Tuberculosis Isolation and Restrictions Implementation Guide Training Series

July 9, 2026

A joint providership educational series

Texas Department of State Health Services Tuberculosis and Hansen's Disease Section

and Heartland National Tuberculosis Center

TEXAS
Health and Human Services

Texas Department of State Health Services

Welcome!

from ***Heartland National TB Center***

San Antonio, Texas

Session 4: Assessing and Educating the Patient Weekly

Session 4 Presenters

Moderator and Presenter:
Lisa Y. Armitige, MD, PhD
Co-Medical Director
Heartland National TB Center

Presenter:
Elizabeth Foy, MSN, RN
Nurse Administrator
DSHS TB and Hansen's Disease Section

Presenter:
Lana Yamba, MD, MPH, CCRC
Physician Consultant
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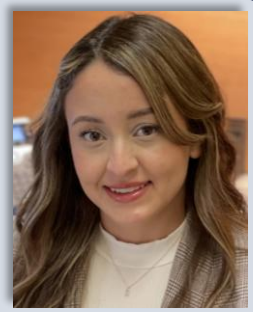
Presenter:
Salma D. Estrada, MSN, RN
Nurse Consultant
Heartland National TB Center



Presenter:
Damiana Peña, MPH, CIC, CHW
TB Program Manager
Corpus Christi-Nueces County Public Health District

Disclosure to Learners

TB Isolation and Restrictions Implementation Training Series:

Assessing and Educating the Patient Weekly

July 9, 2026

Successful Completion

Successful completion of this continuing education activity includes:

- Attending 100% of activity.
- Completion and submission of participant evaluation.

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Continuing Education

Continuing education provided for these professions:

- Certified Health Education Specialists (CHES)
- Certified in Public Health (CPH)
- Nurses (NCPD)

  The American Nurses Credentialing Center's Commission on Accreditation accredited the Texas Department of State Health Services Continuing Education Program as a provider of nursing continuing professional development.
  The Texas Department of State Health Services Continuing Education Program has designated a maximum of 1.50 contact hours of Nursing Continuing Professional Development.
  This activity is a joint providership between the Texas Department of State Health Services Continuing Education Program and Heartland National TB Center.

TEXAS Health and Human Services

Texas Department of State Health Services

Continuing Education, cont'd

Continuing education provided for these professions:

- Physicians (CME)

  This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of The Texas Department of State Health Services Continuing Education Program and Heartland National TB Center. TMA accredits the Texas Department of State Health Services Continuing Education Program to provide continuing medical education for physicians.

  The Texas Department of State Health Services Continuing Education Program designates this live activity for a maximum of 1.50 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

TEXAS Health and Human Services

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Commercial Support and Disclosure of Conflict of Interest

This event received no commercial support.

Lisa Armitige is a consultant for the National Institutes of Health Small Business Innovation Research (NIH SBIR) grant for Oak Therapeutics, Inc.

All financial relationships listed have been mitigated. No other speakers or planning committee members for this educational activity have financial relationships to disclose.

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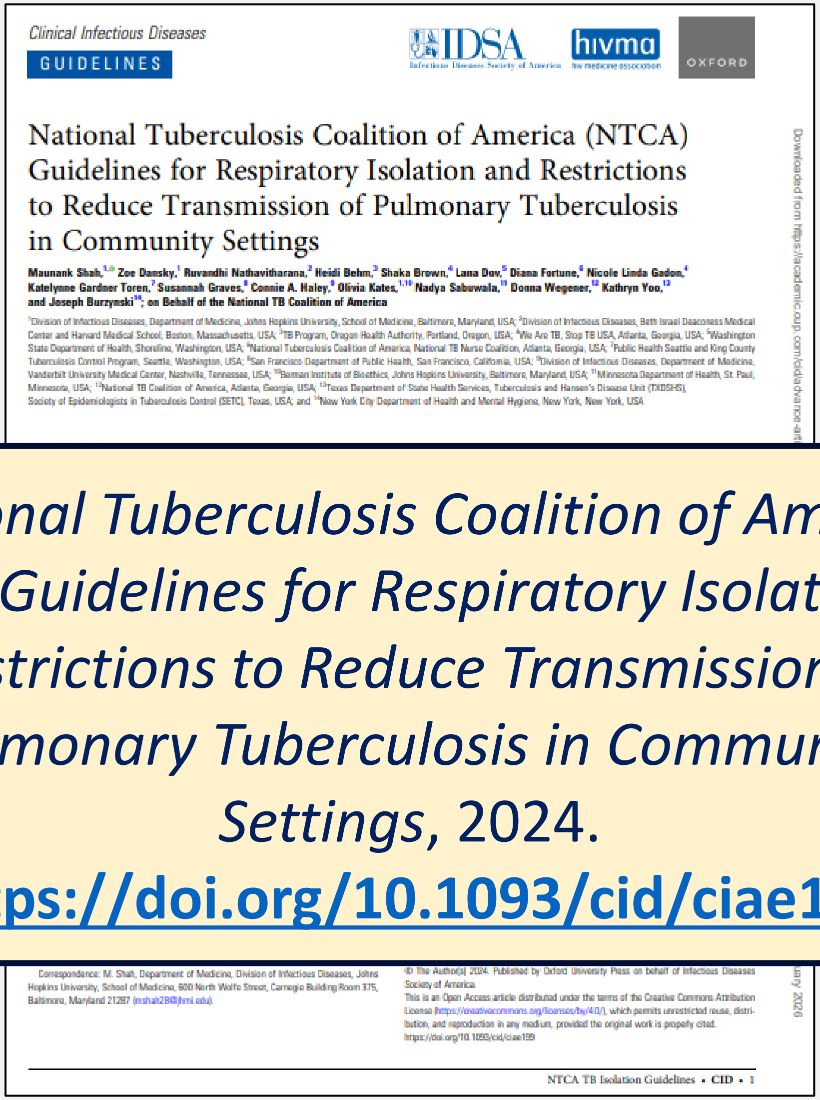
References Used in This Series



Clinical Infectious Diseases

GUIDELINES

National Tuberculosis Coalition of America (NTCA) Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings

Maunank Shah,[1] Zoe Dansky,[1] Ruvandhi Nathavitharana,[2] Heidi Behm,[3] Shaka Brown,[4] Lana Dov,[5] Diana Fortune,[6] Nicole Linda Gadon,[4] Katelynne Gardner Toren,[7] Susannah Graves,[8] Connie A. Haley,[9] Olivia Kates,[1,10] Nadya Sabuwala,[11] Donna Wegener,[12] Kathryn Yoo,[13] and Joseph Burzynski[14]; on Behalf of the National TB Coalition of America

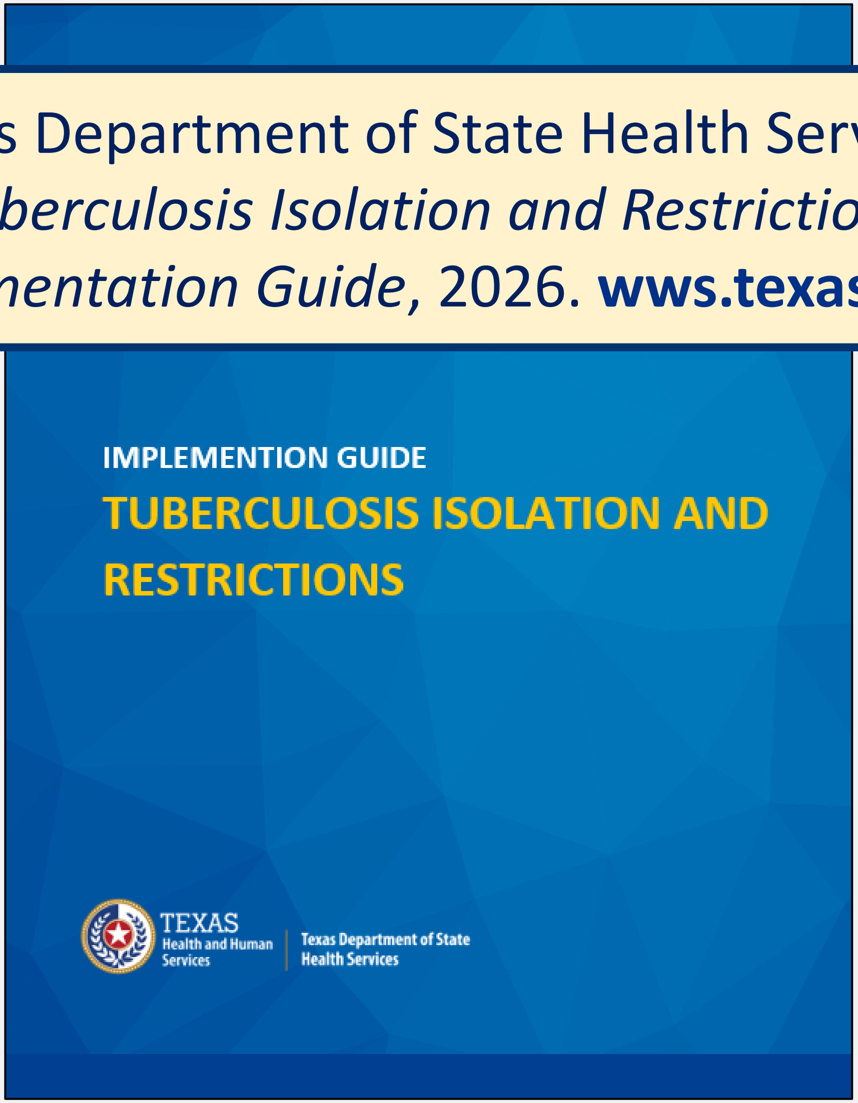
[1]Division of Infectious Diseases, Department of Medicine, Johns Hopkins University, School of Medicine, Baltimore, Maryland, USA; [2]Division of Infectious Diseases, Beth Israel Deaconess Medical Center and Harvard Medical School, Boston, Massachusetts, USA; [3]TB Program, Oregon Health Authority, Portland, Oregon, USA; [4]We Are TB, Stop TB USA, Atlanta, Georgia, USA; [5]Washington State Department of Health, Shoreline, Washington, USA; [6]National Tuberculosis Coalition of America, National TB Nurse Coalition, Atlanta, Georgia, USA; [7]Public Health Seattle and King County Tuberculosis Control Program, Seattle, Washington, USA; [8]San Francisco Department of Public Health, San Francisco, California, USA; [9]Division of Infectious Diseases, Department of Medicine, Vanderbilt University Medical Center, Nashville, Tennessee, USA; [10]Berman Institute of Bioethics, Johns Hopkins University, Baltimore, Maryland, USA; [11]Minnesota Department of Health, St. Paul, Minnesota, USA; [12]National TB Coalition of America, Atlanta, Georgia, USA; [13]Texas Department of State Health Services, Tuberculosis and Hansen's Disease Unit (TXDSHS), Society of Epidemiologists in Tuberculosis Control (SETC), Texas, USA; and [14]New York City Department of Health and Mental Hygiene, New York, New York, USA

Correspondence: M. Shah, Department of Medicine, Division of Infectious Diseases, Johns Hopkins University, School of Medicine, 600 North Wolfe Street, Carnegie Building Room 375, Baltimore, Maryland 21287 (mshah28@jhmi.edu).

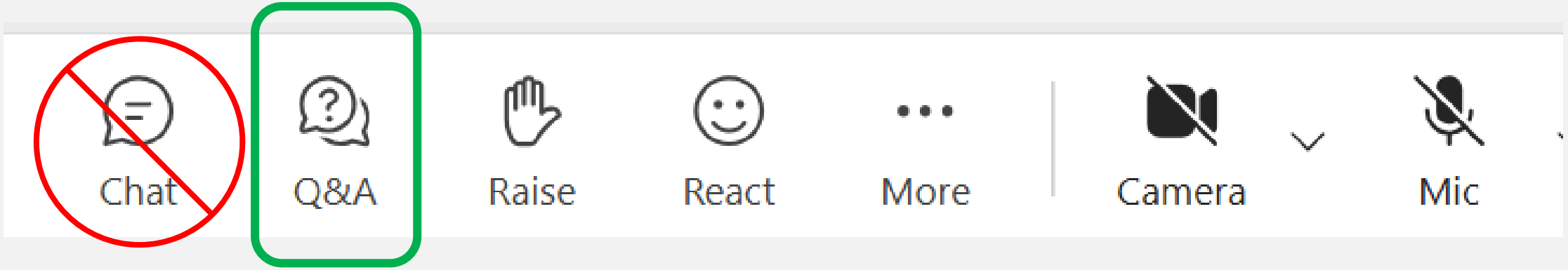
https://doi.org/10.1093/cid/ciae199

National Tuberculosis Coalition of America (NTCA) Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings, 2024. https://doi.org/10.1093/cid/ciae199

Texas Department of State Health Services *Tuberculosis Isolation and Restrictions Implementation Guide*, 2026. **wws.texastb.org**



Tips for Today's Session



Please place your questions in the Q&A box, *not* the chat.

Let’s Begin

Reviewing Previous Sessions and Today's Overview

Lisa Y. Armitige, MD, PhD

Heartland National TB Center

Today's Objectives

After completing this session, you should be able to:

1) Use the appendices in the TB Isolation and Restrictions Implementation Guide to document the patient's status weekly.
2) Understand how restriction levels can be adjusted to support an effective TB isolation plan.
3) Locate resources that support patient education and documentation during the TB isolation period.

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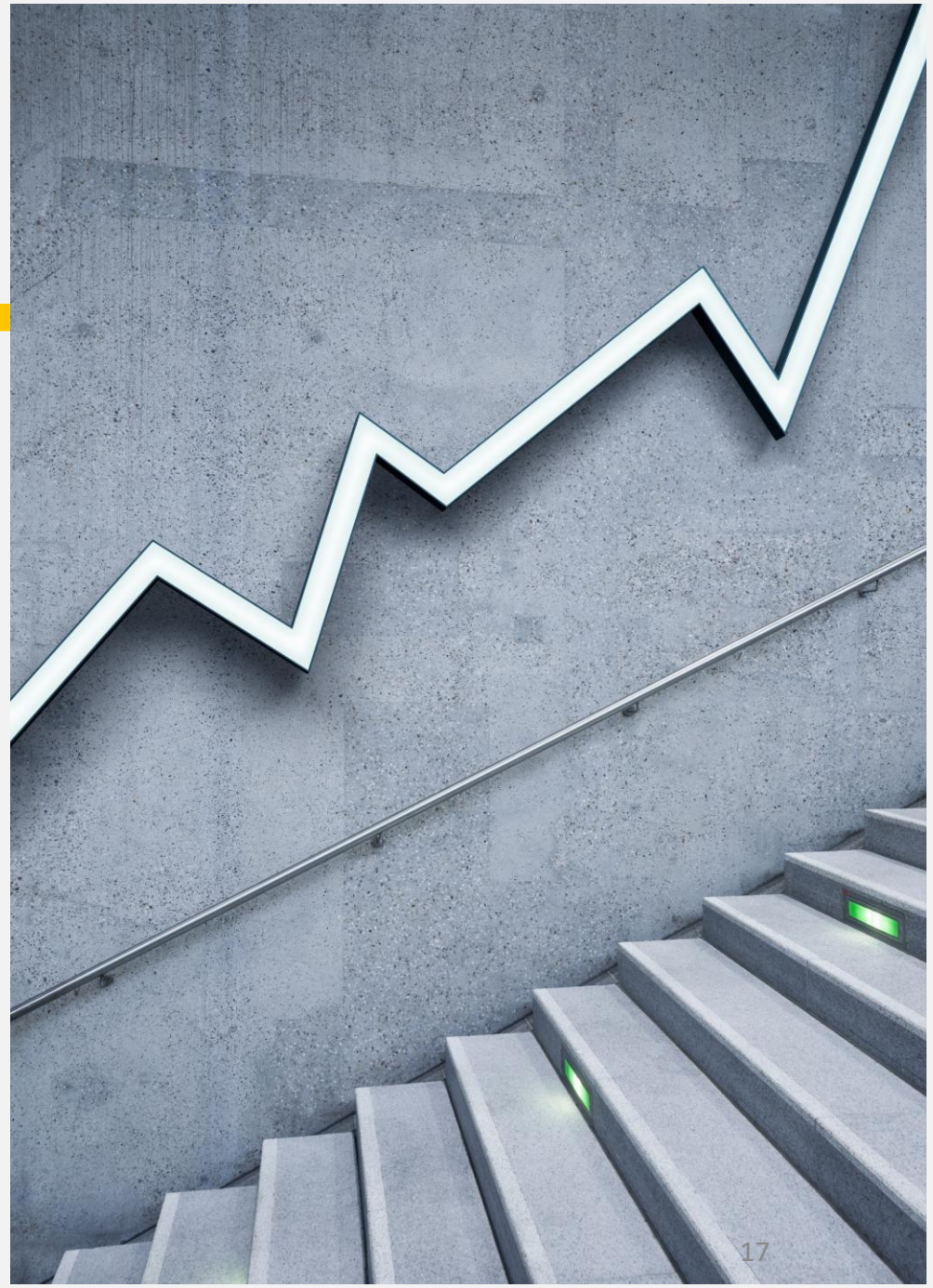
Recapping Previous Sessions

- Session 1
  - Introduced the new guidelines and Texas' framework for implementation.
- Session 2
  - Reviewed how to implement TB isolation and restrictions through case studies.
- Session 3
  - Learned how to consider contacts, exposures, and settings within this new framework.



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Considerations During Isolation Before Release

- Once isolation is indicated, determine how to reduce TB transmission using tailored restrictions and release from all isolation and restriction measures when indicated. Consider the following:

Is the patient tolerating an effective drug regimen by DOT (anti-TB therapy or ATT)?

Is the restriction level correct for the setting (community vs. congregate setting)?

Is there the potential for new, vulnerable contacts who have not yet been evaluated for TB?

Have symptoms worsened, improved, or stayed the same since starting ATT?

Knowledge Check 1 (1 of 13)

<u>Session 1</u>:

TB isolation and restrictions guidelines were updated because of all of these reasons *except for which one*:

A. A review of the literature suggested that sputum smear results were poor predictors of infectiousness.

B. After COVID – 19, the TB community recognized the need to review isolation practices and ensure they aligned with current evidence.

C. The Texas legislature mandated that patients could no longer be quarantined for TB.

D. The TB community recognized the mental health toll on prolonged isolation.

Answer

C. The Texas legislature mandated that patients could no longer be quarantined for TB.

This is NOT a true statement.

The Texas Health and Safety Code Chapter 81 ***continues*** to require health authorities control communicable diseases, including TB, using interventions such as isolation and quarantine.

Refer to:
https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.81&artSec=

Knowledge Check 2 (2 of 13)

Session 2:

A patient who lives in a homeless shelter is suspected of having TB and started on RIPE therapy. He is initially sputum smear negative x3 and does not have any worsening symptoms after tolerating 5 ATT doses by DOT.

True or False:

- Even though he's doing well, he cannot be released from TB isolation and restrictions because he is a resident of a high-risk setting. We can re-evaluate his status and reduce his restriction level while he remains in isolation (low level restrictions).

Answer

False.

- This patient lives in a high-risk transmission setting (a homeless shelter), however **he never had a positive sputum smear result x3**.
- He *can* be released after 5 ATT doses of well-tolerated DOT if his symptoms are not worsening.

Table 5. Criteria to Release Patients 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: Relea Consul
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 do not 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 do not live, work, -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 or do not live visit High-R Transmissi (Table 3), AFB sputur positive, ar remain in T and restric 10-14 ATT Medical consu strongly recor determine wh should be rele TB isolation a restrictions.

☛ *Refer to **Table 5,** page 12.*

Meet Sara

- Sarah is a 20-year-old TB patient who is being managed by a local health department (LHD). She is doing great on ATT for likely drug-susceptible TB, and her contact investigation (CI) is underway.
- She is released from TB isolation and restrictions after 10 ATT doses after careful LHD review of her settings and her status.
- She has 12 contacts identified.

Knowledge Check 3 (3 of 13)

<u>Session 3</u>:

When will Sarah's contacts need second-round testing?

A. 8-10 weeks *after* Sarah is released from TB isolation and restrictions.

B. 8-10 weeks *after* Sarah produces three consistently negative AFB sputum smear results.

Answer

B. 8-10 weeks *after* Sarah produces three consistently negative AFB sputum smear results.

- This is the end of her infectious period *for contact evaluation purposes*.

Isolation Period

Based on clinical information, exposure sites, and treatment

Infectious Period

Based on bacteriology and treatment

Today's Session

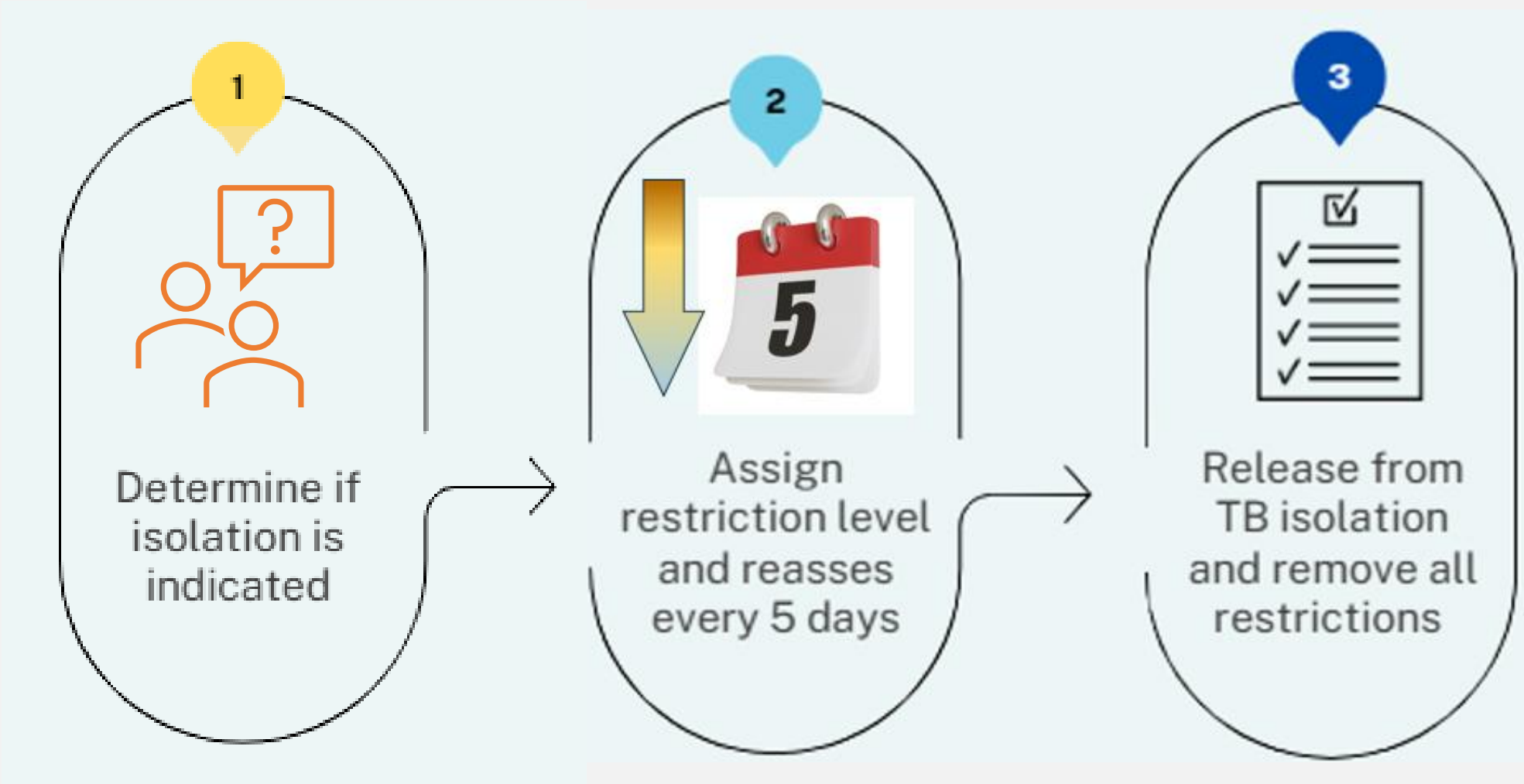
- Builds upon previous sessions and concepts.
- Introduces new ways to consider modifying restriction levels to address patients with unique situations.
- Focuses on documentation tools to support patients and programs in the isolation process.

Tools to Support TB Isolation and Restriction Implementation

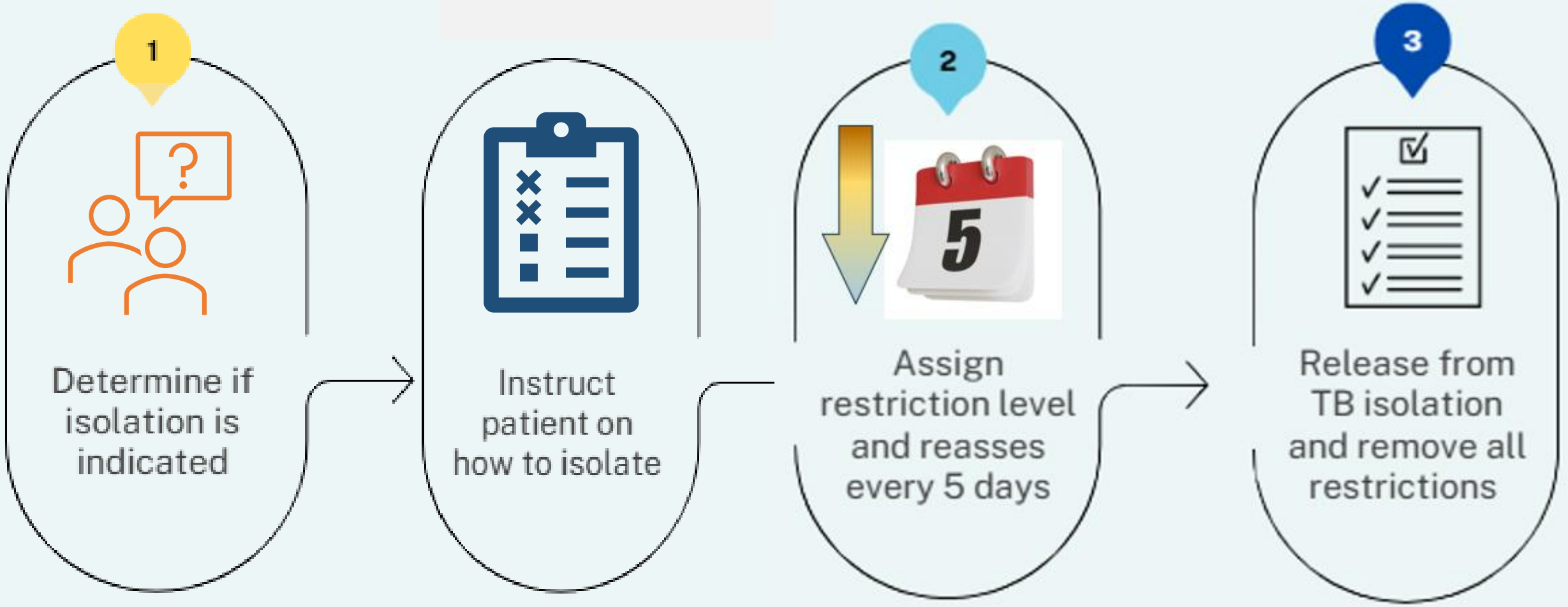
Elizabeth Foy, MSN, RN

DSHS TB and Hansen's Disease Section

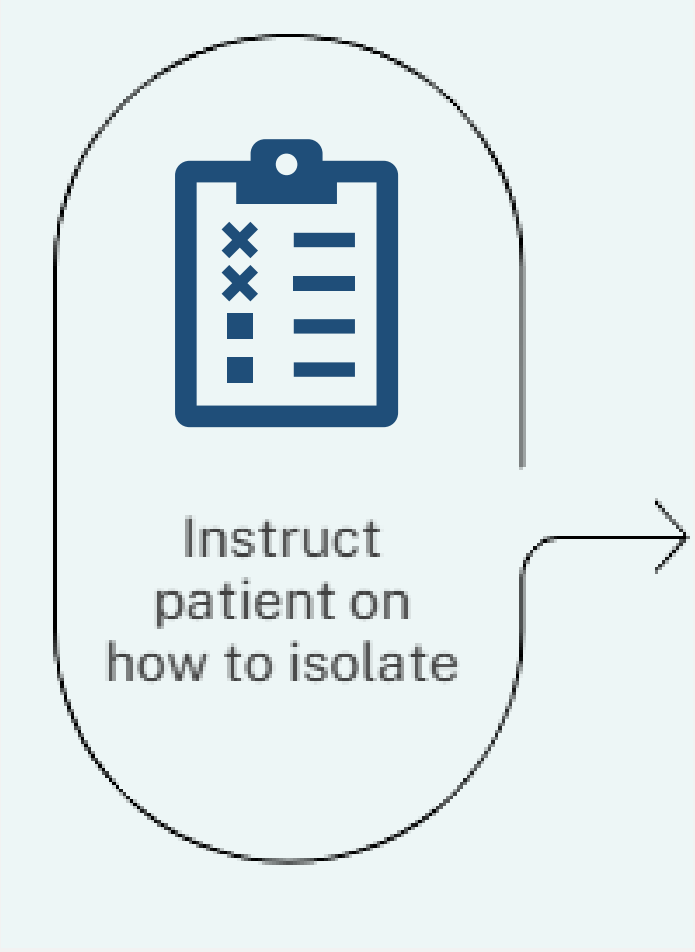
TB Isolation Steps



TB Isolation Steps



Patient Education



- What do we tell the patient about their restriction level – where they can and can't go, or who they can or can't be around?
- What educational material should be provided to the patient during the isolation process?
- What documentation should be maintained in the medical record?

Patient Assessment

- What are we looking for every 5 days when re-evaluating the patient's TB isolation and restriction status?
- Who performs the weekly assessment and what are its components?
- What documentation forms support these assessments and decisions?

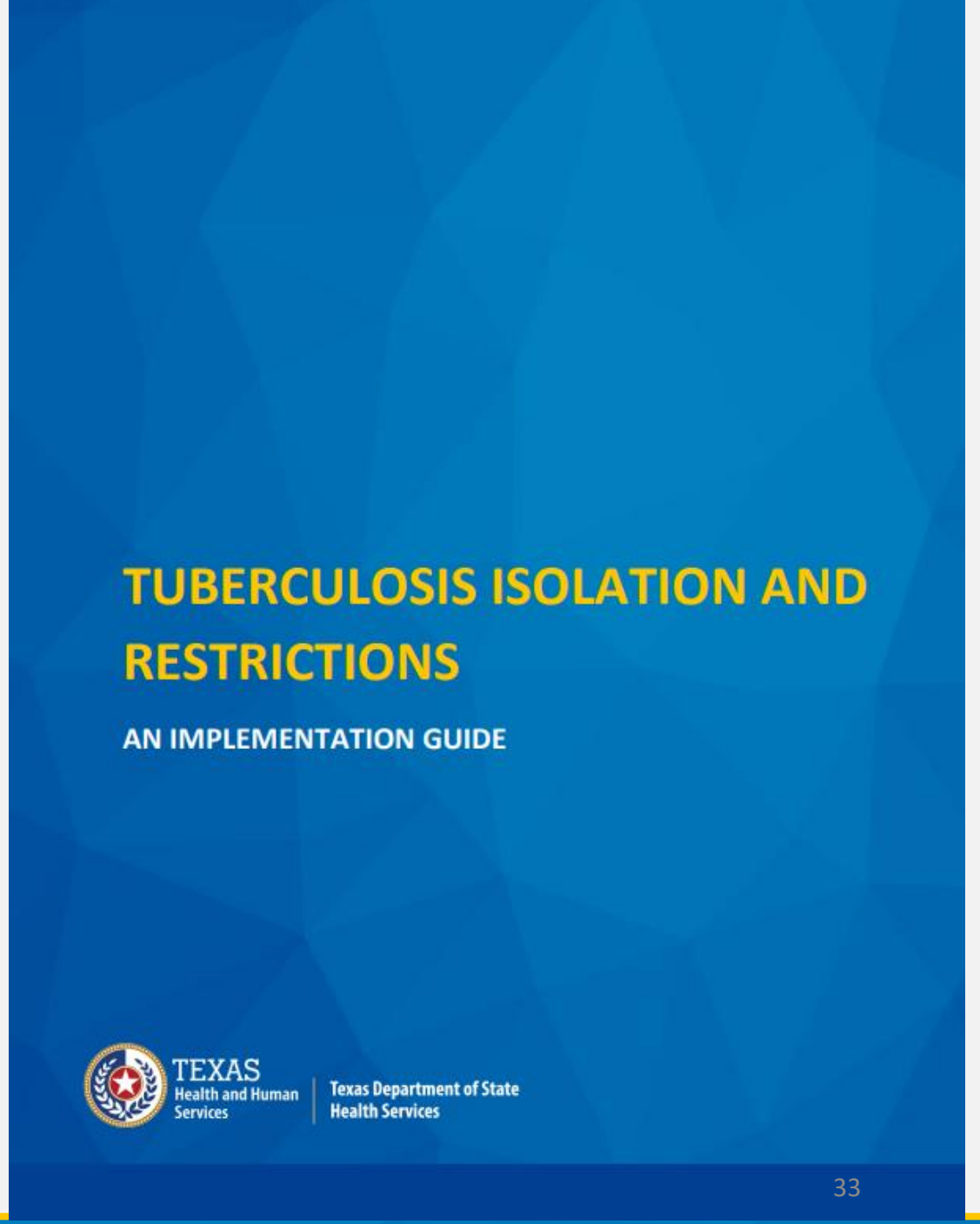
Forms, Letters, and Documentation Tools

Using the Appendices

TB Isolation Forms and Documents

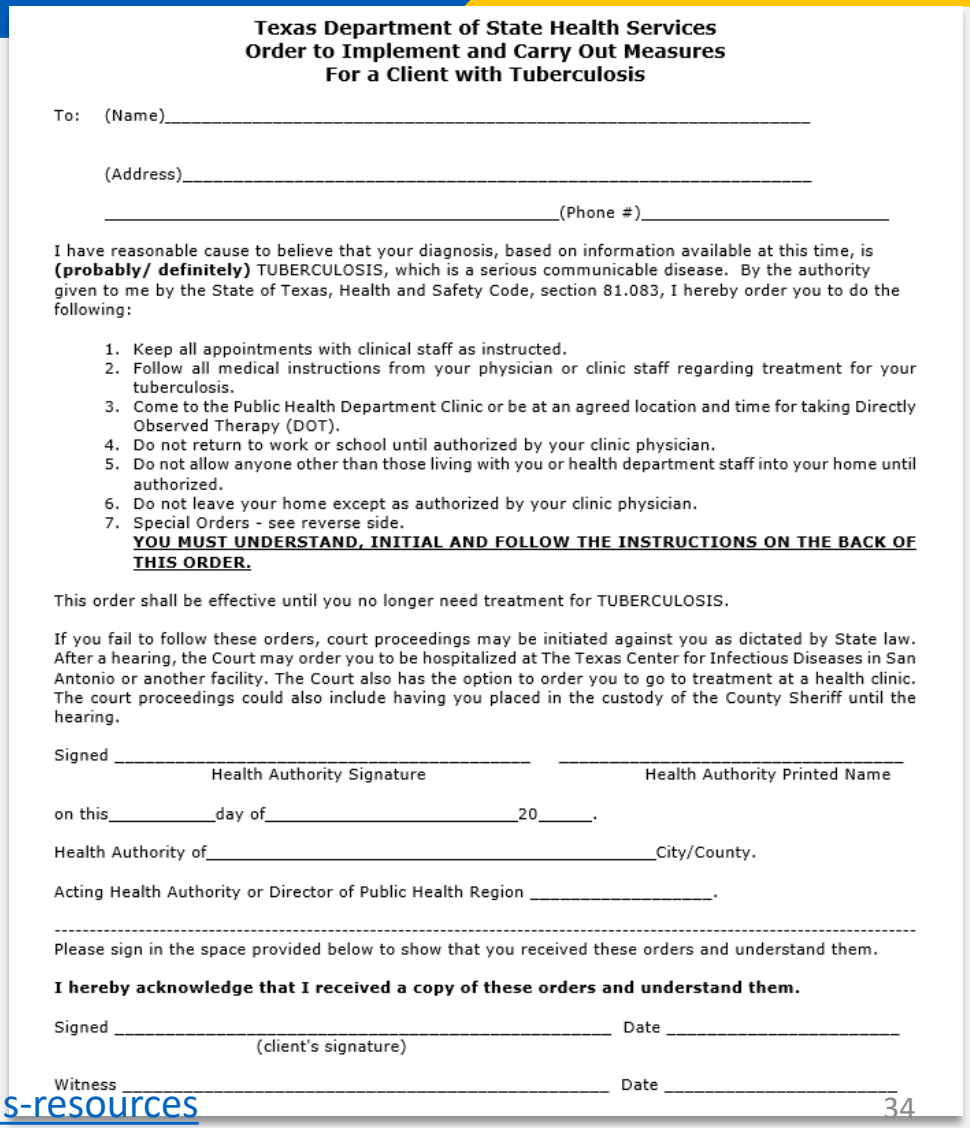
TB Isolation and Restrictions Implementation Guide

- TB programs must document isolation in the medical record.
  - This includes the date the patient is placed in and released from TB isolation.
  - This now also includes the restriction level(s).
- Appendices in the Implementation Guide include **optional** forms to support this documentation, along with patient education.



Initiating TB Isolation – TB 410

- **Initiate TB isolation (and other requirements) using the TB 410:**
  - Specifies the authority of the public health TB program, on behalf of the local health authority (LHA).
  - Clarifies measures to contain an infectious disease, as noted in the Texas Health and Safety Code, section 81.083.
  - Allows the patient to understand their role in preventing TB transmission.
  - Required for the medical record.



Texas Department of State Health Services
Order to Implement and Carry Out Measures
For a Client with Tuberculosis

To: (Name)_____

(Address)_____

_____(Phone #)_____

I have reasonable cause to believe that your diagnosis, based on information available at this time, is **(probably/ definitely)** TUBERCULOSIS, which is a serious communicable disease. By the authority given to me by the State of Texas, Health and Safety Code, section 81.083, I hereby order you to do the following:

1. Keep all appointments with clinical staff as instructed.
2. Follow all medical instructions from your physician or clinic staff regarding treatment for your tuberculosis.
3. Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT).
4. Do not return to work or school until authorized by your clinic physician.
5. Do not allow anyone other than those living with you or health department staff into your home until authorized.
6. Do not leave your home except as authorized by your clinic physician.
7. Special Orders - see reverse side.
   YOU MUST UNDERSTAND, INITIAL AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS ORDER.

This order shall be effective until you no longer need treatment for TUBERCULOSIS.

If you fail to follow these orders, court proceedings may be initiated against you as dictated by State law. After a hearing, the Court may order you to be hospitalized at The Texas Center for Infectious Diseases in San Antonio or another facility. The Court also has the option to order you to go to treatment at a health clinic. The court proceedings could also include having you placed in the custody of the County Sheriff until the hearing.

Signed _____ _____
Health Authority Signature — Health Authority Printed Name

on this_____day of_____20_____.

Health Authority of_____City/County.

Acting Health Authority or Director of Public Health Region _____.

Please sign in the space provided below to show that you received these orders and understand them.

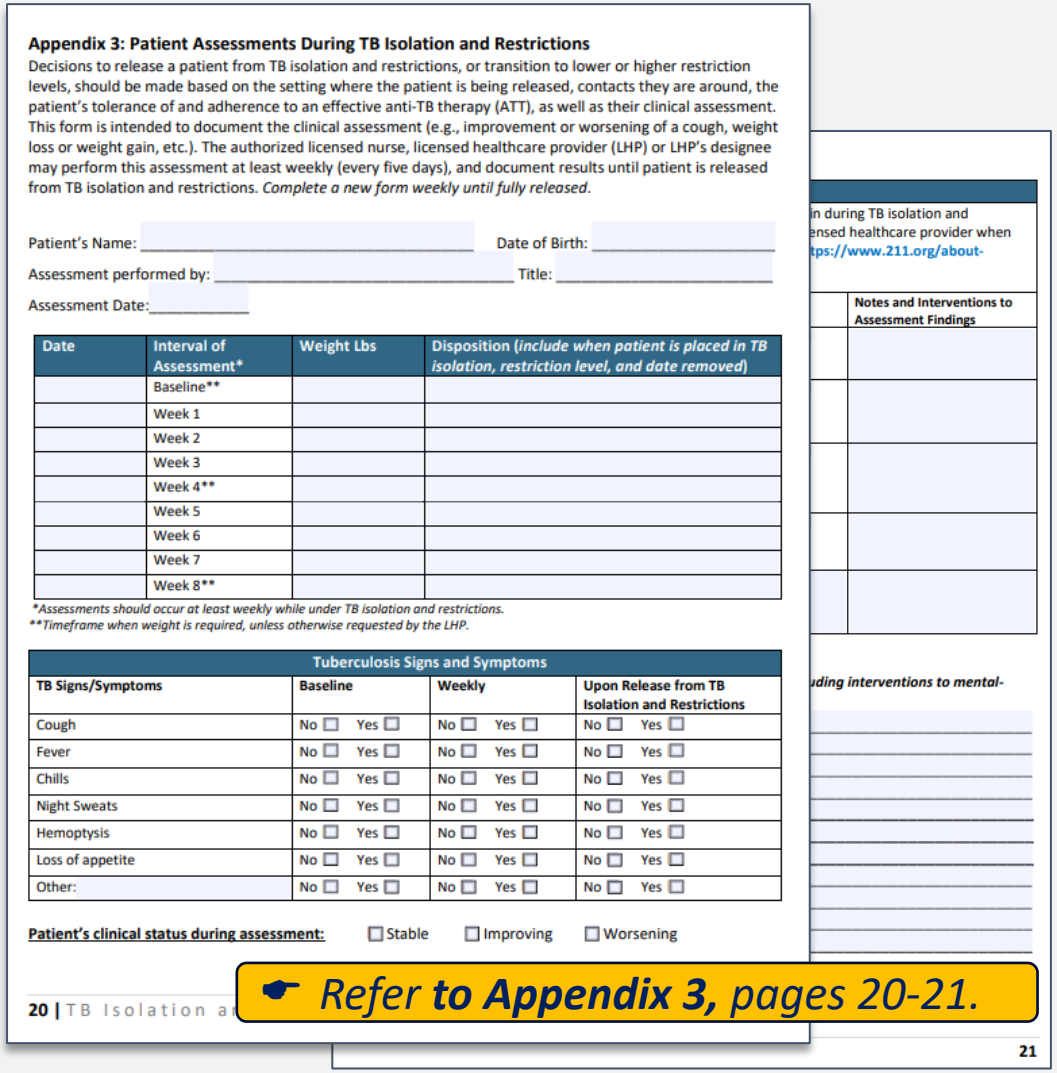
I hereby acknowledge that I received a copy of these orders and understand them.

Signed _____ Date _____
(client's signature)

Witness _____ Date _____

https://www.dshs.texas.gov/tuberculosis-tb/texas-dshs-tb-program-tb-forms-resources

Appendix 3: Patient Assessments During TB Isolation and Restrictions



Appendix 3: 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 ☐

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

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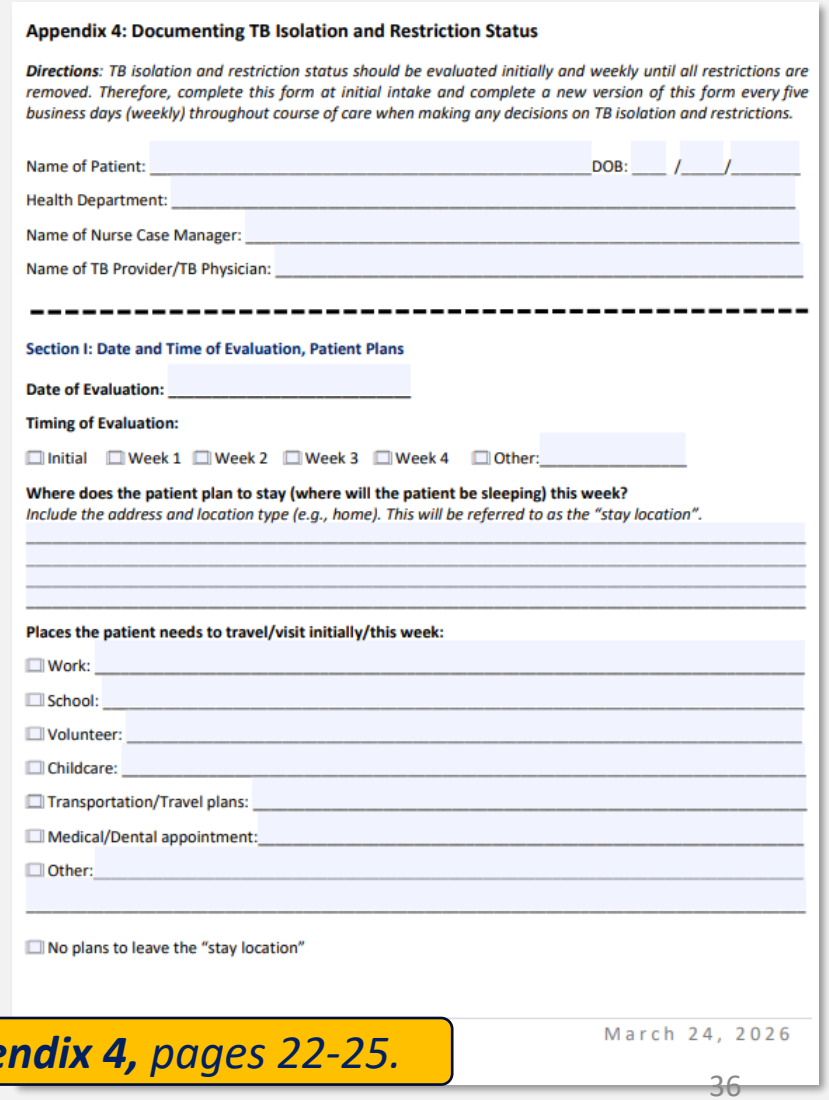
☛ *Refer to Appendix 3, pages 20-21.*

- **When to use this form:**
  - When it's determined TB isolation is necessary (e.g., Day 1).
  - When assessing patient weekly (e.g., Day 5, Day 10, etc.) until released.
- **How to use this form:**
  - Use it to document the patient's baseline status from which to compare every 5 days while in TB isolation.
    - ◊ Includes the patient's mental health and well-being assessment (page 2).

Appendix 4: Documenting TB Isolation and Restriction Status

- **When to use this form:**
  - When TB isolation is indicated (e.g., Day 1).
  - When assessing patient weekly (e.g., Day 5, Day 10, etc.) until released.
- **How to use this form:**
  - Use it to start a conversation with the patient about where they live, travel, must visit, etc.
  - Document where the patient can and cannot go during their isolation period.
  - Completing this form (or an equivalent version) satisfies the requirement medical record documentation of TB isolation.



Appendix 4: 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.*

Name of Patient: _____ DOB: ___ /___/_____

Health Department: _____

Name of Nurse Case Manager: _____

Name of TB Provider/TB Physician: _____

Section I: 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:_____

_____

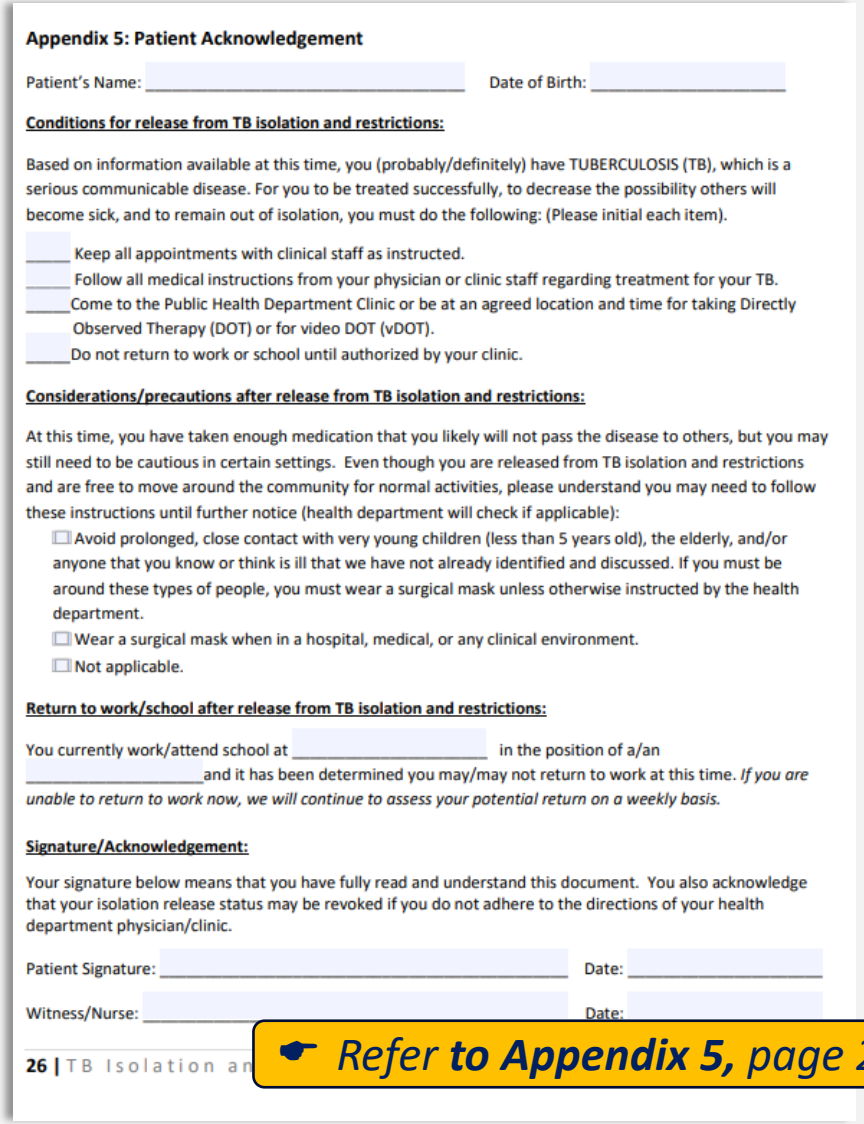
☐ No plans to leave the "stay location"

March 24, 2026

☛ *Refer **to Appendix 4,** pages 22-25.*

Appendix 5: Patient Acknowledgement

- **When to use this form:**
  - Initially, when placed in extensive level restrictions.
  - Anytime restriction levels change.
  - When documenting work or school status.
  - When releasing a patient from TB isolation and removing all restrictions.
- **How to use this form:**
  - Explain to the patient their status and, if released, criteria to *remain* out of isolation.
  - Includes patient signature; provide a copy to the patient and one for the medical record.



Appendix 5: Patient Acknowledgement

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 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 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 Signature: _____ Date: _____

Witness/Nurse: _____ Date: _____

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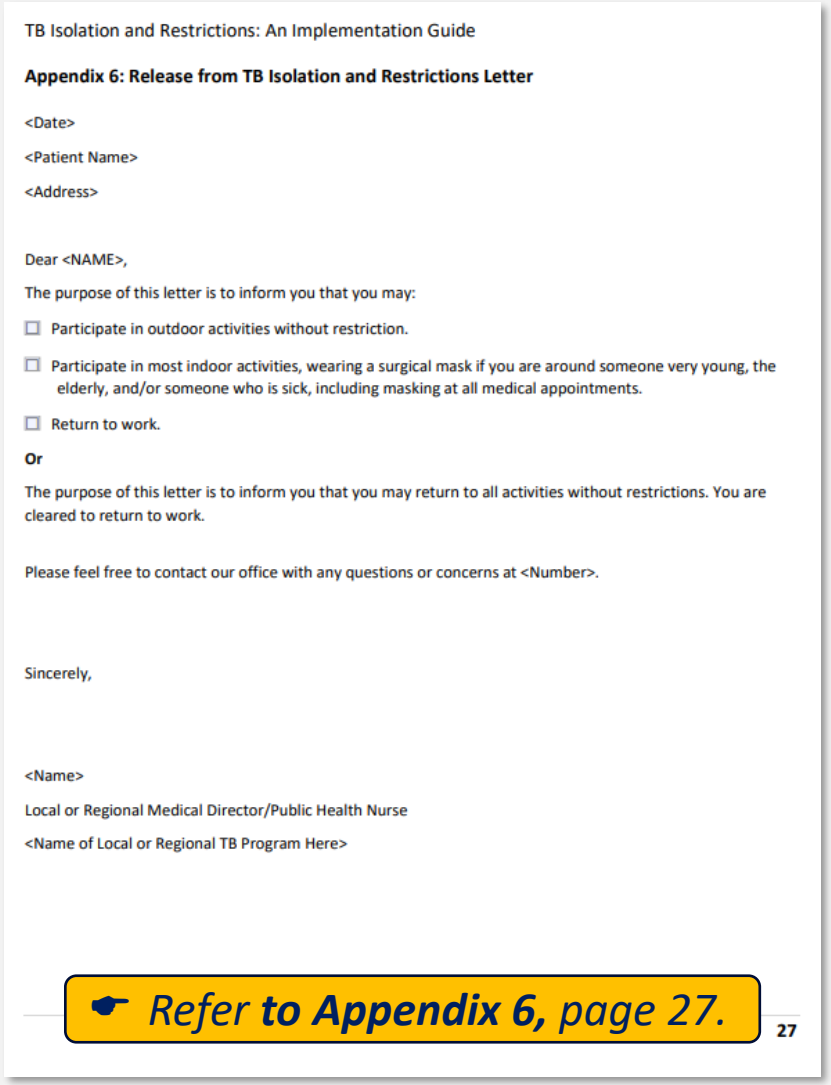
☛ *Refer **to Appendix 5,** page 26.*

Appendix 6: Release from TB Isolation and Restrictions Letter



TB Isolation and Restrictions: An Implementation Guide

Appendix 6: Release from TB Isolation and Restrictions Letter

<Date>

<Patient Name>

<Address>

Dear <NAME>,

The purpose of this letter is to inform you that you may:

☐ Participate in outdoor activities without restriction.

☐ Participate in most indoor activities, wearing a surgical mask if you are around someone very young, the elderly, and/or someone who is sick, including masking at all medical appointments.

☐ Return to work.

Or

The purpose of this letter is to inform you that you may return to all activities without restrictions. You are cleared to return to work.

Please feel free to contact our office with any questions or concerns at <Number>.

Sincerely,

<Name>

Local or Regional Medical Director/Public Health Nurse

<Name of Local or Regional TB Program Here>

☛ *Refer **to Appendix 6,** page 27.*

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- **When to use this letter:**
  - When modifying restriction levels.
  - When releasing a patient from all TB isolation and restriction measures.
- **How to use this letter:**
  - Consider local options for use:
    - Who signs this letter?
    - Which verbiage do you prefer?
    - Is this required or optional in your program?
  - Keep a signed copy in the patient's medical record.

Appendix 7: Patient Education

☛ *Refer **to Appendix 7,** page 28 -29.*

Appendix 7: Patient Education

Why are TB Isolation and Restrictions Important?

Tuberculosis (TB) disease, especially TB of the lungs, can spread to others. To prevent this, you may be placed in TB **isolation with restrictions** to limit spreading the disease.

TB isolation and restrictions are temporary measures to keep others safe.

Isolation Settings

1. **Home Isolation:** If your health department TB provider determines it's safe, you may stay at home. It is important to follow all the instructions given by your health department TB provider.
2. **Hospital Isolation:** In some cases, you may need to stay in a hospital where special measures are in place to prevent the spread of TB. The hospital will provide instructions on what measures are needed.

Isolation Guidelines

1. **Stay in your designated area:** If you are on home isolation, stay in a separate, well-ventilated room and avoid common areas.
2. **Wear a mask:** If you must be around others (e.g., going to medical appointments), wear a surgical mask to reduce the spread of TB.
3. **Limit visitors:** Restrict visitors to only essential people. They should also wear N-95 or similar masks and follow infection control guidelines.
4. **Cover your mouth and nose:** Always cover your mouth and nose with a tissue when coughing, sneezing, or laughing. Dispose of tissues properly. Wash hands after.
5. **No public spaces:** Avoid going to public places like work, school, shopping centers, bars, restaurants, or places of worship until your health department TB provider clears you.
6. **Follow medical advice:** Take all medications as prescribed. It's critical to follow your treatment plan for the full time (anywhere from 4-6 months, up to 12 months) to cure TB and reduce transmission risk.
7. **Ventilation:** Open windows to ensure good airflow and reduce the number of TB bacteria in the air.

Following the guidelines is essential. If you have trouble following the guidelines, notify your health department TB provider immediately for their medical guidance.

Restrictions During Isolation

1. **Work and School:** You may not return to work or school until your health department TB provider has allowed you to do so.
2. **Travel:** Do not travel on public transportation (buses, planes, etc.) until your health department TB provider has allowed you to do so. If traveling for medical care, arrange private transport and inform the health department in advance.
3. **Contact with Others:** Avoid close contact with anyone, particularly children, elderly individuals, and those with weakened immune systems, as they are more susceptible to infection.

Questions about restrictions during isolation should be directed to your health department TB provider.

Appendix 8: Infection Control Measures

Respiratory Protection Controls

The minimum respiratory protection a health care worker should wear is a filtering facepiece respirator (FFR) to prevent the inhalation of airborne droplet nuclei. The FFR is better known as the N95 respirator. The N95 is for healthcare workers. *Patients should NOT wear the N95 respirator.*

Patients likely to be infectious should wear a surgical mask to prevent expelling droplet nuclei into the air. Patients should wear these masks in the hospital and/or at home. *Surgical masks should be worn by persons with known/suspected TB when others are around. They should NOT be worn by HCP caring for patients with infectious TB.*

The patient with TB *(left)* is wearing a surgical mask. The healthcare worker *(right)* is wearing a filtering facepiece respirator (FFR).

Educate the patient to cover their mouth and nose when coughing or sneezing or to cough/sneeze into their upper sleeve and not their hands.

Place all used tissues in waste basket and wash hands with soap and warm water.

Environmental Controls: Primary and Secondary

Primary Environmental Controls

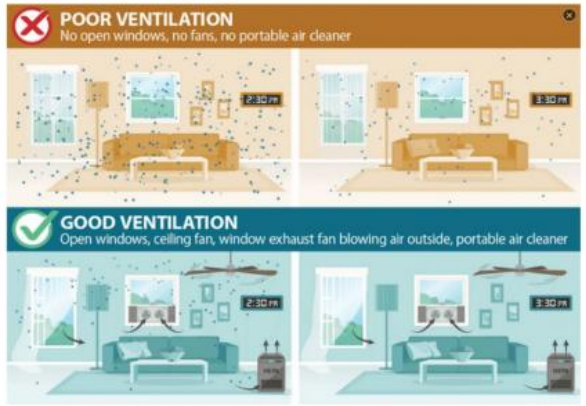
- Focus on controlling the source of infection:
  - Local exhaust ventilation
  - Diluting or removing contaminated air
  - Proper ventilation: Closing doors; keeping windows open (car, work, home, etc.) (see Figure 2).

Secondary Environmental Controls

- Focus on preventing contamination of air to adjacent areas
  - Airborne infection isolation (AII) rooms are designed to prevent the spread of droplet nuclei
  - Cleaning the air using HEPA filters or ultraviolet germicidal irradiation (UVGI)
  - Directional airflow that allows potentailly infected air to move through a space (see Figure 3).

Source: Guidelines for Preventing the transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e.

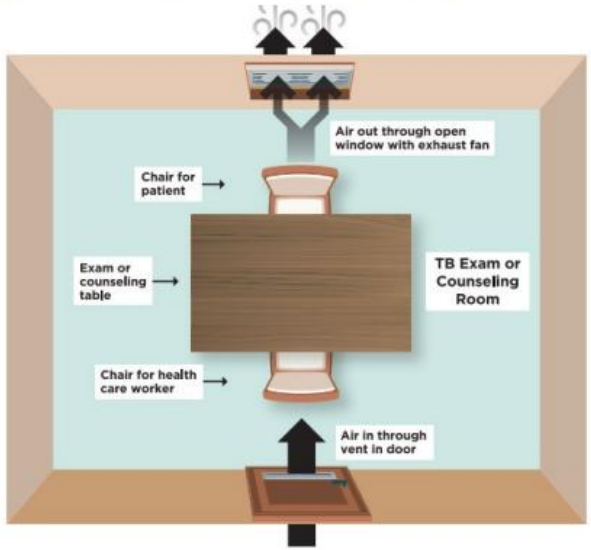
Figure 2: Example of Home Ventilation



This image is an example of poor and good ventilation when isolating the infectious person in the home. Poor ventilation includes open doors to other rooms in the house, no ventilation or air circulation, and windows shut which allow TB droplets to linger. Good ventilation includes having windows open (closing if there is a strong breeze) and air circulation with fans encourages TB droplets to flow out of patient's room

Source: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/improving-ventilation-home.html

Figure 3: Fan-Assisted Natural Ventilation in TB Exam or Counseling Room



This image shows how natural ventilation can be useful in settings that do not have a central ventilation system and how fans can be used to help establish airflow if they are accessible or if there is not a window. If it is unknown how the airflow is moving, the staff should sit near the fresh air source and patients should sit next to the exhaust. This will help protect the staff in addition to environmental measures, cough etiquette education, and respiratory hygiene should continue to be encouraged to further reduce the risk.

Source: https://www.cdc.gov/tb/media/Core_Curriculum_TB_eBook.pdf

Sources:

- Core Curriculum on Tuberculosis: What the Clinician Should Know | Tuberculosis (TB) | CDC
- Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005
- TB 101 - Infection Control | TB | CDC
- Preventing Tuberculosis | Tuberculosis (TB) | CDC
- Cover Your Cough Health Care Poster | Flu Resource Center | CDC

☛ *Refer **to Appendix 8,** pages 30-32.*

Abbreviations Used in this Session

- Acid-fast bacillus (AFB)
- Airborne infection isolation room (AIIR)
- Anti-TB therapy (ATT)
- Chest x-ray (CXR)
- Drug susceptibility testing (DST)
- Directly observed therapy (DOT)
- Interferon gamma release assay (IGRA)
- Mycobacterium *tuberculosis (M. tb)*
- Nucleic acid amplification test (NAAT)
- Rifampin, isoniazid, pyrazinamide, and ethambutol (RIPE)
- Self-administered therapy (SAT)

Case Study 1
John

Lana Yamba, MD, MPH, CCRC

DSHS Public Health Region 11

Case Study 1, John

- John is a 54-year-old male diagnosed with cavitary pulmonary TB.
- He was started on RIPE on 5/31/2026 during hospitalization and referred to continue treatment with a local TB program.
- **Initial diagnostics**:
  - IGRA positive.
  - Sputum x3: AFB smear positive, >10/field, NAAT positive for MTB with no rifampin resistance detected, culture pending.
  - CXR shows cavitated opacities in bilateral upper lobes.

Interview

- **Work**
  - John is self- employed and owns a granite business. He has one employee who works with him at an outdoor granite shop where they fabricate and cut granite.
  - They also visit new clients' homes to provide estimates and **may be in the homes for prolonged periods (hours).**
- **Social History**
  - He lives with his wife, and his 23-year-old son visits regularly.
  - John was a contact of his wife, who had drug susceptible TB in 2021. He refused TB screening at that time.
  - He is anxious about potential medications side effects after spouse developed drug-induced liver injury and was transferred to Texas Center for Infectious Disease (TCID) in 2021.

Baseline Patient Assessment

- The local TB program reviews the medical record and found out John was started on RIPE 600mg/300mg/1000mg/1600mg.
- Since John weighs 90 kg, the PZA dose should be increased to 2000mgs.
- John starts an effective ATT via DOT on 6/1/2026 Monday - Friday.
- There is a low likelihood of drug resistance.

John is placed in TB isolation with **extensive level restrictions**.

Appendix 3: Patient Assessments

Appendix 3: 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: Mr. John X Date of Birth:

Assessment performed by: Dr. Lana Yamba Title: MD

Assessment Date: 06/01/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
06/01/2026	Baseline**	90kgs	Extensive level restrictions 6/1/2026
	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: SOB	No ☐ Yes ☑	No ☐ Yes ☐	No ☐ Yes ☐

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

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 ☐	- Reports anxiety - Reassurance provided Questions addressed
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:

Pt. reports anxiety about medications side effects after his wife became very ill, was hospitalized for wks at TCID.

Provided emotional support and reassuarance, Reviewed medication monitoring, discussed s/s of DILI,

Encourage pt to immediately report any new symptoms.Patient states that his wife will help with household chores,

groceries, and other errands this week.

☛ *Refer **to Appendix 3,** pages 20-21.*

Documentation on Day 1

Appendix 4: 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.*

Name of Patient: John DOB: MM / DD /YYYY

Health Department: PHR 11

Name of Nurse Case Manager: MM

Name of TB Provider/TB Physician: Dr. LY

Section I: Date and Time of Evaluation, Patient Plans

Date of Evaluation: 6/1/2026

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: 601 Sesame Dr, Harlingen, Tx, 78550

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"

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☛ *Refer **to Appendix 4,** page 22.*

Documentation on Day 1

Places John can travel to or visit

- ❑ Stay Home
- ❑ No medical appointments

TB Isolation and Restrictions: An Implementation Guide

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 6/1/2026

☑ 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 (see Patient Acknowledgement Letter, Appendix 5). *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.	• Stay Home • No medical appointments		
List any places the patient should NOT travel to or visit.	• Work • Clients'Houses • Friends's Houses		

☛ *Refer **to Appendix 4,** page 23.*

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Places he should NOT travel to or visit

- ❑ Do not return to work
- ❑ He should not allow visitors in his home
- ❑ He should not visit client houses

Patient Assessment on Day 5

- He is adherent to and tolerating ATT.
- Reports a ***persistent cough with blood-tinged mucus*** mostly in the morning when he starts moving around the house. Other TB symptoms are improving.
- AFB smear still positive, 1-10/field.
- He wants to return to work, his business is not going well, co-worker is struggling managing the shop alone.
- His 23-year-old son refuses TB screening.
- Wants to go bike with his 23-year-old son, he misses his friends.

Knowledge Check 4 (4 of 13)

Based on the Day 5 patient assessment, what should John's isolation status be? *Should he (select all that apply):*

A. Be released from all TB isolation and restrictions.

B. Remain in TB isolation and restrictions and re-assessed after 10-14 doses.

C. Remain in isolation and be moved to moderate level restrictions.

D. Remain in isolation and be moved to low level restrictions.

Answer

B and D

B. Remain in TB isolation and restrictions and re-assessed after 10-14 doses.

D. Remain in isolation and be moved to low level restrictions.

- *Refer to Table 5. Criteria to Release Patients from TB Isolation and Restrictions.*
- *Refer to Figure 1: Restriction Level Applications (page 8) and Appendix 1 Defining Restrictions (page 18).*

Criteria for Releasing

- He does not live, work, or visit a high-risk transmission setting.
- Although most symptoms have improved, **his cough remains concerning** and he works with new customers for prolonged hours indoors.
- Plan: re-assess after 10-14 doses.

☛ *Refer to **Table 5,** page 12.*

Table 5. Criteria to Release Patients 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 do not 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 do not 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 do not 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.

**Obtain three initial sputum specimen collected consecutively, 8-24 hours apart, ideally the first specimen observed. Refer to DSHS TB Section's SDO.*

***PHRs and LHDs may consider releasing certain patients who live, work or frequent settings listed in Table 4 on a case-by-case basis. Consider baseline bacteriology results, patient symptoms, setting, and likelihood of exposing previously unexposed vulnerable contacts when making that decision.*

†Consider known exposures to new vulnerable contacts (children under age 5 and immunocompromised individuals) such as household contacts or planned time around such individuals where masking would still be required (and at minimum, low level restrictions would be needed).

Reassessing Restriction Level

- **Patient is moved to low level restrictions:**
  - He is adherent to and tolerating ATT doses.
  - He has some improvement of baseline TB symptoms *but* ***continues to have a concerning cough*****.**
  - He has the potential to expose previously unexposed, vulnerable individuals.
  - He is allowed to return to work **outdoors**, but he cannot go to clients' houses.
  - He should wear a mask at medical appointments.

Low-Level Restrictions:

1. Individual may not return to work or visit a High-Risk Transmission Setting (Table 3) unless required for medical care; if so, follow infection control practices applicable to the setting (e.g., AII, masking, etc.).
2. Individual may not return to Other Congregate Settings with TB Transmission Risk (Table 4), as determined by the PHR or LHD.
3. Individual should mask around children under age 5 years and other vulnerable contacts (immunocompromised individuals) when sharing indoor air in confined location(s).
4. Otherwise, individual may move around the community with no other restrictions.

☛ *Refer to **Figure 1**: Appendix 1 Defining Restrictions, page 18.*

Appendix 3: Patient Assessments

Appendix 3: 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: Mr. John X Date of Birth:

Assessment performed by: Dr. Lana Yamba Title: MD

Assessment Date: 06/08/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
06/01/2026	Baseline**	90kgs	Extensive level restrictions 6/1/2026
06/08/2026	Week 1	90kgs	Low level restrictions 6/8/2026
	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: SOB	No ☐ Yes ☑	No ☑ Yes ☐	No ☐ Yes ☐

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

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 ☑	Still reports anxiety/Reassurance provided and questions addressed
Are you feeling stable/able to address your needs during your TB isolation and restriction period?	No ☑ Yes ☐	No ☑ Yes ☐	Co-workers struggling, losing money and clients. May return to work outdoor granite shop
Do you have any physical needs (e.g., food delivery, needs for housing, etc.)?	No ☑ Yes ☐	No ☐ Yes ☑	Needs money for groceries /Return to work outdoor
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 is improving. No complaints of medications side effects, he would like to return to work ASAP because his co-workers are struggling to manage the workload, he is concerned of losing clients.

☛ *Refer **to Appendix 3,** pages 20 -21.*

Documentation on Day 5

Appendix 4: 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.*

Name of Patient: John DOB: MM / DD / YYYY

Health Department: PHR 11

Name of Nurse Case Manager: MM

Name of TB Provider/TB Physician: Dr. LY

Section I: Date and Time of Evaluation, Patient Plans

Date of Evaluation: 6/8/2026

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: 601 Sesame Dr, Harlingen, Tx, 78550

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

☑ Work: wants to return to work ASAP but agrees to remain in isolation

☐ School: N/A

☐ Volunteer: N/A

☐ Childcare: N/A

☐ Transportation/Travel plans: N/A

☐ Medical/Dental appointment: Needs to go to Doctors' Appointments

☐ Other:_____

☐ No plans to leave the "stay location"

☛ *Refer **to Appendix 4**, page 22.*

John remains in TB isolation with **low level restrictions.** Document revised level in Step 2 of Appendix 4.

TB Isolation and Restrictions: An Implementation Guide

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: 06/01/2026

- ☑ 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 (see Patient Acknowledgement Letter, Appendix 5). *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.			*Return to work outside only. Resume other normal daily activities. Mask if around new vulnerable contacts or medical appts.*
List any places the patient should NOT travel to or visit.			*May not enter clients' home for work.*

☛ *Refer **to Appendix 4,** page 23.*

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 (has risk factors or 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: Has delayed but progressive improvement of baseline TB symptoms

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 (has risk factors or 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.*

☛ *Refer **to Appendix 4,** pages 24-25.*

Patient Assessment on Day 10

- The health department re-assesses his clinical status after 10 ATT doses.
- John is doing well, gained some weight since starting ATT.
- He is adherent to and tolerating ATT.
- One of the sputum smears is positive, <1/field.
- **Cough has significantly improved.**
- He feels stronger, continues to work outdoors with co-worker.
- He is happy to spend time with his son.

Knowledge Check 5 (5 of 13)

Should John be released from TB isolation and restrictions after 10 doses of effective ATT?

A. Yes.

B. No, he should not be released from isolation and should remain on low level restrictions.

Answer

A. Yes

John can be released from isolation after 10 ATT doses.

- He is adherent and tolerating ATT.
- His cough has significantly improved.
- He feels stronger.

☛ *Refer to **Table 5.** Criteria to Release Patients from TB Isolation and Restrictions, page 12.*

Appendix 3: 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: Mr. John X Date of Birth: _____

Assessment performed by: Dr. Lana Yamba Title: MD

Assessment Date: 06/15/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
06/01/2026	Baseline**	90kgs	Extensive level restrictions 6/1/2026
06/08/2026	Week 1	90kgs	5 ATT doses: low level restrictions 6/8/2026
06/15/2026	Week 2	91.2 kgs	10 ATT doses: released from all TB I&R
	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: SOB	No ☐ Yes ☑	No ☐ Yes ☐	No ☑ Yes ☐

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

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** 10 DAYS	**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 is doing well, he feels stronger and is happy to return to work outdoor at the granite shop. He is also happy to be able to spend time outdoors with his son.

☛ *Refer **to Appendix 3,** pages 20-21.*

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 (has risk factors or 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:_____

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

☑ Is released. Date of release: 6/15/2026
- ☑ 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 (has risk factors or 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.*

☛ *Refer **to Appendix 4,** page 25.*

TB Isolation and Restrictions: An Implementation Guide

Appendix 6: Release from TB Isolation and Restrictions Letter

<Date>

<Patient Name>

<Address>

Dear <NAME>,

The purpose of this letter is to inform you that you may:

☐ Participate in outdoor activities without restriction.

☐ Participate in most indoor activities, wearing a surgical mask if you are around someone very young, the elderly, and/or someone who is sick, including masking at all medical appointments.

☐ Return to work.

Or

☒ The purpose of this letter is to inform you that you may return to all activities without restrictions. You are cleared to return to work.

Please feel free to contact our office with any questions or concerns at <Number>.

Sincerely,

<Name>

Local or Regional Medical Director/Public Health Nurse

<Name of Local or Regional TB Program Here>

☛ *Refer **to Appendix 6,** page 27.*

TEXAS Health and Human Services

Texas Department of State Health Services

June 15, 2026

John
DOB: mm/dd/yyyy
601 Sesame Dr
Harlingen, Texas 78550

Dear Mr. John,

The purpose of this letter is to inform you that you may:

☐ Participate in outdoor activities without restriction.

☐ Participate in most outdoor activities, wearing a surgical mask if you are around someone very young, the elderly and/or someone who is sick, including masking at all medical appointments

☐ Return to work.

Or

☒ You may return to all activities without restrictions. You are cleared to return to work.

Please feel free to contact our office with any questions or concerns at XXX-XXX-XXXX

Sincerely,

<Name>

Local or Regional Medical Director/Public Health Nurse

<Name of Local or Regional TB Program Here>

P.O. Box 149347 • Austin, Texas 78714-9347 • Phone: 888-963-7111 • TTY: 800-735-2989 • *dshs.texas.gov*

6/9/2026

Case Study 1 Questions?

Case Study 2
Jennifer

Salma Estrada, MSN, RN

Lisa Armitige, MD, PhD

Heartland National TB Center

Case Study 2, *Jennifer*

- Jennifer is a 50-year-old African American female with a past medical history of end stage renal disease (ESRD) and hypertension (HTN).
- She was admitted to a local hospital after presenting to the emergency department (ED) complaining of chest pain, shortness of breath, and a productive cough for 3 months.

TEXAS Health and Human Services

Texas Department of State Health Services

Clinical Evaluation

- **Diagnostics**:
  - CXR: right upper lobe infiltrate with cavitation.
  - Sputum: AFB smear positive x 3 and NAAT positive with no rifampin resistance detected.
- **Treatment**:
  - She took two doses of RIPE at the hospital and was then discharged to her home.
  - TB treatment and care were transferred to the public health department.

Jennifer receives dialysis three times/weekly.

Knowledge Check 6 (6 of 13)

Jennifer does not need to be placed under extensive level TB isolation and restrictions because she does not live in a high-risk transmission setting.

A. True.

B. False.

Answer

B. False

- Jennifer has only received 2 doses of ATT.
- Although Jennifer does not live in a high-risk transmission setting, she does receive dialysis treatment three times weekly.

Table 3: High-Risk Transmission Settings

High-Risk Settings and Populations				
Correctional Facilities*	Inpatient Care Facilities*	High-Risk Outpatient Settings*	Homeless Shelters	Refugee Camps and Rescue Missions
• Includes jails, prisons, federal detention facilities (i.e., Immigrations and Customs Enforcement [ICE]) and other detention facilities.	• Hospitals, skilled nursing facilities, long-term care facilities, nursing homes, etc. • These are inpatient settings housing individuals with varying risk factors.	• Includes dialysis units, cancer infusion centers, HIV treatment centers, transplant clinics, and dental-care settings.	• Includes safe houses, bunk houses, or a shelter where there is daily or weekly turnover of residents, thus potential for ongoing, new exposures.	• Includes unaccompanied children 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*.

☛ Refer to ***Table 3***: High-Risk Transmission Settings, page 9.

Food for Thought

While we are considering Jennifer's isolation status, what should we start to think about for her dialysis care?

- What infection control measures must the dialysis center have in place?
- Do the dialysis centers in your areas all have airborne infection control rooms (AIIRs?).
- If not, what would you do?

Contact Investigation Interview

Work:

- Jennifer works as a park department supervisor.
- She supervises the same group of employees and spends most of her time outside.

Social:

- She lives with her husband.
- She and her husband have one adult son and three grandchildren age **four**, eight, and ten.
- She visits her grandchildren every weekend.

Jennifer was placed in TB isolation with **extensive level restrictions**.

Knowledge Check 7 (7 of 13)

For initial clinic assessments, nurses are only required to review the forms included in the appendices of the Tuberculosis Isolation and Restrictions Implementation Guide. These forms have officially replaced the Texas Department of State Health Services TB 410 form.

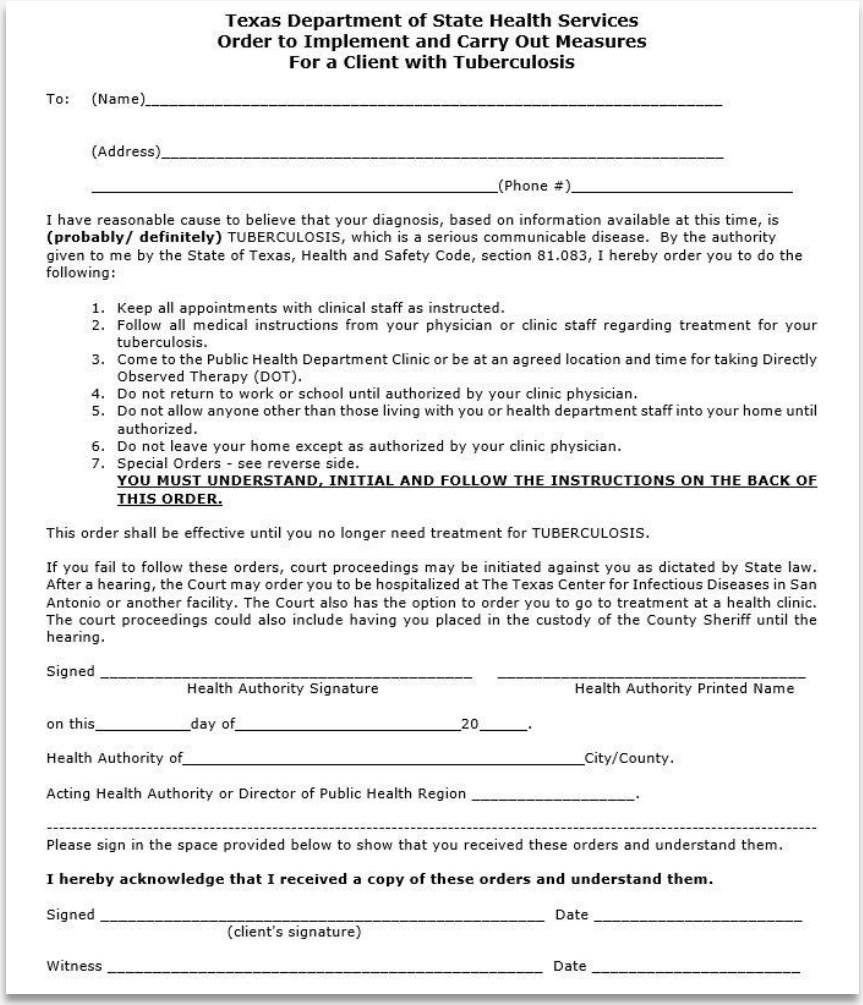
A. True.

B. False.

Answer

B. False

Texas Department of State Health Services forms are not meant to be replaced by any of the appendices on the TB Isolation and Restriction Implementation guide. Forms such as the TB 410 are used to initiate TB isolation and restrictions and is still required as it clarifies measures to contain an infectious disease, as noted in the Texas Health and Safety Code, Section 81.083.



Texas Department of State Health Services
Order to Implement and Carry Out Measures
For a Client with Tuberculosis

To: (Name)_____

(Address)_____

_____(Phone #)_____

I have reasonable cause to believe that your diagnosis, based on information available at this time, is **(probably/ definitely)** TUBERCULOSIS, which is a serious communicable disease. By the authority given to me by the State of Texas, Health and Safety Code, section 81.083, I hereby order you to do the following:

1. Keep all appointments with clinical staff as instructed.
2. Follow all medical instructions from your physician or clinic staff regarding treatment for your tuberculosis.
3. Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT).
4. Do not return to work or school until authorized by your clinic physician.
5. Do not allow anyone other than those living with you or health department staff into your home until authorized.
6. Do not leave your home except as authorized by your clinic physician.
7. Special Orders - see reverse side.
   YOU MUST UNDERSTAND, INITIAL AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS ORDER.

This order shall be effective until you no longer need treatment for TUBERCULOSIS.

If you fail to follow these orders, court proceedings may be initiated against you as dictated by State law. After a hearing, the Court may order you to be hospitalized at The Texas Center for Infectious Diseases in San Antonio or another facility. The Court also has the option to order you to go to treatment at a health clinic. The court proceedings could also include having you placed in the custody of the County Sheriff until the hearing.

Signed _____ _____
Health Authority Signature Health Authority Printed Name

on this_____day of_____20_____.

Health Authority of_____City/County.

Acting Health Authority or Director of Public Health Region _____.

Please sign in the space provided below to show that you received these orders and understand them.

I hereby acknowledge that I received a copy of these orders and understand them.

Signed _____ Date _____
(client's signature)

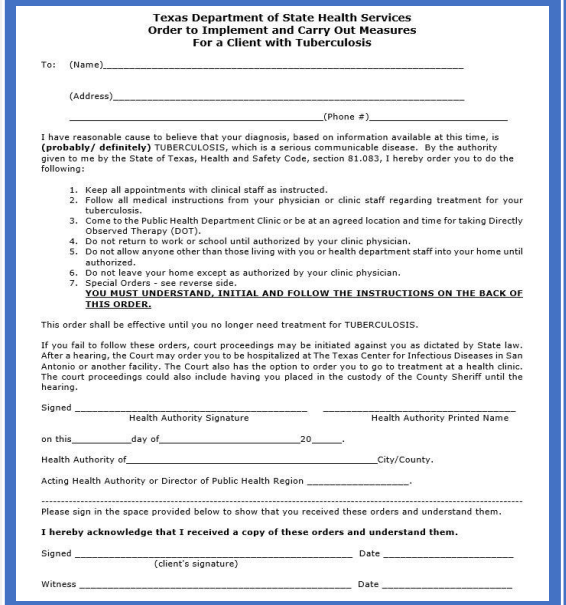
Witness _____ Date _____

https://www.dshs.texas.gov/tuberculosis-tb/texas-dshs-tb-program-tb-forms-resources

Initial Assessment on Day 1

- Upon initial assessment Jennifer reports cough and shortness of breath during activity.
- She is started on RIPE by DOT with the health department
- Education is provided on her TB isolation with extensive level restrictions.
- Appendices 3-7 are used to provide education and document assessments.

TB 410



Texas Department of State Health Services
Order to Implement and Carry Out Measures
For a Client with Tuberculosis

To: (Name)_____

(Address)_____

_____(Phone #)_____

I have reasonable cause to believe that your diagnosis, based on information available at this time, is **(probably/ definitely)** TUBERCULOSIS, which is a serious communicable disease. By the authority given to me by the State of Texas, Health and Safety Code, section 81.083, I hereby order you to do the following:

1. Keep all appointments with clinical staff as instructed.
2. Follow all medical instructions from your physician or clinic staff regarding treatment for your tuberculosis.
3. Come to the Public Health Department Clinic or be at an agreed location and time for taking Directly Observed Therapy (DOT).
4. Do not return to work or school until authorized by your clinic physician.
5. Do not allow anyone other than those living with you or health department staff into your home until authorized.
6. Do not leave your home except as authorized by your clinic physician.
7. Special Orders - see reverse side.

YOU MUST UNDERSTAND, INITIAL AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THIS ORDER.

This order shall be effective until you no longer need treatment for TUBERCULOSIS.

If you fail to follow these orders, court proceedings may be initiated against you as dictated by State law. After a hearing, the Court may order you to be hospitalized at The Texas Center for Infectious Diseases in San Antonio or another facility. The Court also has the option to order you to go to treatment at a health clinic. The court proceedings could also include having you placed in the custody of the County Sheriff until the hearing.

Signed _____ _____
Health Authority Signature Health Authority Printed Name

on this_____day of_____20_____.

Health Authority of_____City/County.

Acting Health Authority or Director of Public Health Region _____.

Please sign in the space provided below to show that you received these orders and understand them.

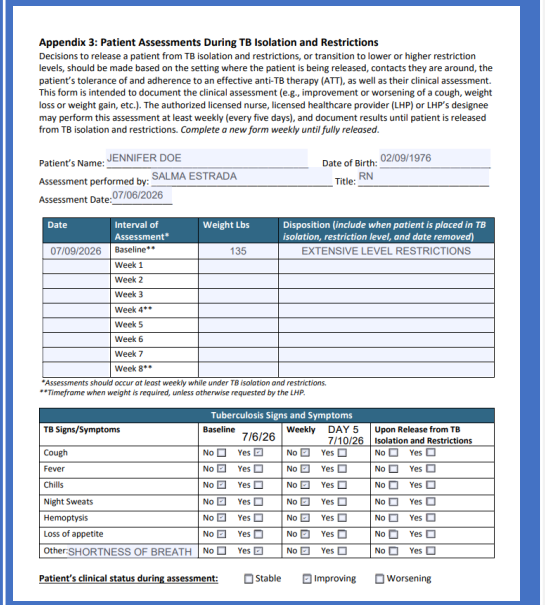
I hereby acknowledge that I received a copy of these orders and understand them.

Signed _____ Date _____
(client's signature)

Witness _____ Date _____

Appendix 3:

Patient Assessments During TB Isolation and Restrictions



Appendix 3: 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: JENNIFER DOE Date of Birth: 02/09/1976
Assessment performed by: SALMA ESTRADA Title: RN
Assessment Date: 07/06/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
07/09/2026	Baseline**	135	EXTENSIVE LEVEL RESTRICTIONS
	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 7/6/26	Weekly DAY 5 7/10/26	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:SHORTNESS OF BREATH	No ☐ Yes ☑	No ☐ Yes ☐	No ☐ Yes ☐

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

☛ *Refer to **Appendix 3,** page 20.*

https://www.dshs.texas.gov/tuberculosis-tb/texas-dshs-tb-program-tb-forms-resources

Initial Assessment on Day 1

Documenting TB Isolation and Restriction Status

Appendix 4: 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.*

Name of Patient: JENNIFER DOE DOB: 02 /09 /1976

Health Department: SAN ANTONIO HEALTH DEPT

Name of Nurse Case Manager: SALMA ESTRADA RN

Name of TB Provider/TB Physician: LISA ARMITIGE MD

Section I: Date and Time of Evaluation, Patient Plans

Date of Evaluation: 07/06/2026

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".

PATIENT WILL BE STAYING AT HOME 2303 MILITARY DR.

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

☐ Work:

☐ School:

☐ Volunteer:

☐ Childcare:

☐ Transportation/Travel plans:

☐ Medical/Dental appointment:

☑ Other: HOSPITAL TO RECIEVE DIALYSIS AS SHE CANNOT RETURN TO DIALYSIS CENTER

☐ No plans

TB Isolation and Restrictions: An Implementation Guide

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: 07/06/2026

- ☑ 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 (see Patient Acknowledgement Letter, Appendix 5). *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.	MAY GO TO HOSPITAL FOR DIALYSIS 3/WEEK AND NEEDS TO MASK		
List any places the patient should NOT travel to or visit. 	CANNOT RETURN TO DIALYSIS CENTER, WORK, VISIT FAMILY MEMBERS, GRANDKIDS, OR LEAVE HOME TO GO TO STORES ETC.MUST REMAIN UNDER HOME ISOLATION		

23

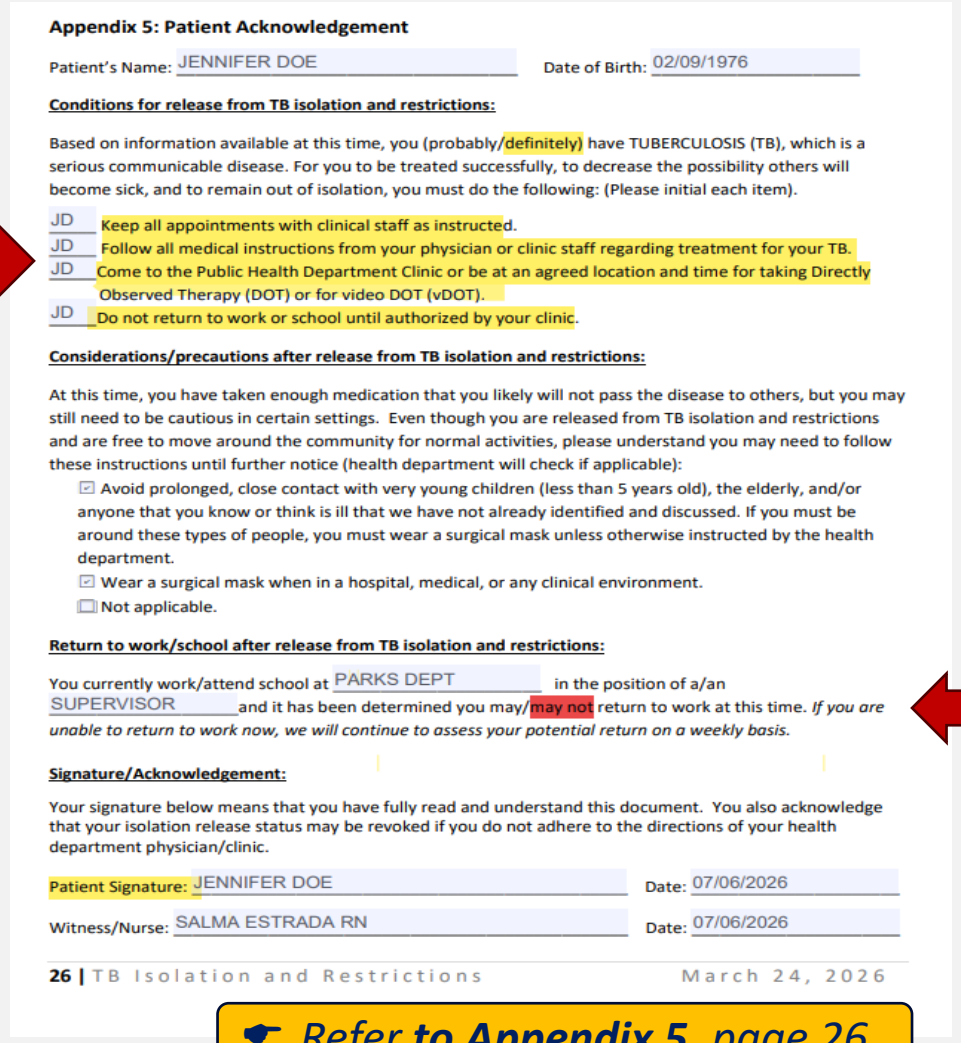
☛ *Refer **to Appendix 4,** pages 22-25.*

TEXAS Health and Human Services

Texas Department of State Health Services

Initial Assessment on Day 1

Patient Acknowledgment



Appendix 5: Patient Acknowledgement

Patient's Name: JENNIFER DOE Date of Birth: 02/09/1976

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).

JD Keep all appointments with clinical staff as instructed.
JD Follow all medical instructions from your physician or clinic staff regarding treatment for your TB.
JD 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).
JD 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 PARKS DEPT in the position of a/an SUPERVISOR 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: JENNIFER DOE Date: 07/06/2026

Witness/Nurse: SALMA ESTRADA RN Date: 07/06/2026

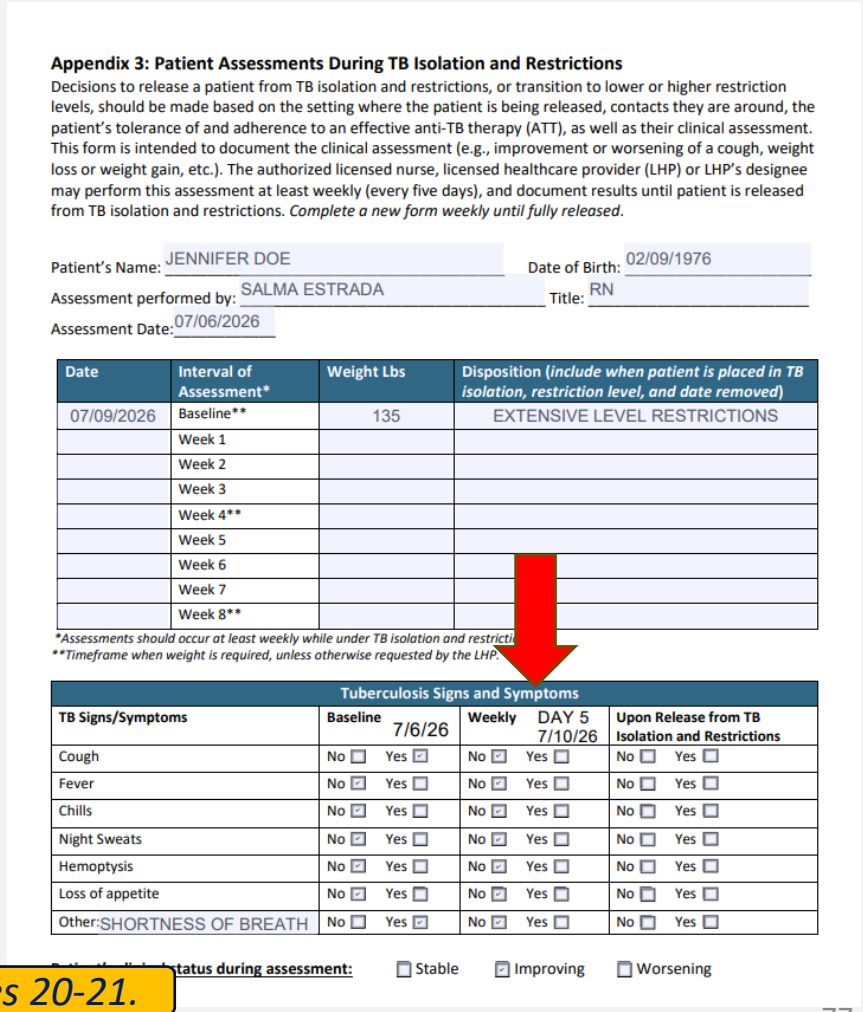
26 | TB Isolation and Restrictions March 24, 2026

☛ *Refer **to Appendix 5,** page 26.*

- Jennifer is provided instructions at the end of her appointment to collect sputum specimens x 3, 8-24 hours apart starting on Saturday-Monday (7/11-7/13).
- She is provided written and verbal instructions on proper sputum specimen collection and how to store specimens.
- Jennifer shall return to the clinic on Monday to submit collections done over the weekend.
- Dialysis has been arranged at a local hospital with an airborne infection isolation room (AIIR).

Weekly Assessment on Day 5

- Jennifer returns to the clinic on Day 5 (7/10/26) for her next weekly assessment.
- She reports improvement in signs and symptoms and no longer reports a cough or shortness of breath.
- Jennifer has now been on DOT for 5 days and has taken 5 ATT doses with no complications.
- Her contacts have not been fully evaluated yet; testing is underway.



Appendix 3: 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: JENNIFER DOE Date of Birth: 02/09/1976

Assessment performed by: SALMA ESTRADA Title: RN

Assessment Date: 07/06/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
07/09/2026	Baseline**	135	EXTENSIVE LEVEL RESTRICTIONS
	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 restricti

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

Tuberculosis Signs and Symptoms			
TB Signs/Symptoms	Baseline 7/6/26	Weekly DAY 5 7/10/26	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: SHORTNESS OF BREATH	No ☐ Yes ☑	No ☑ Yes ☐	No ☐ Yes ☐

Patient clinical status during assessment: ☐ Stable ☑ Improving ☐ Worsening

☛ *Refer **to Appendix 3,** pages 20-21.*

TEXAS Health and Human Services

Texas Department of State Health Services

Knowledge Check 8 (8 of 13)

Can Jennifer now be released from TB isolation and restrictions after 5 doses of ATT?

A. No, she should remain under extensive level restrictions since she is a dialysis patient.

B. No, but she may be moved to low level restrictions.

C. Yes, she may be released from TB isolation and all restrictions.

Answer

B. No, but she may be moved to low level restrictions.

Table 5. Criteria to Release Patients 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 do not 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 do not 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 do not 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.

- Since Jennifer *must* visit a high-risk transmission setting for critical healthcare (dialysis), she cannot be released from TB isolation *based on the number of ATT doses.*

☛ Refer to ***Table 5.***

Initial Assessment on Day 1

Documenting Low Level Restrictions

- Appendix 4, Step 2 is updated.
  - She is instructed on **low level restrictions**.
  - She may return to work and resume routine activities such as errands around her community.
  - Dialysis is arranged at a local hospital that has AIIR.
  - She must mask if she is around new, vulnerable contacts (including her grandchild, until window prophylaxis is started).

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

Ensure patient understands the restriction levels (see Patient Acknowledgement Letter, Appendix 5). *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.			*Resume most normal daily activities, including work.* *Mask when around new, vulnerable contacts (sick, elderly, 4-year-old until window prophylaxis started).*
List any places the patient should NOT travel to or visit.			*May not have dialysis at Horizon Dialysis Center; will be dialyzed M-W-F at Sunny Hospital; patient will wear surgical mask as soon as she enters hospital and during session; dialysis will occur in airborne infection isolation.*

☛ *Refer **to Appendix 4,** pages 22-25*

Weekly Assessment on Day 5
Return to Work Form and Letter

Appendix 5: Patient Acknowledgement

Patient's Name: JENNIFER DOE Date of Birth: 02/09/1976

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).

JD Keep all appointments with clinical staff as instructed.
JD Follow all medical instructions from your physician or clinic staff regarding treatment for your TB.
JD 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).
JD 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 PARKS DEPT in the position of a/an SUPERVISOR 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: JENNIFER DOE Date: 07/10/2026

Witness/Nurse: SALMA ESTRADA RN Date: 7-10-26

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☛ *Refer **to Appendix 5,** page 26.*

Appendix 6: Release from TB Isolation and Restrictions Letter

<Date>

<Patient Name>

<Address>

Dear <NAME>,

The purpose of this letter is to inform you that you may:

- ☑ Participate in outdoor activities without restriction.
- ☑ Participate in most indoor activities, wearing a surgical mask if you are around someone very young, the elderly, and/or someone who is sick, including masking at all medical appointments.
- ☑ Return to work.

Or

The purpose of this letter is to inform you that you may return to all activities without restrictions. You are cleared to return to work.

Please feel free to contact our office with any questions or concerns at <Number>.

Sincerely,

<Name>

Local or Regional Medical Director/Public Health Nurse

<Name of Local or Regional TB Program Here>

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☛ *Refer **to Appendix 6,** page 27.*

TEXAS Health and Human Services

Texas Department of State Health Services

Weekly Assessment on Day 10

- Jennifer returned to the clinic on Monday (7/13/26) and submitted sputum specimens collected over the weekend
- Specimens submitted to DSHS State Lab
- 7/17/26: **AFB sputum smear negative X 3**

- She returns for her next weekly assessment on 7/17/26
- **Completed 10 doses of ATT**
- Reports no complications or adverse effects from therapy

Knowledge Check 9 (9 of 13)

Can Jennifer be released from TB isolation and restrictions and return to her usual dialysis center without masking?

A. No, she must remain under low level restrictions.

B. No, she must remain in isolation until 14 doses of ATT.

C. Yes, she may be released from TB isolation and restrictions and resume all her normal activities.

D. Yes, she may be released from TB isolation and restrictions but needs to mask at the dialysis center.

Answer and Rationale

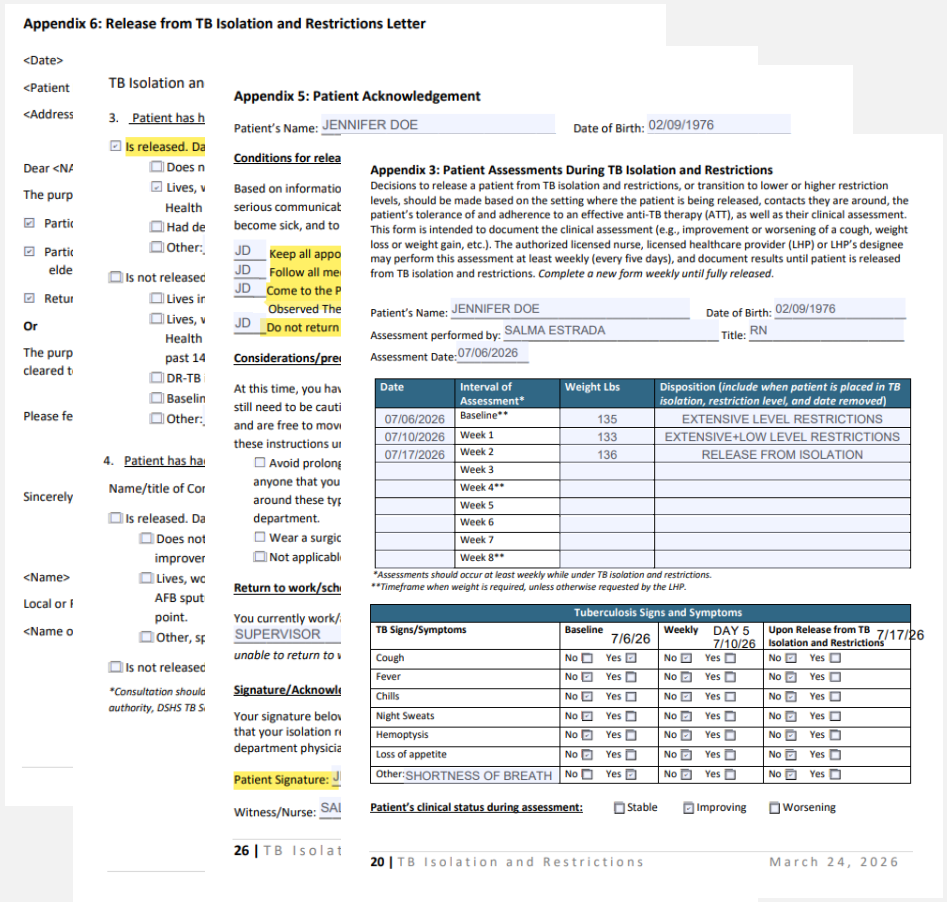
C. Yes, she may be released from TB isolation and restrictions and resume all her normal activities.

- Due to Jennifer having to enter a high-risk transmission setting, she fell under criteria A in Table 5.
- She has taken 10 DOT doses, has symptom improvement, and is now sputum smear negative x3.

Table 5. Criteria to Release Patients 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 do not 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 do not 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 do not 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.

Release from TB Isolation and Restrictions



Appendix 6: Release from TB Isolation and Restrictions Letter

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<Address

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Appendix 5: Patient Acknowledgement

Patient's Name: JENNIFER DOE Date of Birth: 02/09/1976

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Appendix 3: 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: JENNIFER DOE Date of Birth: 02/09/1976

Assessment performed by: SALMA ESTRADA Title: RN

Assessment Date: 07/06/2026

Date	Interval of Assessment*	Weight Lbs	Disposition (*include when patient is placed in TB isolation, restriction level, and date removed*)
07/06/2026	Baseline**	135	EXTENSIVE LEVEL RESTRICTIONS
07/10/2026	Week 1	133	EXTENSIVE+LOW LEVEL RESTRICTIONS
07/17/2026	Week 2	136	RELEASE FROM ISOLATION
	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 7/6/26	Weekly DAY 5 7/10/26	Upon Release from TB Isolation and Restrictions 7/17/26
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: SHORTNESS OF BREATH	No ☐ Yes ☑	No ☑ Yes ☐	No ☑ Yes ☐

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

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☛ *Refer **to Appendix 3-6,** page 20-27.*

- She met the criteria for discontinuation of TB isolation and restrictions.
- **She is released from TB isolation and restrictions.**
- Forms (appendices 3-6) were updated to reflect change in status.
- Patient was educated on updated release.
- A copy of updated forms were provided to patient.

TEXAS Health and Human Services

Texas Department of State Health Services

Case Study 2 Questions?

Case Study 3
Jackie

Damiana Peña, MPH, CIC, CHW

Tuberculosis Program Manager

Corpus Christi-Nueces County Public Health District

Case Study 3, *Jackie*

- Jackie is a 32-year-old female who presents at the local TB clinic with complaints of fatigue, unexplained weight loss, and cough for the past month.
- She lives with her 35-year-old husband and their 6-year-old dalmatian. They do not have any children.
- Jackie works four 10-hour shifts per week at a public library with three coworkers who range in age from their thirties to fifties.

TEXAS Health and Human Services

Texas Department of State Health Services

The TB Diagnosis

Initial diagnostics:

- IGRA positive.
- CXR is abnormal with bilateral infiltrates but no cavitary disease.
- Sputum: 2x AFB smear negative, 1x AFB smear positive 1+ on field.
- NAAT positive with no rifampin resistance.
- Cultures are pending.

Contact Investigation

CI started:

- She does not visit high-risk transmission settings.
- She does not have vulnerable contacts.

First Five Dates of TB Care

Jackie is placed in TB isolation

- She is instructed on **extensive level** restrictions

Jackie starts medication

- ATT via DOT is started
- She is adherent and tolerating ATT
- Symptoms are not worsening

TEXAS Health and Human Services

Texas Department of State Health Services

Knowledge Check 10 (10 of 13)

Can Jackie be released from TB isolation and restrictions after 5 doses of effective ATT?

A. Yes.

B. No, she should be released based on bacteriology because she works in a High-Risk Transmission Setting (Table 3).

C. No, she should be released after 10-14 doses because she works in an Other Congregate Setting (Table 4).

High-Risk Transmission Settings

Correctional Facilities

Jails, prisons, federal detention facilities and other detention facilities.

Inpatient Care Facilities

Hospitals, skilled nursing facilities, long-term care, etc.

High-Risk Outpatient Settings

Dialysis, cancer infusion centers, HIV treatment centers, transplant clinics, and dental-care.

Homeless Shelters

Any shelter where there is daily or weekly turnover of residents.

Refugee Camps and Rescue Missions

Includes unaccompanied children (UAC) shelters.

☛ Refer **to Table 3**: High-Risk Transmission Settings, page 9.

Other Congregate Settings

Other Congregate Settings and their Populations

4.1 Settings with potentially immunocompromised or highly vulnerable people *including, but not limited to*:
• Adult daycares, senior centers, retirement homes.
• Other ambulatory-care outpatient settings and medical offices not listed in Table 3 (refer to Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005).
• Settings where adults with TB may expose vulnerable children under the age of 5 years:
  ○ Settings where children under 5 years of age congregate indoors.
  ○ *Carefully consider* if there will be new exposures before releasing an adult TB patient back into the setting.

4.2 Children and adolescents in foster homes, boarding homes, group homes, orphanages, and halfway houses: • Consider a restriction level if the patient is released from another setting (e.g., hospital) to this setting, and there is potential for new exposures. • If a patient resides in any of these settings at the time of diagnosis, consider if other residents have been living there previously and would be screened in a contact investigation (CI). If so, the patient may not require extensive restrictions in the residence.

☛ *Refer to **Table 4:** Other Congregate Settings and their Populations, page 10.*
☛ *Refer to **Appendix 8:** Infection Control Measures, page 30.*

Other Congregate Settings (*cont.*)

Other Congregate Settings and their Populations
4.3 Kindergarten through 12th grade (K-12) schools: • Restrictions may apply to children <age 10 with adult-type TB (Table 1) and teachers before returning to school.
4.4 Dorms (other than shelters or bunk houses for unhoused people which are High-Risk Transmission Settings [Table 3]): • Includes college dormitories, camps for school-aged children, military dorm housing, etc.
4.5 Colleges and universities • Consider classroom size and duration of possible exposures, along with other areas students congregate; restrictions may apply for teachers, students, and volunteers.
4.6 Other congregate settings *as determined by the PHR or LHD*: • Consider indoor settings where people congregate that have poor ventilation/airflow, lack of UV light exposure, and other environmental concerns which may increase transmission risk.

☛ *Refer to **Table 4:** Other Congregate Settings and their Populations, page 10.*
☛ *Refer to **Appendix 8:** Infection Control Measures, page 30.*

Answer

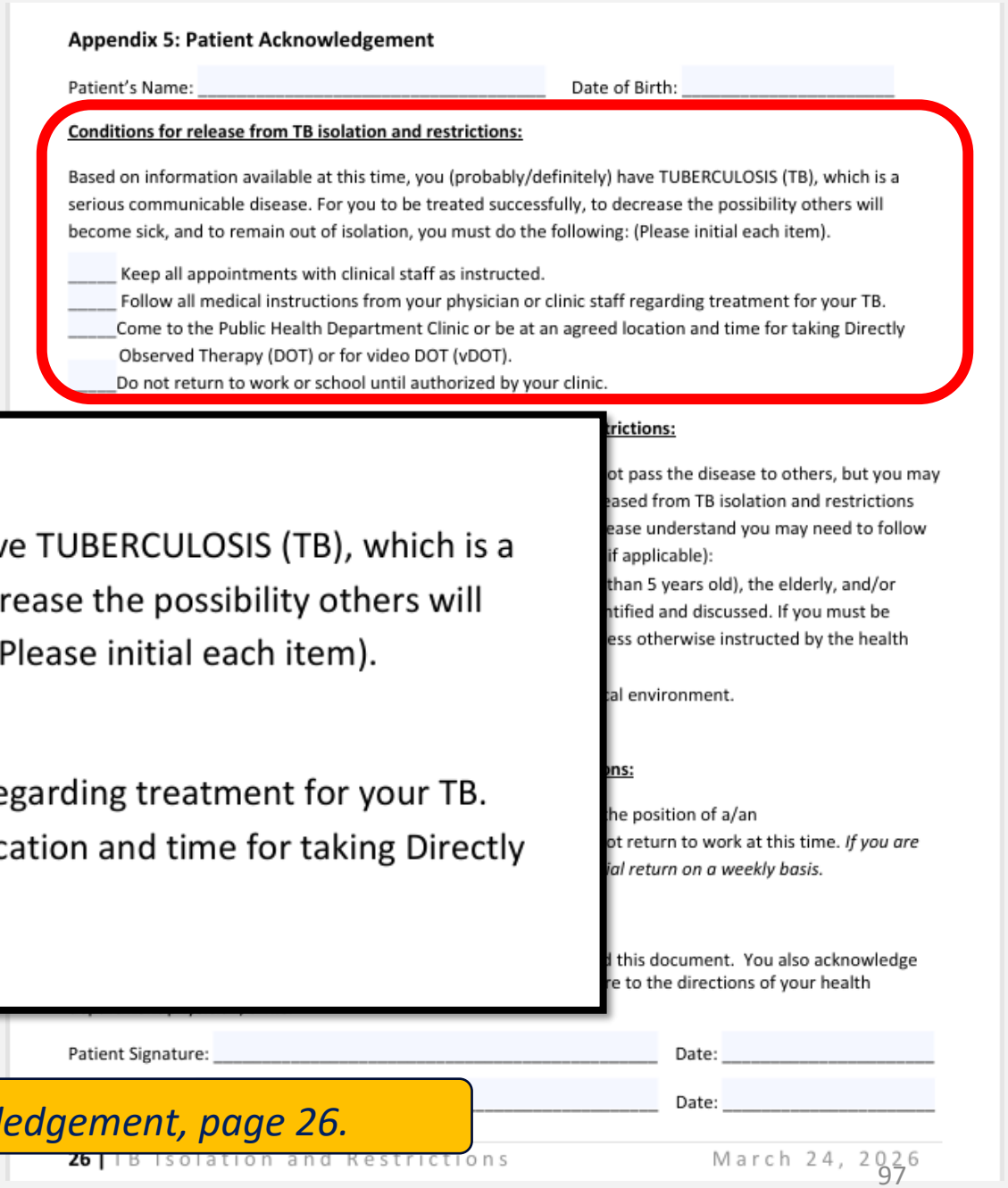
Reminder of the question: **Can Jackie be released from TB isolation and restrictions after 5 doses of effective ATT?**

A. Yes

- She has a low burden of TB disease.
  - One out of three smears was positive with 1+ on field.
- She's doing well on ATT and not worsening.
- The public library was not considered a setting with high risk of possible transmission.

☛ *Refer to **Table 5**. Criteria to Release Patients from TB Isolation and Restrictions, page 12.*

Appendix 5: Patient Acknowledgement



Appendix 5: Patient Acknowledgement

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 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.

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 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.

☛ *Refer to **Appendix 5**. Patient Acknowledgement, page 26.*

Patient Assessment on Week 2

- Jackie is released from TB isolation and restrictions.
- She returns to work at the public library and continues with her DOT appointments.
- On Day 8 of ATT, Jackie develops nausea and vomiting and tells the public health nurse at her DOT appointment.
- The nurse does not administer Day 8's scheduled medication and asks Jackie to hold her medications until further notice.
- The nurse draws labs to check Jackie's liver function tests (LFTs).

Knowledge Check 11 (11 of 13)

At this time (Day 8), should Jackie be placed back in isolation and restrictions?

A. Yes.

B. No.

Answer

B. No

- Medications are placed on a temporary hold.
- Labs are pending (LFTs).
- The nurse will discuss a plan with the treating physician.

Week 2 Updates

- Later, on Day 8:
  - The public health nurse consults with the treating TB physician.
  - The plan: rule out other etiologies for nausea and vomiting.
  - The TB physician orders an antiemetic for management of nausea and vomiting. Medication arrives on Day 10.
- Day 11:
  - Jackie's LFTs are slightly increased (1x elevated) but did not meet the criteria for stopping the medications. DOT is restarted with prophylactic Zofran.
- Day 12:
  - Jackie is still not able to tolerate ATT despite adding the antiemetic.
  - The TB physician orders to stop medications and begin a drug challenge.

Knowledge Check 12 (12 of 13)

Jackie has now missed 5 days of effective ATT. Should Jackie be placed back in isolation and restrictions?

A. No, because she originally completed 7 consecutive days of ATT via DOT.

B. Yes, because she is no longer on an effective drug regimen.

C. No, because she will be on a drug challenge and therefore will still be taking anti-TB therapy.

Answer

B. Yes, because she is no longer on an effective drug regimen.

- Jackie has not been on an effective drug regimen for the past 5 days, and it has been determined that a drug challenge would need to be started and could potentially take a week.
- Her infectiousness is no longer being reduced by means of therapy since she is no longer on effective ATT.

Table 2. Effective ATT for Reviewing TB Isolation and Restrictions*

Standard Therapy for Drug Susceptible TB	Regimens without Isoniazid (INH)	Regimens without a Rifamycin
Patient must be on: • At least isoniazid (INH) and rifampin (RIF)** with or without ethambutol (EMB), pyrazinamide (PZA).	Patient must be on: • Fluroquinolone (FQN)/ RIF**/EMB/ PZA OR • RIF**/EMB/PZA OR • FQN/RIF**/EMB	• Seek medical consultation regarding effective regimens that do not include a rifamycin, as per DSHS TB Section's SDOs.

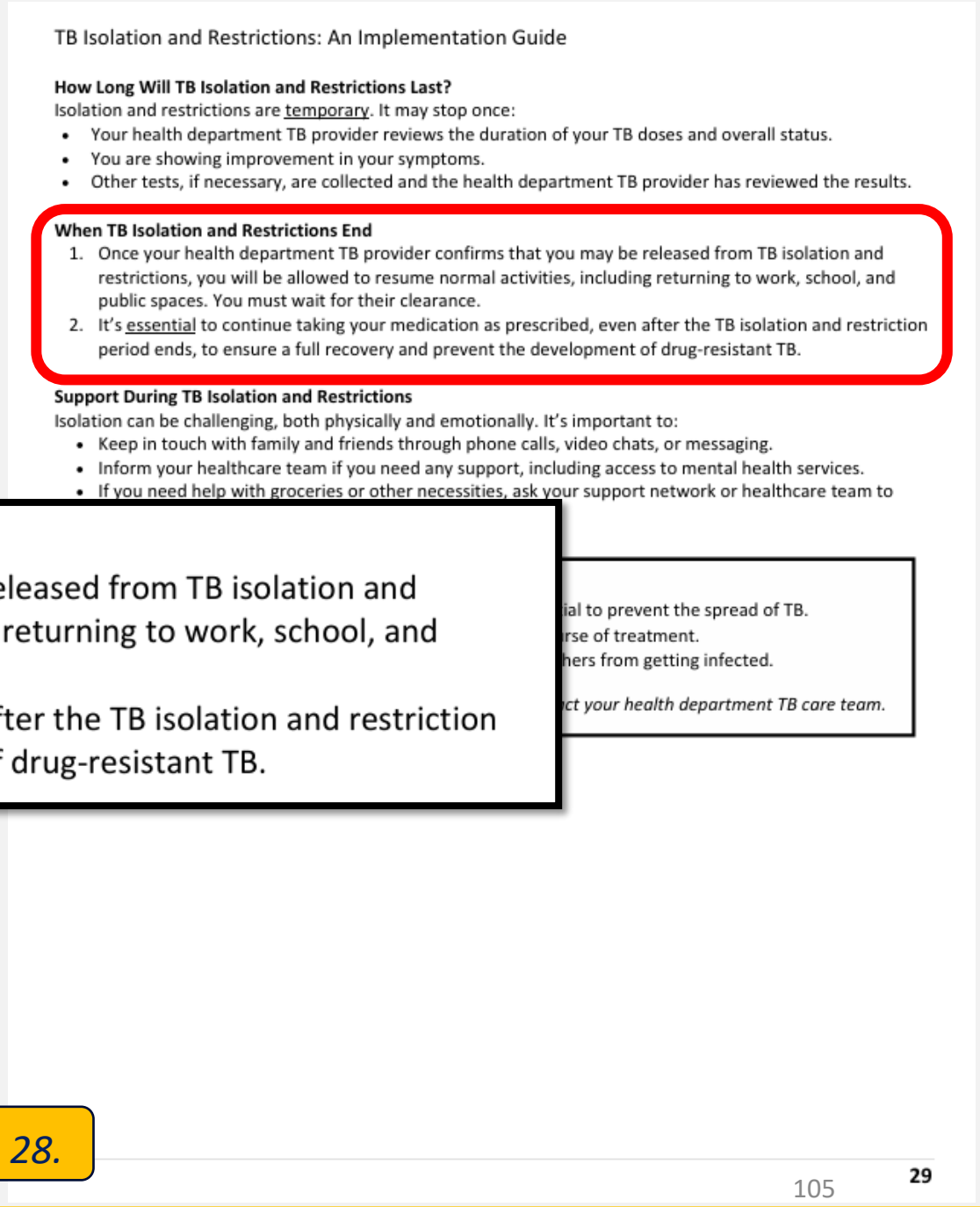
To be considered effective, the regimen must be:

1) Administered by the PHR and LHD by directly observed therapy (DOT), which can include video DOT (vDOT), consecutively with no missed doses.
   - Considerations may be made by the PHR and LHD to accept inpatient medication administration records (MARs) on a case-by-case basis.
2) Well-tolerated by the patient, including no vomiting, with each dose fully taken and ingested.
3) Likely to be effective based on presumed *M. tb* specimen susceptibility.†
   - Ensure patient is not likely to be drug resistant± if they start standard therapy with at least INH and RIF**.

This table does not supersede clinical treatment recommendations. Refer to the DSHS TB Section's SDOs for standards of care and treatment details.
***Rifabutin (RBT) can be used in place of rifampin; refer to the SDOs for treatment details when RBT is indicated.*
†*Nucleic acid amplification (NAA) results with rifampin testing (i.e., Xpert) should be obtained on an initial sputum sample for all patients suspected of havi*
± *Risk f*

☛ *Refer to **Table 2**. Effective ATT for Reviewing TB Isolation and Restrictions, page 7.*

Appendix 7: Patient Education



TB Isolation and Restrictions: An Implementation Guide

How Long Will TB Isolation and Restrictions Last?

Isolation and restrictions are temporary. It may stop once:

- Your health department TB provider reviews the duration of your TB doses and overall status.
- You are showing improvement in your symptoms.
- Other tests, if necessary, are collected and the health department TB provider has reviewed the results.

When TB Isolation and Restrictions End

1. Once your health department TB provider confirms that you may be released from TB isolation and restrictions, you will be allowed to resume normal activities, including returning to work, school, and public spaces. You must wait for their clearance.
2. It's essential to continue taking your medication as prescribed, even after the TB isolation and restriction period ends, to ensure a full recovery and prevent the development of drug-resistant TB.

Support During TB Isolation and Restrictions

Isolation can be challenging, both physically and emotionally. It's important to:

- Keep in touch with family and friends through phone calls, video chats, or messaging.
- Inform your healthcare team if you need any support, including access to mental health services.
- If you need help with groceries or other necessities, ask your support network or healthcare team to

ial to prevent the spread of TB.
rse of treatment.
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ct your health department TB care team.

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When TB Isolation and Restrictions End

1. Once your health department TB provider confirms that you may be released from TB isolation and restrictions, you will be allowed to resume normal activities, including returning to work, school, and public spaces. You must wait for their clearance.
2. It's essential to continue taking your medication as prescribed, even after the TB isolation and restriction period ends, to ensure a full recovery and prevent the development of drug-resistant TB.

☛ *Refer to **Appendix 7**: Patient Education, page 28.*

Knowledge Check 13 (13 of 13)

We agree that Jackie should be placed back in isolation and restrictions. What level of restrictions would be appropriate?

A. Extensive level.

B. Moderate level.

C. Low level.

Answer

B. Moderate level restrictions

- Jackie should be instructed to stay home from work, but she is able to pick up food from a drive-through and can walk her dog around the neighborhood with her husband. She should mask around new or vulnerable contacts.
- It is still early in her care, and we want to make sure she can tolerate ATT.

☛ *Refer to **Appendix 1:** Defining Extensive, Moderate, and Low-Level Restrictions, page 18.*

Week 3 - Drug Challenge Planned

- The drug challenge involves slowly reintroducing the medications one at a time over the course of a week.
- The public health nurse calls Jackie and informs her to stop her medications and that her DOT will be modified.

Week 4 – Jackie is Improving

- Jackie does well is now comfortably tolerating an effective ATT regimen.
- She is once again released from TB isolation and restrictions.

TEXAS Health and Human Services

Texas Department of State Health Services

Case Study 3 Questions?

Closing Reminders

TB Isolation and Restrictions Guidelines Trainings Series, 2026

Training	Date	Time (CST)
Session #1: Introducing the New Guidelines	April 9, 2026	12:00 – 1:30pm
Session #2: Placing Patients In and Out of TB Isolation and Restrictions	May 7, 2026	12:00 – 1:30pm
Session #3: Settings and Contact Investigations	June 18, 2026	12:00 – 1:30pm
Session #4: Assessing and Educating the Patient Weekly	July 9, 2026	12:00 – 1:30pm
Session #5: Frequently Asked Questions and Lessons Learned	August 13, 2026	12:00 – 1:00pm

Continuing Education

How to obtain CE for today:

- Complete this evaluation no later than **5:00 pm, Friday, July 10, 2026.**
- *If group watching*, please type the names for everyone in your group in the chat to verify attendance.

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End of Session 4