



Latent TB. Active Concern.

Tuberculosis Program

VIRGINIA DEPARTMENT OF HEALTH

www.vdh.virginia.gov/tuberculosis/

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:

- [Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations 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 \(CDC, 2022\)](#)



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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 (describe: _____)

Primary contact at facility for LHD TB Program:

- Name: _____
- Phone: _____
- Email: _____

Discussion Checklist:

Airborne Isolation

- Does the facility have an airborne isolation room? Yes No
 - If no, what is their process if airborne isolation is needed (i.e., do they have EMS transport the resident to a hospital vs. do they transfer the resident to another correctional facility?)

TB screening and testing procedures

- What is their current screening and testing process?
 - For new residents?
 - Annually for residents?
 - For new staff?
 - Annually for staff?
 - Are they using TST or IGRA for TB testing?
 - 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: