TEXAS Health and Human Services | Texas Department of State Health Services

Tuberculosis Risk Assessment for Correctional Facilities

This risk assessment is designed for correctional and detention facilities to determine their tuberculosis (TB) risk classification and implement recommendations provided by Texas Department of State Health Services.

Facility Name: _____

Address: _____

Date of Assessment: _____

Type of Assessment (select one): Annual Assessment ☐; Reassessment for Risk Change ☐

Assessment Conducted by: _____ **Phone:** _____

FACILITY RISK ASSESSMENT

Facility Type

What is the facility type? Check all that apply.

Prison ☐ **Jail** ☐ **Chapter 89 Jail** ☐ **Other** ☐

Short-Term Detention Facility ☐

A **Chapter 89 Jail** is a jail or community corrections facility that meets the following Texas Health and Safety Code Chapter 89 criteria:

- Has a capacity of at least 100 beds;
- Houses inmates transferred from a county jail with a capacity of at least 100 beds; or
- Houses inmates transferred from another state.

A **Short-Term Detention Facility** is a facility used to provide temporary secure custody of an individual pending processing, further placement or detention hearing. These facilities may be booking, holding (hold rooms) or staging facilities; processing centers; or short-term detention centers. No sleeping quarters or shower facilities are provided. Individuals may be held up to 48 hours.

High Risk Classification

Does the facility have a cluster of persons with TB test conversions* or confirmed TB disease which suggests ongoing transmission? Check Yes or No.
Yes ☐ **No** ☐

Number of TB test conversions in the past 12 months: _____

Number of confirmed and epidemiologically-linked TB disease cases in the past three (3) years _____

A ***cluster*** is defined as two or more persons with TB test conversions or TB disease linked by epidemiology (evidence of person to person transmission), location or genotyping (TB germs with same DNA fingerprint).

A ***tuberculin skin test (TST) conversion*** is defined as a change from a documented negative to positive TST within a two-year period.

An ***interferon gamma (IFNγ) release assay (IGRA) test (TB blood test) conversion*** is defined as a documented change from negative to positive.

An ***epidemiologically-linked case*** is a TB case in which the patient has/has had contact with one or more persons who have/had TB disease. A TB case may be considered epidemiologically linked to a laboratory-confirmed case if at least one case in the chain of transmission is laboratory confirmed.

A ***TB case*** is defined as patient diagnosed with *Mycobacterium tuberculosis* complex identified from a clinical specimen, either by culture or by a newer method such as molecular line probe assay or by provider decision.

*To determine if a facility has a cluster of persons with TB test conversions, both the baseline negative test and repeat positive test should be done in the facility. Persons with a positive TB test on intake or upon hire should not be included in this risk assessment as exposure likely occurred outside the facility.

If "YES" → STOP → Classify at High Risk
If "NO" → Continue to next section.

Medium Risk Classification

Is your county's TB incidence rate higher than the state's TB rate? Check only one option. **Yes ☐ No ☐ N/A ☐**

An incidence rate is defined as the number of persons newly diagnosed with TB disease in one year per 100,000 population.
See current TB Surveillance Report at dshs.texas.gov/disease/tb/epireports.shtm to download county and Texas incidence rates.

Incidence Rate of TB in County: _____

Incidence Rate of TB in Texas: _____

Select N/A, if the facility population served is not representative of the community in which the facility is located (e.g. inmates transferred from another state).

Caution:
Higher rates may be indicated for rural counties with few persons diagnosed with TB disease due to a smaller population denominator. Consult with your local, regional or state TB program as needed.

Is the percentage of screened inmates with previous or newly diagnosed TB infection in preceding calendar year equal or greater than 10 percent?
Check Yes or No. **Yes** ☐ **No** ☐

Total number of inmates screened for TB _____

Total number of inmates with previous or new positive TB test results _____

Percentage of positive test results _____ %

See dshs.texas.gov/disease/tb/jailreport.shtm for current numbers for Chapter 89 facilities.

Has your facility diagnosed an inmate, employee or volunteer with TB disease within the last 12 months? Check Yes or No. **Yes** ☐ **No** ☐

Does your facility house a substantial number of people with risk factors for TB? Check Yes or No. **Yes** ☐ **No** ☐

Check all that apply:
- ☐ HIV infection
- ☐ Substance abuse
- ☐ Silicosis
- ☐ Diabetes mellitus
- ☐ Severe kidney disease
- ☐ Low body weight
- ☐ Organ transplants
- ☐ Head and neck cancer
- ☐ Medical treatments such as corticosteroids or organ transplant
- ☐ Specialized treatment for rheumatoid arthritis or Crohn's disease

Has a substantial number of your inmates, employees, and volunteers immigrated from areas of the world with high rates of TB within the previous 5 years? Check Yes or No. **Yes** ☐ **No** ☐

See www.texastb.org/countries to view a list of countries with high TB rates.

Does your facility lack a system for prompt TB screening, isolation or referral of person with TB signs and symptoms? Check Yes or No. **Yes** ☐ **No** ☐

If any answer is "YES" → STOP → Classify at Medium Risk
If all answers are "NO" → Classify at Low Risk for TB

Tuberculosis Screening Guidelines for Correctional and Detention Facilities Based on the TB Risk Classification

High Risk Facility **With potential ongoing transmission**	Medium Risk Facility		Low Risk Facility
	Medium Risk Facilities ***(Includes Chapter 89 Facilities, State & Federal unless placed at high risk)***	**Medium Risk <u>Short-Term</u> Facilities**	
• Classification should be temporary and warrants investigation and corrective action. • Alert your health department for guidance and recommendations. • Repeat TB screenings every 8-10 weeks followed by a new risk assessment until no cases of infectious TB or TB test conversions are identified. • Correct lapses in infection control (i.e. delayed treatment initiation or inadequate airborne precautions). • Reclassify the facility as medium risk for one year after determination is made that ongoing transmission has ceased.	• Evaluate all inmates upon entry for TB history and symptoms. • Immediately evaluate inmates with symptoms to rule out infectious TB disease. • Evaluate all inmates for clinical conditions and risk factors for TB and require screening with TST or IGRA within seven (7) days of arrival. • Inmates with a documented history of previous, adequate treatment for TB infection or disease should not have the TST or IGRA repeated.	• Evaluate all inmates upon entry for TB history and symptoms. • Immediately evaluate inmates with symptoms to rule out TB disease.	• Evaluate all inmates upon entry for history and symptoms of TB • Provide additional screening with a TST or an IGRA test for inmates without TB symptoms but indicating risk factors within seven (7) days of arrival. • Evaluate persons with signs and symptoms for TB immediately.

- Inmates with signs and symptoms of TB must be housed in an airborne infection isolation rooms (AIIR). If the facility does not have an AIIR, the inmate should be transferred to the hospital or to a facility equipped with an AIIR whenever possible.
- Inmates placed in isolation may be released from the AIIR if TB diagnosis is excluded or if they meet the criteria to discontinue isolation.
- Inmates with a documented history of inadequate treatment for TB disease or infection should have a thorough medical evaluation to rule out TB disease. Treatment recommendations must be made based on evaluation findings.

Tuberculosis Screening Guidelines for Correctional and Detention Facilities Based on the TB Risk Classification

Employee/Volunteer Screening for all Facilities	Human Immunodeficiency Virus (HIV)	Frequency of Screening Tests
• Provide TB screening and testing or request proof of TB clearance prior to employment. • Provide TB screenings annually for all employees who do not have a documented history of a positive TB test. • Conduct immediate TB screening for persons with TB signs and symptoms. • A two-step TST screening or follow up IGRA should be used for initial employee screenings to improve the accuracy of their baseline.	• **Chest x-ray must be part of the initial screening of HIV-infected patients** and those who are at risk for HIV infection but whose status is unknown. • HIV is the greatest risk factor for progression from TB infection to TB disease. Offer routine HIV counseling, testing and referral to inmates and correctional facility staff with TB infection or TB disease if their HIV infection status is unknown at the time of their diagnosis.	• Initial and annual TB screening of employees, volunteers and inmates are required as indicated in the screening guidelines above. • More frequent TB screening is also required when a specific situation indicates an increased risk of transmission (e.g. contact investigation, cluster of TB test conversions or two or more persons with TB disease linked by genotyping). • Persons who have a history of a positive test should be screened for symptoms of disease. Annual chest x-rays are not recommended for follow-up evaluations.

❖ For more information, see **DSHS Tuberculosis Standards for Texas correctional and Detention Facilities** at dshs.texas.gov/disease/tb/programs.shtm#policies