TB in the Correctional Setting
Florence, Arizona
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Contact Investigations in Correctional Setting
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Jessica Quintero, BAAS has the following disclosures to make:

• No conflict of interests
• No relevant financial relationships with any commercial companies pertaining to this educational activity
Contact Investigations in Correctional Settings

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MMWR for Contact Investigation

- First guidelines were drafted by American Thoracic Society in 1976.
- Jointly issued by National Tuberculosis Controllers Association and CDC.
- TB Elimination Division site www.cdc.gov
Why Do a Contact Investigation?

- Prevent future cases of TB disease by identifying people who were exposed to someone with infectious TB disease.
- Evaluate and treat recently exposed persons.
- 2nd priority in TB elimination

The overall goal is to interrupt transmission of M. tuberculosis
The goal of contact investigation is the same no matter where the site is, however, special considerations should be given to investigations in congregate settings such as a correctional facility.
Where Should We Start?

- **Health Department**
- **Correctional Facility**

As Seen By Corrections Officers

- Inmate lovers
- Too dumb to understand the chain of command
- Think CO’s are there to serve their needs

“Custody VS Care” Chief Tara Wildes; Office of the Sheriff, Jacksonville Florida
Speaking Our Language

• CI
• DOT
• TST/BCG
• All
• LTBI

Getting to Know Us

• A contact investigation should not be your first encounter with the correctional facilities.
  – Introduce yourself
  – Your organization
  – TB

• Find out who you should deal with
  – Rank
  – Departments
CI From the HD Perspective

• Health Department Staff
  – Medical
  – Nursing
  – Contact Investigator

• Responsible for contact investigation

• Coordinate with corrections staff

• Assisting with education of staff and inmates

Preparing for an Inmate Interview
As Seen By Health Department

- No support from officers
- Too dumb to understand medical issues
- CO’s don’t want to go out of their way for anything “do my 8 and hit the gate”
- Not willing to help inmates with health problems

“Custody VS Care” Chief Tara Wildes; Office of the Sheriff, Jacksonville Florida

Speaking Our Language

- 10 codes
  - 10-4
  - 10-20

- Slang/Lingo
  - CO
  - GP
  - Dorm
  - Yard in/out
A Jail is a Jail is a Jail...Right

- Jails
- Prisons
- Juvenile Detention
- Federal Facilities
- Probation
- Private

CI From the Correctional Perspective

- Responsible for maintaining security and safety
  - Security above all else!
- Coordinate with public health staff
- Assisting with education of public health staff
- Correctional Staff
  - Correctional medical personnel
  - Classification
  - Booking
Preparing for an Inmate Interview

- Cells
- Bunk/Cell mates
- GP areas
- Court
- Clinic
- Church
- Any transports
- Programs
  - GED
  - Substance abuse

“By failing to prepare you are preparing to fail”
– Benjamin Franklin
You Still Need to Ask

• Daily activities
  • Ask them to take you thru a typical day
  • Who do they spend time with, where, and for how long

• Does patient know anyone who has TB

• Potential contacts including community contacts

Conducting a Field Investigation

• The purpose of the field investigation is to identify contacts and evaluate the environmental characteristics of the place in which exposure occurred.

• Should be conducted within ≤3 days of initial interview
Exposure Setting

- **Air volume**
  - Infectious particles become more widely distributed as air space increases, rendering them less likely to be inhaled.

- **Ventilation**
  - If air is allowed to circulate from the room where exposure occurred to into additional rooms, additional persons may be exposed.
    - Confined air systems with little or no circulation
    - Recirculated air without HEPA filtration

Date Management

- Date of incarceration
- Movement list
- Work history
- Cellmate(s)
- Locations and duration of areas of possible exposure

- Calculate rate of infection
- Calculate rate of treatment completion
- Justify need for staff and resources
Developing a Plan; It’s a Group Effort

- Health departments can help in planning, implementing, and evaluating a TB contact investigation.

- Correctional staff can help with Inmate medical record system containing TST results and other relevant information and Inmate tracking system.

Don’t Forget About These Contacts

- Other inmates
- Officers
- Visitors
- Medical staff
- Attorneys
- Other program staff/visitors

Think outside the box
Contact Interview

- Interview contacts with in 3 days of ID
- Gather/confirm medical history including a TB symptoms review
- Document current status
  - Still incarcerated
  - Released
  - Transferred
  - Anticipated location at second round testing
- Evaluate for TB exposure

Opportunity for More
The contact investigation can serve to

- Educate corrections staff and inmates about the risk, treatment, and prevention of TB in correctional facilities
- Emphasize the importance of completion of therapy for persons with TB disease and LTBI
Expanding A Contact Investigation

• Make decisions to expand the contact investigation to groups with less exposure on the basis of the calculated infection rate.

  – If no evidence of transmission is observed, do NOT expand the investigation

  – If transmission is occurring, expand the investigation incrementally to groups with less exposure

Principles for Conducting the Contact Investigation

• Stratify identified contacts by their duration and intensity of exposure to the source patient

• Classify HIV-infected and other immunosuppressed contacts as the highest priority group for screening and initiation of LTBI therapy, regardless of duration and intensity of exposure

CDC. MMWR Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. July 7, 2006/Vol.55/No.RR-9 pg 27
Principles for Conducting the Contact Investigation

• Immediately screen groups of contacts identified with the greatest degree of exposure, follow with repeat testing at 8–10 weeks if the initial TST or IGRA is negative

• Calculate the infection rate to assess the level of TB transmission

• Include corrections and medical staff in the contact investigation, depending on their exposure risks

Contact Investigation Stepwise Procedures

• Notify correctional management officials

• Conduct a source patient chart review

• Interview the source patient

• Define the infectious period

• Convene the contact investigation team

• Update correctional management official
Contact Investigation
Stepwise Procedures

- Obtain source case inmate traffic history
- Tour exposure sites
- Prioritize contacts
- Develop contact lists
- Conduct a medical record review on each high-priority contact
- Evaluate HIV-infected contacts for TB disease and LTBI promptly

CDC. MMWR Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. July 7, 2006/Vol.55/No.RR-9 pgs .28-29

Contact Investigation
Stepwise Procedures

- Place and read initial TST or perform IGRA on eligible contacts
- Make referrals for contact evaluation
- Calculate the infection rate and determine the need to expand the investigation
- Place and read follow-up TST or perform follow-up IGRA
- Determine the infection/transmission rate
- Write a summary report

CDC. MMWR Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. July 7, 2006/Vol.55/No.RR-9 pgs .28-29
“Identification of a potentially infectious patient of TB in a correctional facility should always provoke a rapid response because of the potential for widespread TB transmission”

CDC. MMWR Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. July 7, 2006/Vol.55/No.RR-9 pg .26

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Case in Point

- Marchello McCaster vs Ramsey County
  - Patient self identified as having TB
  - Skin test placed read as negative (improperly read)
  - No additional evaluation was given
  - Patient was symptomatic: 41# weight loss, persistent/productive cough, became too weak to walk
  - Patient, other inmates, and correctional staff requested medical attention and evaluation
    - All request were ignored
  - Officer had patient taken to a hospital where x-ray and CT showed extensive damage to his right lung
But Wait, There’s More

- 470 contacts identified
  - 170 contact tested negative
  - 93 tested positive for TB Infection
  - 7 tested positive for TBD
  - 200 pending evaluation

The Settlement

- Those with TBD
  - $250,000
  - free annual checkups
  - additional $250,000 if complications arise

- Those with LTBI
  - $54,300 if they complete treatment
  - $44,300 if they opt out of treatment
  - Annual checkups

- Those who progress from LTBI to TBD
  - Additional $200,000
• Mr. McCaster is seeking damages in the amount of 14 million dollars.

• Did I mention he was incarcerated for 54 days!

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Ask for Help

• Often times the greatest challenges of a TB contact investigation are the result of failure to ask for help when it is needed.

• Even the Lone Ranger had Tonto by his side...

Notify State TB Program
602-364-4750
Providing TB Education

Food for Thought...

Not all contacts with substantial exposure are identified during the contact investigation!

Every case began as a contact!

They always come back!
STAND

I

I Understand
THANK YOU

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