



Title	Reference Guide - Home isolation
Date	2024-10-16

TARGET AUDIENCE

Physicians practicing in Nunavik.

RESPONSIBILITIES

The decision to offer home isolation is the responsibility of the attending physician. The nurse in charge of tuberculosis in the community, the nursing advisor for the public health sector of the health center, and the Nunavik Public Health Department (DPH) support these decisions.

KEY POINTS

Home isolation is an approach that seeks to allow the person with contagious active TB to remain in their living environment while preventing the transmission of tuberculosis by ensuring that the person with active TB and their household members comply with certain preventive measures. When conditions allow, home isolation should be prioritized over isolation in a hospital setting.

Home isolation requires an optimal understanding and collaboration from the person with active TB and all members of their household.

PURPOSE

To guide home isolation measures as well as to promote a medical practice that gives due consideration to the decolonization of care and seeks to decrease trauma associated with TB care in Nunavik.

OBJECTIVES

- Inform the healthcare team of the applicable conditions and instructions to ensure an adequate and safe home isolation for the person with active TB and their loved ones.
- Foster a relationship of mutual trust between the person with active TB and the healthcare team.
- Encourage the person with active TB to respect the isolation and treatment plan instructions.
- Encourage the collaboration of the person with active TB in the epidemiological investigation process.
- Limit the negative effects of a prolonged isolation in a hospital setting.

CONDITIONS REQUIRED TO OFFER HOME ISOLATION

Evaluation of home isolation conditions is the responsibility of the attending physician. Home isolation can be offered when all the following conditions are met¹:

1. The person with active TB has no clinical condition requiring hospitalization.
2. The person with active TB agrees to have their diagnosis disclosed to members of the household.
3. The person with active TB and members of the household² are in favour of home isolation and commit to comply with the related instructions.
4. A treatment plan has been clearly established in collaboration with the person with active TB.
5. The person with active TB is able to adhere to the treatment plan, including all isolation measures and directly observed therapy (DOT).

¹ Should home isolation not be possible, the reasons should be documented in the patient's medical record and the Direction of Public Health should be notified.

² In this regard, a meeting with key members of the household should take place prior to the onset of the home isolation. The members involved in this discussion will depend on the social and family situation of the household of the person with active TB.



6. Local CLSC healthcare workers can provide support during the period of home isolation, administer the DOT and ensure an appropriate follow-up for the person undergoing home isolation:
 - a. An evaluation of the conditions required to offer home isolation must be carried out.
 - b. The person with active TB and the members of their household must comply with all home isolation instructions during the entire isolation period.
 - c. Follow-up must be conducted during the DOT, whether the treatment is administered at the local CLSC or at home, according to the treatment plan established in collaboration with the person with active TB.
7. All members of the household must have already been exposed to the person with active TB. An individual without previous exposure to TB should not move into the home during the isolation period.
8. Household contacts, especially vulnerable individuals (children < 5 years old and immunosuppressed individuals), must be promptly identified and assessed and prioritized for care. The decision to implement home isolation when there is a vulnerable person in the home must be supported by the results of a risk analysis and the estimated time prior to initiating the window-period prophylaxis for the contact in question. If needed, the Department of Public Health's medical advisor may be consulted.

Specific situations:

- Should issues regarding adherence to the treatment plan be observed during the home isolation, support must be offered to the person with active TB and members of their household by introducing strategies to promote compliance with isolation instructions or adherence to treatment, based on the situation (if needed, refer to the document entitled *Support measures to promote compliance with the active TB treatment plan*).
- If home isolation proves impossible despite the strategies implemented with the person with active TB and the members of their household, or due to a lack of local human resources, the patient should be isolated in a hospital setting for the remainder of the infectious period. The decision to hospitalize a person with active TB and their mode of transport is the responsibility of the attending physician, who may consult the Public Health medical advisor if needed.
- If some conditions are not met but the attending physician wishes to offer home isolation nonetheless, the Public Health medical advisor should be consulted to complete the risk analysis.

HOME ISOLATION INSTRUCTIONS

The person with active TB and all members of their household must be able to understand and comply with the instructions regarding home isolation, which are as follows:

- Regarding the person with active TB **AND** the members of their household:
 - Must not allow any visitors into the home during the isolation period.
- Regarding the person with active TB only:
 - Must not visit other persons.
 - Must not go to work.
 - Must not go to school or daycare.
 - Must not frequent indoor public places (e.g., airport, school, community centre, grocery store, church, indoor sports or recreational centre, etc.).
 - Must not attend any social events (e.g., birthday or anniversary, wedding, music festival, family reunion, funeral service, etc.).
 - Must not travel outside of the community.
 - Should sleep alone in their room if possible; if not, should avoid sleeping in a room with new or vulnerable people.
 - Must wear a medical mask when in close contact with vulnerable members of the household (if needed, the healthcare team can provide a box of masks).
 - Must wear a medical mask during essential appointments at the CLSC (for DOT or other reasons).



To that end, the healthcare workers must meet with the person with active TB and the members of their household to evaluate the conditions in which the home isolation will be carried out, inform them of the instructions they will need to adhere to, and make sure they properly understand the instructions given, with the help of an interpreter if needed. Ideally, this meeting should take place at the home of the person with active TB.

OUTDOOR ACTIVITIES

The person with active TB should be encouraged to engage in outdoor activities during their home isolation period, if their health condition allows it. However, if there are plans to spend an overnight outside of their home (e.g., in a tent or a cabin), the patient must only sleep with non-vulnerable members of their household.

END OF THE ISOLATION PERIOD

The decision to lift isolation measures is the responsibility of the attending physician, who may consult the Public Health medical advisor if needed.

Prior to ending the isolation, the patient's medical record must be reviewed to ensure that all required conditions have been met.

Home isolation can be lifted when:

- There are clinical signs of improvement;
- Adherence is adequate;
- The medication is well-tolerated.

AND

the person is no longer considered contagious.

Tuberculosis WITHOUT suspected or confirmed drug resistance

- **Smear-negative cases:**
 - Home isolation can be lifted after 2 weeks (14 consecutive doses) of an effective treatment³.
- **Smear-positive cases:**
 - Home isolation can be lifted after 2 weeks (14 consecutive doses) of an effective treatment³ **AND** the receipt of 3 consecutive negative smear results.
 - For cases where smears remain positive despite the administration of an appropriate treatment, home isolation can be lifted after 4 weeks (28 consecutive doses) of an effective treatment³.

Tuberculosis WITH suspected or confirmed drug resistance

- Home isolation can be lifted after:
 - The receipt of results from the second-line antibiotic susceptibility testing
AND
 - The administration of 4 weeks (28 consecutive doses) of an effective treatment⁴.
AND
 - For smear-positive cases, the receipt of 3 consecutive negative smear results.

³ For the purpose of lifting isolation, for rifampin-susceptible active TB cases, an effective treatment consists of a minimum of three antituberculosis drugs, one of them being rifampin.

⁴ For the purpose of lifting isolation, for active TB cases with a suspected or confirmed drug resistance, an effective treatment consists of a minimum of three antituberculosis drugs for which susceptibility of the isolate is confirmed or highly probable.