

Sullivan County Department of Public Health

<u>Title:</u> Tuberculosis Directly Observed Therapy (DOT)	Original Approval: 3/19
<u>Number:</u> DT-3	Reviewed/ revised: 1/20, 5/24
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Statement/ Purpose:

To effect a complete cure for Tuberculosis and eliminate the possibility of community transmission.

Authority:

Application:

Disease Surveillance and Investigation (DSI) staff

Terminology:

Responsible Party:

Public Health Director

Cross-Reference:

Tuberculosis Control- Active Cases, Tuberculosis Control- Latent Cases

Procedure:

- When the patient with active Tuberculosis is ready to be discharged from the hospital, a referral from the hospital case management services is received by the TB Control Program, RN. The TB Control Program RN will work with the discharging hospital to receive all documentation including history, notes, labs, medications, chest x-rays and any other relevant medical information before DOT is implemented.
- The patient may be followed up in the Sullivan County TB Control Clinic or by their own provider in consultation with the Sullivan County TB Control Program. In either case, DOT is coordinated and performed by Sullivan County TB Control Program.
- Outpatient TB/ DOT involves the observation of dispensing of medication, assessing any adverse reactions to medication and case follow up at Sullivan County Department of Public Health or in the home/ community setting.
- Trained health care workers observe TB patient take every dose of the prescribed drugs. These workers can be RNs, LPNs, or Home Health Aides (HHAs) trained in DOT by the TB Control program RN. DOT frequency may start as often as once daily, and eventually be reduced to twice weekly for the duration of treatment which, in uncomplicated TB, is generally from 6-9 months.
- Regular liver function studies and follow up chest x-rays will be required and ordered by the TB Control Program Provider or the patient's own provider. The TB Control Program will cover the costs at Medicaid rates.
- TB medications are kept in the clinic area in a locked utility room, inside a locked cabinet. Using the NYSDOH Tuberculosis Control Guidelines, the TB Control Program provider dispenses and labels them with the assistance of the TB Control Program RN. Medications are dispensed from the patient's personal

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stock in 30-day increments and provided to the patient.

- During DOT, the patient is assessed regularly (generally every 1 to 2 weeks but this may vary depending on the patient and provider orders) by an RN for side effects from the medications and for improvement or worsening of TB symptoms. The patient is seen by the treating provider as needed.
- Patients must be treated regardless of their ability to pay. Insurance and income should not create a barrier to complete treatment.
- Drug resistant and multi-drug resistant TB will require expert consultation with the NYSDOH TB Program.
- Inpatient long-term treatment may be indicated where the TB Control Program provider has determined the patient has a poor treatment response, has medical complications, remains infectious with no other appropriate residential placement available, or other intensive residential placement is not possible.
- When patient's treatment is complete and signs of TB are resolved, they will be discharged from DOT by the TB Control Program with official documentation of their treatment completion and disease eradication (cure), instructions for future follow up include that TSTs will be positive and how to be screened for TB if needed, and a letter for employers or potential employers.