Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious

The following policy must be followed when using California Department of Public Health, Tuberculosis Control Branch local assistance funding allocated for housing acid fast bacillus (AFB) sputum smear-positive patients and patients with confirmed or suspected pulmonary multidrug resistant tuberculosis (MDR-TB), regardless of sputum smear status.^{1, 2, 3}

- 1. AFB sputum smear positive patients must be singly housed in self-contained housing units⁴ that do not share air⁵ with other units until:
 - a) Three (3) consecutive negative AFB sputum smears from respiratory specimens have been collected, at least 8 hours apart, in which at least one was an early AM or induced sputum, or broncho alveolan lavage (BAL); and
 - b) The patient has completed at least 14 daily doses of multi-drug, anti-TB therapy, taken and tolerated; and
 - c) The patient exhibits clinical improvement.²

Persons with confirmed or suspected pulmonary MDR-TB must be housed in self-contained housing units that do not share air with other units until the above conditions are met <u>and</u> expert clinical consultation has been sought <u>and</u> the patient is determined to be no longer infectious.²

If such housing is not available, AFB isolation in a health care facility should be used.

- 2. Patients must receive medications via directly observed therapy (DOT). Mechanisms must be established to ensure that patients comply with DOT and infection control instructions.³
- If the patient leaves the self-contained housing unit for activities approved in advance by the local TB control program, he/she must be provided with and required to wear a surgical mask. A supply of replacement masks must be available.
- 4. Suitable accommodations should be used to help the patient remain in the unit (e.g., television, radio, telephone for local calls).
- 5. It is the responsibility of the local health department to ensure the integrity of the isolation by requiring and ensuring the following:
 - a) Appropriate mechanisms are in place for the provision of food, laundry service, and cleaning;
 - b) Staff, volunteers, and visitors do not enter the unit unnecessarily;
 - Anyone, including volunteers, needing to gain access to the housing unit must be trained in TB prevention methods;

- d) Employees, volunteers and visitors entering the housing unit must use a NIOSH-certified respirator (employees' and volunteers' respirators must be fittested);
- e) A sign must be conspicuously posted advising persons entering the housing unit to use respiratory precautions; and
- f) An adequate time period must be calculated and allowed to elapse before persons without respiratory protection enter a housing unit after a patient has been released.

URL for *CDPH CTCA Joint Guidelines*: http://ctca.org/fileLibrary/file_52.pdf
URL for "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis*in Health-Care Settings, 2005," *MMWR* 54(RR17):1-141:
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm

¹ Compliance with this policy will reduce the risk of transmission to a minimum when homeless TB patients must be housed outside the hospital setting; however, smear positive patients optimally should be placed in AFB isolation.

² <u>Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Lower Risk Settings, CDPH CTCA Joint Guidelines (see below for URL)</u>

³ Because the consequences of transmission of MDR-TB are severe, certain infection control practitioners might choose to keep persons with suspected or confirmed MDR-TB disease under airborne precautions during the entire hospitalization or until culture conversion is documented, regardless of sputum smear results ("Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," MMWR 54(RR17):1-141.) (see below for URL)

⁴ A self-contained housing unit provides all facilities required for activities of daily living (i.e., sleeping, eating, and personal hygiene); to help ensure that contact with others does not occur.

⁵ A housing unit that does not share air with other units has no ventilation system in common with other occupied units, nor any other means for air to move from one unit to another (e.g., under a door adjoining two units). If an exhaust air vent (any vent from which air is not supplied) is present, other than in the bathroom, it must be assumed that air is shared with other units.