




STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – S. Anthony McCann, Secretary

TRANSMITTAL

TO: Administrators - Transitional Care Units
FROM: Wendy Kronmiller 
Director, Office of Health Care Quality
RE: Tuberculosis Screening in Hospital-Based Transitional Care Units
DATE: May 31, 2006

Please see the attached memo from John P. Krick, PhD. Director, Office of Epidemiology and Disease Control Programs. Beginning immediately, surveyors from the Office of Health Care Quality will incorporate this information as they determine regulatory compliance in Maryland's transitional care units.

Questions should be directed to those referenced in the memo or to William Vaughan RN, Chief Nurse, Office of Health Care Quality at (410) 402-8140.

NH-06-001





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201 W. Preston Street · Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor - Michael S. Steele, Lt. Governor - S. Anthony McCann, Secretary

Community Health Administration
Diane Matuszak, MD, MPH, Director
Richard Stringer, Deputy Director

MEMORANDUM

DATE: May 16, 2006 **HO Memo #06-035**

TO: Health Officers
Communicable Disease Directors
Environmental Health Directors
Nursing Directors
TB Coordinators

FROM: Nancy G. Baruch, R.N., M.B.A., Chief
Division of Tuberculosis Control, Refugee & Migrant Health
Brenda J. Roup, Ph.D., R.N., C.I.C.
Nurse Consultant Infection Control

THROUGH: John P. Krick, PhD.
Director, Office of Epidemiology and Disease Control Programs

RE: Tuberculosis screening in hospital-based transitional care units

Transitional care units located within a hospital facility only accept patients from acute care units of that same hospital for short stays, usually two weeks or less; averaging four to six days. Because the short stay prohibits the ability of the facility to perform a 2-step tuberculin skin test (TST) to determine if the patients are free from tuberculosis (TB) in a communicable form, the following recommendations may be implemented.

In lieu of a 2-step TST, a patient may be deemed free of tuberculosis in a communicable form if both of the following are met:

- Patient does not have symptoms of active TB disease (cough \geq 3 weeks, hemoptysis, fever, night sweats, or unexplained weight loss), **and**
- Physician has documented in the patient record that he/she has reviewed the symptom assessment and the patient is free from active TB disease.

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Also, if available, the patient's most recent (within the past 6 months for HIV negative person and within the past month for HIV positive person) chest radiograph (CXR) must show no active TB disease.

These recommendations are for hospital-based transitional care units only, and may **not** be applied to other long-term care facilities. If you have any questions, please call Brenda Roup, Ph.D, R.N., .C.I.C. at 410-767-6704 or the Tuberculosis Control Program at 410-767-6698.

cc: M. Gourdine
D. Matuszak
R. Stringer
J. Krick
J. Roche
D. Blythe