



U.S. Immigration and Customs Enforcement





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and Customs
Enforcement

Tuberculosis Management of Detained Noncitizens

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DISCLOSURES

CDR Carlson and CDR Figlenski do not have any financial disclosures.

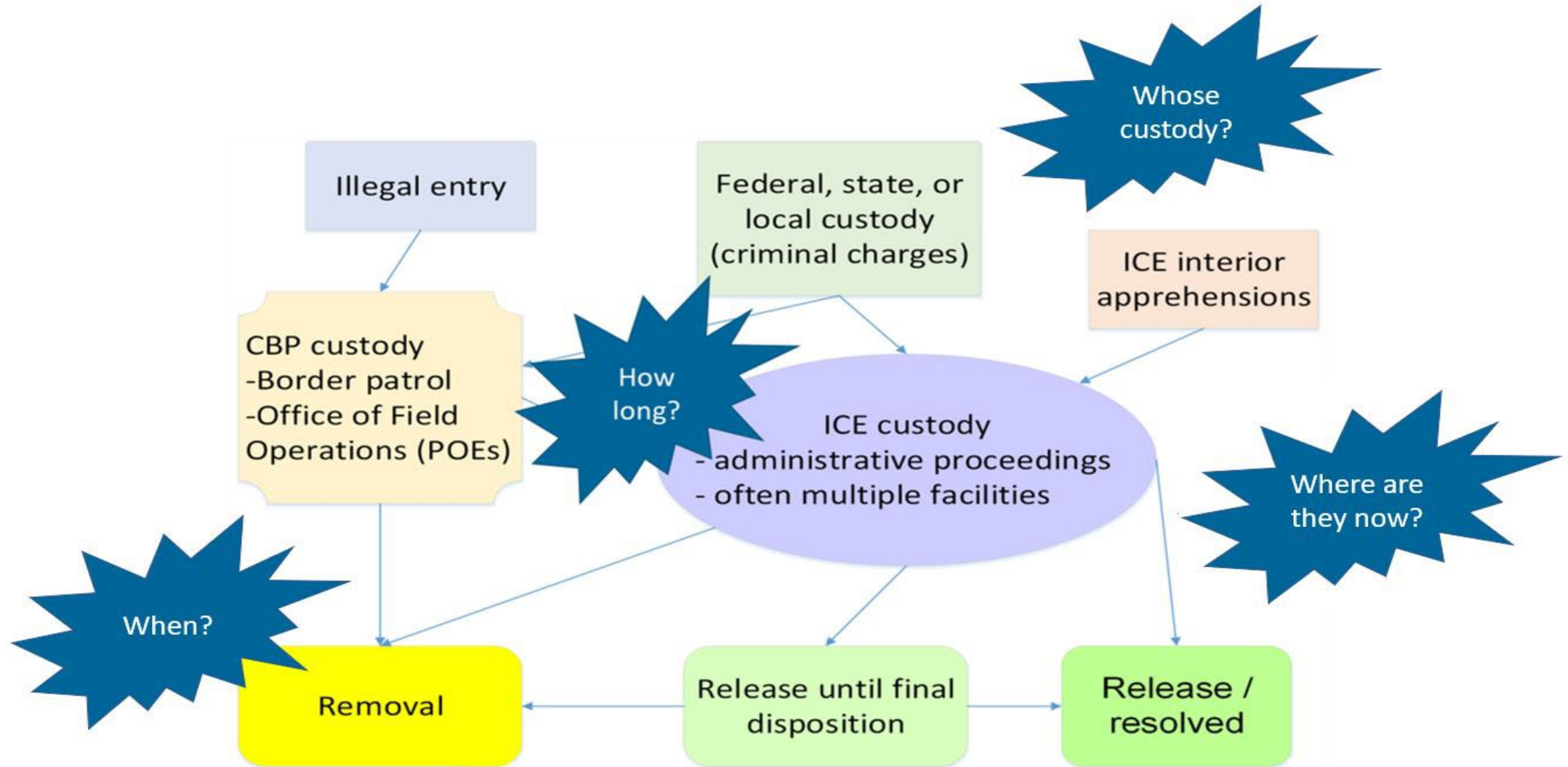


This presentation will address:

- Complexity and uncertainty of ICE custody.
- Tuberculosis (TB) prevalence and clinical characteristics.
- TB disease management programs.
- Key partnerships for post release continuity of care.



Custody is COMPLICATED





Detainee Medical Care – Complexity Continues

ICE Health Service Staffed medical services

19 detention and staging facilities
~118,400 detainees FY 22

Custody-contracted medical services

163 non IHSC staffed facilities
~120,500 detainees FY 22

- These health systems rely on community resources for specialty referrals and hospitalizations.
- Each facility has a limited number of respiratory isolation cells.
- Community hospitals and local health departments are critical partners in evaluating and managing detainees.
- The average length of stay was 37 days in fiscal year 2022.



We Take TB Seriously: Immigration detention is high-risk!!

- Congregate housing.
- Transient population.
- Vulnerable population under significant stress.
- Many noncitizens come from countries with a high prevalence of TB.



TB Stats in IHSC

- TB infection is more common among noncitizens.
- IHSC 2017-2019 surveillance data:
 - Confirmed TB: 90/100,000.
 - Microbiologically confirmed: 49/100,000.
- This is consistent with data from 2015-2017 and 2004-2005.





Clinical Characteristics of Patients with TB in ICE Custody

May 1, 2017-Dec. 31, 2022, N= 291, Class 3 patients

71% asymptomatic
(n=208)

62% TST or IGRA Positive
(n=180)

3% HIV Positive
(n=8)

4% Diabetic
(n=13)
26% Pre-diabetic
(n=77)



Best Practice for TB Screening

Per CDC guidance:

Screen for symptoms, AND one of the following tests:

1. Test for TB infection

Either TST or IGRA

OR

2. Test for TB disease

Chest X-ray

A blue arrow pointing to the left, with the text "Best Practice" written inside it in white. The arrow is positioned to the right of the text "Chest X-ray", pointing towards it.

Best Practice



IHSC TB Coordination and Care

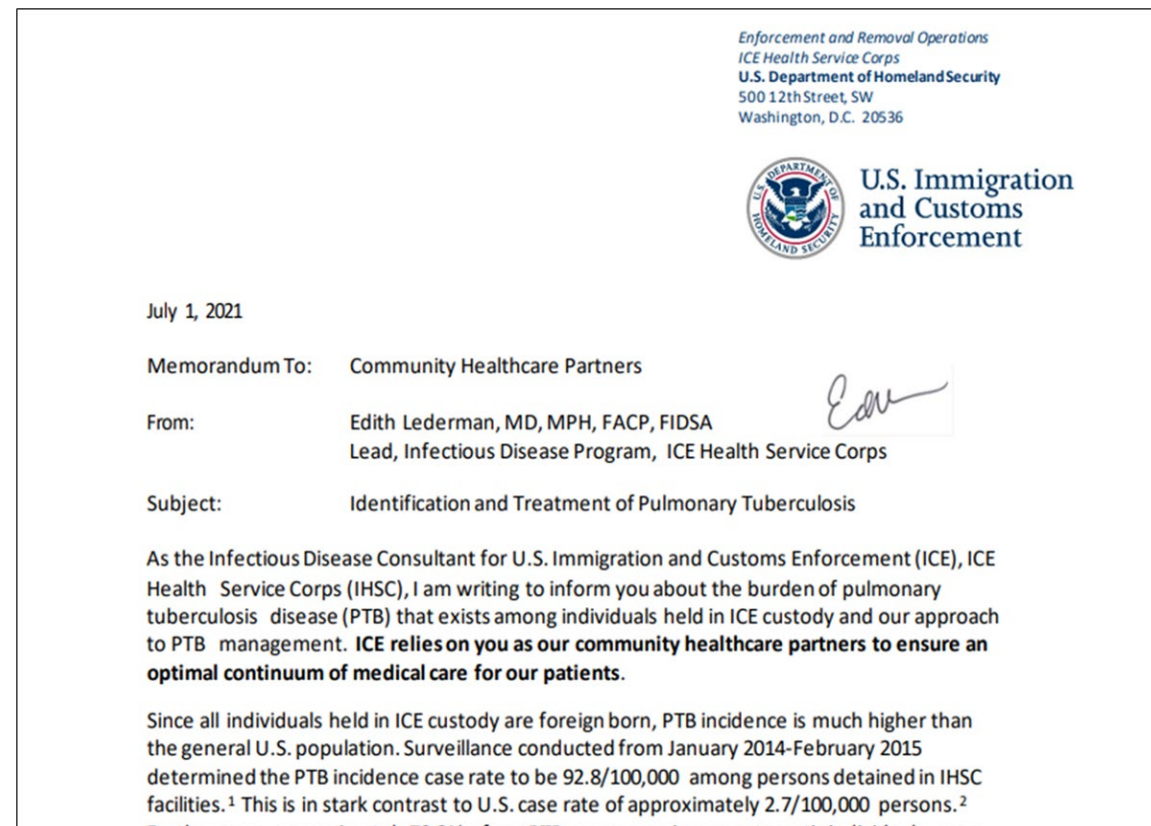
- Direct patient care (boots on the ground)
- IHSC Infectious Disease Team
 - Physician, two advanced practice providers, and two public health analysts.
- IHSC Infection Prevention Officers (IPO's)
 - Institutional.
 - Regional Supervisors.



Vital Community Partners – Memo with Tool Kit

Memorandum Provides:

- Data and rationale for conservative management and empiric treatment.
- Point of contact for case consultation.
- Endorsed by:
 - CDC TB Centers of Excellence.
 - National Tuberculosis Controllers Association.
- Adapted from: Bureau of Prisons.



What can you do?

When you are in the facility

After you leave the facility



Take your medicine as ordered.



Do not miss any scheduled medical or lab appointments. Go to sick call if you feel ill.



Get a copy of your medical records; if possible, place it in your personal property.



Continue your medicine as ordered.



Contact CureTB to find out where you can continue your care. Phone numbers are provided in the brochure.



Use the Web Portal <https://myhealth.ice.gov> and password given to me on intake to get my full medical record.



As soon as you arrive to your destination, please contact:

If calling from outside the U.S., dial 001 478 242 4013 (U.S. codes included), and if calling from the U.S., dial the toll-free number 1 800 766 1791. You can also contact us directly by email at CureTB@ice.dhs.gov.

If you develop any symptoms, please go to your nearest health center

and ask them to contact us.



Do you have any questions?





Co-management of Complex Cases with Centers of Excellence

- >90% of our probable or confirmed patients experience positive outcomes.
- We collaborate with the Centers of Excellence for:
 - MDR/XDR patients.
 - Serious adverse drug reactions.
 - Significant comorbid disease.
- IHSC is the primary manager on most collaborative calls or warm line consults.
- Cases rarely require direct management by Centers of Excellence.



Release Planning and Coordination of Care

- The ultimate destination of a noncitizen is usually unknown upfront.
- To facilitate transitions of care, IHSC staff:
 - Refer all TB cases to CureTB.
 - Provide updates to BOTH CureTB and local health departments (LHD).
 - Communicate information on transfers, releases and removals to BOTH CureTB and the LHD.
 - Provide medical records, labs, and imaging to relevant community partners.
- Delays in communication result in:
 - Treatment interruption.
 - Failure to isolate.
 - Failure to link to the next care system.

***Teamwork
makes the
dream work!***





Points of Contact

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Facility Contacts

Facility	Name	Email	Phone
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Folkston ICE Processing Center	CDR Tamala Middleton	tamala.middleton@ice.dhs.gov	(202) 308-9254
Buffalo (Batavia) Service Processing Center	LCDR Sheill-Mae Sinoben	sheill-mae.l.sinoben@ice.dhs.gov	(202) 740-3339
Houston Contract Detention Facility	LCDR Andrew Ratliff Jr.	andrew.b.ratliffjr@ice.dhs.gov	(281) 906-1780
Alexandria Staging Facility	LT Oluwaseun Foluke	oluwaseun.foluke@ice.dhs.gov	(318) 650 2186
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***IHSC: One Team, One Mission...
Leading the Way in Immigration
Health Care.***
