TEXAS Health and Human Services | Texas Department of State Health Services

TUBERCULOSIS INFECTIOUS PERIOD CALCULATION SHEET

This calculation sheet is designed to estimate the time a client with suspected or confirmed tuberculosis (TB) disease is capable of transmitting TB to others. Identifying the infectious period establishes a point in time to focus contact investigation efforts including evaluating exposed persons at risk of progressing to TB infection or disease.

Patient's name: _____ Date of birth: _____

Completed by: _____ Title: _____

Phone #: _____ Date completed: _____

Table 1. Estimating the Date of Symptom Onset

Symptom	Yes	No	Duration	Onset Date
Cough				
Cough with blood				
Weight loss				
Night sweats				
Chest pain				
Loss of appetite				
Fever				
Chills				
Other (i.e., shortness of breath & fatigue)				

Table 2. Estimating the Beginning of the Infectious Period

A. Criteria			B. Estimated Start of Infectious Period *Select any of the following based on criteria met by client in Column A*	C. Infectious Period Start Date *Select earliest date of symptom onset listed in Table 1*
TB Symptoms	Acid Fast Bacilli (AFB) Sputum Smear Positive	Cavitary CXR		
Yes ___	Yes ___	Yes ___	Three (3) months before symptom onset or first positive finding consistent with TB disease (e.g. abnormal chest radiograph) whichever is longer.	
Yes ___	Yes ___	No ___		
Yes ___	No ___	No ___		
No ___	Yes ___	Yes ___	Three (3) months before first positive finding consistent with TB	
No ___	No ___	No ___	Four (4) weeks before date of suspected diagnosis	

Source: Adapted from MMWR. 2005; 54 (No. RR-15)

Table 3. Estimating the End of the Infectious Period (Release from Respiratory Isolation) for clients with drug susceptible TB

A. Criteria		B. Check (√) when criteria is met	C. Infectious Period End Date *Type the date the selected criteria in Column A was met.*
When patient has POSITIVE AFB sputum smear at diagnosis	1. Three (3) consecutive negative AFB sputum smears, collected in 8 to 24 hour intervals (one should be an early morning specimen)		
	2. Symptomatic improvement		
	3. Effective multi-drug therapy for tuberculosis **for at least the equivalent of two weeks** given as directly observed therapy (DOT)		
	4. Completely adherent with DOT		
	5. Drug resistance is not suspected or confirmed		
When patient has three consecutive NEGATIVE AFB sputum smears at diagnosis and has never had a positive sputum specimen	1. Three (3) consecutive negative AFB sputum smears, collected in 8 to 24 hour intervals (one should be an early morning specimen)		
	2. Symptomatic improvement		
	3. Multi-drug therapy for tuberculosis for **at least 5 days** given as DOT		
	4. Completely adherent with DOT		
	5. Drug resistance is not suspected or confirmed		

Source: Adapted from MMWR. 2005; 54 (No. RR-12)

Estimated Infectious Period: From _____ **to** _____
Date on Table 2, Colum C — Date on Table 3, Colum C

Comments:

TB PREVENTION AND CARE RECOMMENDATIONS BASED ON ESTIMATED INFECTIOUS PERIOD

- Implement home-based respiratory isolation for clients adherent to medical treatment.
- House clients in a negative pressure air-borne infection isolation room (AIIR) room if in a congregate setting (e.g. hospital, nursing home, jail, homeless shelter) or seek an alternative facility if an AIIR is not available.
- Request a "medical hold" for the client if transfer to a congregate setting without an AIIR is anticipated during the infectious period.
- Monitor the general medical and mental health of the client and ensure he or she has the opportunity to make health needs, including possible side effects from the TB regimen, known on a daily basis.
- Focus TB contact investigation efforts on identifying and screening persons exposed to the client during the infectious period.
- Discontinue respiratory isolation when the infectious period ends.
- Consult with a TB expert to determine when clients suspected or known to have drug resistant TB may be released from isolation.