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TB Isolation Criteria

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The recent resurgence of tuberculosis (TB) in the United States is most marked in inner cities, where high-risk patients often turn for primary care to emergency departments (EDs) with long waiting times and limited respiratory isolation space. For this reason, the CDC suggests that EDs develop protocols for rapidly identifying and isolating possible TB patients, based on the prevalence and characteristics of TB in the population served by the specific facility. In response, two Columbia University researchers used data routinely available to ED physicians to develop a rapid decision instrument that consists of a simple 0-to-4 scale, with one point each for (1) abnormal chest

radiograph; (2) temperature greater than 101° F; (3) current homeless shelter dwelling; and (4) history of active TB, positive skin test, or TB exposure.

Had the ED at Columbia's Presbyterian Hospital used this screen to make isolation decisions in the 547 ED patients who had sputum cultures for TB there during 1992, 54% of the culture-negative patients might not have been isolated, representing a potentially major savings of ED resources. One culture-positive patient would not have been isolated. The screen was more sensitive than a sputum acid-fast bacillus smear for identifying culture-positive cases.

Patients being evaluated for TB may be the most appropriate population for this decision instrument, allowing clinicians to exclude those

with no possibility of disease and then apply the screen to improve isolation decisions for the remainder. The researchers caution, however, that the cutoff for predicting positive sputum must be set according to local needs. Indeed, an accompanying editorial points out that operational changes in an institution, such as inpatient services provided or catchment population, should prompt physicians to revisit institutional protocols based on past information.

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