



STATE OF MARYLAND

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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

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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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**Maryland Department of Health and Mental Hygiene**

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

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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