



S2: C-5

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**PUBLIC COMMUNICABLE DISEASE DISCLOSURE**

We have been witness to a rise in the incidence of numerous communicable diseases over the past few years. In order for our staff to properly care for patients and manage their illnesses effectively we require disclosure of known communicable disease diagnosis. This is especially true, but not limited to patients who have a history of TB, VRE, and MRSA. We will evaluate each case on an individual basis.

**Tuberculosis**

All homeless persons are at high risk for TB. Any homeless person being referred with a new cough, or change in a cough for three weeks or with pulmonary symptoms suggestive of pneumonia must have a Chest X-ray.

Any infiltrate, regardless of lobe or lobes, or any unexplained pleural effusion should be viewed as suspicious for TB. Consequently, any homeless person with the aforementioned respiratory symptoms and any sign of an infiltrate on CXR should be considered suspicious for TB until proven otherwise.

These patients will not be admitted to the Recuperative Care Unit until 3 AFB smears are negative, or the CXR shows definite signs of resolution on an antibiotic regimen, or the patient demonstrates clear clinical improvement (no fever for 24 hours or absence of a productive cough) after 72 hours on antibiotics.

High-risk patients for whom AFB's have not been sent will need to be cleared by the physician in charge of Recuperative Care prior to admission.

Person with AIDS are at greater risk for TB, and often the CXR can be negative. Consequently, any homeless patient with AIDS with a productive cough is required to have three negative AFB smears **REGARDLESS OF CXR FINDINGS**. These patients must be cleared by the physician in charge of Recuperative Care prior to admission

Patient Name: \_\_\_\_\_  
Please Print

Referring Provider **ONLY**: \_\_\_\_\_  
Signature Date