TB in Correctional Settings

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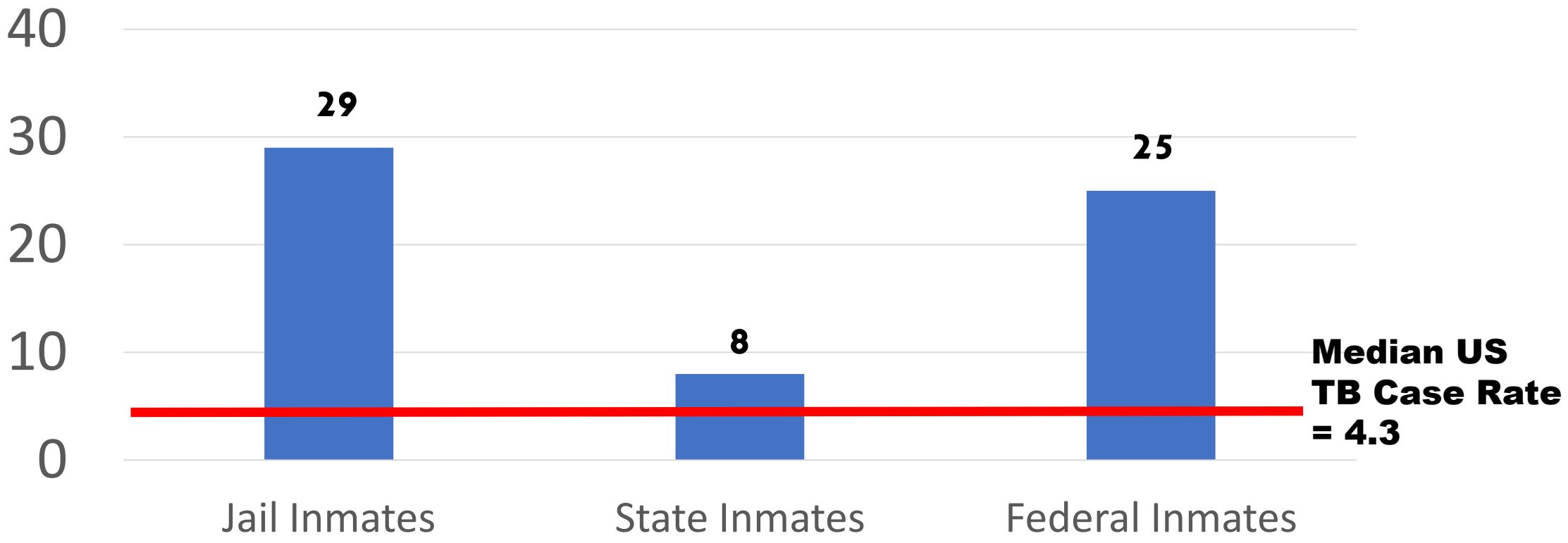
Tuberculosis Case Rate Per 100,000 by Category of Inmates 2002-2013



Lambert, et al. Tuberculosis in Prisons and Jails, 2002-2013. AJPH 2016; 2231-2237.

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Screening for TB in Correctional Facilities

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Undetected TB in correctional setting can be catastrophic

- 37 year old Black US born male – history of LTBI treated INH 6 months
- Head inmate cook – Food Services
- Housed in same unit housing 120 inmates
- June reports to medical with “cold symptoms”
- Late September: reported asthma symptoms →CXR RUL consolidation
- Early October: CXR 5x6 cm cavity / hoarse x 8 weeks/ lost 49#
- AFB smear positive / numerous→ MTB pansensitive
- Inmate CI Results
  - Housing: 75% (90/119)
  - Housing/Work: 100% (13/13)
  - Work: 19% (19/67)
  - Non-Contacts: 6% (47/835)

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Categories of Federal Inmates

- Federal Bureau of Prisons
  - 122 Facilities /11 Private facilities
  - ~180,000 inmates
  - One Maryland prison: FCI Cumberland
- U.S. Marshalls Service (USMS)
  - Detains inmates awaiting trial/incarceration
  - Contracts with local jails all over the country
  - Agreements with >2000 correctional facilities nationwide to house inmates
- Immigration & Customs Enforcement (ICE)
  - Detains immigrants prior to deportation or charging
  - Houses detainees in ~ 475 facilities nationwide

Navigating Inmate Numbers

- USMS – BOP Number
  - 8 digits xxxxx-xxx or xxxxxxxx

- Alien Number (INS Number)
  - 7, 8 or 9 digit number

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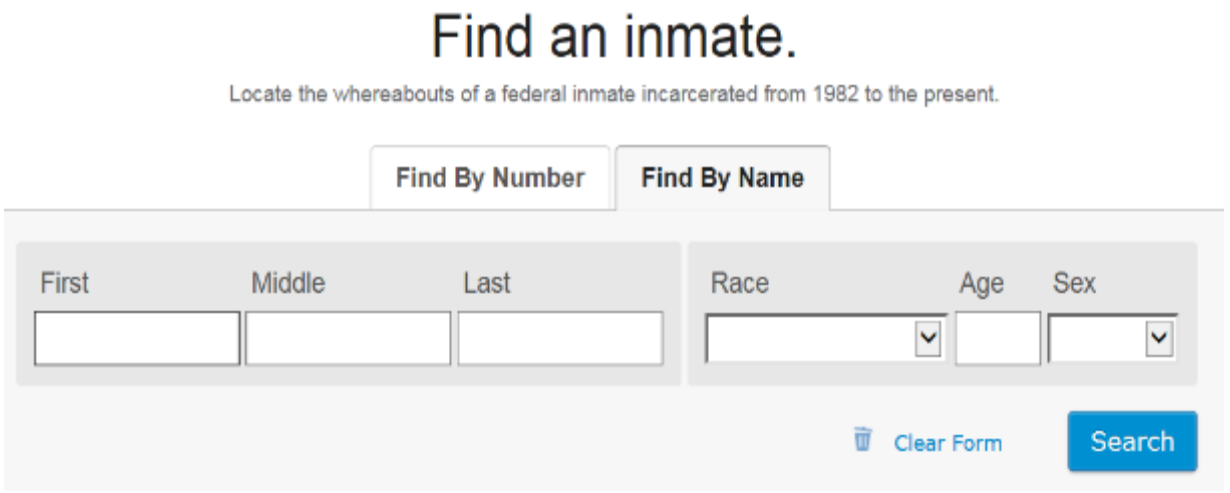
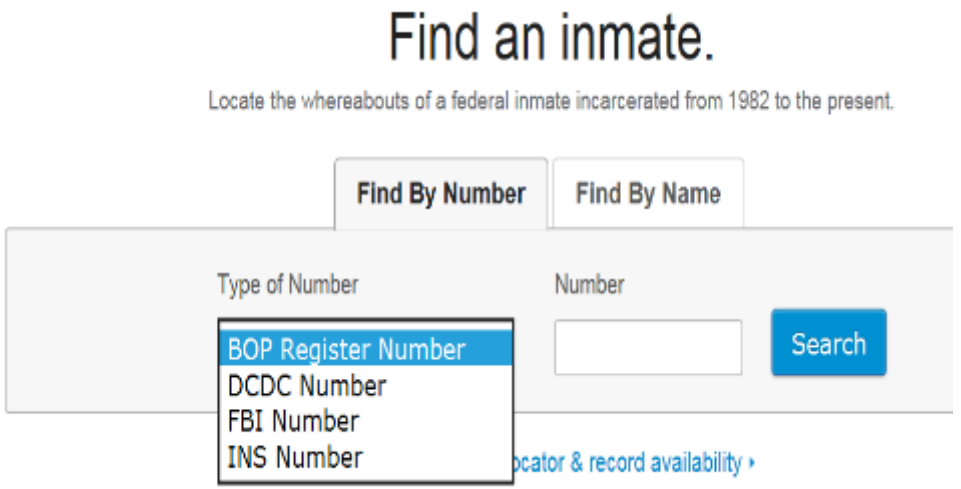
Locating a Federal Inmate

- BOP Inmate Locator www.bop.gov





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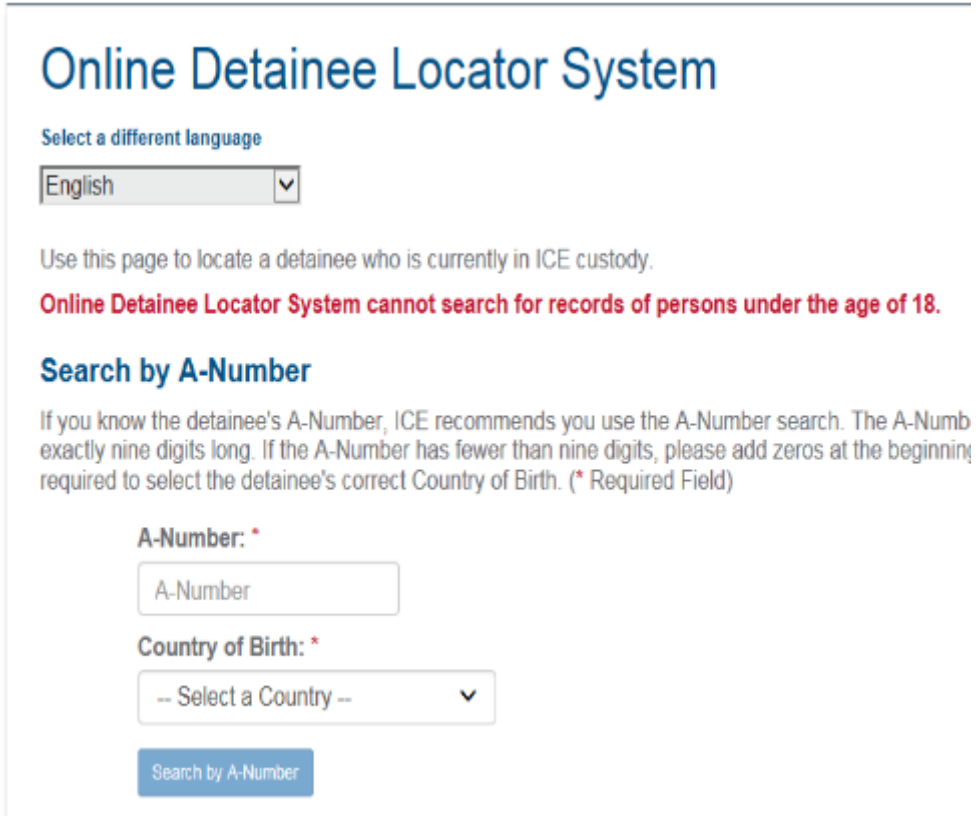
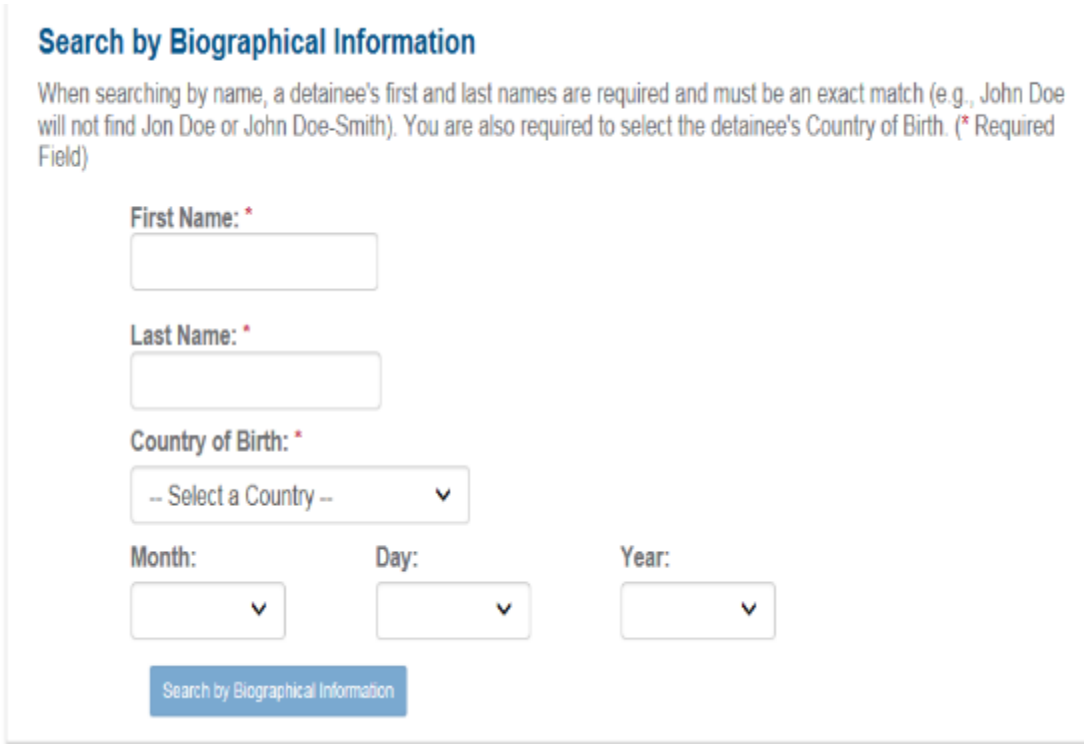
Locating ICE Detainee
https://locator.ice.gov/odls/#/index





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MANAGEMENT OF TUBERCULOSIS

Federal Bureau of Prisons

Clinical Practice Guidelines

OCTOBER 2015

https://www.bop.gov/resources/pdfs/TB_CPG.pdf

APPENDIX 8. TUBERCULOSIS CONTACT INVESTIGATION – CHECKLIST

After identification of a TB case or suspected case, the inmate should be immediately isolated, medically evaluated, and (if appropriate) treated.

- The case should be immediately reported to the local or state health department.
- The contact investigation steps outlined below may overlap in time.

APPENDIX 9. TB CONTACT INVESTIGATION INTERVIEW

Purpose: The goal of interviewing the index case in a contact investigation is to gain the information needed for:

(1) establishing the infectious period; and

(2) identifying potential contacts.

High Completion Rate for 12 Weekly Doses of Isoniazid and Rifapentine as Treatment for Latent *Mycobacterium tuberculosis* Infection in the Federal Bureau of Prisons

Kristine M. Schmit, MD; Mark N. Lobato, MD; Simona G. Lang, MPH; Sherri Wheeler, DNP; Newton E. Kendig, MD; Sarah Bur, MPH

JPMHP; 2019

- 92% completion rate
- Low rates of adverse reactions
- Best practice: start inmates in groups as “clinic” rather than treat via “pill-line”

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Maryland Department of Public Safety and Correctional Services

Adaora Odunze, DrPH, MS, RN

MARYLAND Department of Health

Department of Public Safety and Correctional Services

It is but just, that the public be required to care for the prisoner, who cannot, by reason of the deprivation of his liberty, care for himself.

Spicer v. Williamson, Supreme Court of North Carolina, 1926

Office of Inmate Health-Clinical Services

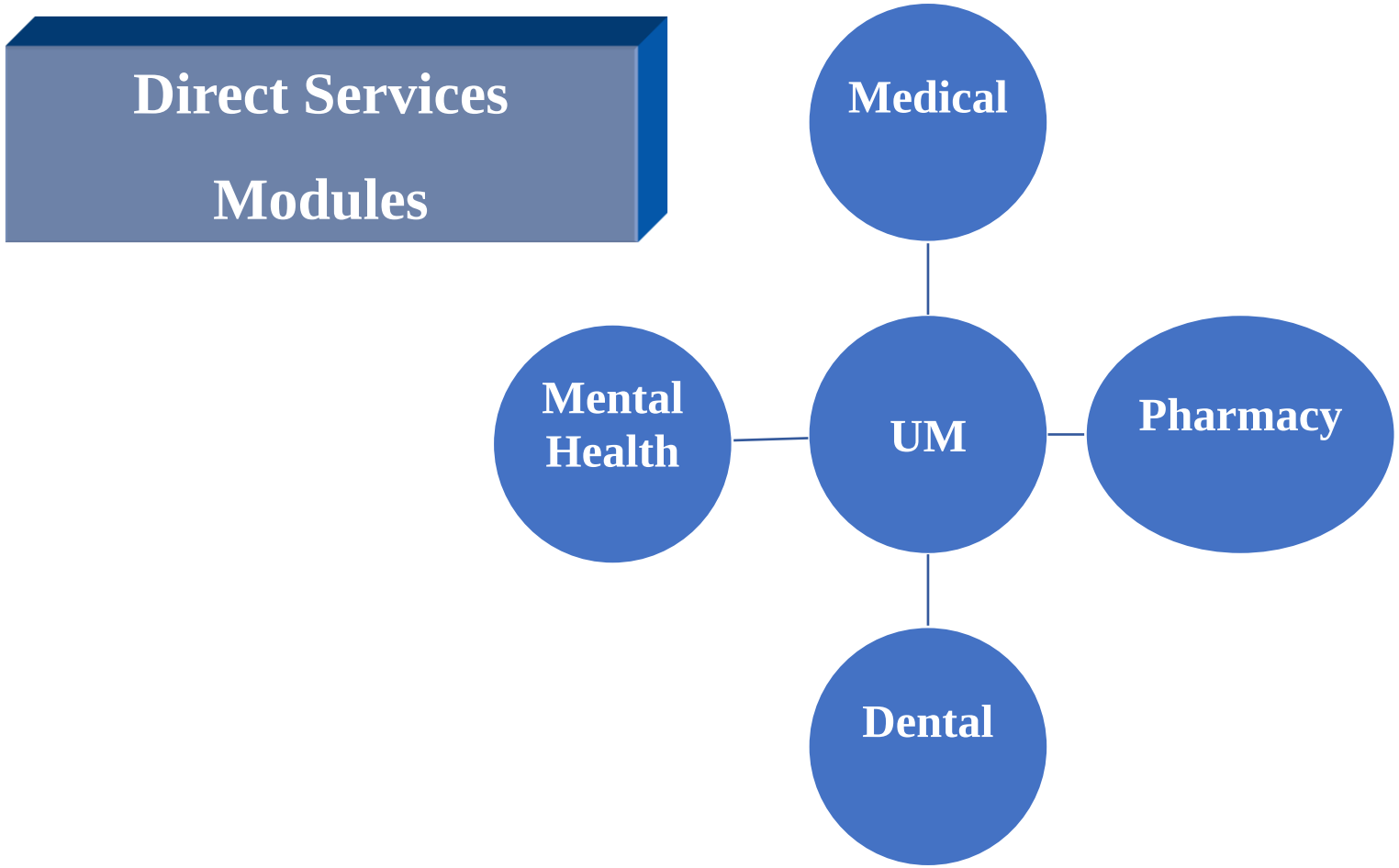
MISSION

To promote the well being of all offenders under the custody and supervision of DPSCS through a *holistic interface* and comprehensive integration of

medical, mental health, social work, substance abuse services, case management, and custody facility teams.

To promote a healthy and safe environment for inmates, staff and visitors through effective infection control and prevention program.

MDPSCS HEALTH CARE SREVICES MODULE



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MDPSCS FY 2018 STATISTICS

- Number of DPSCS facilities: 25
  - ➢4 Local detention facilities and 1 Federal detention facility
  - ➢1 Correctional Mental Health Facility
  - ➢16 Correctional facilities
  - ➢2 Pre-release Centers
  - ➢1 Privately Operated Pre-release Center
  - ➢(7 Inpatient medical infirmaries and 2 inpatient mental health infirmaries)
- Total bed capacity: 23,445
- Average Daily Population: 21,631

MDPSCS FY 2018 STATISTICS CONT'D

- # Bookings processed in BCBIC: 25,180
- # New Sentenced Intakes: 5,845
- # Return from Parole/Escape: 2,175
- Approximately 50% of new arrests are committed and 35% leave within the next 3 to 4 days
- Average Length of stay in detention: 25 days
- Average length of stay in DOC: 28 months
- Average # of inmates released: 9,222

INTAKE SCREENING

- Initial Medical and Mental Health Screening completed within 2 hrs
- TB symptoms review
- HIV/RPR/STI/HCV/Pregnancy testing/Substance Abuse Screening
- TST initiated within 72 hrs. of intake
- Positive PPD held in Intake pending CXR within 5 days
- Known H/O positive TST receive CXR

MDPSCS LTBI & TB STATS 2018

- 10,935 PPDs completed at intake
- 88 intakes identified with LTBI (0.8%)
- 10 were verified to be on TLTBI at intake and were continued and transferred to custody of BCHD upon release
- No PPD converters in the past year
- 1 active TB case in June 2018, arrested due to noncompliance and violation of COMAR18-906

MANAGEMENT OF LTBI

- Inmates with LTBI are maintained in a database and receive annual symptoms review
- Any changes in the screening may result in isolation and further testing
- Inmates with LTBI are offered HIV testing
- HIV positive inmates receive baseline CXR regardless of the TST status
- TLTBI is initiated when indicated following established guidelines for treatment eligibility consistent with the DPSCS policy and procedure manual for tuberculosis.

Latent TB Infection Treatment Regimens

Drug(s)	Duration (months)	Doses	Frequency	Maximum Dosage Adults aged 12 years and older:
Isoniazid **(INH)** & Rifapentine **(RPT)**	3	12	**Once** weekly	INH: 900 mg max RPT: 900 mg max
Rifampin **(RIF)**	4	120	(Daily)	600 mg
Isoniazid **(INH)**	9	270	(Daily)	300 mg
		76	**Twice** weekly	900 mg
	6	180	(Daily)	300 mg
		52	**Twice** weekly	900 mg

Modified from: https://www.cdc.gov/tb/topic/treatment/ltbi.htm (2019)

CONTINUITY OF CARE

- Annual symptoms review on all inmates and CXR when indicated
- Director of Infection Control is alerted of newly detected LTBI
- All LTBI are tracked and treated as indicated
- If the inmate is released prior to initiation of treatment for LTBI, it is noted on their continuity of care form.
- Regional Infection Control Coordinators communicate all reportable infectious diseases to the state and local health departments as required by law.

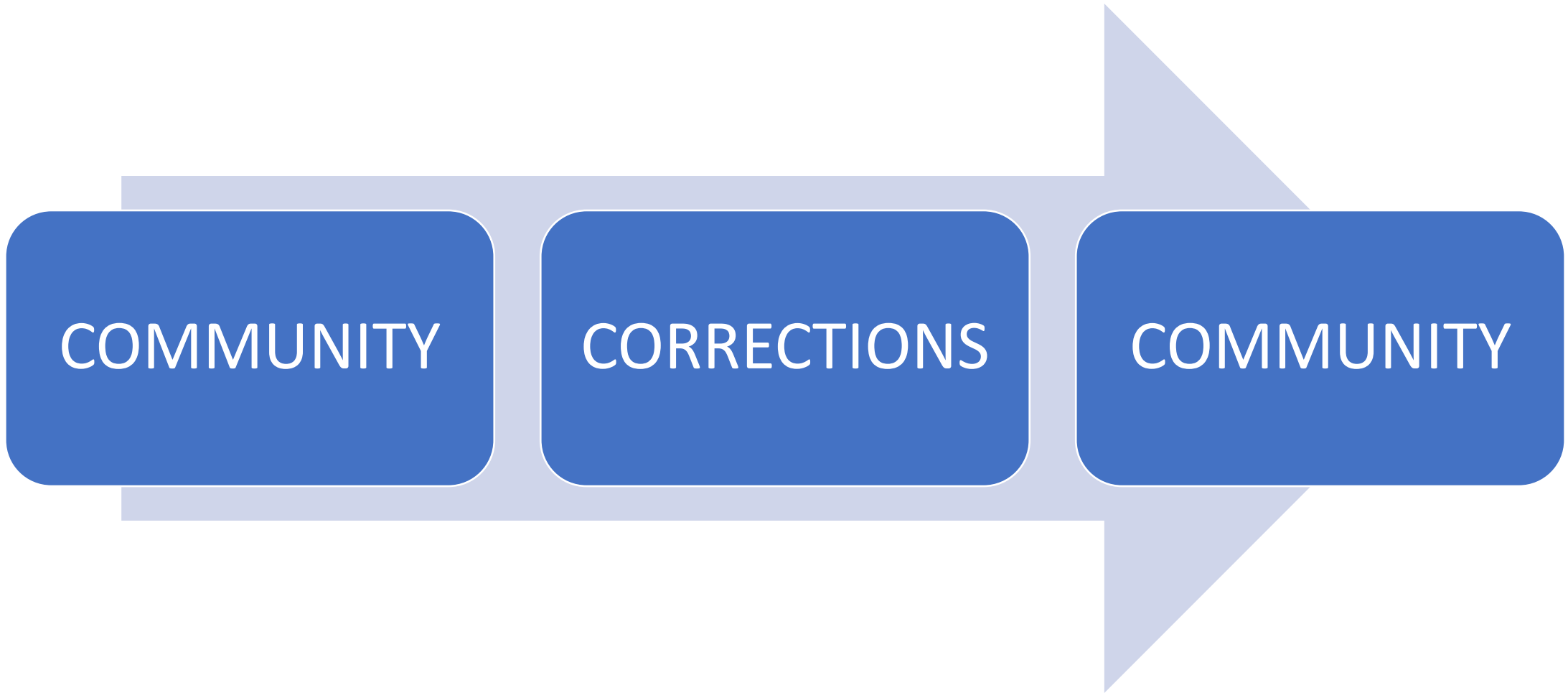
MANAGEMENT OF SUSPECTED OR CONFIRMED TB

- If suspected or confirmed TB, inmate is immediately masked and transported to the nearest functional respiratory isolation room within the Region
- 52 functional respiratory isolation rooms across the state
- If an inmate is to be transferred, there are established protocols to ensure the safety of the staff and other inmates
- Communication within our system and with the state HD follows our communication cascade
- Treatment of positive is done in consultation with the MDH pulmonary consultant
- All inmates with suspected or confirmed TB are maintained in respiratory isolation until determined to be non-infectious

CONTACT INVESTIGATION

- Initiated whenever an inmate is diagnosed with pulmonary TB.
- Conducted in collaboration with the department's IC Director, MDH Division of TB control and DPSCS employee health as indicated.
- Includes clinical assessment of the inmate, interview regarding close contacts within the correctional facility and community, determination of the infectious period, traffic history of the inmate, tour of the housing area, identify highest priority contacts, conduct screenings (baseline TST and CXR as indicated).
- F/U testing and referral to the local health departments as needed.

COMMUNITY RE-ENTRY



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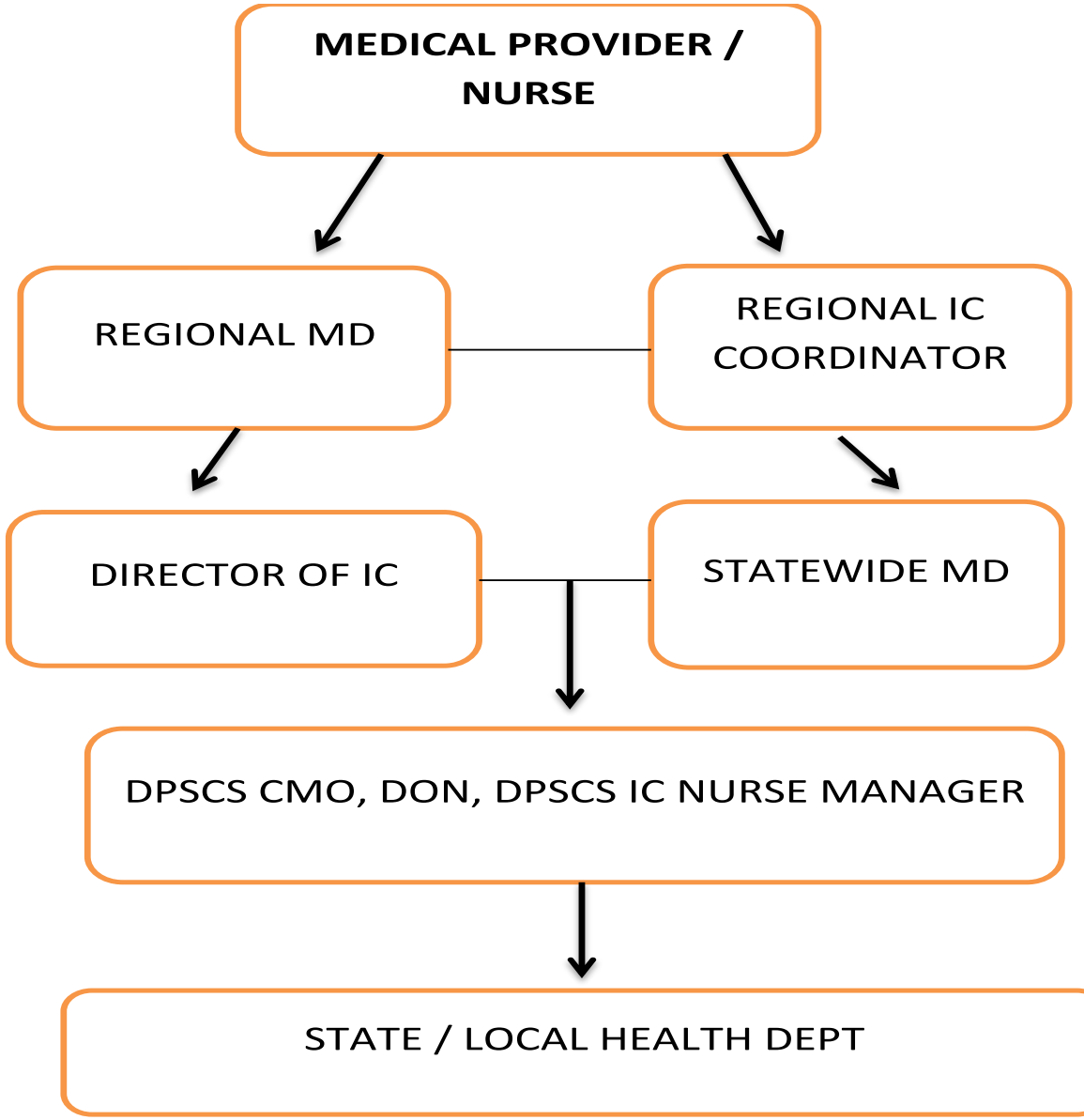
COMMUNICATION CASCADE



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WORDS OF WISDOM

- Always have an updated TB Prevention and Management Program
- Annual training and table-top exercise for management of suspected or confirmed TB
- Ensure availability and accessibility of PPEs
- Establish a solid relationship with your state and local health departments
- Understand the barriers to access to care within the correctional system
- Test and update your communication cascade

Anne Arundel County Department of Health

Yvonne Macklin, MS, RN

Relationship with Local Detention Centers

Anne Arundel County Department of Health

- 2 Anne Arundel County Detention Facilities
  - Jennifer Road, Annapolis: Capacity of 635, 2 AII rooms
  - Ordnance Road, Glen Burnie: Capacity of 540, 1 AII room
- TB screening process at both facilities
  - Symptom check
  - Assess previous testing or treatment for TB disease/latent infection
  - Previous positive TST/IGRA
    - Obtain documentation if possible
    - CXR
  - Previous negative TST/IGRA
    - Place and read TST (TST more cost effective than IGRA)
    - If TST positive, then portable CXR ordered
    - Refer to LHD at time of release if LTBI or unable to complete CXR while in facility
  - If any suspicion of active disease, place immediately in AII room and contact AACoDOH

Relationship with Local Detention Centers

Anne Arundel County Department of Health

- Assistance provided to Detention Facilities for TB policies and procedures
  - CDC website
  - Maryland TB Guidelines
- Who is your point of contact for Detention Facilities
  - Darrin Mitchell, Health Services Administrator
  - Gloria Miller, Infection Control Nurse
- Communications between AACoDOH and Detention Facilities
  - Try to meet in person at least once a year
  - Monthly report emailed from Detention Facilities (list of individuals with positive TSTs and if CXR done)
  - Telephone call if suspicion of TB disease or other questions regarding patient care
  - Occasional emails with updates on staff changes, procedures, training opportunities, etc

TB and LTBI in Local Detention Centers

Anne Arundel County Department of Health

- Upon release, an individual with LTBI or a positive TST and no CXR is given a referral letter.
  - Contact information for our health centers
  - Explanation that follow up is needed
  - English and Spanish versions available
- We do not follow up with the released individual unless they contact us because we do not receive contact information.
- It is rare for an individual to follow up with us.
- If an individual states that they were referred by one of our detention facilities, we can check our monthly report.

Words of Wisdom

Anne Arundel County Department of Health

- Recommendations
  - Make a visit to the detention facility and ask to speak with the infection prevention person.
  - If you get to speak with someone, exchange contact information and request a meeting to discuss how your programs can work together.
  - Invite other personnel from the health department who might be interested in working with the detention facilities.
  - At the meeting, describe Tuberculosis Services and other LHD services that may benefit the inmate population (immunizations, STI/HIV testing, smoking cessation, addictions counseling, etc).
  - Make a plan for ongoing communications.

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