Coordinating TB Care in a Federal Correctional Facility

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November 6, 2025

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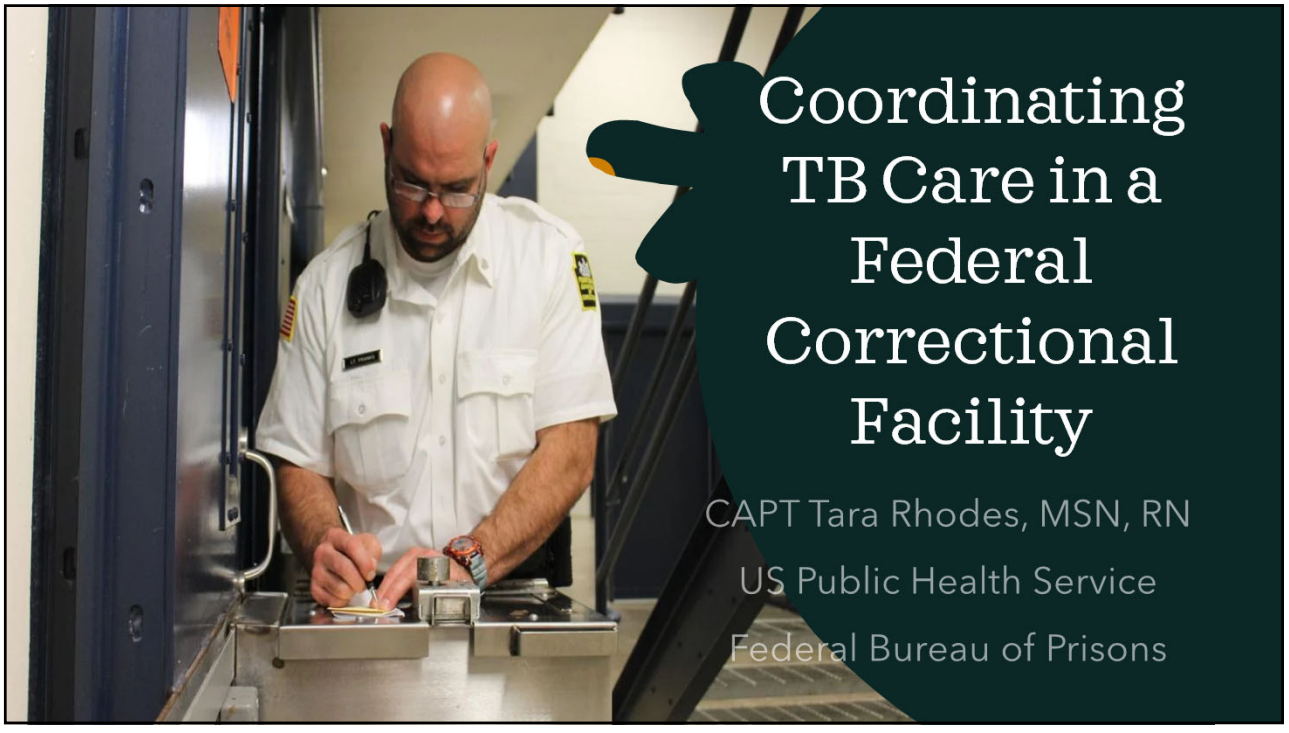

JUST MINE

- The opinions in this presentation are my own and do not reflect the opinions of the Federal Bureau of Prisons.

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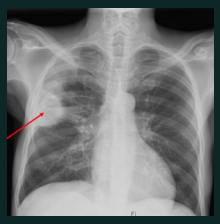
Agenda

- Inmates arriving with TB
- Diagnosing inmates with TB
- Inmates leaving prior to completing treatment
- Contact investigations



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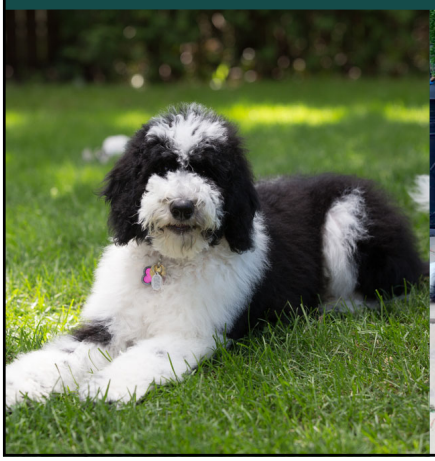
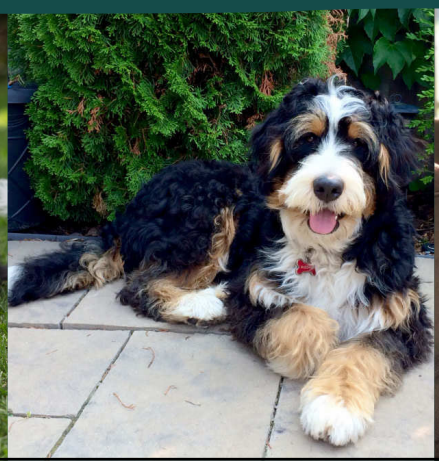
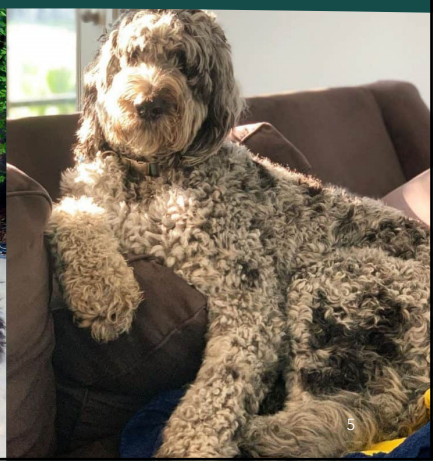
Introduction

- Collaboration between the health department (HD) and the correctional facility is essential for thorough TB case management. Throughout this presentation you will learn multiple ways Public Health and Corrections can work together to provide the best care for our patients.

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Inmates arriving on TB treatment

Does the local HD care?

- YES, they care!

- Reach back to previous HD
- Interjurisdictional Notification Form
- Call new HD
- Keep HD updated
- Send final paperwork

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Diagnosing inmates with TB

When do you call the HD?

- Inform of patient suspicious of having TB disease.
- Update with sensitivities
- Can help with MDR cases
- Procuring medications
- Inform when finished treatment
- Provide all paperwork

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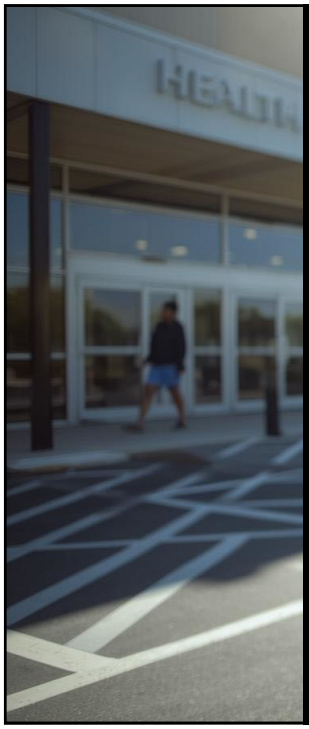

Inmates leaving prior to completing treatment

What does the HD need?

- Where is the inmate releasing?
- US or international?
- Cure TB or Binational Program
- HD help with finding a local HD
  - IJN
- Paperwork
- Medications

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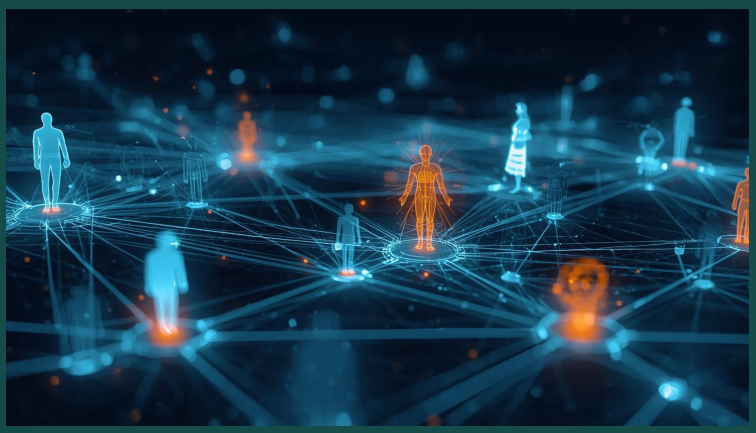
Contact Investigations

How can the HD help?

- Self sustained in BOP

- Supplies
- Staff testing
- Staff follow up
- Tracing of community contacts

- Total # of contacts
- # of conversions
- Any patient with active TB disease



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Helpful Tips

- One institution went through the process to get their HD correctional liaison a volunteer pass.
- Get to know the regional IPCs in your area. They can help get you information from the institutions.
- Let institutions know if your PH lab will run AFB sputums at no cost.

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Summary

- The collaborate relationship between the Federal Bureau of Prisons and State and Local Health Departments is critical in delivering high quality care to our inmate population.

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Thank You

- Questions?
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Tuberculosis in Corrections

November 07, 2025

Jacquline I. Maldonado, DNP

Overview

- Coordination with local jails as point of contact at HD
- Identifying information to gather from the jails
- Point of contact in the jail, who to contact
- Monitoring case management in the jail
- Managing the contact investigation
- Responsibilities of nurse while patient is incarcerated

Types of facilities

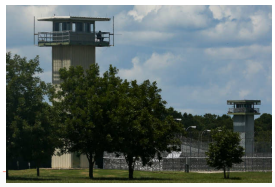
Jail – Local law enforcement agency or a contracted-vendor administers confinement facilities (intended for adults) to hold persons who have been: 1) charged but not convicted of a crime, 2) committed after adjudication, typically for sentences of one(1) year or less. They also hold incarcerated persons in the custody of another correctional institution pending transfer to a state or federal prison

Chapter 89 Facility – A jail or community corrections facility that meets Texas Health and Safety Code Chapter 80 criteria: capacity of at least 100 beds, houses incarcerated persons transferred from a county jail with at least 100 beds, or houses transfers from another state

DSHS tuberculosis standards for Texas correctional and detention facilities (2018).

State prisons – A Texas Department of Criminal Justice(TDCJ) confinement facility, including privately operated state correctional facilities.

Federal prisons – A federal confinement or privately-owned and operated contract facility for federal law enforcement agencies (Federal Bureau of Prisons (BOP), Immigration and Customs Enforcement (ICE), and Custom and Border Patrol (CBP). These systems house federal incarcerated persons who have violated or are accused of violating federal law.



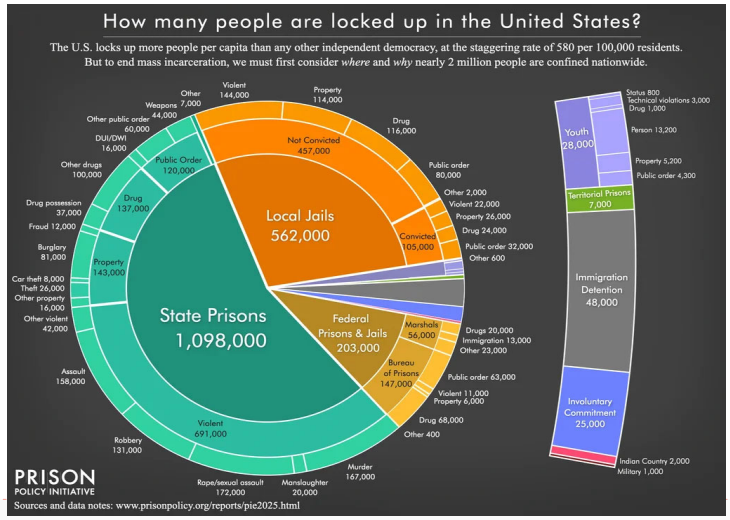
Coordination with Local Jails as Point of Contact at HD

- Jails must report person with active disease, Persons with possible disease, contacts, and persons with tuberculosis infection.
- Having a specific person to work with makes this easier.

What are Our Challenges

- Finding out about the patient
  - Quick turnarounds
  - Movement in the system
    - different units
    - Court
    - programs
- Patient cooperation
  - Mental illness
  - Substance use disorder
  - Disabilities
  - Unhoused

United States Prison Statistics



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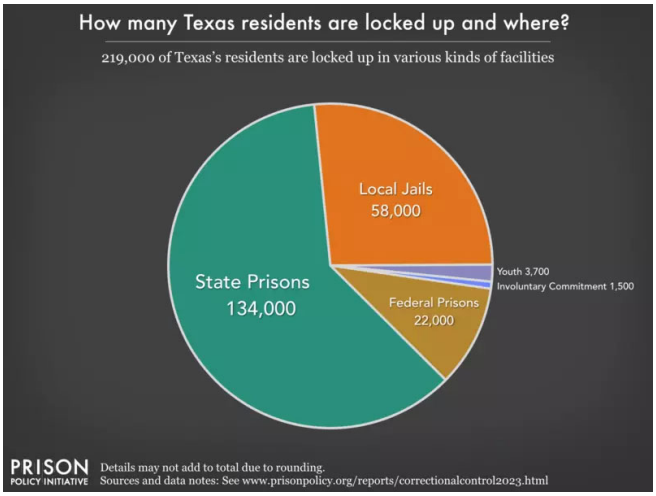
Texas Prison Statistics



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Information to Gather

- In addition to the common information from patient (i.e. smears, NAAT, CXR, signs and symptoms) additional information is needed for patients in corrections.
- Agency responsible for patient (local jail, ICE, TDCJ, BOP, or US Marshals)
- Agency identification number. In Bexar county we use a state identification number (SID)
- Date of admission, transfer, release, and destination
- Incarcerated person's destination or location

DSHS tuberculosis standards for Texas correctional and detention facilities (2018).

Point of Contact in the Jail
Who to contact

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- Facility administrators
- Medical services administrators
- Classifications personnel/supervisors
- Officers and those who interact with incarnated persons and visitors
- Intake personnel
- Infection prevention nurse/medical
- Health department tuberculosis program personal

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TDCJ

Speaking to Mr. Springer at TDCJ he would like us to know that they are needing as much information as possible since they are getting the patient after treatment has started.

- How many doses has the patient had?
- What is the plan of care?
- Send any CXR's
- Smear/Culture conversions
- Weight starting and current

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Monitoring Case Management in the Jail

Case Management

- Information exchange with family, providers, laboratory, pharmacy, and public health
- Build relationships for best patient results
- Expert consultation as needed
- Patient continues treatment for co-morbidities (i.e. diabetes)
- Offer training, education, and resources to jail staff

UCSF. (2022) Drug Resistant TB: a Survival Guide for Clinicians

Creating a Partnership

- Communicate, communicate, communicate
  - Have a designated contact
  - Communicate with the officers
  - Communicate with the incarcerated person and family

Managing the Contact Investigation

- Rapid response due to potential for spread
- "Health department is responsible for ensuring a complete contact investigation is done."
- Facilities are obligated to protect incarcerated persons and staff and must cooperate and collaborate
- Planning based on likely hood of transmission
  - need and scope
  - staff and incarcerated persons notification
  - two rounds of contact testing
  - expand if rate is above 20%

DSHS tuberculosis standards for Texas correctional and detention facilities (2018).

Responsibilities of Nurse While Patient is Incarcerated

- Ensure correct drugs and dosages
- Monitor laboratory test and radiology
- Monitor medication adherence
  - Act when patient is taking inconsistent dosages
  - Prevent drug resistance or TB progression
- Contact investigation
- Education

Thank You

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