting ([Table 3](#)).
- ☐ Lives, works, frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)).
- ☐ DR-TB is not ruled out (risk factors/further testing pending); patient is not on ATT for DR-TB.
- ☐ Baseline TB signs and symptoms worsening.
- ☐ Is in contact with a child under age 5 years or immunocompromised individual.
- ☐ Other: _____

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

3. Patient has had 10-14 ATT doses and:

- ☐ Is released. Date of release: _____.
- ☐ Does not live in, work or visit a High-Risk Transmission Setting ([Table 3](#)).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and the Health Department Provider has determined patient can be released.
- ☐ Had delayed but subsequent improvement of baseline TB signs and symptoms.
- ☐ Other: _____
- ☐ Is not released – will continue to evaluate weekly.
- ☐ Lives in, works, or visits a High-Risk Transmission Setting ([Table 3](#)).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and the Health Department Provider has determined that TB isolation and restrictions should be extended past 14 ATT doses (will re-assess weekly until fully released).
- ☐ DR-TB is not ruled out (risk factors/further testing pending); patient is not on ATT for DR-TB.
- ☐ Baseline TB signs and symptoms worsening.
- ☐ Other: _____

4. Patient has had over 10-14 ATT doses and a consultation* is needed to release:

- Name/title of Consultant: _____ Date of Consult: _____
- ☐ Is released. Date of release: _____.
- ☐ Does not live in, work, or visit a High-Risk Transmission Setting ([Table 3](#)) but had slow TB symptom improvement; consultant recommended release from TB isolation and restrictions at this point.
- ☐ Lives, works, frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and remains AFB sputum smear positive; consultant recommends release from TB isolation and restrictions at this point.
- ☐ Other, specify: _____
- ☐ Is not released; will continue to evaluate weekly based on consultation.

**Consultation should occur with the treating TB physician or provider, and may include a DSHS regional medical director, local health authority, DSHS TB Section, or a [DSHS recognized TB medical consultant](#).*

Patient Acknowledgment of Conditions for TB Isolation Release

Patient's Name: _____ Date of Birth: _____

Conditions for release from TB isolation and restrictions:

Based on information available at this time, you (probably/definitely) have TUBERCULOSIS (TB), which is a serious communicable disease. For you to be treated successfully, to decrease the possibility others will become sick, and to remain out of isolation, you must do the following: (Please initial each item).

- _____ Keep all appointments with clinical staff as instructed.
 _____ Follow all medical instructions from your physician or clinic staff regarding treatment of your TB.
 _____ Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT) or for video DOT (vDOT).
 _____ Do not return to work or school until authorized by your clinic.

Considerations/precautions after release from TB isolation and restrictions:

At this time, you have taken enough medication that you likely will not pass the disease to others, but you may still need to be cautious in certain settings. Even though you are released from TB isolation and restrictions and are free to move around the community for normal activities, please understand you may need to follow these instructions until further notice (health department will check if applicable):

- ☐ Avoid prolonged, close contact with very young children (less than 5 years old), the elderly, and/or anyone that you know or think is ill that we have not already identified and discussed. If you must be around these types of people, you must wear a surgical mask unless otherwise instructed by the health department.
☐ Wear a surgical mask when in a hospital, medical, or any clinical environment.
☐ Not applicable.

Return to work/school after release from TB isolation and restrictions:

You currently work/attend school at _____ in the position of a/an _____ and it has been determined you may/may not return to work at this time. *If you are unable to return to work now, we will continue to assess your potential return on a weekly basis.*

Signature/Acknowledgement:

Your signature below means that you have fully read and understand this document. You also acknowledge that your isolation release status may be revoked if you do not adhere to the directions of your health department physician/clinic.

Patient/Guardian Signature: _____ Date: _____

Witness/Nurse: _____ Date: _____

Declaración de conformidad del paciente sobre las condiciones para finalizar el aislamiento por tuberculosis

Nombre del paciente: _____ Fecha de nacimiento: _____

Condiciones para finalizar el aislamiento y las restricciones por tuberculosis:

Según la información disponible en este momento, usted (probablemente/definitivamente) tiene TUBERCULOSIS, una enfermedad transmisible grave. Para recibir un tratamiento eficaz, reducir el riesgo de contagio a otras personas y evitar volver a estar en aislamiento, debe cumplir con lo siguiente: (Coloque sus iniciales junto a cada punto).

- _____ Asistir a todas las citas con el personal clínico como se lo indiquen.
 _____ Seguir todas las indicaciones de su médico o del personal de la clínica con respecto al tratamiento para su tuberculosis.
 _____ Acudir a la clínica del departamento de salud pública o al lugar y a la hora acordados para recibir terapia de observación directa (DOT) o para la modalidad de video (vDOT).
 _____ No regresar al trabajo ni a la escuela hasta que la clínica lo autorice.

Consideraciones y precauciones tras finalizar el aislamiento y las restricciones por tuberculosis:

Hasta el momento, ha tomado toda la medicación necesaria para que, con toda probabilidad, no transmita la enfermedad a otras personas, pero es posible que aún deba actuar con precaución en determinadas situaciones. Aunque ya haya finalizado el aislamiento y las restricciones por tuberculosis y pueda moverse libremente por la comunidad para realizar sus actividades habituales, tenga en cuenta que es posible que deba seguir estas indicaciones hasta nuevo aviso (el departamento de salud lo verificará, si corresponde):

- ☐ Evite el contacto cercano y prolongado con niños muy pequeños (menores de 5 años), personas mayores o cualquier persona que sepa o crea que está enferma y que no hayamos identificado ni comentado previamente. Si debe estar cerca de estas personas, deberá usar una mascarilla quirúrgica, a menos que el departamento de salud indique lo contrario.
☐ Use una mascarilla quirúrgica cuando se encuentre en un hospital, centro médico o cualquier entorno clínico.
☐ No corresponde.

Regreso al trabajo a la escuela tras finalizar el aislamiento y las restricciones por tuberculosis:

Actualmente, usted trabaja o asiste a la escuela en _____ desempeñando el cargo de _____, y se ha determinado que puede o no puede regresar al trabajo o a la escuela en este momento. *Si no puede regresar al trabajo o a la escuela ahora, continuaremos evaluando la posibilidad de su regreso cada semana.*

Firma y declaración de conformidad:

Su firma a continuación indica que ha leído y comprendido este documento en su totalidad. Asimismo,

Case Study

- 27 yo HM, “JD” admitted to hospital on 06/09/2026 with c/o productive cough, SOB, and chest pain
- CXR 06/09/2026 showed lung nodular opacities; CT chest revealed multiple pulmonary nodules with cavitation, with largest measuring 4.1 x 2.2 cm
- QFT positive, hbA1c 10.3%
- Smear: **Positive: AFB SEEN on direct smear, <1/field**
- NAAT: **Positive, M. tuberculosis complex detected**, Rifampin resistance not detected

Follow The Steps

- Implementing TB isolation and restriction measures is a three-step approach:

1

Determine if isolation is necessary

- Consider age and disease site

2

Assign a restriction level

- Consider places where patient lives, works and frequents
- Consider duration at each site
- Adjust restrictions as needed
- Re-evaluate restriction level weekly

3

Release the patient from TB isolation and restrictions

- Follow evidence-based criteria
- Ensure patients do not stay in isolation longer than necessary



Refer to **page 6** for more information on each step

Knowledge Check

- Is Isolation indicated for this patient?
- A. No
- B. Yes

Answer

- Is Isolation indicated for this patient?
- A. No
- B. Yes

Case Study, cont.

- “JD” was placed in strict isolation in the hospital 06/09/2026
- “First dose of RIPE in the hospital on 06/13/2026 in the hospital.
- “JD” was discharged to home on 06/16/2026
- On 06/18/2026 RN assessed patient using Texas TB isolation Guidelines
- Pt. on DOT dose 5, Pt. still reports SOB, Chest pain, sputum collected
- Pt. states he wants to return to work ASAP

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

Directions: TB isolation and restriction status should be evaluated initially and weekly until all restrictions are removed. Therefore, complete this form at initial intake and complete a new version of this form every five business days (weekly) throughout course of care when making any decisions on TB isolation and restrictions. For references, see: [DSHS Tuberculosis Isolation and Restrictions Implementation Guide](#).

Name of Patient: JD DOB: 01/01/1999
 Health Department: Anywhere Health Dept, PHR 11
 Name of Nurse Case Manager: Super Nurse, RN
 Name of TB Provider/TB Physician: Super Doctor, MD/DO

Section I: Date and Time of Evaluation, Patient Plans

Date of Evaluation: 06/18/2026

Timing of Evaluation:

☒ Initial ☐ Week 1 ☐ Week 2 ☐ Week 3 ☐ Week 4 ☐ Other: _____

Where does the patient plan to stay (where will the patient be sleeping) this week?
 Include the address and location type (e.g., home). This will be referred to as the "stay location".

Home: 100 E. Sparkle Dr., Anywhere, TX 785000

Places the patient needs to travel/visit initially/this week:

☒ Work: Wants to return to work ASAP but agrees to isolate
☐ School: n/a
☐ Volunteer: n/a
☐ Childcare: n/a
☐ Transportation/Travel plans: n/a
☐ Medical/Dental appointment: n/a
☐ Other: n/a

☒ No plans to leave the "stay location"

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

Section 2: TB Isolation and Restriction Status

Document patient's TB isolation and restriction status until released.

Step 1: Determine if TB Isolation is Indicated.

- ☒ Yes, isolation is indicated. Date placed in TB isolation: 06/12/2026
- ☒ Patient has known or suspected pulmonary or laryngeal TB (circle which one).
☐ Patient has extrapulmonary TB and pulmonary disease is not yet ruled out.
☐ Patient is not adherent to or tolerant of therapy.
- ☐ No, isolation is not indicated. Select reason, and **do not continue** with this form unless status changes.
- ☐ Child is under age 10 years old and does not have cavitation on chest imaging; if sputum was collected, was not AFB smear positive.
☐ Patient has extrapulmonary TB and pulmonary disease has been ruled out.

Step 2: If Isolation is Indicated, Assign Restriction Level.

Ensure patient understands the restriction levels. *NOTE: Restriction level may change during the TB isolation period; document when changes occur. For example, document if a patient moves from extensive to moderate level restrictions after starting ATT and again when the patient later moves from moderate to low-level restrictions if applicable.*

	☒ Extensive	☐ Moderate	☐ Low
List places that patient can travel to or visit, specifying any masking or infection control measures, if needed.	Pt. can sit outside or walk outside as tolerated.		
List any places the patient should NOT travel to or visit.	Pt. should not go to day care centers, nursing homes or hospital to visit people. If pt. needs to visit doctor, please call us beforehand.		

Knowledge Check

- Can Patient be released from isolation?
- A. Yes, although he has taken 4 doses, he wants to return to work ASAP
- B. Yes, with the new guidelines, if patient's symptoms are stable they be released from isolation
- C. No, he needs to take 5 DOT doses

Answer

- Can Patient be released from isolation?
- A. Yes, although he has taken 4 doses, he wants to return to work ASAP
- B. Yes, with the new guidelines, if patient's symptoms are stable they be released from isolation
- C. No, he needs to take 5 DOT doses

Case Study, Cont.

- Pt. on DOT dose #10. Reports symptoms have resolved.
- Pt. continues to isolate but reports wants to return to work ASAP. States he will continue to stay home outside of work, and works outside at car wash
- States works with family
- States he does not have any upcoming MD appointments
- Reports his spouse does shopping and runs errands for him
- No children or immunocompromised patients are at home
- Sputum specimen collected 06/18/2026 smear negative (6/19-20 pending)

Knowledge Check

- Can Patient be released from isolation?
- A. No, pt. must take 14 doses of RIPE and have 3 negative smears
- B. Yes, pt. has taken >5 RIPE doses, symptoms improving, does not work or visit high risk settings

Answer

- Can Patient be released from isolation?
- A. No, pt. must take 14 doses of RIPE and have 3 negative smears
- B. Yes, pt. has taken >5 RIPE doses, symptoms improving, does not work or visit high risk settings

Texas Department of State Health Services
Patient Assessments During TB Isolation and Restrictions

Decisions to release a patient from TB isolation and restrictions, or transition to lower or higher restriction levels, should be made based on the setting where the patient is being released, contacts they are around, the patient's tolerance of and adherence to an effective anti-TB therapy (ATT), as well as their clinical assessment. This form is intended to document the clinical assessment (e.g., improvement or worsening of a cough, weight loss or weight gain, etc.). The authorized licensed nurse, licensed healthcare provider (LHP) or LHP's designee may perform this assessment at least weekly (every five days), and document results until patient is released from TB isolation and restrictions. *Complete a new form weekly until fully released.*

Patient's Name: JD Date of Birth: 01/01/1999

Assessment performed by: Super Nurse Title: RN

Assessment Date: 06/23/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (include when patient is placed in TB isolation, restriction level, and date removed)
06/18/2026	Baseline**	200.1 lbs	Extensive since 06/12/2026
06/23/2026	Week 1		
	Week 2		
	Week 3		
	Week 4**		
	Week 5		
	Week 6		
	Week 7		
	Week 8**		

*Assessments should occur at least weekly while under TB isolation and restrictions.

**Timeframe when weight is required, unless otherwise requested by the LHP.

Tuberculosis Signs and Symptoms			
TB Signs/Symptoms	Baseline	Weekly	Upon Release from TB Isolation and Restrictions
Cough	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Fever	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Chills	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Night Sweats	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Hemoptysis	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Loss of appetite	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Other:	No ☒ Yes ☐	No ☒ Yes ☐	No ☐ Yes ☐
Other: SOB/Chest	No ☐ Yes ☒	No ☒ Yes ☐	No ☐ Yes ☐

Patient's clinical status during this assessment: ☐ Stable ☒ Improving ☐ Worsening

Texas Department of State Health Services
Patient Assessments During TB Isolation and Restrictions

Mental Health Check-In			
Use this section to document a baseline and weekly mental health check-in during TB isolation and restrictions. Document any interventions and communication with the licensed healthcare provider when indicated. Interventions for services can include https://findhelp.org/ , https://www.211.org/about-us/your-local-211 or other local services.			
Questions	Baseline	Weekly	Notes and Interventions to Assessment Findings
Are you having feelings of sadness, anger, depression, anxiety?	No ☒ Yes ☐	No ☒ Yes ☐	
Are you feeling stable/able to address your needs during your TB isolation and restriction period?	No ☒ Yes ☐	No ☒ Yes ☐	
Do you have any physical needs (e.g., food delivery, needs for housing, etc.)?	No ☒ Yes ☐	No ☒ Yes ☐	
Do you have any social needs (e.g., mental health services, substance use recovery, childcare, etc.)?	No ☒ Yes ☐	No ☒ Yes ☐	
Other:			

Document any additional notes regarding mental health evaluation, including interventions to mental-health check-in status:

Patient reports he works outside at his cousin's carwash, and with two other co-workers. He doesn't need to go to see his doctor and his wife can go shopping for him at this time and next week. He denies that he has contact with infants, children <5, people with immunosuppression, or visits nursing homes, jails, or daycares or hospitals. Super Nurse, RN

Case Study Cont.

- Treating physician Assessment after 10 DOT RIPE doses:
 - pt. doing well, adherent and tolerating RIPE. His symptoms have improved. He works at family care wash outdoors. Plan: patients meets criteria for release from B isolation and may resume all activities without restrictions. Super Doctor, MD

Texas Department of State Health Services
Documenting TB Isolation and Restriction Status

3. Patient has had 10-14 ATT doses and:

- ☒ Is released. Date of release: 06/25/2026.
- ☒ Does not live in, work or visit a High-Risk Transmission Setting ([Table 3](#)).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and the Health Department Provider has determined patient can be released.
- ☐ Had delayed but subsequent improvement of baseline TB signs and symptoms.
- ☐ Other: _____
- ☐ Is not released – will continue to evaluate weekly.
- ☐ Lives in, works, or visits a High-Risk Transmission Setting ([Table 3](#)).
- ☐ Lives, works, or frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and the Health Department Provider has determined that TB isolation and restrictions should be extended past 14 ATT doses (will re-assess weekly until fully released).
- ☐ DR-TB is not ruled out (risk factors/further testing pending); patient is not on ATT for DR-TB.
- ☐ Baseline TB signs and symptoms worsening.
- ☐ Other: _____

4. Patient has had over 10-14 ATT doses and a consultation* is needed to release:

Name/title of Consultant: _____ Date of Consult: _____

- ☐ Is released. Date of release: _____.
- ☐ Does not live in, work, or visit a High-Risk Transmission Setting ([Table 3](#)) but had slow TB symptom improvement; consultant recommended release from TB isolation and restrictions at this point.
- ☐ Lives, works, frequents Other Congregate Settings with Risk of TB Transmission ([Table 4](#)) and remains AFB sputum smear positive; consultant recommends release from TB isolation and restrictions at this point.
- ☐ Other, specify: _____
- ☐ Is not released; will continue to evaluate weekly based on consultation.

**Consultation should occur with the treating TB physician or provider, and may include a DSHS regional medical director, local health authority, DSHS TB Section, or a [DSHS recognized TB medical consultant](#).*



Patient Name: JD DOB: 01/01/1999

Conditions for release from TB isolation and restrictions:

Basen on information available at this time, you definitely have tuberculosis (TB), which is a serious communicable disease. For you to be treated successfully, to decrease the possibility others will become sick, and to remain out of isolation, you must do the following: (Please initial each item).

- ☐ Keep all appointments with clinical staff as instructed.
- ☐ Follow all medical instructions from your physician or clinic staff regarding treatment for your TB.
- ☐ Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT) or for video DOT (~~vDOT~~).
- ☐ Do not return to work or school until authorized by your clinic.

Considerations/precautions after release from TB isolation and restrictions:

At this time, you have taken enough medication that you likely will not pass the disease to others but still need to be cautious in certain settings. Even though you are released from TB isolation and restrictions and are free to move around the community for normal activities, please understand you may need to follow these instructions until further notice (health department will check if applicable):

- ☐ Avoid prolonged, close contact with very young children (less than 5 years old), the elderly, and/or anyone that you know, or think is ill that we have not already identified and discussed. If you must be around these types of people, you must wear a surgical mask unless otherwise instructed by the health department.
- ☐ Wear a surgical mask when in a hospital, medical or any clinical environment.
- ☐ Not applicable.

Return to work/school after release from TB isolation and restrictions:

You currently work at **Anywhere Car Wash** in the position of a laborer and it has been determined you may/may not return to work at this time. If you are unable to return to work now, we will continue to assess your potential return on a weekly basis.

Signature/Acknowledgement:

Your signature below means that you have fully read and understand this document. You also acknowledge that your isolation release status may be revoked if you do not adhere to the directions of your health department physician/clinic.

Patient Signature: JD Date: 09/26/2026

Witness/Nurse: Supernurse Date: 09/26/2026

Thank you,

Super Doctor

Physician Consultant

Texas of State Health Services, Region 11
601 W. Sesame Dr. Harlingen, TX 78550

Case Study Conclusion

- Pt. returned to work at his family car wash
- We received the results from his sputum smears 2 days later and all smears were negative
- Pt. continues to do well and is meeting his TB treatment milestones

Release from TB Isolation and Restrictions

When to Release	A: Release Based on Bacteriology	B: Release After 5 ATT Doses	C: Release After 10-14 ATT Doses	D: Release After Consultation
Criteria to Release	1. Patients who live, work, or visit High-Risk Transmission Settings (Table 3). 2. Patients who are non-adherent to the treatment plan or are not tolerating ATT. The above patients may be released after having: • Three negative AFB sputum smears 8-24 hours apart; • 10-14 DOT doses[‡]; • symptom improvement; and • adherence to and tolerance of ATT. [‡]If patient never had a positive sputum smear, release from TB isolation and restrictions after 5 ATT doses- see column B #1.	1. Patients on ATT who never had a positive AFB sputum smear*, are adherent with and tolerating ATT (regardless of setting). 2. Patients on ATT who were initially sputum smear positive and who <u>do not</u> live, work, or visit High-Risk Transmission Settings (Table 3) AND who: a) May** live, work, or visit Other Congregate Settings (Table 4); and/or b) baseline TB symptoms are not worsening (Appendix 3); and c) are not likely† to expose previously unexposed, vulnerable contacts.	1. Patients on ATT and who <u>do not</u> live, work, or visit High-Risk Transmission Settings (Table 3) who were initially sputum smear positive AND who: a) May** live, work, or visit Other Congregate Settings (Table 4) and the PHR or LHD decides longer than 5 ATT doses is necessary before release. b) Have delayed but subsequent improvement of baseline TB symptoms (Appendix 3).	1. Patients on ATT who <u>do not</u> live, work, or visit High-Risk Transmission Settings (Table 3), who remain AFB sputum smear positive, and who remain in TB isolation and restrictions after 10-14 ATT doses. Medical consultation is strongly recommended to determine when patients should be released from TB isolation and restrictions.

➡ Refer to **Table 5: Criteria to Release Patients from TB Isolation and Restrictions** (page 12)

Knowledge Checks

Slides from Elizabeth Foy, MSN, RN and Swaiba Hamid, MPH



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Knowledge Check

A patient with high blood pressure is released from TB isolation and restrictions while his sputum remain AFB smear positive. The patient has routine visits with a primary care provider. Can they resume their routine visits?

- A. No, wait until sputum smears convert.
- B. Yes, they can return without additional precautions.
- C. Yes, but the patient should continue to mask during medical appointments until the sputum smears have converted.

➡ *Refer to **Table 5: Criteria to Release Patients from TB Isolation and Restrictions** (page 12) and **Infection Control and Masking** (page 13)*

Answer

A patient with high blood pressure is released from TB isolation and restrictions while his sputum remain AFB smear positive. The patient has routine visits with a primary care provider. Can they resume their routine visits with the provider?

- A. No, wait until sputum smears convert.
- B. Yes, they can return without additional precautions.
- C. Yes, but the patient should continue to mask during medical appointments until the sputum smears have converted.**

➡ ***Refer to Table 5: Criteria to Release Patients from TB Isolation and Restrictions (page 12) and Infection Control and Masking (page 13)***

Knowledge Check

Q: Is TB isolation required for a 17-year-old patient who was reported as having suspected TB disease based on:

- an abnormal chest radiograph (CXR) consistent with TB;
- a two-month cough;
- a positive interferon gamma release assay (IGRA);
- a positive polymerase chain reaction (PCR) result on sputum; and
- one negative sputum smear result?



Texas Department of State
Health Services

A: YES. TB isolation is required for patients over age 10 years with suspected pulmonary TB.

Table 1. Criteria to Determine if TB Isolation is Indicated

TB Isolation *IS NOT* Indicated

- 1.1 – Children <10 years, *unless* they have adult type TB* (if so, they fall into 2.1)
- 1.2 – Patients with extrapulmonary TB and no pulmonary involvement**

TB Isolation *IS* Indicated

- 2.1 – Patients with confirmed or suspected pulmonary or laryngeal TB
- 2.2 – Patients with extrapulmonary TB if pulmonary TB is not yet ruled out
- 2.3 – Patients who are not adherent to or tolerant of anti-TB therapy

*Adult type TB: cavitation on chest imaging; and/or if sputum is collected, have smear positivity; and/or have suspected laryngeal TB.

**Ruling out pulmonary TB includes obtaining three negative AFB sputum smears, a negative nucleic acid amplification (NAA), radiology not consistent with TB, with no respiratory symptoms. Refer to DSHS TB Section's Standing Delegation Orders (SDOs) for more details.

➡ Refer to Table 1. Criteria to Determine if TB Isolation is Indicated (page 6).

Knowledge Check

Q: Is a 6-year-old with suspected TB disease whose grandfather is on RIPE therapy for drug-susceptible TB required to be kept home from school?

- The child is feeling well.
- His chest-x-ray showed hilar lymphadenopathy.
- His IGRA was positive.
- He is unable to produce a sputum specimen.
- He has not yet started TB therapy for presumed TB disease.



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A: No. It is not a requirement that he be kept home from school, as isolation is not indicated for patients under age 10 who do not have adult-type TB.

Table 1. Criteria to Determine if TB Isolation is Indicated

TB Isolation <i>IS NOT</i> Indicated	
1.1 – Children <10 years, <i>unless</i> they have adult type TB* (if so, they fall into 2.1)	
1.2 – Patients with extrapulmonary TB and no pulmonary involvement**	
TB Isolation <i>IS</i> Indicated	
2.1 – Patients with confirmed or suspected pulmonary or laryngeal TB	
2.2 – Patients with extrapulmonary TB if pulmonary TB is not yet ruled out**	
2.3 – Patients who are not adherent to or tolerant of anti-TB therapy	

*Adult type TB: cavitation on chest imaging; and/or if sputum is collected, have smear positivity; and/or have suspected laryngeal TB.

**Ruling out pulmonary TB includes obtaining three negative AFB sputum smears, a negative nucleic acid amplification (NAA), radiology not consistent with TB, with no respiratory symptoms. Refer to DSHS TB Section's Standing Delegation Orders (SDOs) for more details.

 Refer to Table 1. Criteria to Determine if TB Isolation is Indicated (page 6).

Knowledge Check 3 (3 of 4)

Q: When are extensive level restrictions indicated?
Select all that apply.

- A. Before a patient starts ATT and during at least their first week on ATT.
- B. When a patient resides in any high-risk transmission setting such as a jail or hospital.
- C. When the patient has been instructed by the health department that they can move around their community without a mask.



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Thank You!

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