CONTACT INVESTIGATIONS IN CORRECTIONAL FACILITIES

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Objectives

- Outline the steps in conducting a contact investigation (CI) in a correctional setting
- Define obstacles and challenges to completing a contact investigation in correctional settings and implement strategies to overcome them

Correctional Facilities are High Risk Environments

- Inmates live in close proximity in overcrowded and older facilities
- The inmate population changes constantly
- Inmates come from very diverse backgrounds
- Many inmates come from countries with a high prevalence of TB
Types of Correctional Facilities in California

- City and county jails
- State prisons
- Federal prisons
- ICE Detention centers
- Juvenile facilities
- Other (camps, “for profit” private prisons)

In 2013 in the US and California:

- < 1% of population incarcerated
- ~4% of TB cases diagnosed in correctional facility

California TB Case Rate in 2013:

- Community = 7 per 100,000
- Corrections = 31 per 100,000

Corrections TB Rate 4.5x Higher

California TB Cases Diagnosed in a Correctional Facility, 2013

Local Jails
58% TB cases
Corrections Specific Terminology

- **House/Unit/Pod/Dorm**: a locked area where the inmate is assigned to live that has cells or beds or bunks located within them.
- **Cell(s)/Homey**: other inmate(s) that share assigned living space with the inmate index case.
- **Chow**: meals, mealtime.
- **Inmate #**: Unique number used to ID each inmate.

What Makes a CI Unique in a Correctional Facility?

- Security/custody is the main focus in corrections.
- More people involved on the CI team:
  - Correctional facility custody staff
  - Correctional facility medical staff
  - Local health department staff

What Makes a CI Unique in Correctional Facility? (2)

- The inmate TB case:
  - Is allowed to spend casual/undocumented time with other inmates.
  - May have been housed in multiple places in one or more facilities during the infectious period (IP).
  - May be hospitalized outside of the facility in or out of jurisdiction.
  - Should be asked corrections specific interview questions.
Contact Investigations in Correctional Facilities

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**California Laws on Controlling TB in Corrections**

- Mandatory investigation and evaluation to ascertain existence of possible infectious TB (California Penal Code, Section 7570-7576, California Code of Regulations: Title 15, Div. 1, Chap. 1, Article 11, Section 1206.5, a)
- Reporting, case management, continuity of care, transfer, release discharge and parole requirements for active TB cases (California Code of Regulations, Title 17, Section 2500, California Health and Safety Code, Sections 121361 (a &e)(1) and 121362)

**Today’s Patient**

- 24 yr old female, diagnosed in the community on 3/2/2014 a TB 3, pulmonary case
- Her cough began around 1/1/2014
- She is not currently incarcerated in the jail
- She was housed in the jail (see dates below)
- CI needs to be done at the jail around this TB case
- Her infectious period was identified as 10/1/2013-3/2/2014

<table>
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<th>Date entered the jail</th>
<th>Date released from the jail</th>
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<tr>
<td>August 3, 2013</td>
<td>November 12, 2013</td>
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<tr>
<td>December 22, 2013</td>
<td>December 30, 2013</td>
</tr>
<tr>
<td>January 11, 2014</td>
<td>February 15, 2014</td>
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**Steps in a Correctional Facility Contact Investigation**

1. Collect and evaluate index case information: Decision to initiate a CI
2. Interview the index case, determine the infectious period and plan for the CI
3. Examine the sites of transmission within the correctional facility
4. Identify, prioritize, evaluate and follow-up on the inmate, staff and other contacts
5. Evaluate the CI Activities
Step 1
Collect and Evaluate Index Case Information: Decide Whether to Initiate a Contact Investigation (CI)

As soon as a TB suspect or case is identified in a correctional facility:
- Communicate with internal and external correctional management officials
- Notify local health department
- Convene your corrections CI team to discuss the TB exposure and the contact investigation process

Step 2
Interview the Index Case, Determine the Infectious Period and Plan for the Contact Investigation (CI)
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The Inmate TB Case Interview
- The LHD correctional liaison and the facility case manager should plan the interview together.
- Who will do the inmate suspect/case interview?
  - If in the correctional facility - the facility case manager.
  - If hospitalized in the community - the LHD correctional liaison or the assigned case manager.

Key Elements of an Inmate TB Case Interview
- Review the inmate's daily pattern (where, when and with who?)
  - Meals
  - Work, school, worship
  - Socializing (TV, cards, music, exercise)
- Close associates, outside of their housing area
- Visitors during the IP (family, lawyers, friends other)

Examples of Interview Questions with an Inmate TB Case
- Besides your cellies and others housed in your unit or pod, what are the names of other inmates that you regularly spend time with?
- Tell me about your daily routine here at ___?
- Prior to serving time in this correctional facility, what other correctional facilities were you in and when?
- Besides your regular activities, what else do you participate in often here?
Step 3
Examine the Sites of Transmission Within the Correctional Facility

Possible Sites of Transmission
- If needed, tour all the sites where the inmate index case lived, worked and spent prolonged amounts of time.
- Important to get #s of inmates and staff who are regularly at these sites
- Note the physical make up of the site:
  - Size, cell vs. dorm setting, TV room, etc.
  - Ventilation, windows, AC, high ceilings

Step 4
Identify, Prioritize, Evaluate and Follow-up on the Inmate, Staff and other Contacts
Identifying and Prioritizing Contacts

- Can be more difficult in a correctional facility due to:
  - Inmates being housed in close, shared living spaces
  - Casual movement is not always documented
- Only evaluate actual exposed contacts
  - If possible, start small – identify contacts who are high risk and high priority
- Susceptibility/vulnerability factors of the contact, inmates tend to be higher risk

Contact Investigations in Correctional Facilities

- Tracking inmate movement differs by facility
- Obtaining accurate data to create a contact roster will vary by facility
- Use separate rosters for:
  - Inmate, staff (custody and medical) and other (volunteers, lawyers, visitors) contacts
- Assign contact follow-up to others if appropriate
Refer High Priority Contacts that were Transferred/Released

- Referrals should be made for all high risk contacts, to:
  - Other correctional facilities
  - In the community
- If transmission is documented, determine if referrals should be made to contacts now residing in the community
  - Follow-up of contacts in the community is a low yield activity
- Recidivism can be a useful contact investigation tool in correctional facility CIs

Step 5
Evaluate the Contact Investigation Activities
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Calculate Infection Rate and Determine Need for Expansion of the CI

- This step done after the evaluations are complete
- Know average annual conversion rates for the correctional facility, compare them to the conversion rate for this CI
- If the conversion rate is higher than expected, consider expanding the CI

Summarize the Contact Investigation

- Important to discuss with the CI team
  - Outcome of the CI
  - What went well, what didn’t
  - Plans and changes for the next TB contact investigation

Acknowledgments

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- Jan Young, RN, MSN - California Department of Public Health, TB Branch
References


CDC. 2014. “Self Study Modules on Tuberculosis” Module 8: Contact Investigation.
