NTNC WEBINAR

TB in Corrections — Why Should I Care?

SEPTEMBER 12, 2024 | 12 - 1:30 PM ET

Agenda

Welcome	Intro	PH Overview	TB & ICE
Nadya Sabuwala	Ann Scarpita	Gary Trentman	Deana Foster
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Local & State	Federal Prison	Data Overview	Close, Q&A
Tara Wildes	Tara Rhodes	Lauren Lambert	Ann Scarpita
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Welcome

Introductions

Today's Speakers

Gary Trentman

Deana Foster

Jessica Clark

Tara Wildes

Tara Rhodes

Lauren Lambert

Public Health & TB Programs Overview

Public Health & TB Programs Overview

At The Nexus of Correctional Health and Public Health

Gary M. Trentman, ASN, RN
Infectious Disease Control Consultant/TB Nurse
Ohio Department of Health
Bureau of Infectious Diseases
TB Program

Ohio Department of Health

What is Public Health?

"A coordinated effort at the local, state, and federal levels whose mission is fulfilling society's interest in assuring conditions in which people can be healthy."[1]

- **Major goals:**
  - Protecting the health of populations.[2]
  - Improving the health of people and their communities.[2]

- **Achieved by:**
  - Promotion of healthy lifestyles.[2]
  - Researching diseases and injury prevention.[2]
  - Detecting, preventing, and responding to infectious diseases.[2]

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Organization of Public Health Systems[3,4]

- **Federal Level:**
  - Consists of multiple agencies with various mission scopes and goals within the U.S. Department of Health and Human Services.
  - Often provide oversight, support, and funding opportunities to States and Territories.
- **State & Territorial Level:**
  - Includes 50 states, eight territories, and District of Columbia.
  - All have the statuary authority to regulate public health within their jurisdiction.
- **Local:**
  - Authority is derived from the state, with various governance structures.
  - Centralized: all part of the state government.
  - Decentralized: led by local governments.
  - Hybrid: Some locals are state run, while others are under local control.
  - Shared: Both local and state govern local departments.

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Tuberculosis Reporting

Each jurisdiction will have different reporting methods and specific requirements.

- Confirmed or suspected tuberculosis (TB) disease (i.e., active TB) is reportable.
- Latent TB Infection (LTBI) may or may not be reportable.

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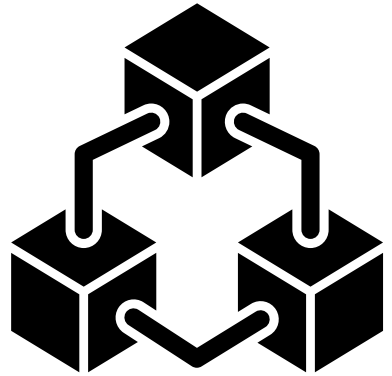
Responsibilities for TB Cases

Healthcare providers, healthcare facilities, and laboratories, need to report any confirmed or suspected case of tuberculosis disease (active TB).

Locals:
Collect data.
Interview patients/contacts.
Oversee case management.
May do medical management.
Report transfer notifications to other states.

States:
Reports data to CDC
Provide subject matter expertise.
Send transfer notifications to other states or internationally.
Regulatory oversight
or more.



Federal:
National reporting.
Funding opportunities.
Develop guidelines.
International outreach.

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Connecting with Public Health

- **Correctional Liaison:**
  - Some states may have identified a liaison to work with their correctional facilities.
  - Liaisons aim to bridge the gap between corrections and public health.
  - National Tuberculosis Nurse Coalition has developed core competencies for liaisons.
- **State/Big City/Territory Contacts:**
  - If there is not an identified liaison, you can still find your state/big city/territory's TB program by going to https://www.tbcontrollers.org/community/statecityterritory/#.Xad4_-hKiUl.

Ohio Department of Health

Building Partnerships That Excel

- Correctional Facilities:
  - Invite public health in for a site visit to foster conversations and provides context.
  - In person meetings help build lasting connections and encourages further outreach.
  - Help to demystify the correctional experience and language.
- Public Health:
  - Support medical services with information, training, and building professional contacts.
  - Support custody through understanding their needs and challenges.
  - Principles and general recommendations don’t change, just how they are described and executed.

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Maintaining Partnerships

- **Routine Meetings:**
  - Periodic planned meetings enable planning and foster open communication.
  - Waiting to meet until there is an event leaves both public health and the correctional institution at a disadvantage.
- **Lines of Communication:**
  - Plan on how both will communicate with each other.
  - What are the back up methods in case of personnel changes?

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How Public Health Can Be a Good Partner

- **Communicate.**
  - Provide updates when guidance changes.
  - Update on changes in staffing.
  - Provide timely updates on case management.
  - Contact investigation updates.
- **Resources.**
  - Quick references.
  - Guidance documents.
  - Professional education materials.
  - Quick reference guides for TB disease and LTBI.
  - Large visuals like posters to “Think TB” or posters on correct tuberculin skin test procedures.

Ohio Department of Health

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Ohio Department of Health

References

1. Ohio Department of Health, https://odh.ohio.gov/about-us/public-health
2. CDC Foundation, What is Public Health?, https://www.cdcfoundation.org/what-public-health
3. Loyola University, Federal, State, and Local Government Agencies, https://libguides.luc.edu/publichealth/government-agencies#s-lg-box-25336469
4. Public Health Law Center at Mitchell Hamline School of law, State & Local Public Health: An Overview of Regularity Authority, https://www.publichealthlawcenter.org/resources/state-local-public-health-overview-regulatory-authority

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Department of Health

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TB Level Set & ICE Overview

U.S. Immigration and Customs Enforcement

U.S. Immigration and Customs Enforcement

Tuberculosis Management of Detained Noncitizens

CAPT Jessica Clark, MPH, BSN, RN, CCHP
Western Regional Infection Prevention Supervisor
Public Health, Safety and Preparedness Unit
ICE Health Service Corps

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U.S. Immigration and Customs Enforcement

Disclosures

- I have no actual or potential conflict of interest in relation to this program/presentation.
- Content will not include any discussion of the unlabeled use of a product or a product under investigational use.
- No commercial support was accepted for this activity.

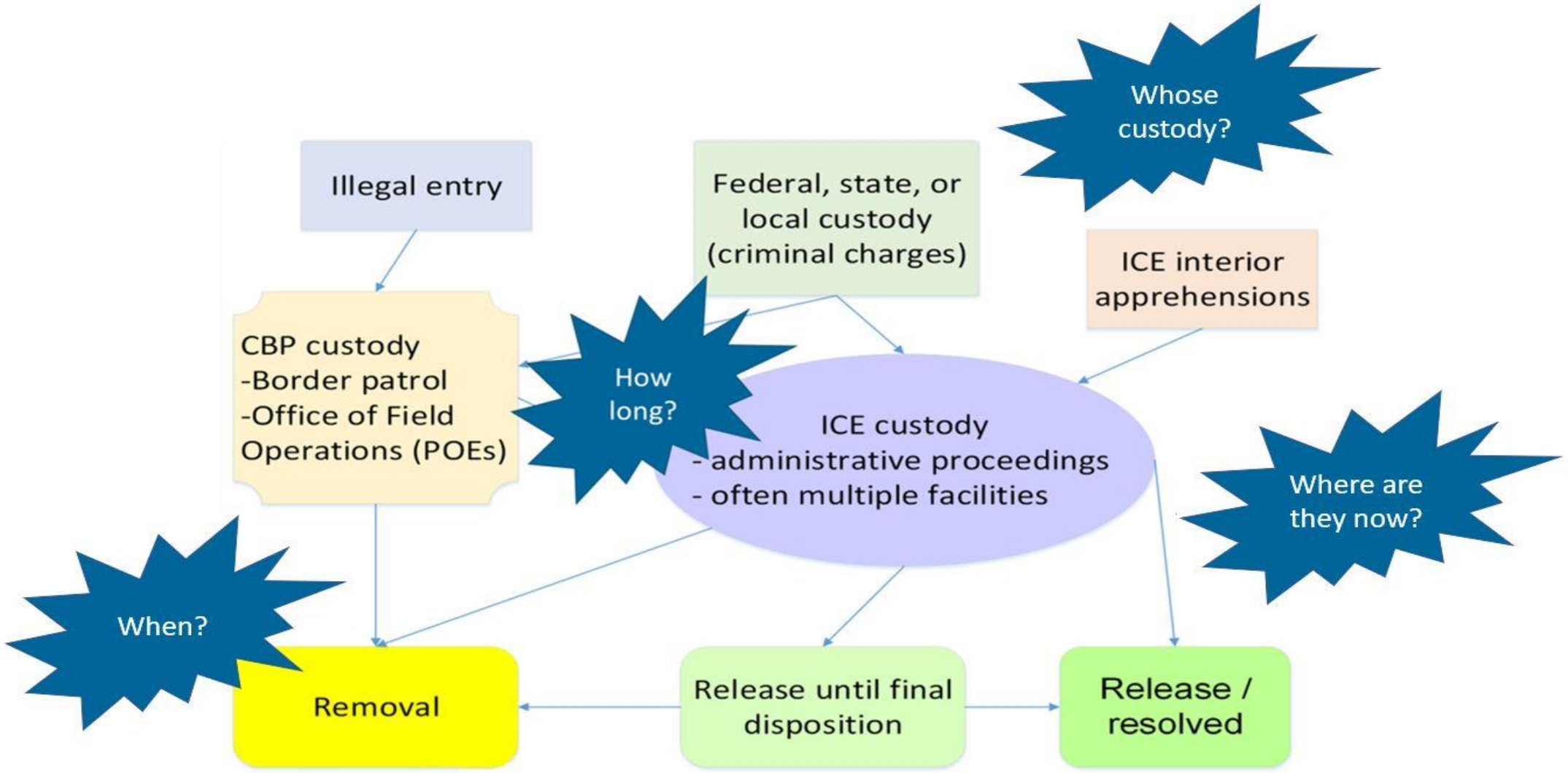
U.S. Immigration and Customs Enforcement

Objectives

- Understand complexity and uncertainty of medical care delivery in ICE detention setting.
- Discuss prevalence and clinical characteristics of tuberculosis (TB).
- Describe TB disease management program in IHSC.
- Highlight key partnerships for post-release continuity of care.

U.S. Immigration and Customs Enforcement

Custody is Complicated



U.S. Immigration and Customs Enforcement

Detainee Medical Care – Complexity Continues

ICE Health Service Staffed medical services
19 detention and stagings facilities
~131,000 detained noncitizens
FY2023

Custody-contracted medical services
128 non-IHSC-staffed facilities
~191,850 detained noncitizens
FY2023

- IHSC and non-IHSC-staffed facilities 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 noncitizens.
- The average length of stay was 30 days in fiscal year 2023.

https://www.ice.gov/detain/ice-health-service-corps, http://www.ice.gov/detention-facilities/
ICE Annual Report FY2023

U.S. Immigration and Customs Enforcement

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.

U.S. Immigration and Customs Enforcement

IHSC TB Statistics

- TB infection is more common among noncitizens.
- IHSC 2017-2019 surveillance data:
  - Confirmed TB: 90/100,000.
  - Microbiologically confirmed: 49/100,000.
- IHSC preliminary 2023 surveillance data:
  - Shows significant increases.
  - Confirmed TB: 157/100,000.
  - Microbiologically confirmed: 138/100,000.

U.S. Immigration and Customs Enforcement

Clinical Characteristics of Patients with TB in ICE Custody

January 1, 2023-December 31, 2023, N=121, Class 3 patients

89% Asymptomatic
(n=108)

59% TST or IGRA negative
(n=71)

1% HIV positive
(n=2)

6% Diabetic
(n=8)
32% Pre-diabetic
(n=39)

Source: IHSC - Unpublished data, but similar, smaller data set published in Boardman et al. Clin Inf Dis; 2021:73(1), 115-120.

U.S. Immigration and Customs Enforcement

Best Practices 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 ← Best Practice

Source: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5509a1.htm

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IHSC TB Coordination and Care

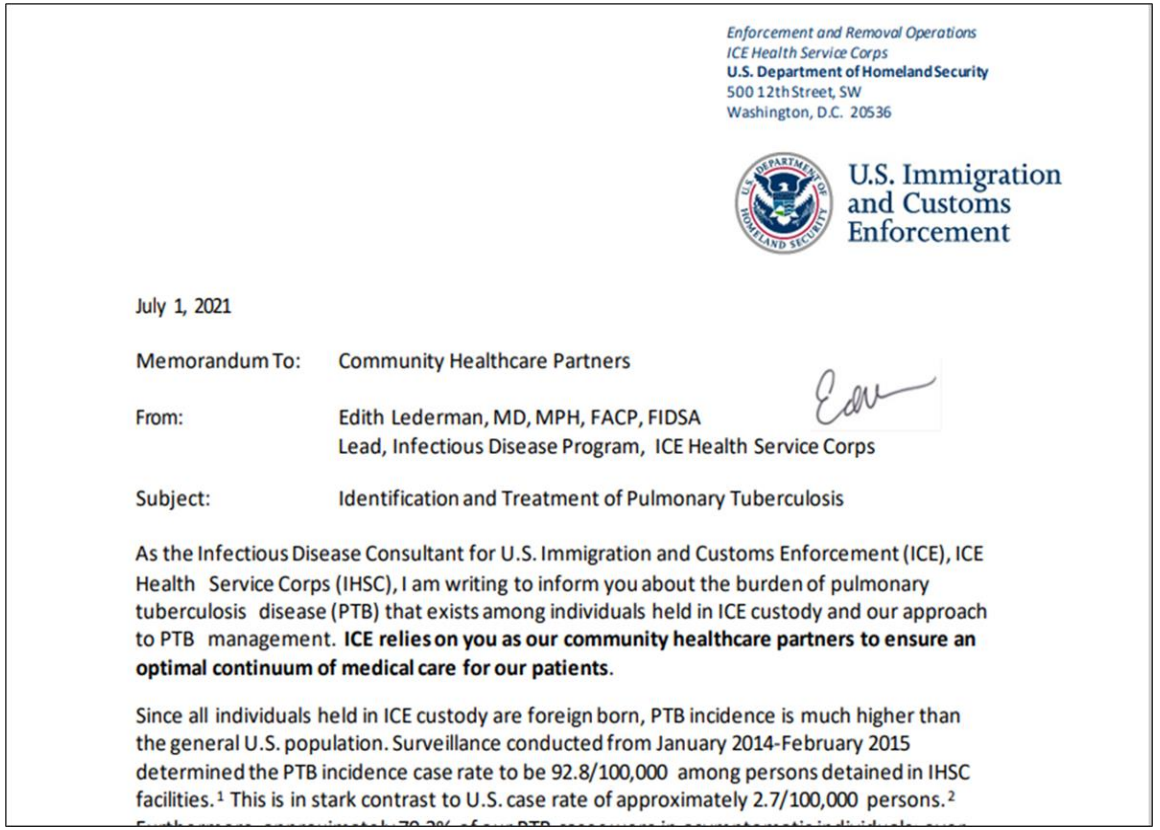
- Direct patient care (boots on the ground).
- IHSC Infectious Disease Team.
  - Physician, two advanced practice providers, and two public health analysts.
- IHSC Infection Prevention Officers (IPO's)
  - Institutional.
  - Regional supervisors.

U.S. Immigration and Customs Enforcement

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.



Enforcement and Removal Operations
ICE Health Service Corps
U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536

U.S. Immigration and Customs Enforcement

July 1, 2021

Memorandum To: Community Healthcare Partners

From: Edith Lederman, MD, MPH, FACP, FIDSA
Lead, Infectious Disease Program, ICE Health Service Corps

Subject: Identification and Treatment of Pulmonary Tuberculosis

As the Infectious Disease Consultant for U.S. Immigration and Customs Enforcement (ICE), ICE Health Service Corps (IHSC), I am writing to inform you about the burden of pulmonary tuberculosis disease (PTB) that exists among individuals held in ICE custody and our approach to PTB management. **ICE relies on you as our community healthcare partners to ensure an optimal continuum of medical care for our patients.**

Since all individuals held in ICE custody are foreign born, PTB incidence is much higher than the general U.S. population. Surveillance conducted from January 2014-February 2015 determined the PTB incidence case rate to be 92.8/100,000 among persons detained in IHSC facilities.[1] This is in stark contrast to U.S. case rate of approximately 2.7/100,000 persons.[2]

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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.

U.S. Immigration and Customs Enforcement

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.

What can you do?

When you are in 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.

After you leave the facility

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.

Do you have any questions?

U.S. Immigration and Customs Enforcement

Patient Education Materials – Clinic Flip Chart in 21 Languages

U.S. Immigration and Customs Enforcement

Points of Contact

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U.S. Immigration and Customs Enforcement

Facility Contacts

Facility	Name	Email	Phone
Eastern Region	**CDR Deana Foster**	deana.m.foster@ice.dhs.gov	(202) 660 2463
LaSalle ICE Processing Center	LT Oluwaseun Foluke	oluwaseun.foluke@ice.dhs.gov	(318) 650 2186
Krome North Service Processing Center	LCDR Diana Gonzalez	diana.gonzalez@ice.dhs.gov	(202) 451-1513
Folkston ICE Processing Center	LT Kylie Sparks	Kylie.sparks@ice.dhs.gov	(202) 281-8059
Buffalo (Batavia) Service Processing Center	LCDR Sheill-Mae Sinoben	sheill-mae.l.sinoben@ice.dhs.gov	(202) 740-3339
Alexandria Staging Facility	LT Melissa Poole	Melissa.S.Poole@ice.dhs.gov	(318) 987-4277
Central Region	**LCDR Steven Trevino**	steven.c.trevino@ice.dhs.gov	(202) 809 7784
Houston Contract Detention Facility	LT Serena Oh	xinying.s.oh@ice.dhs.gov	(830) 499-2975
Port Isabel Processing Center	LT Ellis Perez	ellis.perez@ice.dhs.gov	(956) 547-7271
South Texas ICE Processing Center	LCDR Catherine Kimura	catherine.kimura@ice.dhs.gov	(210) 975-7171
Montgomery ICE Processing Center	CDR Christopher Snyder	christopher.d.snyder@ice.dhs.gov	(202) 557-8382
Western Region	**CAPT Jessica Clark**	Jessica.s.clark@ice.dhs.gov	(415) 940-7784
Florence Service Processing Center	LCDR Shannon Bradford	shannon.c.bradford@ice.dhs.gov	(202) 430-9875
Eloy Federal Contract Facility	LT Erica Smith	erica.l.smith@ice.dhs.gov	(520) 649-3039
El Paso Service Processing Center	LCDR Hector Reyes	hector.reyes@ice.dhs.gov	(202) 819-1514
Tacoma Northwest Detention Center	LCDR Danhe Cui	danhe.cui@ice.dhs.gov	(210) 416-4794

U.S. Immigration and Customs Enforcement

IHSC: One Team, One Mission... Leading the Way in Immigration Health Care.

Local & State Corrections Overview

Unlocking TB: State and Local Facilities

Director Tara Wildes

St. Johns County Sheriff's Office

Types of State and Local Correctional Facilities

Prison – long term incarceration of a year or more, based on felony conviction and sentence

Jail – shorter term incarceration pretrial or less than a year sentence; can be for felony or misdemeanor – entry into the system

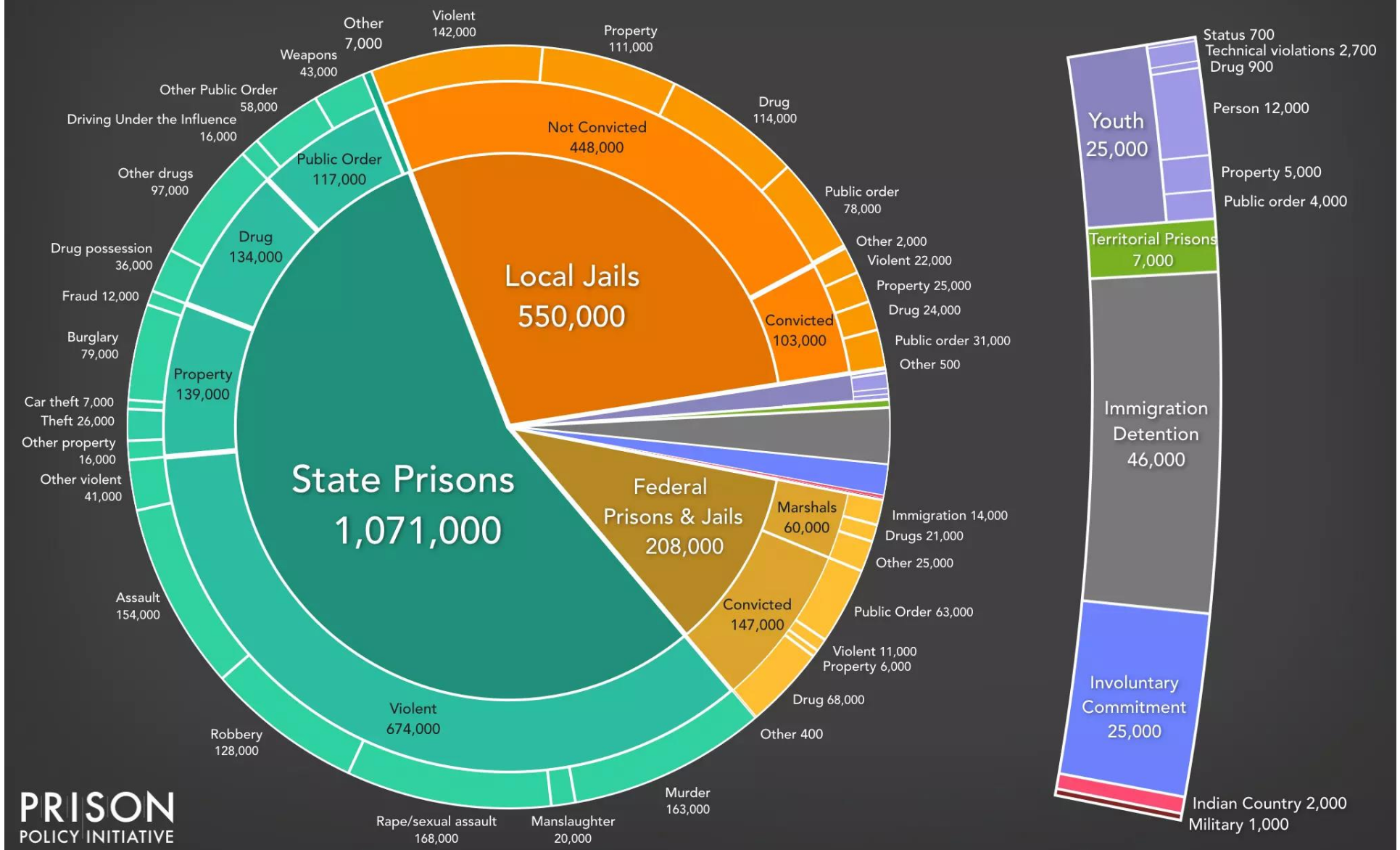
Jurisdictions:

- **County (jail) –entry into the system**
- State (prison) always convicted, sentenced
  - May be integrated with jail – depends on the state

- City (jail) – temporary lockups until moved to county jail
- Juvenile – state run or contracted facilities

How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 583 per 100,000 residents.
But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.



PRISON POLICY INITIATIVE

Sources and data notes: www.prisonpolicy.org/reports/pie2024.html

TB and Jails in the US - 2022

Disproportionately high percentage of TB cases

- 4% increase in jails from July 1, 2022 to June 30, 2023 – 7.6 million admissions

- Midyear 2023, 70% of the jail population (467,600) was not convicted and awaiting court action. Remaining 30% (196,600) was convicted, serving a sentence or awaiting sentencing on a conviction.

  Bureau of Justice Statistics Report

- 3.6% of all TB cases nationwide occurred among residents of correctional facilities

  Centers for Disease Control and Prevention

Challenges with a Transient Population

Individuals come into our jails before moving on to another facility!

- **Entry level for many**
- **Often transferred between facilities**

Tracking of people across systems can be difficult

- **Housing location is not static**
- **Programs, visitation, court can all expand contact with others**

Data sharing is often hard to establish

- **MOU's and case managers can help regarding data sharing**

Challenges for LTBI Treatment in Short-term Facilities

- Perception (or misperceptions)
  - Establish relationship before there's an outbreak
  - Statistics – a good tool, but make them relevant
  - Collaboration – use synergistic communication

- Awareness
  - General education – in-service training for security, CEU's for professionals
  - Updated triggers (signs, technology)

“Partners in Crime”

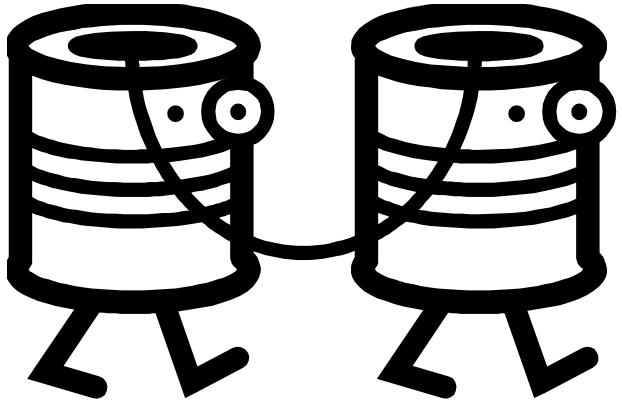
- **Essential personnel (Gatekeepers)**
  - **Facility administrator**
  - **Medical or Health Services Administrator**

- **Other personnel to include**
  - **Classifications personnel/supervisor**
  - **Officers and others who interact with inmates and visitors**
  - **Intake personnel**
  - **Health department TB program personnel**

Not everyone requires a 3-day training, however, everyone requires education, collaboration – AND COMMUNICATION!

Bridging the Communication Gap

Health department and facility staff
Facility medical staff and custodial staff
Residents and all the above



The more elaborate our means of communication, the less we communicate.

Joseph Priestley


Number of cases diagnosed in corrections.
Just the tip of the iceberg.
How many TB cases were incarcerated for short time – but released before diagnosis?

Federal Prison Overview & Impacting Trends

Federal Bureau of Prisons Facility Overview

CAPT Tara Rhodes, MSN, BSN, RN Federal Bureau of Prisons

Opinions expressed in this presentation are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the Department of Justice.

Institution Security Level

- Identified by physical security of the institution (i.e., mobile patrols, gun towers, perimeter barriers, housing, detection devices, inmate to staff ratio, and internal security).
- High
  - United States Penitentiary (USP)
  - Secure Female facility (SFF)
- Medium
  - Federal Correctional Institution (FCI)
- Low
  - Federal Correctional Institution (FCI)
- Minimum
  - Federal Prison Camp (FPC)
  - Satellite Prison Camp (SPC)

- Administrative institutions house inmates of all security levels

Adult In Custody (AIC) Security Level

Seriousness of current offense

History of violence

History of escape

Detainers/pending charges

Voluntary surrender

Age

Months to release

Education

Criminal history score

Drug/alcohol abuse history

Custody Level

Maximum Custody

- Inmates require ultimate control and supervision.
- Inmate's behavior is assaultive, predacious, riotous, serious escape risk, or seriously disruptive to orderly running of institution.

In Custody

- Inmates are eligible for all work assignments and activities under normal level of supervision.
- Inmates are not eligible for work details or programs outside the institution's secure perimeter.

Custody Level

Out Custody

May be eligible for work details outside the institution's secure perimeter with a minimum of two-hour intermittent staff supervision.

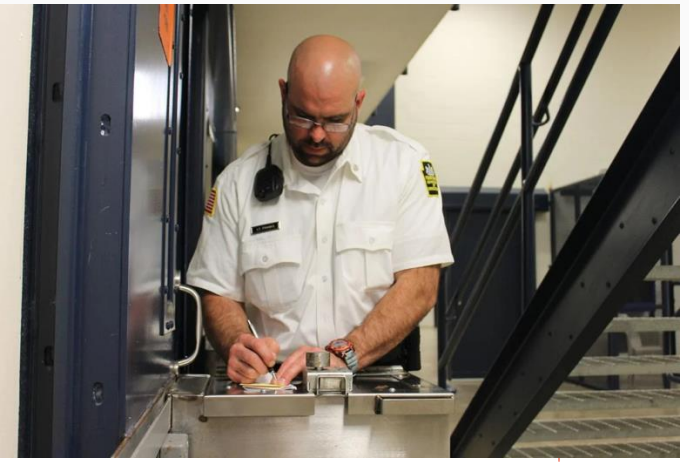
Community Custody

May be eligible for least secure housing including any outside the institution's secure perimeter.

May work on outside details.

May participate in community-based programs if eligible.

Inside the BOP

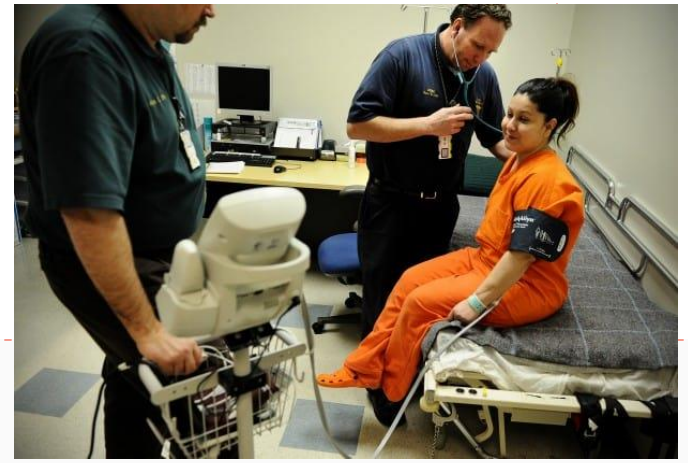


Chain of Command

- Custody Chain of Command
  - Warden, Associate Warden, Captain, Lieutenant
- Medical Staff
  - Health Services Administrator
  - Assistant Health Services Administrator
  - Clinical Director
  - Director of Nursing
  - Assistant Director of Nursing
  - Nursing Supervisor
- BOP staff, contractors (inside and outside)

AIC Status

- Presentenced AICs (USMS)
  - Go in and out for court
- Holdover status (BOP)
  - Sentenced but not designated
- Designated (BOP)
  - At assigned institution
- Come in through multiple channels
  - ICE
  - County Jails
  - Direct arrests (DEA, FBI, ATF, etc.)
  - Intersystem transfers
  - Self-surrenders



How Do We Contribute to the Global Plan to End TB?

Screening

Intake

History and Physical

Chronic Care Appointment

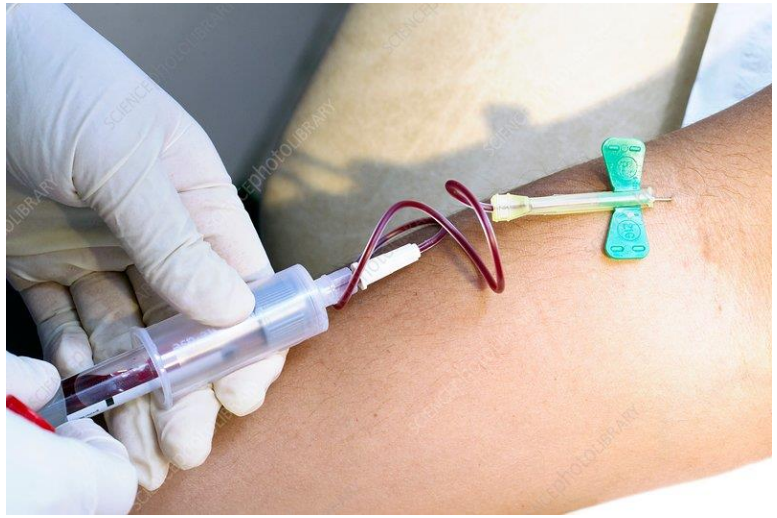
- Symptom screening
- Tuberculin Skin Test (TST)
- TB history
  - Treatment or exposure
- CXR
- Separation or isolation

TST training

- New hires, retraining as necessary

Verification of AII rooms

- Annual certification
- Monthly while empty
- Daily while occupied



TST VS IGRA

Tuberculin Skin Test (TST)

- Advantages
  - Cost effective
  - No need for lab
  - Quick
- Disadvantages
  - Human error
  - 2 encounters

Interferon-Gamma Release Assay (IGRA)

- Advantages
  - No misinterpretation of reading
  - BCG vaccine does not factor in
- Disadvantages
  - Requires lab (often vacant)
  - More expensive
  - Slower turn around time (possibly)
  - Longer patient encounter

Treat TB Infection

All facility types screen and treat active TB

Jails, ICE, county facilities do not focus on tx for LTBI

- High turnaround, unknown release dates

Short course regimen options

- Isoniazid (INH) and Rifapentine (3HP) weekly x 3 months (12 doses)
- Rifampin (4R) daily x 4 months (120 doses)
- INH and Rifampin (3HR) daily x 3 months (90 doses)

Recommended by CDC and NTCA over 6–9-month INH monotherapy

- Effectiveness, safety (decreased hepatotoxicity), and high completion rates
- Easier to keep track of low dose count

Treat TB Infection

- **Challenges**
  - Higher cost (medication and staff resources), drug interactions, high pill burden (3HP)
- **Correctional challenges**
  - DOT therapy, lock downs, no shows, paper MARs, movement (transfers, appointments, work assignments)
- **Use of incentives and enablers for treatment compliance**
  - Ethical issue
  - Coercion if not available to whole population

References

Federal Bureau of Prisons Annual Training

Redfield, R. R., Schuchat, A., Richards, C. L., Bunnell, R., Greenspan, A., & Iademarco, M. F. (2020). Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020. *Morbidity and Mortality Weekly Report*, *69*(1), 1–11.

Thank You

Tara Rhodes

CAPT, U.S. Public Health Service

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Population and Correctional Health Branch

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Tuberculosis in Correctional Facilities, United States 2014 - 2022

Closing Remarks, Q&A