

New Wording:

E. 2. Patients with pulmonary MDR-TB should be considered infectious, regardless of initial smear status, until all of the following criteria are met*:

- a. An appropriate MDR-TB treatment regimen has been initiated and tolerated for at least two weeks AND
- b. A favorable clinical response to therapy has been demonstrated by resolution of fever, resolution or near-resolution of cough, no further progression in weight loss, and absence of any other new or progressive sign / symptom that may be attributable to TB disease, AND
- c. Three consecutive smears from sputa collected on different days are documented as AFB-negative.

For assistance in decision-making related to MDR-TB cases and hospital discharge, see Appendix 3. Discharge planning for each hospitalized MDR-TB case should include arrangement for the prescribed treatment regimen to be continued and monitored by DOT.

***Note:** Transmission of TB by AFB smear-negative cases prior to treatment can occur and is well-documented. Consequently, in certain circumstances, the determination of infectiousness may require the application of more stringent criteria, specifically, consistently negative sputum cultures (at least two consecutive respiratory specimens). Application of these more stringent criteria may be especially important for cases with cavitory disease. Circumstances when negative cultures are indicated to classify cases as non-infectious include those in which a case will work or live in a site:

- where contact with persons with HIV or other immunocompromising conditions is likely to occur;
- where neonates or other uninfected children aged <5 years may visit, live, or receive care (e.g., neonatal intensive care units, daycare settings, pre-schools);
- where unrelated persons live or work in a congregate setting and there is crowding or regular turnover of high risk clients (e.g., prison, jail, group home, homeless shelter).

References:

1. Schaaf HS, Gie RP, Kennedy M, et al. Evaluation of young children in contact with adult multidrug-resistant pulmonary tuberculosis: a 30-Month follow-up. *Pediatrics* 2002; 109(5):765-771.
2. Behr MA, Warren SA, Salamon H, et al. Transmission of *Mycobacterium tuberculosis* from patients smear-negative for acid-fast bacilli. *Lancet* 1999; 353(9151):444-9.
3. Centers for Disease Control and Prevention (CDC). Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Association of America and CDC. *MMWR* 2005; 54 (No. RR-15):1- 47.
4. CDC. Controlling Tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005; 54 (No. RR-12):1-81.
5. CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54 (No. RR-15): 1-141.
6. Francis J. Curry National Tuberculosis Center and California Dept of Health Services, 2004: Drug – Resistant Tuberculosis: A Survival Guide For Clinicians, 1-259.