EVIDENTIARY TUBERCULOSIS (TB) INFORMATION SHEET FOR ATTORNEYS

EVIDENCE OF CONTAGIOUSNESS

Smear Report

- The results from the smear will be available in about 24 hours after it reaches the laboratory.
- This is derived from a sample of sputum collected from the patient, and indicates that AFB (acid-fast bacilli) is present.
- There are many different kinds of AFB and tuberculosis is one.
- Tuberculosis (TB) is the only AFB that is contagious from person to person.
- Positive AFB smear reports will have a +1 (rare), +2 (few), +3 (moderate) or +4 (many) on them. With +4 indicating the highest degree of contagiousness.
- After the patient has been on treatment for a couple of weeks the numbers on the AFB smear reports should begin to decrease until there is no AFB present.

Culture Report

- This is the final report on the sputum and may take from two to eight weeks to get the results.
- It identifies which AFBs are present.
- TB culture reports that identify TB are said to be positive. Culture reports that do not identify TB are said to be negative.
- It is the gold standard used to diagnose TB.
- A person with TB, receiving adequate treatment, should have negative culture reports within one to three months after treatment is started.

Sensitivity Report

- Medications used to treat patients are tested to see if these particular TB bacteria can be eliminated with these medicines.
- If the bacteria can be eliminated using the medication listed, it will say TB bacteria are sensitive to each medication.
- If the bacteria cannot be eliminated by using these medications, the report will say they are resistant to the medication.

Chest X-ray Report

- Most people who have active TB will have abnormal chest x-ray findings, but not always.
- Most abnormal findings will be in the upper lobes of the lungs, but not always.
- The chest x-ray should improve after the patient has been on an adequate treatment regimen and taking medication as prescribed.

Documented Skin Test Conversions Among Contacts

- Contacts are people who have spent a significant amount of time with the person with TB.
- Contacts that have a positive (>5millimeter) TST (tuberculin skin test) reaction or a positive Interferon-Gamma Release Assay are said to have a skin test conversion.
- Skin test conversion on contacts indicates that the person with TB is contagious and is infecting others with TB.

Physical Exam

- If the doctor suspects the person has TB he often will write "suspected TB" and list reasons for this suspected diagnosis. Example: Patient is experiencing night sweats, has lost 30 pounds in two months, low grade fever, productive cough for 2 months, and his wife had active TB about 5 years ago. He has a positive TST.

EVIDENCE OF NON-COMPLIANCE OR POTENTIAL FOR NON-COMPLIANCE

Missed Clinic Appointments

- Indicates that the patient is not following up as instructed. There may be a multitude of reasons for this.

Missed Medication Dosages

- This is important because TB bacteria can rapidly become resistant to the medications treating TB if they are not adhered to exactly as prescribed.

Psychosocial Concerns:

- Homelessness – if a person with TB has no home, they may wander from place to place, increasing the number of people they infect. The nurse may not be able to locate the patient to give the medication, thus increasing chances of missed doses and prolonging time of contagiousness and possibly drug resistance.
- Alcoholism – When alcohol is consumed while taking TB medications it increases the potential for liver damage. When liver dysfunction occurs, TB treatment can be extremely difficult. If a person is inebriated, it also increases the risk that isolation from other people will not be maintained and the person will not use precautions such as wearing a mask or covering their mouth when coughing, etc.

EVIDENCE OF PROBLEMS MAINTAINING ISOLATION

- Homelessness – the person will not have a place to stay away from other people. Also, a person without adequate shelter may be exposed to severe weather such as heavy rains, snow, ice, and extreme heat, thus increasing the possibility of developing other illnesses.

Young Children in Home

- Young children who become infected with TB bacteria have a much higher risk of rapidly developing TB disease and often develop TB meningitis.

EVIDENCE OF EDUCATION PROVIDED TO PATIENT

This information should be kept in the patient's medical record at the local health department. This is a record showing that the patient has been informed of their responsibilities and what they can expect if these instructions aren't followed.

- Prescription information, including dosage amounts and frequency.
- Information on infectiousness and the importance of isolation.
- Potential for drug resistance if medications are not taken as prescribed.

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