

# Tuberculosis and Corrections

February 7, 2023

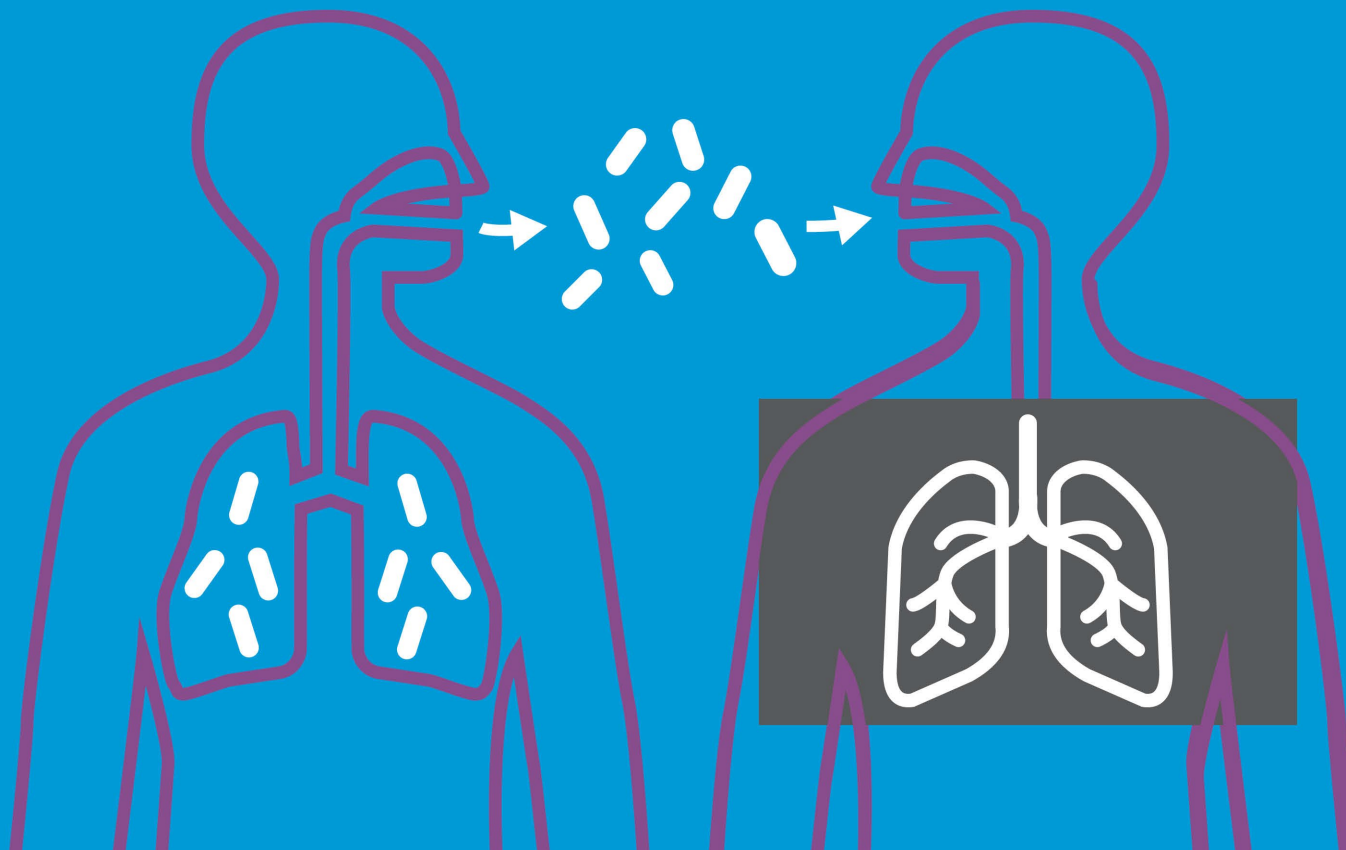


Latent TB. Active Concern.  
Tuberculosis Program

Amanda Khalil  
Laura Young

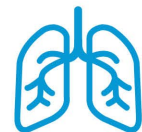


<http://www.vdh.virginia.gov/tuberculosis/>



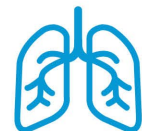
# Outline

- Epi of TB and corrections
- Correctional facilities in Virginia
- TB recommendations in corrections
- Expectations and best practices
- Scenarios
- Resources

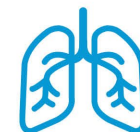


# Acronyms

- TB – tuberculosis
- TST – tuberculin skin test
- IGRA – interferon gamma release assay (blood test for TB infection)
- CXR – chest x-ray
- LTBI – latent TB infection
- LHD – local health department

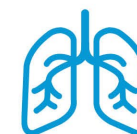


# Epi of TB and Corrections



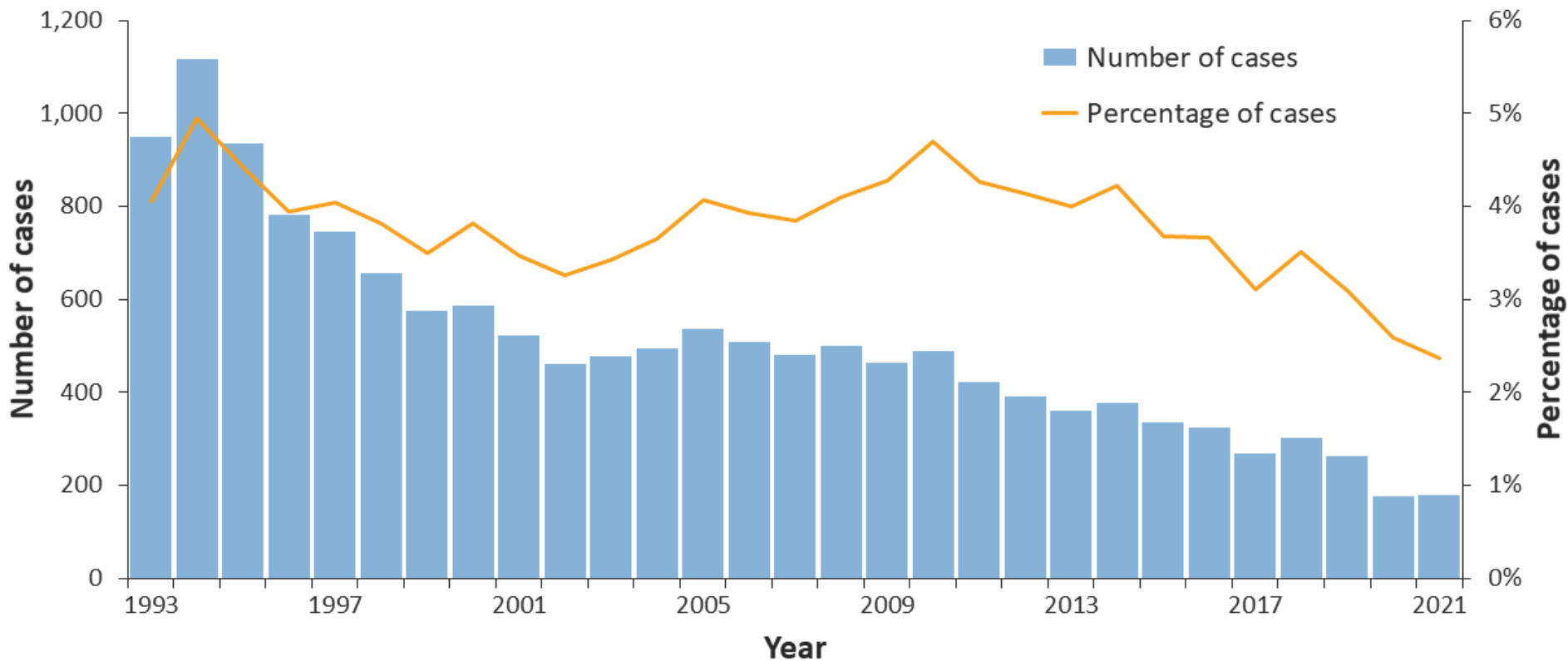
Tuberculosis prevention and care can be particularly challenging in correctional facilities in which persons from diverse backgrounds and communities are housed in close proximity for varying periods.

<https://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>



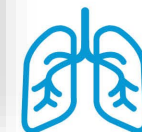
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# Number and Percentage of Correctional Facility\* Residents Aged $\geq 15$ Years with TB, United States, 1993-2021



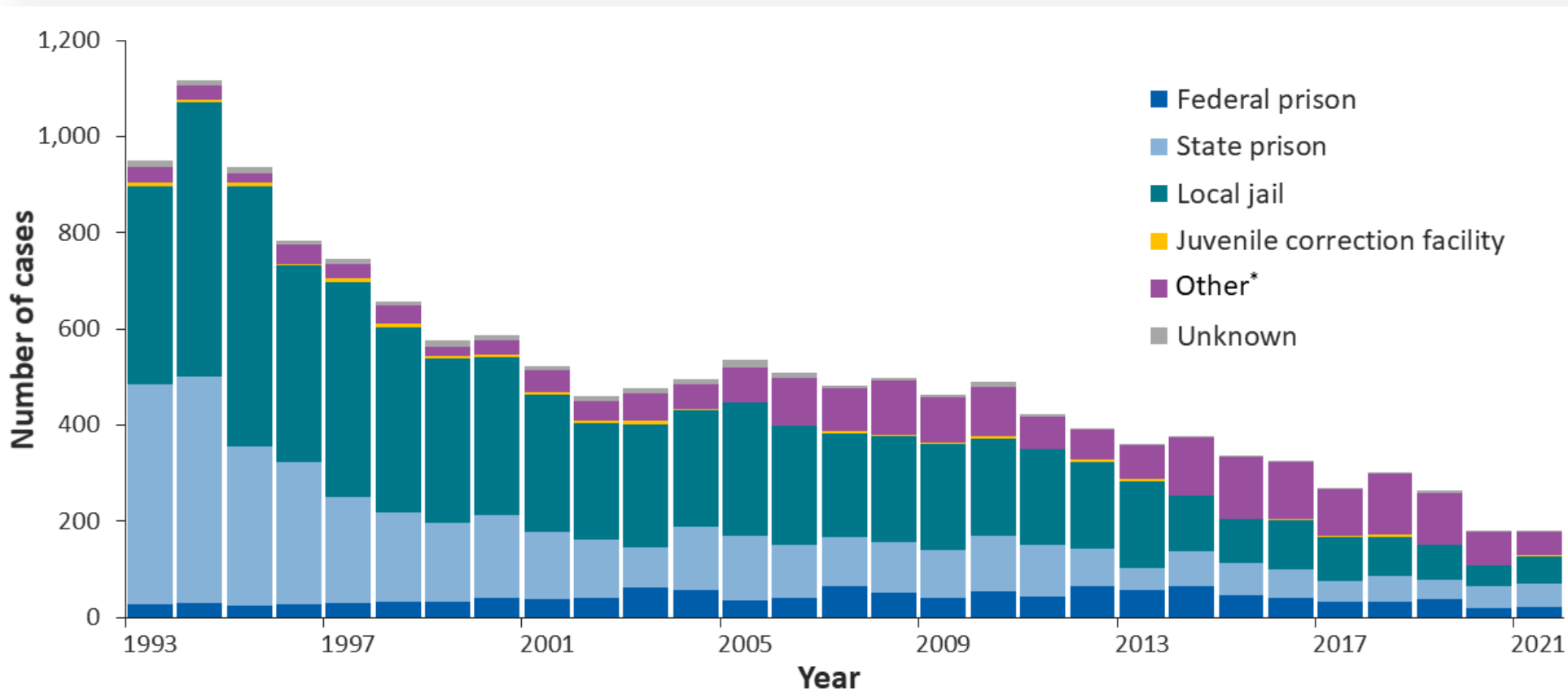
\*Correctional facilities include federal prisons, state prisons, local jails, juvenile correctional facilities, other correctional facilities, and unknown or missing types of correctional facility.

<https://www.cdc.gov/tb/topic/populations/correctional/default.htm>



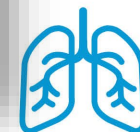
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# TB Cases Among Correctional Facility Residents Aged $\geq 15$ Years by Type of Facility, United States, 1993-2021



\*Includes Immigration and Customs Enforcement (ICE) detention centers, Indian reservation facilities (e.g., tribal jails), military stockades and jails, federal park police facilities, police lockups (temporary holding facilities for persons who have not been formally charged in court), or other correctional facilities that are not included in the other specific choices

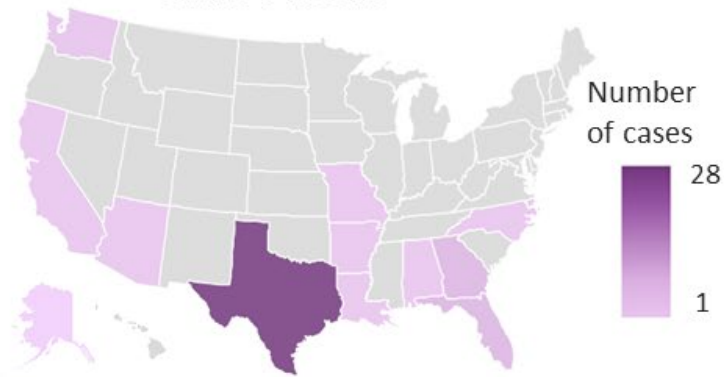
<https://www.cdc.gov/tb/topic/populations/correctional/default.htm>



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# TB Cases Among Correctional Facility Residents Aged $\geq 15$ Years by Type of Facility, United States, 2021

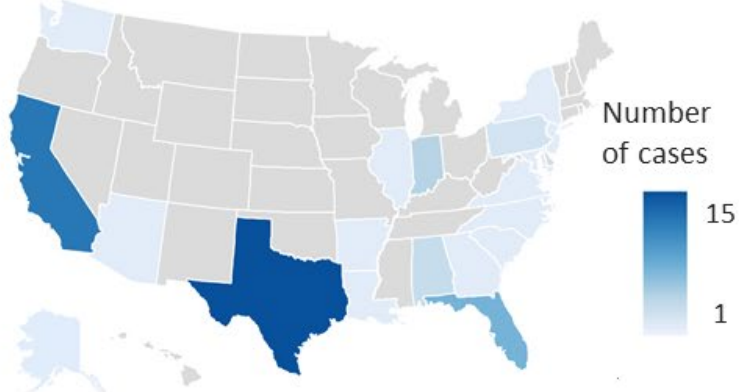
State Prisons



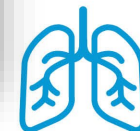
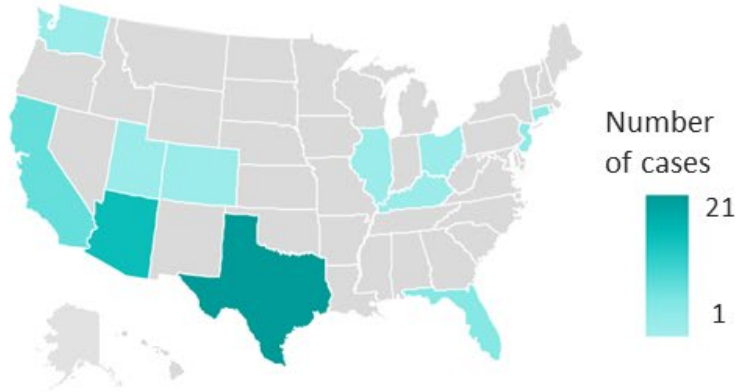
Federal Prisons



Local Jails

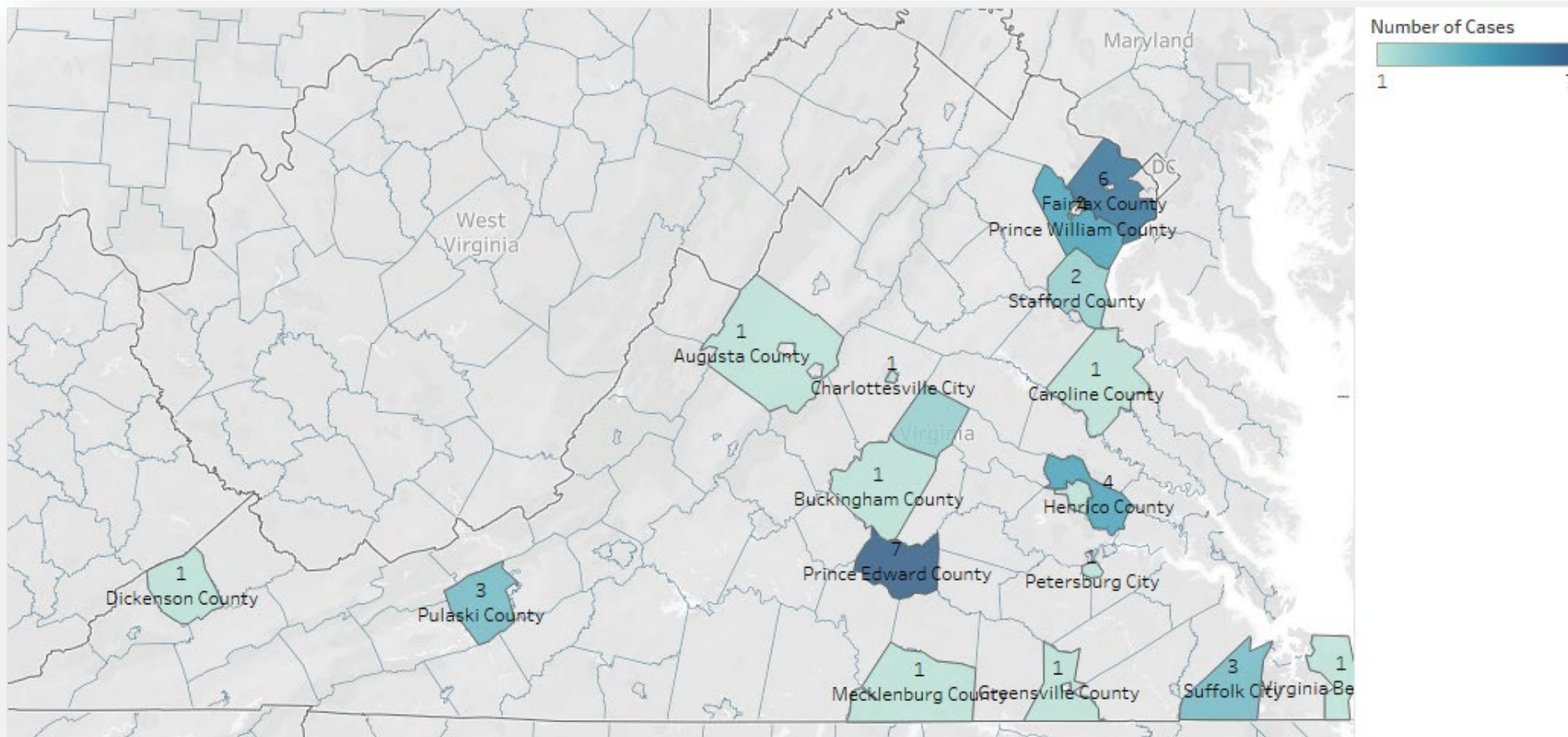


Other Facilities

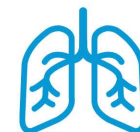




# TB Cases Among Correctional Facility Residents Aged $\geq 15$ Years, Virginia, 2009-2022



# Correctional Facilities in Virginia



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# Local and Regional Jails

## Local Jails (n=37)

- Serve a particular city or county
- Responsibility of sheriffs and elected officials
- Overseen by Virginia Board of Local and Regional Jails

## Regional Jails (n=22)

- Replace or supplement a local jail
- Operated by a superintendent under the authority of a board
- Overseen by Virginia Board of Local and Regional Jails and Virginia Department of Corrections



Population Range: 26-1,930  
Average Length of Stay: 17 days



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# State Prisons

Major institutions (n=27)

Field units (n=8)

Work centers (n=5)

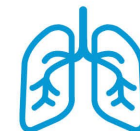
Private prison (n=1)

Secure hospital unit (n=2)

Overseen by Virginia Department  
of Corrections



Population Range: 100-2,500  
Average Length of Stay: 6 years



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# Federal Prisons

United States Penitentiary – Lee

- Pennington Gap, Virginia

Federal Correctional Complex – Petersburg

- Hopewell, VA

Overseen by Federal Bureau of Prisons



Population Range: 1,500-2,000  
Average Length of Stay: 5-10 years



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# Immigration and Customs Enforcement (ICE)

## Immigration Centers of America

- Farmville, VA

## Caroline Detention Facility

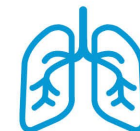
- Bowling Green, VA

Overseen by United States  
Department of Homeland  
Security



Population Range: fluctuates (36,000 total in all ICE facilities based on 2018 estimate)

Average Length of Stay: hours, days, weeks, months



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# Juvenile Justice

Correctional Center (n=1)

Juvenile Detention Centers (n=24)

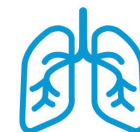
Overseen by United States  
Department of Juvenile Justice

Juvenile Detention  
Centers operated by  
localities




Population Range: 3,000 total in the juvenile justice system, many in the community on diversion plans

Average Length of Stay: Variable



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<https://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>



**MMWR**<sup>TM</sup>  
**Morbidity and Mortality Weekly Report**

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Recommendations and Reports July 7, 2006 / Vol. 55 / No. RR-9

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**Prevention and Control of Tuberculosis  
in Correctional and Detention Facilities:  
Recommendations from CDC**

**Endorsed by the Advisory Council  
for the Elimination of Tuberculosis, the National  
Commission on Correctional Health Care,  
and the American Correctional Association**

<https://www.cdc.gov/correctionalhealth/docs/At-A-Glance-Corrections.pdf>



**Centers for Disease  
Control and Prevention**  
National Center for HIV, Viral  
Hepatitis, STD, and TB Prevention

**AT-A-GLANCE: CDC RECOMMENDATIONS FOR  
CORRECTIONAL AND DETENTION SETTINGS**

**Testing, Vaccination, and Treatment for  
HIV, Viral Hepatitis, TB, and STIs**

Recommendations current as of August 10, 2022


# TB Recommendations in Corrections



**Latent TB. Active Concern.**  
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# Resources for correctional facilities



**Virginia  
Department  
of  
Corrections**

Health Services	
<b>Operating Procedure 720.2</b>	
<i>Medical Screening, Classification, and Levels of Care</i>	
<b>Authority:</b> Directive 720, <i>Health Care Services</i>	
<b>Effective Date:</b> October 1, 2020	
<b>Amended:</b> 12/1/20, 1/1/21, 9/1/21	
<b>Supersedes:</b> Operating Procedure 720.2, May 1, 2018	
<b>Access:</b> <input type="checkbox"/> Restricted <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Inmate	
<b>ACA/PREA Standards:</b> 5-ACI-2C-11, 5-ACI-5A-01, 5-ACI-6A-04, 5-ACI-6A-05, 5-ACI-6A-06, 5-ACI-6A-07, 5-ACI-6A-09, 5-ACI-6A-18, 5-ACI-6A-21, 5-ACI-6A-22, 5-ACI-6A-24, 5-ACI-6A-25, 5-ACI-6A-41, 5-ACI-6C-05, 5-ACI-6C-06, 5-ACI-6C-11, 5-ACI-6D-06, 5-ACI-6E-02, 5-ACI-6E-03, 5-ACI-6E-04; 4-4142, 4-4285, 4-4347, 4-4348, 4-4349, 4-4350, 4-4352, 4-4359, 4-4362, 4-4363, 4-4364, 4-4365, 4-4376, 4-4398, 4-4399, 4-4403-1, 4-4414, 4-4417, 4-4418, 4-4419; 4-ACRS-4C-06, 4-ACRS-4C-07, 4-ACRS-6A-04-2; 2-CO-4E-01; §115.15 [e], §115.61 [e], §115.215 [e], §115.261 [e]	

<b>Content Owner:</b>	Trey Fuller Assistant Health Services Director	<b>Documentation on File</b>	8/26/20
<b>Reviewer:</b>	Steve Herrick Health Services Director	<b>Signature Copy on File</b>	9/17/20
<b>Signatory:</b>	Joseph W. Walters Deputy Director for Administration	<b>Signature Copy on File</b>	9/21/20

**REVIEW**  
The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.  
*The content owner reviewed this operating procedure in November 2021 and determined that no changes are needed.*  
*The content owner reviewed this operating procedure in October 2022 and necessary changes are being drafted.*

**COMPLIANCE**  
This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

<https://vadoc.virginia.gov/files/operating-procedures/700/vadoc-op-720-2.pdf>

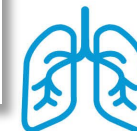
## TUBERCULOSIS

**Federal Bureau of Prisons  
Clinical Guidance**

**FEBRUARY 2020**

*Clinical guidance is made available to the public for informational purposes only. The Federal Bureau of Prisons (FBOP) does not warrant these guidelines for any other purpose, and assumes no responsibility for any injury or damage resulting from the reliance thereof. Proper medical practice necessitates that all cases are evaluated on an individual basis and that treatment decisions are patient-specific. Consult the FBOP Health Management Resources Web page to determine the date of the most recent update to this document: [http://www.bop.gov/resources/health\\_care\\_mgmt.jsp](http://www.bop.gov/resources/health_care_mgmt.jsp)*

[https://www.bop.gov/resources/pdfs/TB\\_CPG.pdf](https://www.bop.gov/resources/pdfs/TB_CPG.pdf)



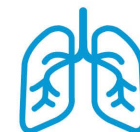
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# Key principle

Early identification and successful treatment of persons with TB disease is the most effective means of preventing disease transmission

All incoming persons, regardless of facility size or type should be immediately:

- screened for symptoms of pulmonary TB
- observed for presence of a cough or evidence of significant weight loss



# TB screening in correctional facilities

Based on:

- Type of facility
- Prevalence of TB infection & disease in the facility
- Prevalence of TB in the residents' communities
- Prevalence of other risk factors for TB (e.g., HIV)
- Average length of stay
- Results of facility risk assessment (next slide)



# Annual facility risk assessment

- Administrative Controls
- Environmental Controls
- Respiratory-Protection Controls

## Minimal risk

- No infectious TB in facility in last year
- Does not house substantial numbers of residents
  - with TB risk factors (HIV, injection drug use)
  - from areas of the world with high rates of TB
- Employees are not otherwise at risk of TB

## Nonminimal risk

- If all criteria of minimal risk not met, the facility has nonminimal risk



# Actions at intake

## Minimal Risk Facilities

- Symptom screen
- Risk assessment
- Further testing if any TB risks identified. TST/IGRA **or** CXR.

## Nonminimal Risk Facilities

- Symptom screen
- TST/IGRA **or** CXR within 7 days

### Screening

#### Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):

- All persons should be immediately screened for symptoms of pulmonary TB<sup>4</sup>
- In facilities with nonminimal TB risk<sup>5</sup>, all persons should be further screened with a tuberculin skin test (TST), an interferon gamma release assay (IGRA) or a chest radiograph within 7 days of arrival
- In facilities with minimal TB risk<sup>5</sup>, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, IGRA, or a chest radiograph within 7 days of arrival



# Actions during period of residence

## Nonminimal Risk Facilities

- Hx of negative TB test: annual TB testing
- Hx of positive TB test: annual symptom screen

### Screening and Testing

#### TB and LTBI:

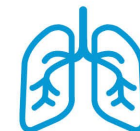
- Persons serving long-term sentences who have a history of a negative TB test result should have follow-up testing annually at facilities with nonminimal TB risk<sup>5</sup>
- Persons serving long-term sentences who have a history of a positive TB test result should be screened for symptoms of TB disease annually at facilities with nonminimal TB risk<sup>5</sup>
- Any person with an exposure to a person with infectious TB should receive a test for TB infection if no history of a positive TB test result, or symptom screening for TB disease if history of a positive TB test result



# Staff Screening and Testing: Upon Hire

## All Facilities

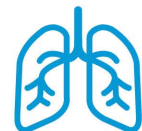
- Symptom screen and risk assessment at time of hire/prior to beginning work.
- Baseline test for infection if no documentation of a previous positive result.
  - IGRA or two-step TST
  - Can use documented result in prior 12 months if available and no new risk
- CXR and medical evaluation if test is positive



# Staff Screening and Testing: Annually

## All Facilities

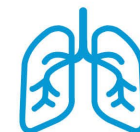
- Hx of negative TB test: annual TB testing
- Hx of positive TB test: annual screening for symptoms of TB disease



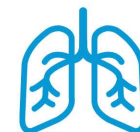


# Screening and Testing of Non-Residents and Non-Staff Members

- The facility should consider others who visit the facility often, such as volunteers and other service providers.
- Screening and testing activities should follow the **same process as for employees.**

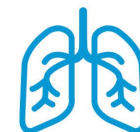


# Expectations and Best Practices



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# Clients receiving TB treatment

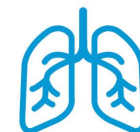


# 12VAC5-90-225. Additional data to be reported related to persons with active tuberculosis disease (confirmed or suspected)

- Initial report
- Secondary report
- Subsequent reports
- Written treatment plan
- **Treatment plan submitted to LHD director/designee**
  - **Started**
  - **Modified**
  - **Prior to discharge or transfer**

Statutory Authority

§ [32.1-35](#) of the Code of Virginia



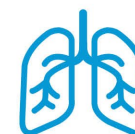
# Needed actions

## Active TB

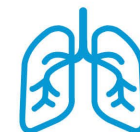
- Visit facility – meet client if possible
- Offer to collect sputum/ensure collection
- Provide guidance on case management, lab interpretation
- Receive monthly update/assessment
- Receive monthly medication administration record
- Continuity of care if discharged

## LTBI

- Confirm reported to Health Department
- Continuity of care if discharged on treatment



# Contact Investigations



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# LHD involvement

- Get involved as soon as possible
  - Index patient medical history review
  - Interview index patient
  - Define infectious period
  - Bed tracing/other activity tracing during infectious period
  - Facility tour
  - Create linelist of contacts and prioritize
  - Testing plan
    - First round testing
    - Second round testing
    - Test choice
    - Expansion if needed



## 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.
- Close contacts should be evaluated promptly.

√	Date	Task
		<b>1. Notify correctional management officials.</b>
		<b>2. Perform clinical assessment of the TB case</b> (including retrospective chart review): <ul style="list-style-type: none"> <li>• Previous exposure to TB</li> <li>• TB risk factors (<a href="#">Appendix 1</a>)</li> <li>• History of TB symptoms (cough, fever, night sweats, etc.). Weight history</li> <li>• Chest radiographs</li> <li>• TST/IGRA</li> <li>• Bacteriology (AFB smear/culture/susceptibilities), nucleic acid amplification tests</li> <li>• HIV status</li> <li>• Other medical conditions</li> </ul>
		<b>3. Interview case.</b> For AFB smear-positive or cavitory cases, interview within 1 day; for all others, interview within 3 days. Re-interview in 7–14 days. Interview for: TB symptom history/onset of symptoms and close contacts in correctional facility and community (if relevant). See <a href="#">Appendix 9</a> , <i>TB Contact Investigation Interview</i> .
		<b>4. Determine the infectious period</b> to determine how far back in time to go for investigation of TB contacts. <ul style="list-style-type: none"> <li>• Generally: 12 weeks before symptom onset or first positive findings consistent with TB disease, whichever is longer.</li> <li>• Exception: If no TB symptoms, and AFB smear negative and non-cavitory, then 4 weeks prior to suspected TB.</li> </ul>
		<b>5. Convene contact investigation team</b> (include institution & regional health services & custody staff). <ul style="list-style-type: none"> <li>• Identify team leader; identify roles and responsibilities of team members.</li> <li>• Develop plan for managing contact investigation data.</li> <li>• Develop investigational priorities.</li> </ul>
		<b>6. Update correctional management officials</b> (including the Warden, Regional staff, and Central Office staff) regarding contact investigation strategy.
		<b>7. Obtain index case traffic history</b> (housing/work/school locations during infectious period). SENTRY pp37 (Housing = QTR, Education = EDU, Work = WRK).
		<b>8. Tour the exposure sites</b> (where case frequented during infectious period) with the facility HVAC (heating/ventilation/air conditioning) personnel and assess: <ul style="list-style-type: none"> <li>• Number of inmates housed together</li> <li>• General size of airspace</li> <li>• Housing arrangements (cells/dorms)</li> <li>• Availability of data on inmates housed at same time</li> <li>• Ventilation: HVAC system (Recirculated air? Where does air move?)</li> <li>• Pattern of daily inmate movement (cafeteria, general areas)</li> </ul>

Appendix 8. TB Contact Investigation – Checklist (page 1 of 2)

## 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.

**Overview:**

- It is critically important that time be spent establishing trust with the inmate before conducting the interview, and making sure that the inmate understands the purpose of the contact investigation. Use an interpreter if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the inmate's responses, additional questions may be asked as follow-up on their answers.
- The inmate should be re-interviewed in 1–2 weeks to gain additional information and validate the answers.
- **Do NOT file interview documentation in the inmate's medical record.**

TB Patient Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Facility Intake Date: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_

**1. Review the TB diagnosis with the inmate:**

- Assess inmate's knowledge of the condition.
- Describe TB, how it is diagnosed and treated, and the treatment plan.
- Describe how TB is transmitted (airborne).
- Discuss the need to identify potentially exposed contacts.

**2. Ask about the inmate's TB history:**

a. Have you known anyone with a diagnosis of TB?  YES  NO. If YES, where and when?

b. Have you ever had a positive TB skin test?  YES  NO. If YES, where and when?

c. Have you ever been diagnosed with or treated for TB?  YES  NO. If YES, where and when?

**3. Ask about the inmate's other medical history:**

What other medical conditions do you have?

**4. Ask about the inmate's history of TB symptoms:**

YES	NO	Have you had any of the following symptoms?	IF X, how long have you had them? When did they start?
		Cough?	
		Coughing up blood?	
		Fever?	
		Chills?	
		Night sweats?	
		Unexplained weight loss?	___ pounds in ___ weeks
		Chest pain?	
		Hoarseness?	

Likely date of symptom onset: \_\_\_/\_\_\_/\_\_\_

TB Contact Investigation – Interview Questions (page 1 of 3)

# TUBERCULOSIS

Federal Bureau of Prisons  
Clinical Guidance

FEBRUARY 2020

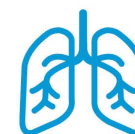
[https://www.bop.gov/resource/s/pdfs/TB\\_CPG.pdf](https://www.bop.gov/resource/s/pdfs/TB_CPG.pdf)



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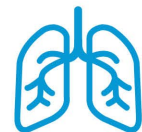
# Reporting



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# Reporting

- Facilities should report to the LHD by phone if they identify a possible active TB case.
- Facility medical teams should [report LTBI](#) in staff and residents if newly identified



# Scenarios



# Contact investigation in a regional jail

## Case 1 - Early 2022

- Pulmonary TB
  - Reported negative TST (8mm) & CXR from correctional facility outside of VA
  - Incidental finding during hospitalization for other medical concerns
  - Cavitory lesion
  - Only 1 positive sputum smear (1+)
- CI initiated
  - Facility provided list of 24 contacts
  - Testing done by facility
  - No transmission reported

**Late 2022 – Genetic testing reveals that two TB cases match!**

## Case 2 – Mid/late 2022

- Extrapulmonary TB
  - Significant weight loss
- No CI

## Late 2022/Early 2023

- Cluster investigation
  - Cases overlapped at same facility during Case 1's infectious period
  - Case 2 not listed as a contact on initial facility list, but determined they were housed together
  - CI for case 1 expanded



# Contact investigation in a regional jail

- What can we learn from this?

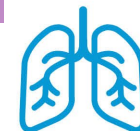


# Case in a local and regional jail

- Pulmonary TB
  - Sputum smear positive
  - Abnormal CXR
  - Weight loss
- Transfer from local jail to a regional jail with a negative pressure room

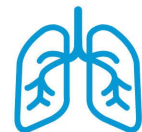
- Sputum collection continued at the regional jail to monitor for infectiousness
- Jail medical team ordered PCR testing on sputum specimens to monitor for infectiousness

- PCR testing is not helpful in determining infectiousness

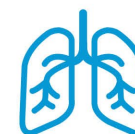


# Case in a local and regional jail

- What can we learn from this?



# Resources




Latent TB. Active Concern.  
Tuberculosis Program  
VIRGINIA DEPARTMENT OF HEALTH



Facility Type	General/Oversight	Facility Population	Length of Stay
Local jails (n=37)	<ul style="list-style-type: none"> <li>• Serve a particular city or county</li> <li>• Responsibility of sheriffs &amp; elected officials</li> <li>• VA Board of Local and Regional Jails and VADOC</li> </ul>	Range from 26 - 1,930	Average of 17 days
Regional jails (n=22)	<ul style="list-style-type: none"> <li>• Replace or supplement a local jail</li> <li>• Operated by a superintendent under the authority of a board</li> <li>• VA Board of Local and Regional Jails and VADOC</li> </ul>		
State prisons <ul style="list-style-type: none"> <li>• Major institutions (n=27)</li> <li>• Field units (n=8)</li> <li>• Work centers (n=5)</li> <li>• Private prison (n=1)</li> <li>• Secure hospital unit (n=2)</li> </ul>	VADOC	Range from 100 – 2,500	Average of 6 years
Federal prison (n=2)	Federal Bureau of Prisons	1,500-2,000	Average of 5-10 years
Immigration and Customs Enforcement facility (n=2)	U.S. Department of Homeland Security	36,000 total in ICE facilities (2018 estimate)	Hours, days, weeks, months
Juvenile Justice <ul style="list-style-type: none"> <li>• Correctional center (n=1)</li> <li>• Juvenile detention centers (n=24)</li> </ul>	Department of Juvenile Justice JDCs – operated by localities	3,000 total in the juvenile justice system, many in the community on diversion plans	

# LHD TB Program Correctional Facility Checklist



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[www.vdh.virginia.gov/tuberculosis/](http://www.vdh.virginia.gov/tuberculosis/)

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

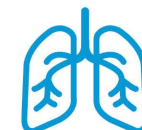
- Review the health department's role in TB contact investigations and the reporting requirements around contact investigations.

Additional Topics

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

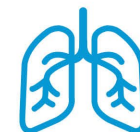
Comments/Notes:

Tool to help guide an agenda and conversation during an annual meeting with correctional facilities in your jurisdiction.



# Locate a resident

- Virginia Department of Corrections
  - Use the VADOC locator: [Offender Locator — Virginia Department of Corrections](#)
- Federal Prison
  - Use the Bureau of Prisons locator: [Inmate Locator \(bop.gov\)](#)
- Ice Facility
  - Use the ICE locator: [Online Detainee Locator System \(ice.gov\)](#)



# Thank you!

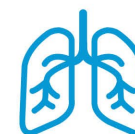
- Questions??
- Please complete evaluation that will appear when you exit the meeting.

Laura Young, Surveillance Coordinator/TB Epi

[Laura.r.young@vdh.virginia.gov](mailto:Laura.r.young@vdh.virginia.gov)

Amanda Khalil, TB Nurse Consultant

[Amanda.Khalil@vdh.virginia.gov](mailto:Amanda.Khalil@vdh.virginia.gov)



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