




## Case Study #3

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TB Intensive  
September 13 – 15, 2023  
Richmond, TX

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**Jana Winberg, MD** has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity

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# TB in Corrections

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## Objectives

- Understanding the burden and challenge of Tuberculosis (TB) within corrections
- Better Understand how we (Public Health) can help
- Patient studies that highlight challenges

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## Correctional Facilities

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## Correctional Facilities 2022 – 11.1%\*

- 14 people (1.3%) in the Texas Department of Criminal Justice (TDCJ), the state's correctional prison system
- 84 people (7.7%) in other correctional facilities
  - 6 in federal prison
  - 78 in other facilities (detention, ICE)
- 23 people (2.1%) in a city or county jail

\*11% = 121 Inmates with disease

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## Federal Prison and State Jail

- Federal Bureau of Prisons (19,000 beds)
    - Inmates that have broken Federal law and are sentenced. When released may be on Parole
  - TDCJ (160,000 beds)
    - Inmates that have broken State law and sentenced to 6 months to 2 years. When released may be on Probation
- ❖ **These take care of their own inmates with TB**

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## City and County Jails

- 252 jails in 254 counties
- 95,000 beds
- Hold inmates awaiting trial or sentencing, and those that bond out
- Inmates who are sentenced with misdemeanors with < 1 year sentence

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## Local Jails and Challenge(s)



Like the bird, we must pay attention to many details, and not keep our eyes focused on any one thing too long

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## My Local Jails

- How many inmates do they see?

Facility	Beds	Booked 2022
Hardin County	195	2,374
Jefferson County	1,268	11,220
Downtown Beaumont	501	961

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## My Local Jails

- How many tests per month?

Facility	Placed	Read
Hardin County	~45	~40
Jefferson County	~375	~250-300
Downtown Beaumont	~50	~50

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## Challenges

- Local Jails are revolving units
  - Inmates come in and bond out
  - Inmates go to court and get released
  - Inmates may do weekend jail (in Friday and out Monday)
- The Tubersol shortage exposed issues
  - Testing, supply on hand, reporting

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Understanding and managing TB can be confusing and may feel messy and unorganized

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# Education *is* Everything

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## Things *We* Should Know (About our Jails)

- Who provides their medical services
- Is the medical service contracted
- Is there 24 hour care
- How many Airborne Infection Isolation Rooms (AIIR) are there
- Who is your contact person (POC) at the Jail
- How much does your Jail POC know about TB

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## More Things *We* Should Know

- Is there turnover in nursing staff
- Get to know the jail nurses
  - What TB experience do they have
  - Can they see the previous TB test results
- How useful is the jail's Medical Record System
  - Does the system change with the Medical Provider
  - Does it allow access to past records

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## Correctional TB Forms

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## Form TB-800

- Review the forms so you can explain them
- TB Risk Assessment for Correctional Facilities
  - Evaluate inmates upon entry for history and symptoms of TB or
  - Evaluate inmates for clinical conditions and risk factors for TB (page 4 of 5 on the TB-800)
  - Low, Medium, or High Risk Facilities

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## Form TB-805 Highlights

- The Corrections Tuberculosis Screening Plan
  - **C8. Do you have a written continuity of care plan for inmates diagnosed or suspected with TB scheduled for release into the community or transferred? *If YES, please attach a copy of the plan.***

❖ What is the plan?

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## Form TB-805 Highlights

\*\*\*\*This Question C11 is NEW

- **C11. Who is responsible for notifying the local or regional health department when an inmate with TB infection or suspected / confirmed TB disease is transferred or released?**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## Form TB-805 Highlights

### **\*\*NEW**

TB programs cannot distribute DSHS purchased medications to the jail unless they serve as the medical provider.  
(Question 10)

- **B28. Who supplies your facility with TB medications? Please provide the name and address of the entity. Do not use acronyms or abbreviations.**

• Name: \_\_\_\_\_

• Address: \_\_\_\_\_

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## Form 12-11462

- The Monthly Correctional TB Report
- 5. Number of Prior Positives (**Written** documented history of(+) tuberculin skin test (TST) or IGRA):
- Here is why it is important that the person doing the TB screening and testing needs to be able to access previous results within their own Medical Record System

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## Patient Study #1

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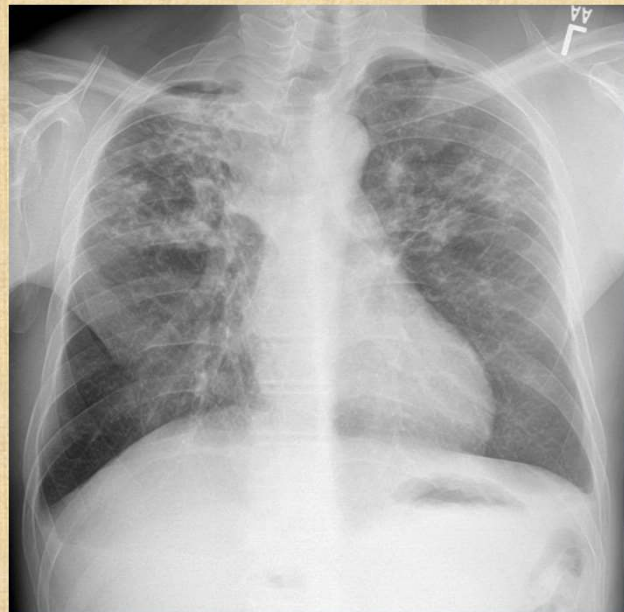
## EB Study #1 – 50 yo male

- Born in Mexico. Moved to Texas 35 years ago. Travels to Mexico at least twice a year
- Smokes and drinks alcohol
- He has DM2 (A1C 11.0 high)
- Full-time outside forklift operator, and part-time lawn care
- Married with 3 children, ages 14 to 18
- Presents in June (a few years ago)
- Speaks English & Spanish

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## EB Study #1

- Productive cough
- 27 pound weight loss in 7 months
- Fatigue and weakness
- QFT positive
- Hx of BCG



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## EB Study #1

- Started on RIPE pending final cultures
- But taking a history reveals the following:
  - 3 years ago – Went to Mexico for DM meds, was told he had TB and got Rifater (INH, Rifampicin, PZA fixed dose)
  - 1 year ago – Got script of doTBal, (Rifampicin, INH, PZA, Ethambutol) still has 72 of 240 doses remaining
  - Last dose was February, 4 months ago, *“he felt better”*

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## EB Study #1

- NAAT indicates Rifampin resistance 2 days after RIPE was started
- All meds stopped until sensitivities come back. Heartland recommends TCID.
- EB wants to get better and will drive to TCID in San Antonio.

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## EB Study #1

- His last question: *“Can I call my Bail Bondsman every Monday?”*

❖ I’m sorry,  
what did you say?



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## EB Study #1 – Challenges

### 1. Patient Care

- TCID will not treat with outstanding legal issues
- How can legal issues be resolved? How quickly?

### 2. Exposure Risks

- Bail bondsman = jail
- When? Where? How long? Inmates and Staff?

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## EB Study #1 – Patient Care

- Contacted Bail Bondsman
- Called County Judge (because I know him) to look up case and was referred to the Assistant DA
- Called Assistant DA. She needed a letter explaining:
  - Medical condition and need for TCID
  - Why EB should not be placed into our local jail (no AIIR)
  - Sent copy to both the DA's office and EB's Attorney
- TCID needed letter from DA showing case is closed

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## EB Study #1 – Exposure Risks

- Family members – all 4 with TB infection
- Contact Jail:
  - Length of time (about 10 hours)
  - What cell (holding cell)
  - Identify the other inmates (4)
  - No staff met the exposure criteria

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## EB Study #1 – Rest of Story

- He completed his treatment successfully
- Family members – all 4 with TB infection have been successfully treated (INH)
- Three (3) Inmates with exposure had negative test results
- One (1) inmate was released without testing and is lost to follow-up

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## EB Study #1 – Lessons Learned

- Communication was key
  - Having relationships with multiple judicial agencies allowed the patient to get the care he needed
  - Relationship with the Jail Nurse allowed the exposure assessments to be completed quickly even though exposure was 6 months ago
  - Being able to leverage Bilingual staff was also key

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## Patient Study #2

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### JH Study #2 – 45 yo male

- Born in Mexico but has lived in US 20 yrs. Arrested at court in a different Jurisdiction
- Symptom screen negative, TST – 10 mm
- **May 20** CXR - LUL opacity with small cystic areas, treated for pneumonia - azithromycin
- **May 27** CXR - LUL stranding with cystic areas and small granuloma on right
- By the way, he had bronchitis like symptoms x 3 weeks (sob, productive cough) Smoker, asthma, works construction

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## JH Study #2 – Rest of Story

- RIPE x 2 months, then Continuation therapy
- IJN was sent to Region 6-5S the day of release
- Several days later I receive the IJN notification. Patient has meds for 2 weeks (sent from the jail)
- Patient told previous HD about his family in Hardin County but no IJN referral was received during the 3 months he was in jail
- Wife with infection, 3 children remained QFT negative
- ✓ Great patients, completed therapy!

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## Key Observations from Study #2

- Coordination between counties continues to be key to containing spread of TB through use of IJN
  - Early IJN documentation for contact investigation when JH was first diagnosed was not accomplished
  - No knowledge that Patient could eventually be released back to our county
  - Concurrent family treatment was not an option, creating potential for spread of disease

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## Patient Study #3

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### JL Study #3 – 24 yo Male

- **March 2020** ER visit with SOB, Cough, Fever, Medium size L pleural effusion, probably pneumonia, azithromycin
  - Worsening SOB, uncomfortable, persistent cough. Admitted to hospital for 8 days, thoracentesis followed by thoracotomy with decortication. AFB smear and culture negative
- **November 2020** Swelling at incision site, I&D abscess

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## JL Study #3

- **September 2021** (10 months later) Back to ER with another abscess at the incision site. I&D of abscess
- **4 days later** – Back to ER for wound check, now admitted to hospital for 7 days. Wound debrided, wound vac
- **October 2021** results from samples during surgery return with MTB

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## JL Study #3

- Initial Cooperation
  - Comes in for first visit at the HD
  - Continues to come in to take his meds by DOT
- Cooperation Falls Off
  - Can't quite make it in to take his meds daily
  - Offered daily live video calls, which he chose to do. But he did not answer the phone at least 50% of the time

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## JL Study #3 – Cooperation Assistance

- We finally speak to his new Probation Officer
- She helps by telling the patient that she will revoke his probation if he does not take his medication.
- He changes to become our best patient after that



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## JL Study #3 – Lessons Learned

- The Probation Officers assistance was vital for the successful completion of treatment for this patient
- This is why it is important to develop relationships with our Probation and Parole officers

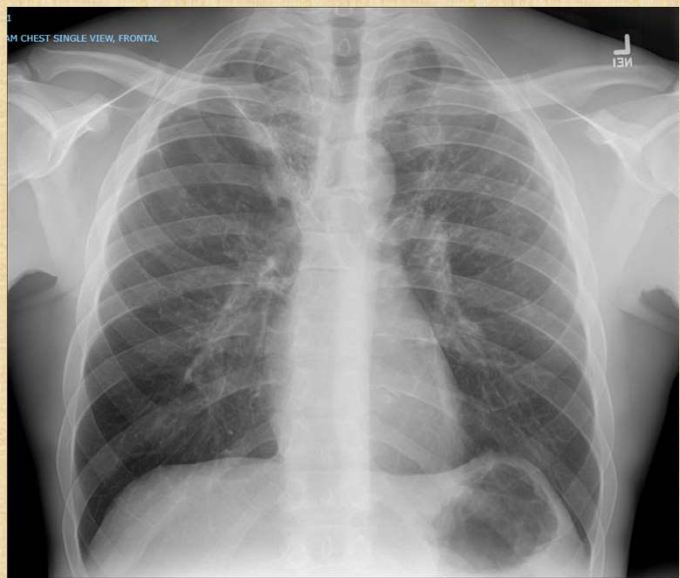
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## Patient Study #4

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### JS Study #4 – 28 yo Male

- **January** - He was referred from a Jail
- SOB, cough, fever, chills, night sweats, weight loss
- AFB + <1/field



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## JS Study #4

- He takes 95 doses in 6 months, counting the 21 days he was in our local jail.
- Once released he was hit and miss for meds
- When he had 5 weeks left he stopped taking his meds
- However, he is now back in jail (unrelated to TB)
- And he has agreed to take his last 5 weeks of treatment

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## Study #4 – Things We Learned

- Talking with the Jail's nurses is everything
- Their understanding why we are treating for active TB when the cultures and CXR are now negative is key
- The Jail nurses must be able to explain to their Medical Director why the HD wants meds to be given

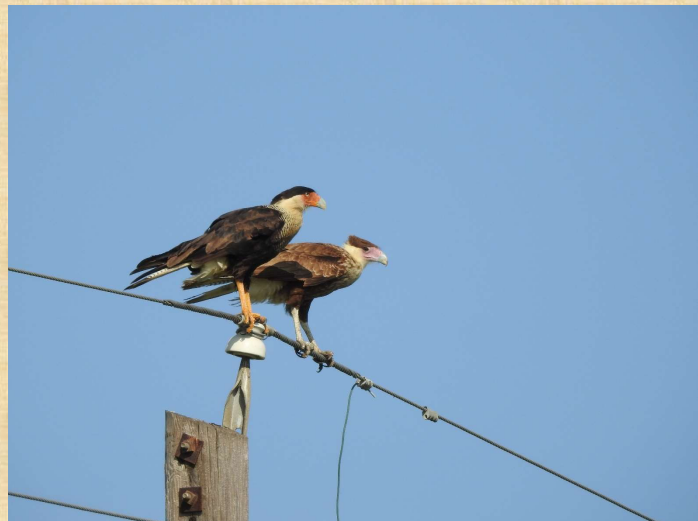
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# Patient Study #5

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JD Study #5 – 38 yo Male

***And the search  
is on***



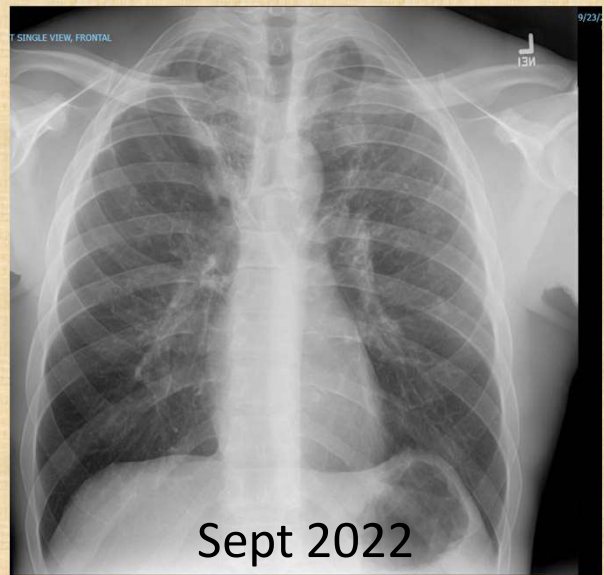
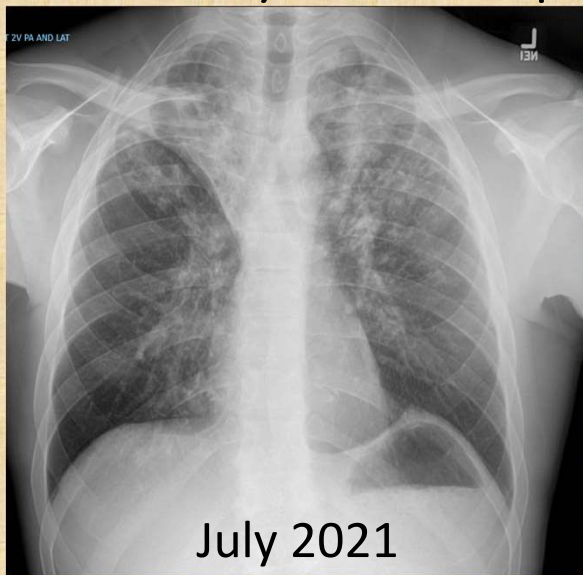
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## JD Study #5

- **July 2021** presents to HD as an investigation of an exposure
- Sputum >10/field
- Takes some treatment, manages to get 40 doses in 50 days (M-F)
- ***And then he is gone***
- **One year later** he returns to HD to restart therapy and is AFB + again
- **October and November** He's back in jail
- ***Released and gone***

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## JD Study #5 – Comparison



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## JD Study #5 – Rest of story

- He is currently in Jail and taking his meds
- CXR is now normal
- Sputums are AFB negative
- Hopefully he will stay in Jail long enough to complete 6 months of treatment

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## JD Study #5 – Lessons Learned

- Review the online jail roster every Monday to see if any of your missing people are in jail
- Becoming better partners with nursing staff at jail improves understanding and care

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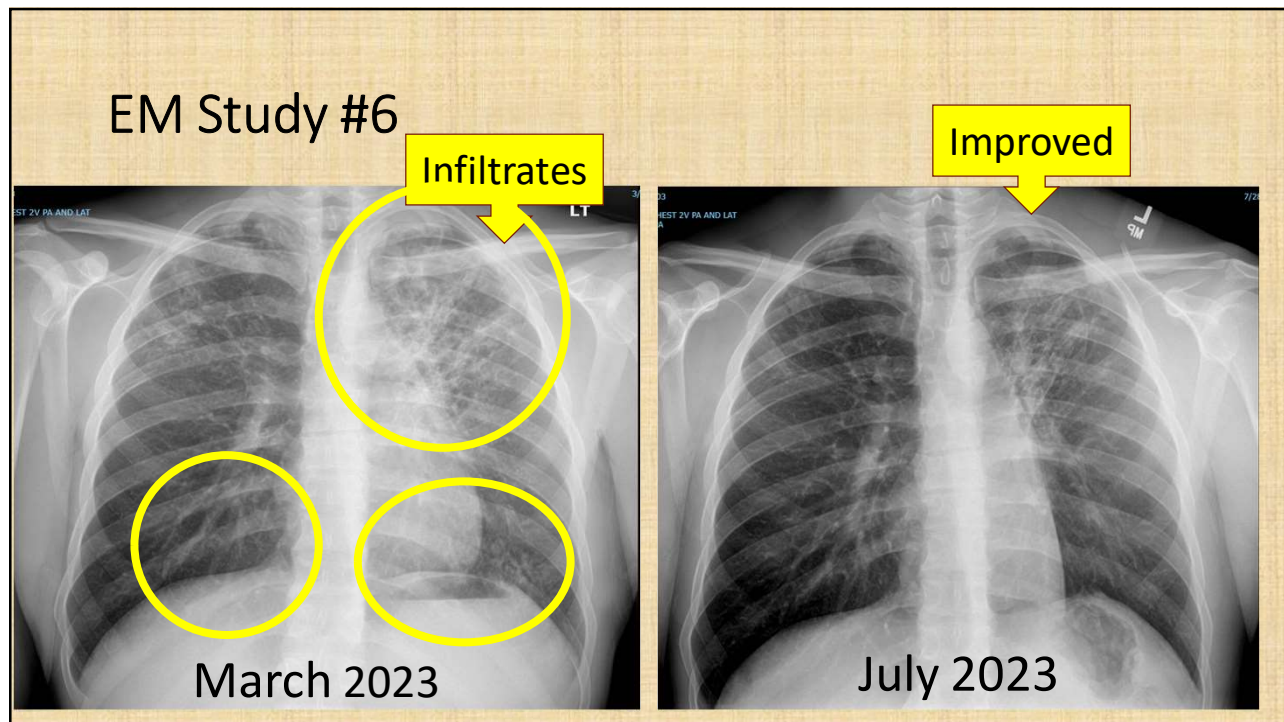
## Patient Study #6

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### EM Study #6 – 25 yo Male

- Born in Mexico, came to US in 2001
- **December 2022:** Referred from the hospital
- Living in a halfway house and admitted the struggles he was having with his addictions
- **December** Sputum >10/field
- Outreach worker took his meds to him for DOT
- EM was not consistent, missing several doses each month
- **March** Sputum 1-10/field
- **July & August** Sputum AFB Neg
- He has completed 96 doses in 6 months
- ***And then he stopped***

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## EM Study #6

- Stayed in contact fairly regularly, but would not meet with the outreach worker
- We were talking with his probation officer who kept saying he would revoke his probation, but never did
- EM was assigned a new probation officer and she gave him the option to turn himself in or she would issue a warrant
- At Present, EM is in jail (not TB related) completing his therapy

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## EM Study #6 – Lessons Learned

- The Probation Officers assistance was vital for the successful completion of treatment for this patient

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## Patient Study #7

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## HC Study #7 – 29 yo male

- **October 2021** HC is sick with fever, sweats, weight loss, and SOB. Admitted to the local hospital, but leaves AMA. He is smear negative
- **November 2021** he returns to the hospital again, still sick, but this time has a pneumothorax (dropped lung). Stays 6 weeks until mid **January 2022** when he leaves AMA again

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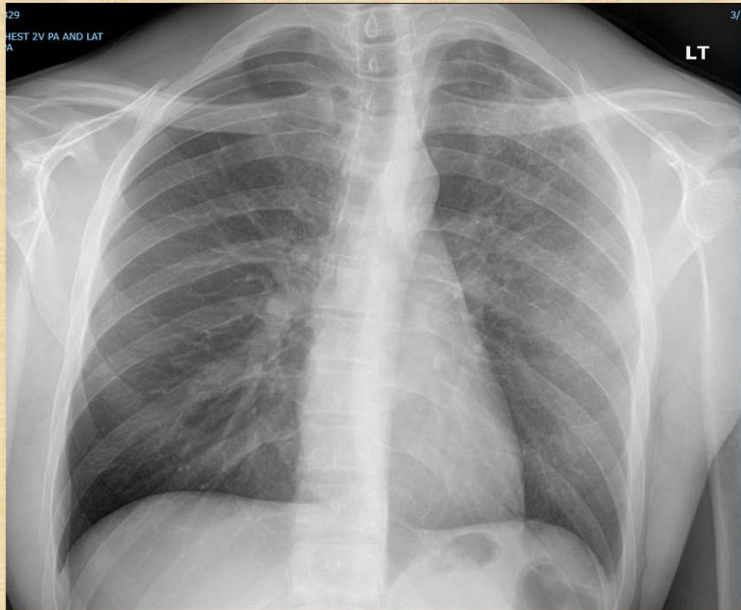
## HC Study #7

- He has Bipolar disease, smokes weed and drinks alcohol.
- He has no transportation, and is shelter insecure
- Our Nurse goes to his house every day for 12 weeks. At that time HC refuses to take any more meds and he is getting agitated (56 doses M-F)
- Our Nurse calls his mom to check on him regularly

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## HC Study #7

- He stays missing until recently when we checked the inmate roster
- AFB neg, CXR no acute disease
- Refuses meds



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## HC Study #7 – Lessons Learned

- He has the right to refuse his medication
  - When a person is not contagious they are no longer a risk to the Public (even if they did not finish their recommended course of treatment)
- The safety of our Public Health workers is important.

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# Conclusion

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## Lessons We have Learned

- Review the online jail roster every Monday to see if any of your missing people are in jail
- Testing inmates at least 3-5 days after booking allows for a higher % of the tests being read
- Partnering with Parole and Probation Officers has led to better patient cooperation
- Becoming better partners with nursing staff at jail improves understanding and care
- When possible, develop relationships with the Sheriff and the Judges, as you may need them

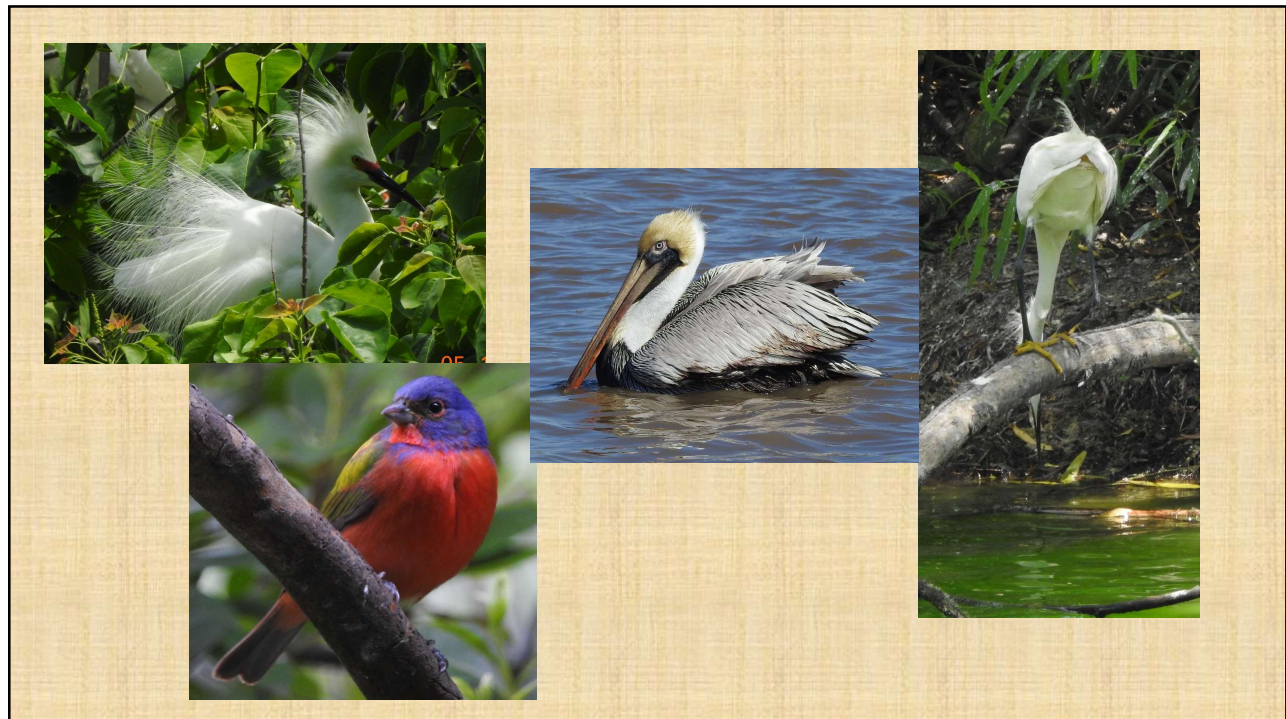
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In conclusion, I hope you have gained better understanding of:

- The burden and challenge of Tuberculosis (TB) within corrections
- How we (Public Health) can help

I also hope you are able to leverage some of our lessons learned and if you have others, please let me know

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Questions?