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Local Health Department TB Program Correctional Facility Checklist

Establishing a point of contact and maintaining communication with any correctional facilities in your jurisdiction is essential for TB Programs. Active TB in a congregate setting like a correctional facility can be extremely challenging from a patient management and contact investigation perspective.

VDH TB Program recommends meeting annually with correctional facilities in your jurisdiction, including the facility's leadership and/or medical personnel. This meeting could be in combination with a general communicable disease, or other team meeting, if relationships are already established.

Prior to reaching out to the facility, determine if anyone in your health department is already an established point of contact (i.e., epidemiologist, health director). If so, include them in your communication or ask them to make the initial introduction.

Schedule an initial in-person meeting at the facility, if possible, to discuss TB/LTBI, tour the facility, review their current TB-related processes, and offer resources, guidance, and assistance as needed.

Please use the checklist on the following page to help guide your conversation.

Additional resources specific to TB and correctional facilities include:

- <u>Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations</u> from CDC (MMWR, 2006)
- At-A-Glance: CDC Recommendations for Correctional and Detention Settings- Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs (CDC, 2022)
- CDC: Public Health Considerations for Correctional Health



Latent TB. Active Concern. **Tuberculosis Program**

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Facility Name:	Date of meeting:
Facility Address:	
Facility Type (i.e., local jail, regional jail, etc.):	
Total staff: Resident capacity:	
Type of housing: □ Dorm □ Cell □ Other (desc	ribe:)
Primary contact at facility for LHD TB Program:	
• Name:	
Phone:	
• Email:	
Discussion Checklist:	
☐ Airborne Isolation	
Does the facility have an airbarne isolation reco	m2 🗆 Vos 🗆 No
Does the facility have an airborne isolation root If no what is their process if airborne is	onr in res in No solation is needed (i.e., do they have EMS
•	do they transfer the resident to another
correctional facility?)	do they transfer the resident to another
correctional radinty.	
☐ TB screening and testing procedures	
 What is their current screening and testing pro- 	cess?
For new residents?	
Annually for residents?	
For new staff?	
Annually for staff?	
 Are they using TST or IGRA for TB testing 	ng?
If TST, do they need training or	guidance in placement or reading?
☐ Medical care	

- What type of medical care does the facility have on site?
- If a resident needs additional care, where are they transported?
- Are residents required to pay for medical services?



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Reporting

- Review that confirmed and presumptive TB are rapidly reportable and how and when to report.
 - Emphasize that a resident on TB medication for active disease should be reported immediately to the LHD.
- Review that LTBI is reportable and ask if and/or how they currently report LTBI diagnosed in residents or staff.

☐ Case Management

Active TB:

- Review the health department's role in TB case management for client with active TB, even if a patient is being co-managed by the facility or a community provider.
 - Medical isolation
 - Sputum collection
 - Directly observed therapy
- Discuss continuity of care and release planning for residents on treatment for active disease.

LTBI:

- Does the facility encourage/facilitate LTBI treatment for residents and staff?
- Review options if the LHD can assist with LTBI treatment management

☐ Contact Investigation

 Review the health department's role in TB contact investigations and the reporting requirements around contact investigations.

□ Additional Topics

 Request for updates if there is a staffing change at the facility that would impact communication

Comments/Notes: