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BC Centre for Disease Control
Provincial Health Services Authority

Deisolation of people with pulmonary TB disease

Preclinical and clinical evidence suggests the **infectiousness of people** with pulmonary Tuberculosis (TB) disease on treatment is related to the **efficacy and duration of TB treatment**, and not only the microbiological results (i.e. sputum smear and culture status).

Smear status and culture status can indicate the burden of disease and infectiousness of people with pulmonary TB pre-treatment, but are less helpful after beginning effective treatment. Multiple studies show that effective TB treatment reduces infectiousness within days of therapy.

Effective treatment of rifampin-susceptible TB, for the purposes of de-isolation, consists of at least 3 drugs, one of which is rifampin.

There is clear evidence of **substantial harm with TB isolation**; prolonged hospitalization is linked with **depression, trauma, stigma, and loss of income for people** with TB disease.

For smear-negative, culture-positive, drug-susceptible TB:

Discontinue airborne isolation and deisolate when:

- a minimum of 2 weeks of effective, multidrug therapy is completed.

This also applies for smear-positive disease at diagnosis that converts to smear-negative within 2 weeks of therapy.

Clients are likely non-contagious 1-2 days after effective treatment is started.

For smear-positive, culture-positive TB:

Discontinue airborne isolation and deisolate when:

- a minimum of 4 weeks of effective, multidrug therapy is completed, with clinical evidence of improvement.

Persistent smear-positive status is not linked to increased infectiousness and risk of ongoing transmission.

Clients are likely non-contagious 5-7 days after effective treatment is started.

Practice Consideration:

Isolation may be extended for treatment concerns (non-adherence, interruptions, or clinical decline) or for suspected/confirmed multidrug-resistant TB. Review with TB Services by calling the TB Nurse Consultants at **604-707-5678**

For more info: **Communicable Disease Control Manual – Tuberculosis**