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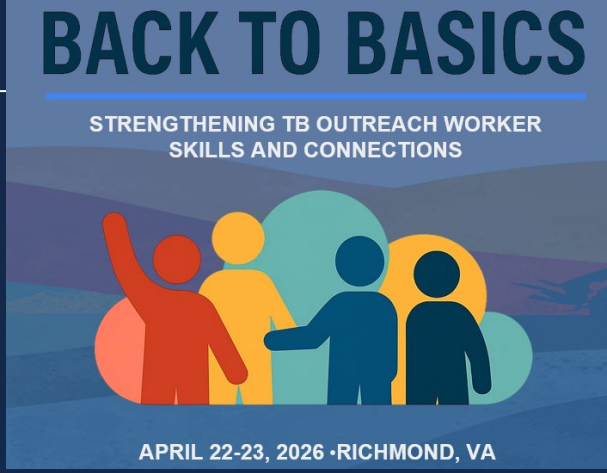


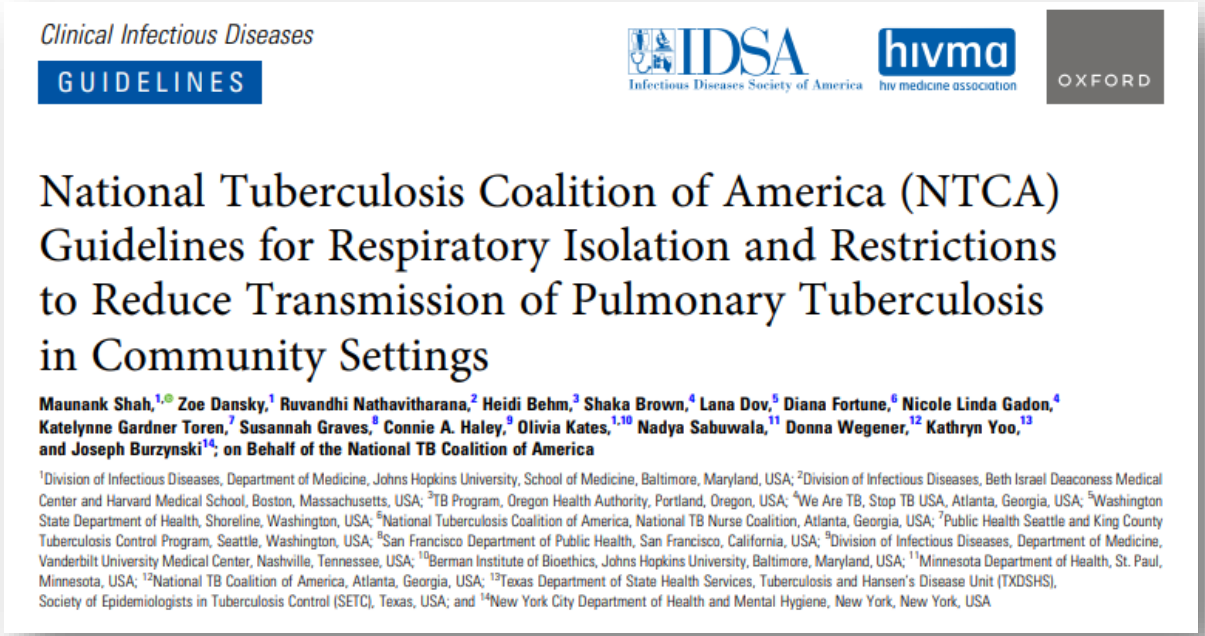
Isolation Recommendation Updates and Patient Advocacy

Objectives

- Describe the rationale for changes to existing isolation recommendations
- Describe patient rights related to isolation
- Describe when personal protective equipment (PPE) is needed when providing services to TB clients

National Background

- Updated guidance published in April of 2024 by the National TB Coalition of America



Clinical Infectious Diseases

GUIDELINES

IDSA Infectious Diseases Society of America | hivma hiv medicine association | OXFORD

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

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National Background

- NTCA created a Guideline Development Group (GDG) with broad representation and TB expertise and experience
- Evidence Synthesis Group evaluated scientific literature to inform the GDG
  - Focused on impact of isolation for persons with TB on:
    - **Public health outcomes**: TB incidence and mortality
    - **Patient outcomes**: mental health, stigma, costs
- GDG reviewed ethical principles of public health decision-making

- An additional scoping review focused on:
  - Association of sputum smear microscopy results, cough, cavitary disease (based on chest imaging), and tx initiation with potential infectiousness

National Background

- **Community settings** = Home/residence, workplace, school, etc.
- Consider the potential benefits and harm for the community **and** the person with TB
- Final decisions should be individually tailored, considering relevant, patient-specific, setting-specific, and contextual information.

Guidance for isolation duration for other settings is unchanged (i.e., correctional facilities, healthcare facilities)

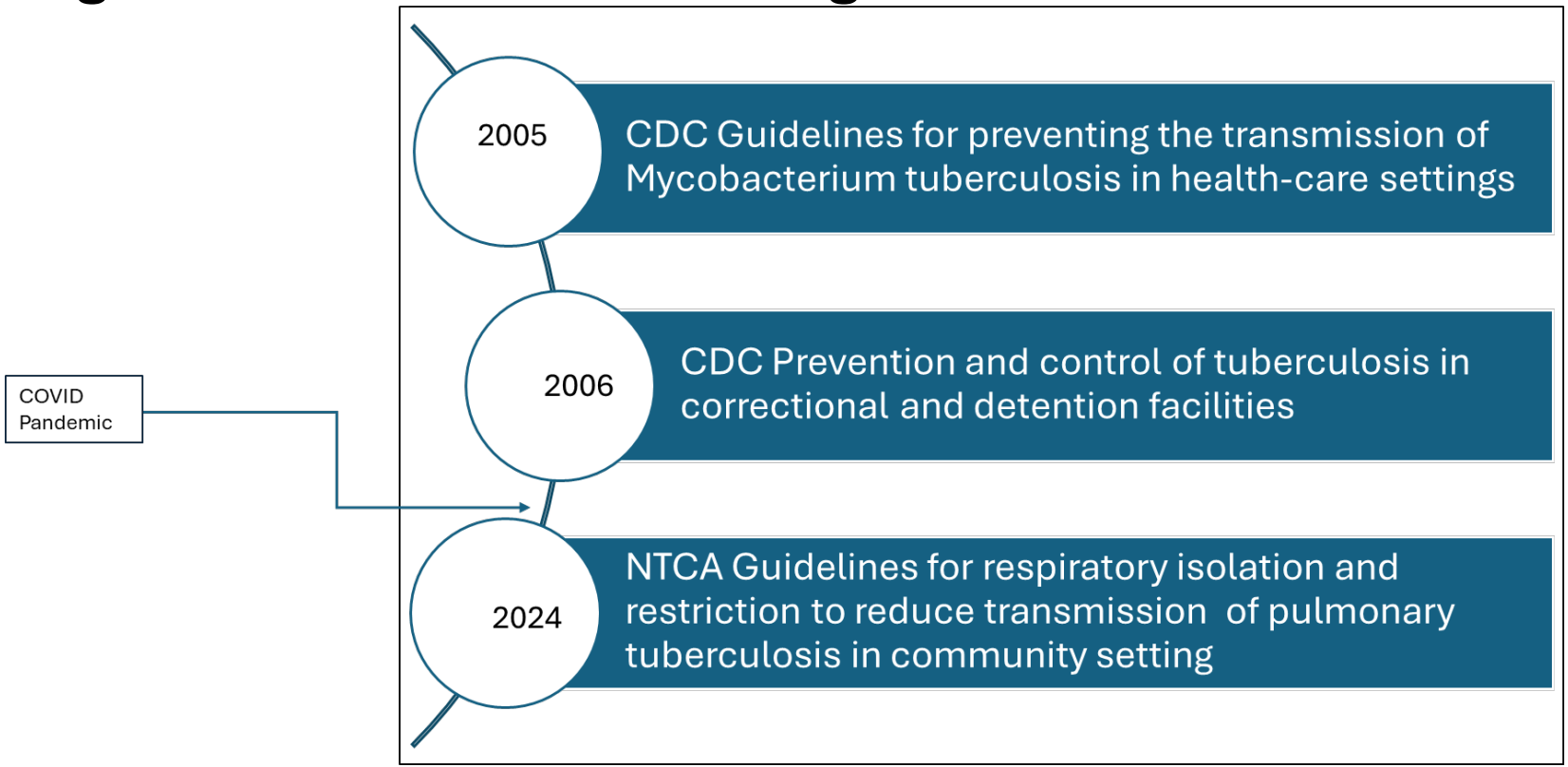
VDH Workgroup

- **Mission**: In response to these updated guidelines, the Virginia TB Program convened a representative workgroup to develop an updated guidance document for TB isolation for use by Virginia's local health departments.
- **Goals**:
  - Critically review and discuss the updated guidelines considering the implications to local health departments, and
  - Develop an updated guidance document for use by local health department staff.

VDH Workgroup

- **Workgroup Members**:
  - Central Region: Cindy Debusk, Rosalie Bieda, Abi Nimitz, Dr. Saritha Gomadam
  - Eastern Region: Marli Laudun, Robie Aubuchon, Michelle Lathrop, Sena Amegbletor
  - Northern Region: Dr. Barbara Andrino, Raheleh Farmand, Evelyn Poppell, Emily Astorga, Nancy Lara, Sergio Suarez-Ruesta
  - Northwest Region: Katrin Wince, Bindi Pathak, Dr. Allison Baroco, Lauren Padlo
  - Southwest Region: Steve Bailey, Megan Carter, Autumn Logsdon, Kathy Waller, Odessa Dunaway
  - DCLS: Kathleen Milloy, Rana Mehr
  - VDH TB Program Staff
- **Workgroup Stakeholders**:
  - Jill Grumbine, Newcomer Health Program Manager, VDH
  - Jasie Hearn, Division Director, Division of Clinical Epidemiology, VDH
  - Dr. Maria Almond, Piedmont Health District Director
  - Tania Shah, TB Survivor, We Are TB
  - Dr. Eric Houpt, TB Program Clinical Consultant, UVA
  - Dr. Tania Thomas, TB Program Clinical Consultant, UVA
  - Dr. Laurie Forlano, Office Director, Office of Epidemiology, VDH
  - VDH Community Health Services Leadership

Background – Guidance Changes



What makes public health guidelines unique?

- Weigh responsibility to the community and the public's health with responsibilities to the patient
- Rights-based limitations to public health power

Main take aways from evidence base

- Sputum examination (smear) does not correlate reliably with infectiousness after treatment initiation
- Appropriate treatment rapidly renders a person non-infectious
- Low certainty that isolation reduces TB incidence and mortality
- Moderate certainty that isolation worsens mental health, stigma, finances

Isolation can be considered balancing community and patient well-being given that **most** people have a low likelihood of infectiousness after at **least five DOT doses** of appropriate treatment.

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Virginia Interpretation and Guidelines

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Isolation and Respiratory Restrictions for Persons with Infectious Active Tuberculosis in Household and Community Settings: Virginia Department of Health Guidance for Local Health Departments

April 18, 2025

This guidance is intended for local health departments. Care and management of anyone with active tuberculosis (pulmonary or extrapulmonary) should be done in coordination with VDH and local health departments.

Summary/Purpose

In light of updated national guidelines[1] released in 2024, this document is designed to assist Virginia Department of Health (VDH) TB clinical teams when making decisions about the use of respiratory isolation and restrictions (RIR) for a person with potentially infectious active TB.

In this document, the term RIR is used to delineate both physical isolation of a person with TB (PWTB) and restrictions on movement or activities that would place the PWTB in contact with other susceptible individuals. RIR is only necessary for persons with infectious (or potentially infectious) active TB disease, to reduce risk of infection of others, and it is not recommended for persons with noninfectious forms of TB (i.e., localized extrapulmonary TB without pulmonary or laryngeal involvement, as confirmed by sputum bacteriologic studies and/or chest imaging). RIR is not used for persons diagnosed with latent TB infection (LTBI), which is not infectious.

These guidelines reflect changes to recommendations for implementation of RIR in a household or general community setting (e.g., workplace, school). Recommendations for healthcare (e.g., hospitals, nursing homes) and congregate settings (e.g., correctional facilities, homeless shelters, assisted living facilities) are unchanged and not addressed in this document. Resources for these settings are available from the Centers for Disease Control and Prevention (CDC).

Table 1. RIR recommendations based on clinical characteristics and other risk fa

Group	Clinical Characteristics and Risk Factors	Recommended RIR	Other cons
1	• Extrapulmonary TB with no concern for pulmonary or laryngeal involvement • Child under the age of 10 without adult type cavitation, positive sputa smears etc. (consult with VDH TB) • Asymptomatic clients with a B1 EDN classification	• **Modified isolation** until chest imaging results not consistent with active TB and negative results from 3 sputa smears collected at least 8 hours apart (if applicable) are available	• Additional isolation needed for extrapu draining open wou
2	• Suspected or confirmed multi-drug-resistant TB or mono-resistance to rifampin	• **Extensive restriction** until release deemed appropriate by clinical care team	• RIR may be extend consequences of t resistant disease, a children <5 years o immunosuppresse a congregate settin home) or work (e.g • **Reassess RIR nee health and wellbe**
3	• Extensive disease	• **Extensive restriction** until client tolerating and adherent to **appropriate** TB treatment	• Moderate restrictio depending on the F and activities.
4	• Lives or works risk communit (e.g., househo children <5 ye daycare, group • Works in a hig congregate se nursing home, facility)		
5	• None of the ab		

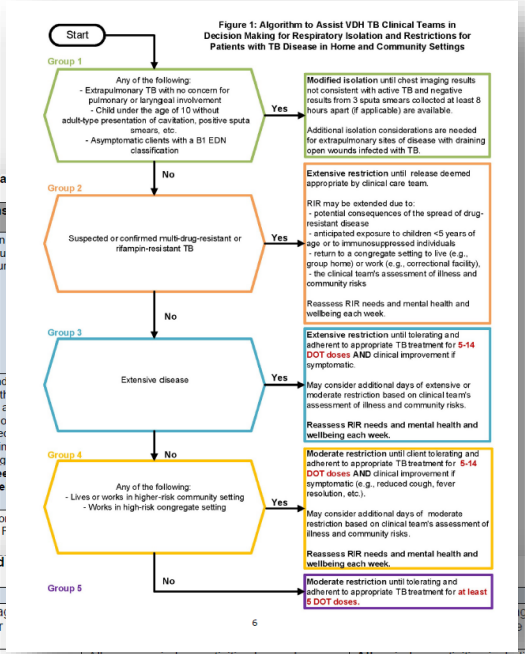

Table 2: Spectrum of Respiratory Isolation and

		Extensive Restriction		
Movement Restrictions	*General*	**Strictly limit** movement to an ag location, such as home or other		greed- e or other
	Indoor Activities	**Limit** indoor activities beyond home/residence (i.e., may attend essential healthcare visit as determined through discussion with local health department).	Allow **some** indoor activities beyond home/residence (e.g., time-sensitive healthcare visit) as determined through discussion with local health department.	**Allow** indoor activities including time-sensitive healthcare visits.
	Outdoor activities	Allow **some** outdoor activities without interacting closely with others (e.g., going for a walk).	Allow **most** outdoor activities as determined through discussion with local health department.	**Allow** outdoor activities
Minimizing Additional Exposure Risk		• **Avoid** close or prolonged (e.g., multiple hours) contact with those in the home/residence who are vulnerable to TB infection/progression (e.g., children, immunosuppressed individuals). • **Wear a surgical mask** (as resources permit) around vulnerable people in the **home/residence** and for any other **indoor activities**. • **Consider** PPE for close contacts (e.g., surgical masks). • Make efforts to **improve ventilation** (open windows during car transportation, HEPA filtration, negative pressure if visiting healthcare setting).		• **Wear a surgical mask** for **indoor activities** beyond the home/residence.
Visitors		**Avoid** visitors during the period of restriction/isolation. If visitors are unavoidable, encourage visiting outside or while masked (as resources permit). Consider providing TB education resources in appropriate languages.		

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Virginia Interpretation and Guidelines

Table 2: Spectrum of Respiratory Isolation and Restrictions for Persons with Tuberculosis

		Extensive Restriction	Moderate Restriction	Modified Isolation
Movement Restrictions	*General*	**Strictly limit** movement to an agreed-upon location, such as home or other residence.	Spend **majority of time** at agreed-upon location, such as home or other residence.	Spend **majority of time** at agreed-upon location, such as home or other residence.
	Indoor Activities	**Limit** indoor activities beyond home/residence (i.e., may attend essential healthcare visit as determined through discussion with local health department).	Allow **some** indoor activities beyond home/residence (e.g., time-sensitive healthcare visit) as determined through discussion with local health department.	**Allow** indoor activities including time-sensitive healthcare visits.
	Outdoor activities	Allow **some** outdoor activities without interacting closely with others (e.g., going for a walk).	Allow **most** outdoor activities as determined through discussion with local health department.	**Allow** outdoor activities
Minimizing Additional Exposure Risk		• **Avoid** close or prolonged (e.g., multiple hours) contact with those in the home/residence who are vulnerable to TB infection/progression (e.g., children, immunosuppressed individuals). • **Wear a surgical mask** (as resources permit) around vulnerable people in the **home/residence** and for any other **indoor activities**. • **Consider** PPE for close contacts (e.g., surgical masks). • Make efforts to **improve ventilation** (open windows during car transportation, HEPA filtration, negative pressure if visiting healthcare setting).		• **Wear a surgical mask** for **indoor activities** beyond the home/residence.
Visitors		**Avoid** visitors during the period of restriction/isolation. If visitors are unavoidable, encourage visiting outside or while masked (as resources permit). Consider providing TB education resources in appropriate languages.		

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Major Shifts

Reduced emphasis on smear status after initiation of appropriate TB treatment

Increased emphasis on effectiveness of appropriate TB treatment

Potential for more clients to be released sooner

Practical Application for ORW and Other Staff

- Most VDH TB clients isolate at home.
- Most VDH TB clients will be released from home isolation after 5-14 days of directly observed therapy (DOT).

If you are seeing a client with confirmed or presumptive TB disease during this time, wear a fit-tested N95 mask.

Meeting outside can also reduce exposure risk, if feasible.

Immigrants and refugees with a “B1” classification (abnormal x-ray overseas) are placed on “modified” isolation until three negative smears come back.

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Have you noticed this change?

- Shorter isolation periods for clients?
- Reduced sputa collection? (Every two weeks vs. every week?)

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Scenario 1

- 29-year-old male
- Born in Honduras
- Productive cough x3 weeks, 15 lb weight loss
- IGRA positive, x-ray shows cavity
- Initial sputa 3+, PCR positive for TB, no rpoB detected
- No history of prior TB/LTBI treatment
- Works alone outside
- Lives with one roommate
- Has received 7 DOT doses of RIPE and reports decreased cough

Scenario 1 - Decision

- Consider severity of disease
  - Extensive disease (smear+, cough, cavity)
- Consider other risk
  - Works outside, alone
  - Lives with one roommate
  - Lower risk

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Scenario 1 - Decision

- Determine duration and level of isolation and restriction
  - Has completed 7 DOT doses of RIPE
  - Decreased cough

3	• Extensive disease	• **Extensive restriction** until client tolerating and adherent to **appropriate** TB treatment for **5-14** DOT doses **AND** clinical improvement if symptomatic (e.g., reduced cough, fever resolution, etc.) • May consider additional days of extensive restrictions depending on extent of illness and clinical care team's assessment	• Moderate restriction may be appropriate depending on the PWTB's living situation and activities. • RIR may also be extended despite a PWTB's low infectious potential due to community risks including anticipated exposure to children <5 years of age or to immunosuppressed individuals, return to a congregate setting to live (e.g., group home) or work (e.g., correctional facility). • **Reassess RIR needs and mental health and wellbeing each week**

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Scenario 1 - Decision

Release from isolation

- 7 DOT doses completed (meets 5-14 day threshold)
- Clinical improvement
- No new exposures at home (1 roommate)
- Low risk work environment (works alone, outside)

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Scenario 1 - Discussion

- Potential room for ORW or nurse case manager to advocate for return to work if longer isolation is still the default in the district

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Scenario 2

- 80-year-old male from Vietnam
- IGRA positive
- 3-month history of cough, fevers, weight loss
- Abnormal x-ray, no cavities
- Does not work
- Diabetic
- Lives alone
- Initial smears negative, PCR negative
- Clinical TB diagnosis
- Starting TB treatment today

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Scenario 2 - Decision

- Consider severity of disease
  - Not extensive disease (cough, but smear and PCR -, no cavities)
  - DM; SDLs indicated
- Consider other risk
  - Lives alone
  - Not working
  - Lower risk

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Scenario 2 - Decision

- Determine duration of isolation and level of restriction

5	• None of the above	• **Moderate restriction** until tolerating and adherent to appropriate TB treatment for at least **5** DOT doses	

Scenario 2 - Decision

Moderate restriction for 5 days of DOT

Moderate Restriction
Spend **majority of time** at agreed-upon location, such as home or other residence.
Allow **some** indoor activities beyond home/residence (e.g., time-sensitive healthcare visit) as determined through discussion with local health department.
Allow **most** outdoor activities as determined through discussion with local health department.

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Scenario 2 - Discussion

- Client already lives alone so shorter duration could get them back to social and other activities

Scenario 3

- 25-year-old woman
- Born in Peru
- Recent weight loss, hemoptysis, night sweats
- Hx of partial treatment for TB disease as a child
- Initial sputa smears 3+, PCR positive, rpoB mutation detected, culture growing
  - MDDR results pending
- Works in a daycare
- Has not started regimen yet

Scenario 3 - Decision

- Consider severity of disease
  - Extensive disease (smear+, cough, rifampin resistance)
- Consider other risk
  - Daycare worker
  - High risk

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Scenario 3 - Decision

- Determine duration of isolation and level of restriction

2	• Suspected or confirmed multi-drug-resistant TB or mono-resistance to rifampin	• **Extensive restriction** until release deemed appropriate by clinical care team	• RIR may be extended due to potential consequences of the spread of drug-resistant disease, anticipated exposure to children <5 years of age or to immunosuppressed individuals, return to a congregate setting to live (e.g., group home) or work (e.g., correctional facility). • **Reassess RIR needs and mental health and wellbeing each week**

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Scenario 3 - Decision

Extensive restriction until release deemed appropriate by clinical care team

	Extensive Restriction
General	**Strictly limit** movement to an agreed-upon location, such as home or other residence.
Indoor Activities	**Limit** indoor activities beyond home/residence (i.e., may attend essential healthcare visit as determined through discussion with local health department).
Outdoor activities	Allow **some** outdoor activities without interacting closely with others (e.g., going for a walk).

TABLE 4.

Criteria for Release from Isolation to High and Lower Risk Settings*

Patient Category	Setting	Criteria
TB case (or suspect on treatment for TB) at increased risk for MDR-TB	High or Lower risk	• Obtain direct NAAT, if available, for RIF and/or INH resistance. • If direct NAAT not available, while phenotypic DST for RIF is pending, at the discretion of the local TB controller, either criteria for patients with known MDR-TB or criteria for patients not at increased risk of MDR-TB may be applied.
Known MDR-TB case	High risk	• Three consecutive respiratory specimens collected on separate days, including at least one early AM or induced sputum, or BAL, are AFB smear negative, and no subsequent sputum specimen is AFB smear positive; • At least 14 daily doses of treatment for MDR-TB taken and tolerated by DOT; • Clinical improvement; and • At least 2 consecutive negative sputum cultures without a subsequent positive culture.
	Lower risk**	• Three consecutive sputum specimens collected on separate days are AFB smear negative; • At least 14 daily doses of treatment for MDR-TB taken and tolerated by DOT; and • Clinical improvement.

Definitions:

High Risk Setting

- A housing or work setting in which others will share air with the TB patient and which is characterized by 1 or more of the following factors:
  - A large number or high density of persons.
  - The presence of persons at high risk of progression to active TB disease (e.g., children < 5, persons with HIV infection)
  - The presence of persons who have not been previously exposed to the TB patient.

Lower Risk Setting

- A **residential** setting not characterized as high risk, and:
  - No other persons will share the air with the TB patient; OR
  - Other persons who will share the air with the TB patient are not at increased risk for progression to TB disease if infected; OR
  - All persons at increased risk of progression to TB disease if infected, including all children under the age of 5 years, who will share the air with the TB patient,have been previously exposed to the TB patient, have had a complete medical evaluation and have been started on therapy, including window period treatment for presumed LTBI (TB1),as appropriate.
- A **work** setting not characterized as high risk, and in which no contacts are known or reasonably expected to be at increased risk of progression to TB disease if infected

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Scenario 3 - Discussion

- May need support financially and from a mental health perspective
  - AHIP program
  - Cure TB

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Scenario 4

- 44 y/o immigrated from Philippines many years ago
- Seen at local hospital in March
  - Smear positive, no NAA
  - Culture positive three weeks later
  - Asymptomatic, no cavities
- New sputum testing – smear and NAA negative, culture pending
- Started on RIPE
- Works as special needs teacher with pre-K – 5th grade at local elementary school
  - Significant contact with 50-60 kids (10 under age 5)
  - Broader school population ~300 kids
- Patient: concerned about stigma/work backlash

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Scenario 4 - Decision

- Classify severity of disease
  - Not extensive disease
- Consider other risk
  - Higher risk work setting

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Scenario 4 - Decision

- Determine duration of isolation and level of restriction

4	• Lives or works in a higher-risk community setting (e.g., household with children <5 years of age, daycare, group home) • Works in a high-risk congregate setting (e.g., nursing home, correctional facility)	• **Moderate restriction** until client tolerating and adherent to appropriate TB treatment for **5-14** DOT doses **AND** clinical improvement if symptomatic (e.g., reduced cough, fever resolution, etc.)	• RIR may be extended despite a PWTB's low infectious potential due to community risks including anticipated exposure to children <5 years of age or to immunosuppressed individuals, return to a congregate setting to live (e.g., group home) or work (e.g., correctional facility). • **Reassess RIR needs and mental health and wellbeing each week**

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Scenario 4 - Decision

Moderate restriction for 5-14 day of DOT

- Given vulnerability of school setting, likely more days out of work (e.g., after 14 DOT doses), but perhaps allowing non-work activities sooner (e.g., after 5 DOT doses)

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Scenario 4 - Discussion

- Encourage regular activities even if cannot return to work
- May needs support if out of work longer (AHIP, etc.)

Advocacy

- Mention updated guidance to your team
- If you see a client struggling with isolation or their disease in general, consider connecting to We Are TB or Somos TB
- Reach out to VDH TB

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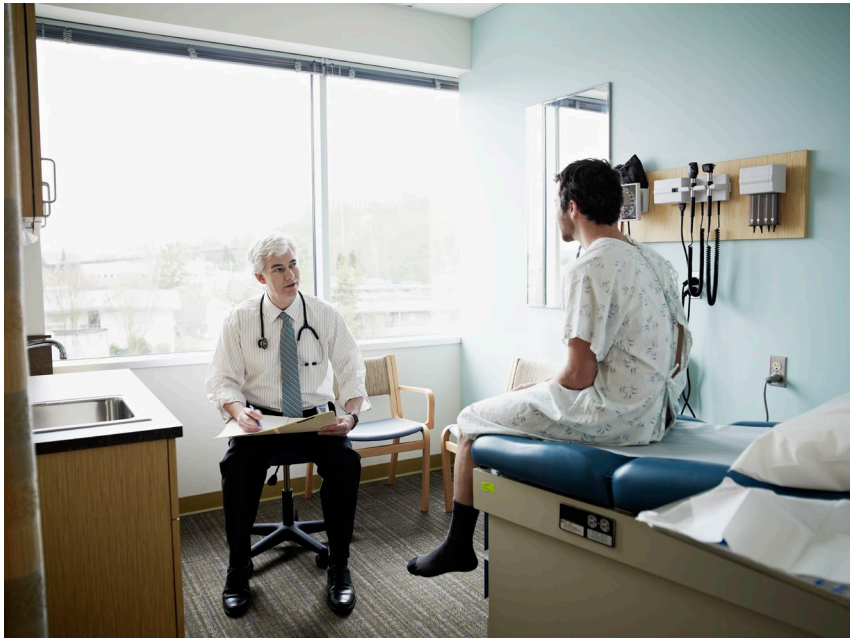
Advocacy

- Know your client's rights

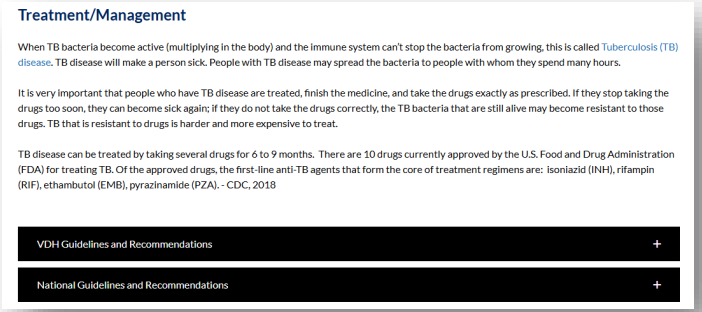


- A person will not by physically forced to swallow medication
- All warnings and orders will be in a language the person can understand
- Any action will be supported by proper documentation
- A person who cannot afford legal counsel will have it provided for him/her.
- If ordered to appear before the court, the person shall be informed of his/her right to representation by legal counsel.
- A person subject to a court order has the right to file an appeal.
- Neither the State Health Commissioner nor any local health director shall disclose to the public the name of any person reported.

Questions?

Where to find documents:

- www.vdh.virginia.gov/tuberculosis/tb-disease/
  - Treatment/Management
    - VDH Guidelines and Recommendations: Isolation and Respiratory Restrictions for Persons with Infectious Active TB in Household and Community Settings: VDH Guidance for Local Health Departments **(NEW)**
    - National Guidelines and Recommendations: NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings (2024)



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Thank you!

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Evaluation: