1.0 PURPOSE

The purpose of this policy is to establish guidelines for the screening, assessment, and treatment of Pulmonary Tuberculosis.

2.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel within the Department of Corrections and Rehabilitation (DCR).

3.0 REFERENCES, DEFINITIONS & FORMS

.1 References

a. Department of Health and Human Services, Center for Disease Control and Prevention, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005.

b. Hawaii Revised Statutes, Section 26-14.6, Department of Corrections and Rehabilitation; Section 353-A, Director of Corrections and Rehabilitation, Powers and Duties.

c. Standards for Health Services in Prisons. National Commission on Correctional Health Care, (2018).

d. Standards for Health Services in Jails. National Commission on Correctional Health Care, (2018).

e. Standards for Mental Health Services in Correctional Facilities. National Commission on Correctional Health Care, (2015).

f. U.S. Department of Labor, Occupational Safety and Health, OSHA Compliance Directive on TB, CPL 2.106, (February 9, 1996).

.2 Definitions

a. Anergic person: A person with diminished reactivity to specific antigens.

b. Latent Tuberculosis Infection (LTBI): the condition of having a positive skin test but a chest radiograph that does not show active disease and not having symptoms of active disease.

c. Tuberculosis: A chronic bacterial infection caused by Mycobacterium tuberculosis that is characterized by the formation of granulomas in infected tissues and by cell-mediated hypersensitivity. The usual site of disease is the lung, but other organs may be involved.

4.0 POLICY

.1 The Health Care Division Administrator or designee is responsible to assure the implementation of a Pulmonary Tuberculosis Control Program throughout the Health Care Division. The Clinical Section Administrator at each correctional facility shall be responsible to assure the implementation of the Pulmonary Tuberculosis Control Program at their respective facility.

.2 All incarcerated individuals shall receive pulmonary tuberculosis skin testing or screening upon admission to a correctional facility.

.3 Incarcerated individuals not meeting exception guidelines shall receive the Mantoux (PPD) TB skin test upon admission.

.4 Incarcerated individuals meeting the exception criteria shall have a chest x-ray, if the last documented X-ray was greater than one (1) year ago.

.5 Incarcerated individuals refusing a PPD or chest x-ray to rule out TB exposure shall be segregated from other incarcerated individuals until testing is completed and a negative result is determined.

.6 Mantoux tests are repeated for all re-admissions, including out-of-state transfers, occurring more than three (3) months from the time of discharge, except for documented prior positive reactors.

.7 All incarcerated individuals shall receive an annual documented TB skin test or symptom screening, if a positive reactor, while incarcerated.

.8 Incarcerated individuals being released with positive skin test findings, positive TB symptoms or other indications of unconfirmed pulmonary TB shall be directed to the Department of Health for follow-up care. The DOH shall be notified of the release of the incarcerated individual and the circumstances of their medical condition for follow-up in the community.

5.0 PROCEDURES

.1 **All** incarcerated individuals are screened on admission for the following symptoms of pulmonary tuberculosis (TB):

cough of three or more week's duration and/or the following symptoms pleuritic chest pain, hemoptysis, fever, chills, night sweats, loss of appetite, anorexia or weight loss.

.2 Incarcerated individuals with symptoms suggestive of pulmonary TB shall be segregated and shall have a prompt medical evaluation including a Mantoux tuberculin skin test and/or chest X-ray. Known active cases of pulmonary tuberculosis are referred to the Department of Health and transferred to a community hospital for respiratory isolation and treatment.

.3 Incarcerated Individuals on intake claiming to have tested positive in the system will have their records reviewed to verify prior positive results and to determine if the incarcerated individual received treatment.

a. Incarcerated individuals with positive results not recorded in millimeters and having no documented treatment, or incarcerated individuals with no documented prior positive results in their health records will have a PPD planted following the **Two-Step Method**. Upon a positive response the incarcerated individual will be referred for a chest x-ray.

b. Incarcerated individuals found to have received prior treatment in the system will have the treatment recorded on the Problem list identifying the date treatment was completed and shall be referred for a chest x-ray, if last document x-ray is greater than one year.

c. Incarcerated individuals claiming to have received non-verifiable prior treatment outside the system will have that documented on the Problem List as follows, "Incarcerated individual claims to have received TB treatment from (DOH or name of private provider) and the date it ended" and shall be referred for a chest x-ray, if last documented x-ray is greater than one year.

.4 Mantoux (PPD) skin testing is performed on all incarcerated individuals on the day of admission **except** under the following guidelines:

a. A documented history of a prior positive Mantoux test recorded in millimeters.

b. Incarcerated individual has known HIV or other immunocompromising conditions at intake.

c. A reported severe reaction to tuberculin.

d. A documented history of TB disease.

e. Incarcerated individual refuses PPD test.

.5 Incarcerated individuals meeting the exception criteria shall have a chest x-ray, if the last documented X-ray was greater than one (1) year ago.

.6 Incarcerated individuals refusing a PPD shall be counseled by nursing staff and if available, provider staff. A chest x-ray shall be offered if the incarcerated individual continues to refuse skin testing. Refusal forms shall be completed. The incarcerated individual shall be segregated from other incarcerated individuals until testing is completed and negative findings are confirmed.

.7 Incarcerated individuals providing anecdotal or undocumented positive PPD information **shall** have a PPD planted using the **Two-Step Method.**

.8 Incarcerated individuals having a history of receiving BCG vaccine **shall** receive a TB skin test.

.9 Pregnant women **shall** be skin tested for TB.

.10 Mantoux tests are repeated for all re-admissions using the following guidelines:

a. Incarcerated individuals released or incarcerated out-of-state for less than three (3) months, shall have a PPD placed within three (3) months of the incarcerated individual's return to Hawaii or (3) months from the date of the last Mantoux test, whichever is sooner.

b. Incarcerated individuals released or incarcerated out-of-state for three (3) or more months shall have a PPD placed on re-admission.

c. Incarcerated individuals with no prior documented history of a positive PPD having alternative sentences such as weekend reporting shall be screened and tested on the first weekend day they are admitted and the PPD read

on the day of discharge. Incarcerated individuals with positive PPDs shall be responsible for presenting themselves to the appropriate agency, as specified by Health Care staff, for a chest X-ray. Incarcerated individuals with questionable chest x-rays shall be referred to the Department of Health for follow-up.

.11 A dose of 0.1 milliliters of 5 tuberculin units of purified protein derivative (PPD) is injected intradermally on the anterior forearm. A pale discrete elevation (6-10 mm wheal) should occur indicating correct placement of the injection. In the event an incorrect placement occurs another injection can be immediately be placed a few centimeters away from the prior site.

.12 Results of are read at 48 –72 hours and are measured and recorded in terms of millimeters of induration. Induration consists of any palpable, raised, hardened areas around the injection site and is read across the width of the forearm. Redness or bruising is not included as part of the measurement. All reactions even those that are negative, shall be recorded in (mm) of induration.

.13 The following mm of induration is indicative of a positive reaction:

a. Reaction of $\geq$10 mm induration for the general population.

b. Reaction of $\geq$5 mm induration is considered a positive result in the following persons:

1. Persons infected with HIV
2. Persons who are recent contacts of patients with TB disease.
3. Persons with fibrotic changes on chest radiograph consistent with previous TB disease.
4. Organ transplant recipients and patients with other immunocompromising conditions (e.g., persons receiving >15mg/day of prednisone for >1 month) and
5. Persons suspected of having TB disease.

.14 Incarcerated individuals with a positive PPD shall require immediate provider notification for an exam, if possible, and a chest x-ray order to be completed either at the facility or the nearest Department of Health community hospital or TB center. TB control measures shall be implemented.

.15 Incarcerated individuals with chest x-ray or sputum findings consistent with pulmonary TB shall be transferred to a community hospital or TB facility. DOH shall be notified.

.16 Annually all incarcerated individuals shall be either be skin tested or screened for TB:

a. Incarcerated individuals with previous negative skin test shall be skin tested.

b. Incarcerated individuals with prior positive skin test findings or history of TB disease shall be assessed for the following symptoms of active pulmonary TB:

Cough >= 3weeks duration and of the following symptoms:
1. Fever
2. Nigh Sweats
3. Unintentional weight loss > 10% of body weight.
4. Hemoptysis
5. Malaise/Fatigue

.17 Any incarcerated individual having symptoms consistent with active pulmonary TB shall require immediate provider notification and exam, if possible, and the ordering of and scheduling for a chest x-ray. TB exposure control measures shall be implemented until the x-ray is completed and negative findings confirmed.

.18 Incarcerated individuals with abnormal chest X-ray findings consistent with TB shall continue isolation and TB exposure control measures. Follow-up sputum testing shall be arranged. Report findings to DOH and consider their recommendations.

.19 Highly suspected or known active TB cases shall be transferred to a community hospital for respiratory isolation and treatment until the patient is no longer communicable.

.20 Incarcerated individuals refusing to be annually tested or screened for TB:

a. Inquire into the reason for the incarcerated individual's refusal. Reassure and educate the incarcerated individual regarding the importance of TB screening, support and encourage the incarcerated individual to comply with testing.

b. Incarcerated individuals continuing to refuse testing are refer to the Nurse Practitioner or physician for consultation.

c. Incarcerated individuals continuing to refuse skin testing may be offered a chest x-ray.

d. Incarcerated individuals refusing a chest x-ray shall be segregated from other incarcerated individuals until a chest x-ray is performed. Testing refusal forms shall be completed.

.21 TB exposure control measures consist of the following:

a. Contacting the watch commander regarding the required complete segregation of a possibly infectious patient from other incarcerated individuals.

b. Housing of incarcerated individual in a negative pressure infirmary room, if available.

c. Posting of Airborne Isolation Sign on incarcerated individual cell door.

d. Assuring staff in direct contact with incarcerated individual have been fit tested and are using their N-95 respirators.

e. Issuing of a medical memo to security staff regarding incarcerated individual use of a surgical mask when transported outside of their cell. Provide surgical masks to security for this purpose.

f. Instructing security officers transporting the incarcerated individual in a vehicle to use N95 respirators and to allow outside air circulation in the vehicle.

g. Instructing the patient on infection control measures concerning coughing, disposing of tissues, hand washing and use of a surgical mask.

h. Investigating into the incarcerated individual's contacts for PPD planting and follow-up exposure planning.

i. Notifying DOH and development of an exposure follow-up plan.

j. Notifying the Health Care Division Medical Director, and Clinical Services Branch Administrator of the possible infectious incarcerated individual.

k. Obtaining timely testing such as chest x-rays, sputum cultures.

l. Working with the DOH, arrange timely transfers of known active or highly suggestive pulmonary TB patients to a community hospital for isolation and treatment.

.22 TB control measures shall only be cancelled upon receipt of documented negative TB follow-up test findings.

.23 Incarcerated individuals with confirmed active TB infection or incarcerated individuals with a newly positive skin test or positive TB symptoms that may or will be released into the community prior to confirmation of active disease are given written instructions to follow-up with the DOH upon release. The DOH shall be notified of the incarcerated individual's medical condition and release situation for community follow-up.

.24 Patients having Latent TB (LTBI) a reactive/positive PPDs and no clinical indication of active disease shall be offered treatment under the following guidelines.

a. High-risk groups listed below with a skin reaction to the tuberculin skin test (TST) >=5 mm:

1. HIV – Infected Persons
2. Recent contacts of a TB patient.
3. Patients with fibrotic changes on chest x-ray consistent with previous TB disease and
4. Patients with a history of an organ transplant or other immunocompromising conditions who are receiving the equivalent of >= 15 mg/day of prednisone for >= 1 month.

b. Patients with LTBI and a TST result of >= 10 mm induration.

.25 The preferred treatment for LTBI is as follows:

a. 9 months of daily INH (300 mg) or (900 mg) twice weekly dosing both to be nurse administered is indicated for the general patient population.

b. 12 months of daily or twice weekly INH treatment is indicated for patients with concurrent HIV infection.

c. Pregnant patients shall have the need for preventive therapy made on an individual basis, depending on the patient's estimated risk for progression

to active TB and advice from the patient's OB and Department of Health, as needed.

.26 Incarcerated individuals shall be educated regarding all aspects of the medication regime including constant taking of the medication, possible side effects, and need for completion of the regime.

.27 Incarcerated Individuals refusing LTBI treatment shall sign a refusal form and their refusal shall be recorded on the Problem List under the medications section with the date of the refusal.

.28 All incarcerated individuals refusing LTBI treatment shall be offered treatment on an annual basis as part of their annual TB screening. The request to consider treatment for LTBI will be recorded in the medical record. Incarcerated individuals continuing to refuse will have that documented on their record. Those incarcerated individuals reconsidering will be evaluated per the INH Nursing Protocol to being treatment.

APPROVAL RECOMMENDED:

JAN 0 1 2024

Deputy Director for Corrections Date

APPROVED:

JAN 0 1 2024

DIRECTOR Date