



CDHS/CTCA JOINT GUIDELINES
Guidelines for Coordination of TB Prevention and Control
by Local and State Health Departments
and California Department of Corrections



The following guidelines have been developed by the California Conference of Local Health Officers/Communicable Disease Committee Taskgroup, in consultation with the Executive Committee of the California Tuberculosis Controllers Association. These guidelines are official State Recommendations and have been endorsed by the California Conference of Local Health Officers, California Department of Health Services/Tuberculosis Control Branch, and the California Tuberculosis Controllers Association. The California Department of Corrections has provided input throughout the development of these guidelines.

The purpose of these guidelines is to improve the continuity of care of state prison inmates with known or suspected tuberculosis (TB) during and after incarceration, and to ensure the prompt and thorough evaluation of their contacts in the community and in correctional facilities. These guidelines define roles and responsibilities for carrying out the needed activities by prison and health department staff at the local and state levels.

Note: Employees are addressed only in the **Contact Investigation** section.

Note: The term (“host” LHD) refers to the local health department (LHD) in the jurisdiction where the state correctional facility is located.

Legal requirements (indicated in *italics* and preceded by “shall”) are derived from State regulation and statute. Recommended roles and actions (indicated in regular type preceded by “should”) are derived from references listed in the end of the document.

REPORTING

17 CCR§2500: Health care providers must report known or suspect TB cases to local health departments (LHD) within 1 working day of identification. The report shall include all of the following if known: name of the disease, date of onset, date of diagnosis; the name, address, telephone number, occupation, ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case; date of death if death has occurred; and the name, address, and telephone number of the person making the report (1).

Note: Suspect cases include any person begun on multi drug anti-tuberculosis (TB) therapy; or who has an Acid Fast Bacilli (AFB) smear positive specimen; **or** clinical history or findings; **or** chest x-ray suggestive of tuberculosis (2).

HSC 121361: State correctional institutions shall not discharge, release, transfer to a local detention facility, or transfer to/from a health facility any patient with known or suspected TB until notification and written treatment plan are received by the local health officer. When prior notification would jeopardize the person’s health, the public safety, or the safety and security of the penal institution, then the notification and treatment plan shall be submitted within 24 hours of discharge, release, or transfer (3). This subdivision shall not apply to transfers within the state correctional system or to interfacility transfers occurring within a local detention facility system.

HSC 121362: *Initial disease notification reports shall include an individual treatment plan, that includes the patient name, address, date of birth, Tuberculin Skin Test (TST) results, pertinent radiologic, microbiologic and pathologic reports whether final or pending, and any other information required by the local health officer. Health care providers who treat active TB disease shall report at the times the health officer requires, but no less frequently than when:*

- C There are reasonable grounds to believe the person has active TB disease.*
- C A person ceases treatment for TB disease (3).*

I. Health care managers of each prison will ensure that California Department of Corrections health care providers from their facility

- A. *Shall report to the local health department within 1 working day of identification (1&2).*
- B. *Shall include an individual treatment plan.*
- C. *Shall provide any other information required by the local health officer, e.g. clinic records, x-ray reports, hospital admit note, discharge summary, or other information relevant to the management of the TB suspect or case and their contacts.*
- D. Should take action to respond to activities listed in **Reporting**, II below.
- E. Should utilize the CTCA “Correctional Facility Tuberculosis Patient Plan,” (6/96) (4), local form, or California Morbidity Report (CMR), to report suspected or confirmed cases of TB to LHD.
- F. *Shall promptly report the facts of any outbreak to the local health officer (1, §2500). State regulation defines ‘outbreak’ as the occurrence in a community or region of cases in excess of expectancy (1, §2500). The California Department of Corrections defines an outbreak as two or more cases of TB which the CMO of the institution, the Public Health Section, and the Local Health Officer concur are apparently related.*
- G. See also **Case Monitoring, Tracking, Oversight of Suspect and Confirmed Cases**, I (B, C, E, F, and I).

II. Local Health Department/California Department of Health Services

- A. Should assign a liaison or TB case manager for coordination, review, and support of TB activities involving current and former state prison inmates and their contacts.
- B. Should inform prison of reporting requirements (2), and supply needed forms, e.g., the CTCA “Correctional Facility Tuberculosis Patient Plan,” (6/96) local form, or CMR.
- C. Should establish an active surveillance system based on such sources as laboratory results, prevalent cases and suspects transferring in, cases and suspects entering AFB isolation, monthly reports to the California Department of Corrections Public Health Section, and pharmacy logs, in order to ensure timely and complete reporting by California Department of Corrections health care providers. These activities do not replace the required reporting of suspects and cases by health care providers.

- D. Should ensure labs (public health or private) report “any evidence suggestive” of TB to the LHD [1, §2505 (a)].
- E. Should follow up in instances of non or delayed reporting, and assist the California Department of Corrections institution in developing and carrying out a corrective action plan.
- F. Should initiate a registry or monitoring system for all Class 3s and 5s (5).
- G. Should review all Class 5 cases to assure reclassification occurs and that it is:
 - 1. Within 3 months of the initial diagnosis as suspect
 - 2. Appropriate.
- H. *Shall receive all information from the prison health care provider as required in 17 CCR §2500 (3). The CTCA “Correctional Facility Tuberculosis Patient Plan,” (6/96) may be used (4). Medical information needed by the LHD can be obtained by phone or fax directly from the prison medical staff. If this information is inadequate or unavailable at the prison, the LHD/CDHS will request access to the patient’s medical records through the California Department of Corrections, Public Health Section. This request will be made by phone to a contact person designated by the Public Health Section, and include the reason that the information is needed. The Public Health Section will provide the needed information or access to the medical record to the requester within 2 days of the initial request.*
- I. *LHDs shall submit TB case reports to CDHS [1, §2501 (a)].*
- J. Should assure that procedure for identifying Class 5 cases (e.g., obtaining sputum specimens, etc.) are appropriate and are being utilized by the correctional health care providers.

CASE MONITORING, TRACKING, OVERSIGHT OF SUSPECT AND CONFIRMED CASES

HSC 121362: *Health care providers who treat TB shall report at the times the health officer requires, but no less frequently than when:*

- C *There are reasonable grounds to believe the person has active TB disease (covered in **Reporting** above),*
- C *A person ceases treatment for TB disease (3).*

HSC 121362: *Health care providers who treat patients with active TB shall maintain written documentation of each patient’s adherence to his/her individual treatment plan (3).*

HSC 121361: *State correctional institutions shall not discharge, release, transfer to a local detention facility, or transfer to/from a health facility any patient with known or suspected TB until notification and written treatment plan are received by the local health officer. When prior notification would jeopardize the person’s health, the public safety, or the safety and security of the penal institution, then the notification and treatment plan shall be submitted within 24 hours of discharge, release, or transfer (3).*

HSC 121375: *CDHS may inspect and have access to all records of all institutions and clinics, both public and private, where tuberculosis patients are treated.*

- I. Health care managers of each prison will ensure that California Department of Corrections health care providers from their facility
 - A. *Shall maintain written documentation of each patient's adherence to his or her individual treatment plan, and that all inmates receive directly observed therapy (DOT) (9, 13).*
 - B. *Shall report to the LHD when a person ceases treatment for TB disease.*
 - C. *Shall provide a written treatment plan and notification to the LHO of the jurisdiction where the prison is located before a person with known or suspected TB is paroled, released, or transferred to a local jail or health facility from the state correctional facility (3, §121361).*
 - D. Should contact the host LHD to verify prior TB treatment if the patient gives a history of TB treatment outside a California Department of Corrections facility.
 - E. *Shall provide clinical information as requested by LHD within 1 working day for current or previous Class 3 and 5 inmates. To facilitate this, should maintain a log or system for retrieval of information (PPD, chest x-ray, laboratory information, treatment, etc.) on all Class 3 and 5 inmates reported by the facility. This log must be retained for the duration of custody and for 5 years after the date of diagnosis.*
 - F. Will provide the needed information or access to the medical record to the requesting LHD within 2 days of the initial request.
 - G. Should report to the "host" LHD and to the CMO (Health Care Manager) of the receiving prison facility, when an inmate with known or suspected TB transfers to a California Department of Corrections facility in another jurisdiction.
 - H. Upon receiving an inmate with known or suspected TB from another state prison or local jail, will notify the "host" LHD where the receiving prison is located.
 - I. Should have a plan in place to take corrective action when problems with case management occur.
 - J. Unless the prison provides respiratory (atmospheric) isolation meeting the minimum requirements contained in reference 15 (in addition, continuous monitoring of respiratory isolation rooms is recommended), should ensure that inmates with known or suspected TB are not returned to the prison facility from a health care facility until the criteria are met for placement as in reference 6.
 1. Patients with previously positive sputum smears must meet **all** the following criteria:
 - a) Have 3 consecutive negative AFB sputum smear results from sputum collected on different days
 - b) Have completed at least 2 weeks of multi-drug anti-TB therapy that is consistent with CDHS/CTCA "Guidelines for the Treatment of Tuberculosis Infection in California," (4/97) (8)
 - c) Exhibit clinical improvement (e.g., reduction in fever and cough)
 - d) Have continued close medical supervision, including DOT

- e) Multi-drug therapy must be continued, even if another pulmonary process is diagnosed, pending negative culture results from at least 3 sputum specimens
2. Patients with only negative sputum smears must meet **all** the following criteria
- a) Have 3 consecutive negative AFB sputum smear results from sputum collected on 3 different days
 - b) Have completed a minimum of 4 days of multi-drug anti-TB therapy that is consistent with CDHS/CTCA “Guidelines for the Treatment of Tuberculosis Infection in California,” (4/97). If an inmate is known to be HIV infected, the Department of Corrections requires 14 days therapy
 - c) Have continued close medical supervision, including DOT
 - d) Multi-drug therapy must be continued, even if another pulmonary process is diagnosed, pending negative culture results from at least 3 sputum specimens
- K. Should work proactively with community health facilities treating inmates with known or suspected active TB disease to ensure that they report and provide a treatment plan to the “host” LHD before such persons are transferred back to a state correctional facility.
- L. *Shall perform discharge planning to ensure continuity of care if an inmate with known or suspected active TB disease is being released or paroled by:*
- 1. *Obtaining and verifying locating information, name of medical provider who has agreed to provide care, and transmitting this and any other information required by the local health officer (3) to the host LHD. When prior notification would jeopardize the person’s health, the public safety, or the safety and security of the penal institution, then the notification and treatment plan shall be submitted within 24 hours of discharge, release, or transfer (3).*
 - 2. Obtaining parole office and agent’s name and phone number.
 - 3. Making an appointment for the patient’s TB follow up at the local health department in the jurisdiction to which s/he is discharged.
 - 4. Arranging for DOT.
 - 5. Making compliance with TB treatment a condition of parole.
- M. Should meet at least annually with “host” LHD/CDHS staff to review TB control activities and interactions.
- II. Local Health Department/California Department of Health Services
- A. Should initiate suspect or case files and maintain a registry for class 5s and 3s.
 - B. Should review the initial report to ensure required information is complete, and initial treatment regimen and management are appropriate. Should contact the provider within 3 working days to get additional information as needed on the reported suspect/case and should use this opportunity to inform the provider who the LHD case manager assigned will be and offer assistance if needed.

- C. Should define with California Department of Corrections institution health care managers and providers:
1. How the information for the RVCT (initial and follow up 1 and 2) will be obtained (by report from a prison health care provider, and/or by “host” LHD/CDHS interview of patient or on site record review).
 2. How “host” LHD/CDHS will follow up with the prison for updated clinical status.
 3. How “host” LHD/CDHS will follow up if received information indicates a problem, such as failure of sputum conversion to culture negative, or inappropriate treatment regimen.
- D. LHD should review local medical records and contact other HDs, when indicated, to attempt to verify TB treatment if inmates indicate to the prison by history that they have received prior TB treatment outside of a California Department of Corrections facility.
- E. Should ensure that patient interview is conducted within 3 days of receipt of the initial report in order to:
1. Obtain RVCT information (if part of the protocol set up for **Case Monitoring, Tracking, Oversight of Suspect and Confirmed Cases, II (C)** above).
 2. Initiate discharge planning, including obtaining locating information should the inmate be released or paroled before completion of treatment [See **Case Monitoring, Tracking, Oversight of Suspect and Confirmed Cases, II (I)** below].
 3. Determine infectious period.
 4. Elicit community contacts and contacts in other facilities while infectious (See **Contact Investigation** below).
 5. Provide any needed additional patient education to supplement that given by California Department of Corrections staff.
- F. *LHD shall submit TB case reports to CDHS (1, §2501).* This requires obtaining the needed information from the prison. The CTCA “Correctional Facility TB Patient Plan,” (6/96) may be used. Medical information needed by the LHD can be obtained by phone or fax directly from the prison medical staff. If information is unavailable at the prison or inadequate to complete and submit the RVCT initial report, follow up 1 and follow up 2 (3), the LHD/CDHS will request access to the patient’s medical records through the California Department of Corrections Public Health Section. This request will be made by phone to a contact person designated by the Public Health Section, and include the reason that the information is needed. The Public Health Section will provide the needed information or access to the medical record to the requester within 2 days of the initial request.

- G. Should obtain subsequent reports every one to three months (or more frequently if required by the LHO), *which will include (3)*:
1. *Updated clinical status*
 2. *Lab results*
 3. *Assessment of treatment adherence*
 4. *Name of current care provider if patient transfers care*
 5. *Any other information required by the health officer*
- H. Shall contact the physician (employed and/or contracted as working within the California Department of Corrections) designated by the facility CMO directly if:
1. The subsequent report is not received or is incomplete
 2. The patient's isolate is drug resistant
 3. There is lack of improvement or worsening in chest x-ray, smear/culture, or clinical status of patient
 4. The treatment plan is not in accordance with established standards (5 ,6, 8, 9)
 5. The patient is non-adherent
 6. Sputum conversion to culture negative is not documented within first three months
 7. The patient is suspected to be infectious but is not in AFB isolation
- I. LHD may require reporting of additional information by California Department of Corrections health care providers (3, §121362). *CDHS may inspect and have access to all records of all institutions and clinics, both public and private, where tuberculosis patients are treated (3, §121375).*
- J. Should notify, prior to discharge, the health officer of the destination jurisdiction if inmate is moving, transferring, or is hospitalized in another jurisdiction outside the health officer's jurisdiction (7).
- K. Should assist the prison in discharge planning (*except when prior notification would jeopardize the person's health, the public safety, or the safety and security of the penal institution, then the notification and treatment plan shall be submitted within 24 hours of discharge, release, or transfer*) (3) to ensure continuity of care if the inmate is being released or paroled by:
1. Transmitting the inmate's locating information to the appropriate county.
 2. Transmitting the parole office and agent's name and phone number to the appropriate county.
 3. Ensuring the inmate has an appointment for the patient's TB follow up at the local health department in the jurisdiction to which s/he is discharged.

4. Preparing to issue exam orders upon the inmate release if indicated.
 5. Arranging for DOT in the appropriate county.
- L. Should work with the local sheriff and jail health authority to *ensure that transfers from local jails to state prisons include medical information required under 15 CCR§1206*, and that transfers and releases of jail inmates with known or suspected TB occur in accordance with HSC 121361.
 - M. *Shall notify the medical officer of the parole region or the physician and surgeon designated by the Director of Corrections when there are reasonable grounds to believe that the parolee has active TB and when the parolee ceases treatment for TB (3, § 121362). (Designation pending)*
 - N. Should oversee the care provided to inmates in community hospitals (6, 8, 9) and ensure that community hospital physicians follow established CDHS/CTCA criteria (6) when releasing inmates with suspect infectious TB from AFB isolation [as per **Case Monitoring, Tracking, Oversight of Suspect and Confirmed Cases**, I (H)].
 - O. Should assure that community hospitals notify the LHO prior to transfers back to the correctional facility (3, §121361).
 - P. Should meet at least annually with correctional facility staff to review TB control activities and interactions.
 - Q. Should assure that procedures for identifying Class 5 cases (e.g., obtaining sputum specimens, etc.) are appropriate and are being utilized by the correctional health care providers.

Contact Investigation

The following discuss health officers' responsibilities in contact investigations:

- C 17 CCR§2502 (a): *The LHO shall notify CDHS weekly of the number of cases....or any outbreaks reported.*
- C 17 CCR§2501(b): *The LHO shall notify CDHS or the relevant HO if the source of infection or exposed persons live outside the jurisdiction of the HO.*
- C HSC 120175: *Presence of a reportable disease "within the territory under his or her jurisdiction;" ".....shall take measures as may be necessary to prevent spread of the disease or occurrence of additional cases.*
- C HSC 121363: *Health care providers treating active TB shall examine or cause to be examined or refer to local HO, all household contacts; LHO can require non household contacts to be examined.*

The following other sections, however, specifically exempt state correctional inmates:

- C HSC 121364: *HO may order examination for TB “...within the territory under his or her jurisdiction... for the purposes of directing preventive measures for persons in the territory, except those incarcerated in a state correctional institution, for whom the LHO has reasonable grounds to determine are at heightened risk of tuberculosis exposure.”*
- C HSC 121365: *describes various HO orders related to TB, including orders of detention, Subsection (h) excludes those incarcerated in a state correctional institution.*
- C Penal Code 7572 gives the California Department of Corrections Chief of Medical Services similar authority as is given Health Officers by HSC 121365 *and invests the Chief of Medical Services with full powers of inspection, examination, and quarantine or isolation.....*
- I. Health care managers of each prison will ensure that California Department of Corrections health care providers from their facility
 - A. Will initiate a contact investigation as soon as an inmate has or is found to have either one of the following:
 - 1. A sputum that is AFB smear positive
 - 2. A respiratory specimen that is culture positive for MTB
 - B. May initiate a contact investigation, as soon as an inmate has or is found to have any one of the following:
 - 1. Clinical, radiographic, or laboratory evidence consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending
 - 2. Started on antituberculosis therapy for suspicion of active TB
 - 3. Pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely
 - C. In consultation with the “host” LHD/CDHS (10, 13) will initiate, organize, and conclude the contact investigation. Information provided to LHD/CDHS should include case history, medical findings, and movement history during the patient’s infectious period.
 - D. Patient Interview
 - 1. Within 3 working days of identification, will interview the case or suspect.
 - 2. Within 3 days of identification of the case or suspect will compile a list of those inmates and others who were close contacts with the suspect source case during the infectious period, including contacts exposed at the current facility (inmates, employees, visitors, volunteers, transport team, etc.), other state correctional facilities, jails, family and friends, and non-prison facilities (e.g., community hospitals, etc.). Housing rosters and visitor rosters will be reviewed to determine all possible close contacts.

3. Within 3 days after the patient interview, will provide this list of contacts, on the accepted form, to the “host” LHD/CDHS. The following information should be included for each contact:
 - a) Full first and last name
 - b) Date of birth (if available)
 - c) California Department of Corrections Number (CDC #), parole region, and office (where applicable)
 - d) Locating and descriptive information
 - e) Dates of infectious period
 - f) Suspect source case smear status, culture results, and drug sensitivities (if available)

E. Contact Follow-up

1. Currently Residing in the Facility Where Exposure Occurred

Within 7 working days of identification of the suspect source case, will evaluate close contacts who reside in the facility (14).

2. Residing at Another State Correctional Facility

- a) Within 3 working days of identification of the contact, will notify the CMO of the state prison to/from which the contact has been transferred. Will include information about the level of exposure and the risks, if known. Notification will include contact information listed in **Contact Investigation, I (D.3)**.
- b) Within 14 days of notification of the CMO, will obtain the results of the evaluation of inmates who are residing at another state correctional facility (10).

3. Paroled

- a) Within 3 working days of identification of the contact, will send letters to the California Department of Corrections Paroles and Community Service Division field offices (10).
- b) Within 3 working days after the identification of the contacts, will send to the “host” LHD, a list of the contacts, on the accepted form, with full contact information as listed in **Contact Investigation, I (D.3)**.

4. Released

Within 3 working days of identification of the contact, will send to the “host” LHD, a list of the contacts, on the accepted form, with full contact information as listed in **Contact Investigation, I (D.3)**. Will request that contacts be evaluated and results of that evaluation be returned to the prison within 21 days of receipt.

5. Others (e.g., volunteers, visitors, community contacts, jails, etc.)

Within 3 working days of identification as a contact will send to the “host” LHD, a list of the contacts, on the accepted form, with full contact information as listed in **Contact Investigation, I (D.3)**. Will request that contacts be evaluated and results of that evaluation be returned to the prison within 21 days of receipt.

6. Employees

- a) Within 3 working days of identification as a contact will send to the “host” LHD, a list of the contacts, on the accepted form, with full contact information as listed in **Contact Investigation, I (D.3)**.
- b) When required by Cal/OSHA, the California Department of Corrections shall provide TB screening, and/or appropriate referrals to workers compensation medical providers, for all employees exposed to a confirmed or suspect infectious TB case (16).
- c) For those employee contacts who may be evaluated by the LHD, will request results of that evaluation be returned to the prison within 21 days of receipt.

- F. Within 30 days of identification of the suspect or case , will mail the following completed California Department of Corrections/PHS forms to the CDHS, the LHD in which the prison is located and to the California Department of Corrections PHS (10):

1. TB Contact Investigation Report-Inmates
2. TB Contact Investigation Report-Employee Contacts
3. TB Contact Investigation Report-Out of Facility Contacts

- G. Will attempt to develop a method to flag and monitor the records of exposed inmate contacts who left the prison prior to being identified and/or evaluated, and who may still need evaluation in the event that they are reincarcerated.

II. “Host” Local Health Department

- A. Upon receiving a report of a suspect case from a state prison, will provide initial and ongoing consultation and assistance, when requested by the Health Care Manager/ Chief Medical Officer, to the California Department of Corrections health care providers with the contact investigation.

- B. Patient Interview

Will work with correctional facility staff to ensure that within 3 days of the initial report of a TB suspect or case, that the patient interview is conducted to identify contacts at risk [see **Case Monitoring, Tracking, Oversight of Suspect and Confirmed Cases, II (D)**], and that the list of contacts, on an accepted form, will be sent to the “host” LHD, within 3 days of the patient interview. The list should include contact information listed in **Contact Investigation, I (D.3)**.

C. Contact Follow-up

1. Currently Residing in the Facility Where the Exposure Occurred

Will provide assistance, if requested by the Health Care Manager/Chief Medical Officer of the correctional facility, with the evaluation of contacts residing in the facility as needed and agreed upon by the LHD and the prison.

2. Residing at Another State Correctional Facility

Prison will handle notification and follow-up with other state facilities for contacts who are transferred within the state correctional system.

3. Paroled

a) Currently residing in the “host” county

- 1) Within 7 working days of receipt of notification, will evaluate these parolees.
- 2) Within 14 days of receipt of the notification, will provide the results of the evaluation to the prison, on the accepted form.

b) Currently residing in other counties

- 1) Within 3 working days of receipt of notification of the contact, will forward to the appropriate LHD the contact information, on the accepted form. Will request that the receiving LHD evaluate the contact and return the results of that evaluation to the “host” LHD/CDHS within 14 days of the receipt of the notification.
- 2) Within 14 days of sending the notification to other LHDs, the “host” LHD/CDHS will contact the receiving LHD if no contact evaluation results have been received.
- 3) Within 21 days of receipt of initial notification from the prison, the “host” LHD/CDHS will forward to the prison the contact evaluations received.

4. Released

a) Currently residing in the “host” county

- 1) Within 7 working days of receipt of notification, will evaluate these releaseses.
- 2) Within 14 days of receipt of the notification, will provide the results of the evaluation to the prison, on the accepted form.

b) Currently residing in other counties

- 1) Within 3 working days of receipt of notification of the contact, will forward to the appropriate LHD the contact information, on the accepted form. Will request that the receiving LHD evaluate the contact and return the results of that evaluation to the “host” LHD/CDHS within 14 days of the receipt of the notification.
- 2) Within 14 days of sending the notification to other LHDs, the “host” LHD/CDHS will contact the receiving LHD if no contact evaluation results have been received.
- 3) Within 21 days of receipt of initial notification from the prison, the “host” LHD/CDHS will forward to the prison contact evaluations received.

5. Others (e.g., volunteers, visitors, community contacts, jails, etc.)

- a) Currently residing in the “host” county
 - 1) Within 7 working days of receipt of notification, will ensure these contacts are evaluated.
 - 2) Within 14 days of receipt of the notification, will provide the results of the evaluation to the prison, on the accepted form.
- b) Currently residing in other counties
 - 1) Within 3 working days of receipt of notification of the contact, will forward to the appropriate LHD the contact information on the accepted form. Will request that the receiving LHD evaluate the contact and return the results of that evaluation to the “host” LHD/CDHS within 14 days of the receipt of the notification.
 - 2) Within 14 days of sending the notification to other LHDs, the “host” LHD/CDHS will contact the receiving LHD if no contact evaluation results have been received.
 - 3) Within 21 days of receipt of initial notification from the prison, the “host” LHD/CDHS will forward to the prison contact evaluations received.

6. Employees

The correctional facility will follow internal procedures in evaluating employee contacts. (Some employee contacts may choose to be evaluated by a LHD or elsewhere).

- a) Currently residing in the “host” county
 - 1) Within 7 working days of receipt of notification, will ensure these contacts are evaluated.
 - 2) For employee contacts who choose to be evaluated at the LHD, will provide the results of the evaluation to the prison within 21 days of receipt of the notification, on the accepted form.
- b) Currently residing in other counties
 - 1) Within 3 working days of receipt of notification of the contact, will forward to the appropriate LHD the contact information on the accepted form. Will request that the receiving LHD evaluate the contact and return the results of that evaluation to the “host” LHD/CDHS within 14 days of the receipt of the notification.
 - 2) Within 14 days of sending the notification to other LHDs, the “host” LHD/CDHS will contact the receiving LHD if no contact evaluation results have been received.
 - 3) Within 21 days of receipt of initial notification from the prison, the “host” LHD/CDHS will forward to the prison contact evaluations received.

D. Will assist the prison, when requested by the Health Care Manager/Chief Medical Officer in:

- 1. Determining if the original suspect needs to be re-interviewed. If additional contacts are elicited in the re-interview, they should be followed using the time frames previously outlined in this document.
- 2. Determining if the contact investigation needs to be expanded.

3. Compiling and analyzing results of evaluations of all contacts.
4. Determining if an outbreak situation has occurred based on the identification of additional cases.

III. All Local Health Departments

A. Follow up of contacts

1. Within 7 days of receipt of the notification the receiving LHD will evaluate the contact.
2. Within 14 days of receipt of the notification the receiving LHD will provide the results of that evaluation to the “host” LHD/CDHS.

B. Any suspect TB case who was incarcerated in a state prison while potentially infectious

Within 1 working day of identification that a suspect TB case was recently incarcerated, will inform the CMO of the prison facility where the patient was incarcerated, that the inmate may have been infectious while residing in that facility. If that prison facility is in another county, will notify the “host” LHD at the same time. The notification should include the following information:

1. Full first and last name
2. Date of birth (if available)
3. CDC #, parole region, and office (where applicable)
4. Locating and descriptive information
5. Degree and length of exposure
6. Suspect source case smear status, and culture results and drug sensitivities (if available)

C. Any suspect or known case who becomes incarcerated in a state prison

Within 1 working day of determining that a case or suspect becomes a state prison inmate, the LHD will notify the LHD hosting that prison and the Department of Corrections Public Health Section

Implementation

- I. Local health officers, TB Controllers, CDHS, and California Department of Corrections Public Health Section and Health Care Managers will establish procedures and coordinate efforts to ensure respective responsibilities delineated in these guidelines are implemented and continued. Each will have a plan in place to take corrective action when problems are identified in implementing these Guidelines.

- II. CDHS will provide technical assistance, staffing, and resources in working with LHDs toward implementation and continuation of these guidelines. Because many of the issues and actions addressed in these guidelines have regional or statewide implications, and may be beyond the scope or capacity of individual LHDs (e.g., out of county contact investigations, transfers, releases), this assistance may include assigning field services staff to liaison with LHDs and correctional facilities. CDHS will also work with regional collaboratives to implement these guidelines. When problems cannot be resolved at the local level, the local health department will bring the issue to CDHS, which will evaluate the problem, and if necessary, resolve it with the Public Health Section of the Department of Corrections.
- III. As long as activities are clearly defined and carried out, a local health department may choose to take on from or relinquish to the prison health care providers, after mutual collaboration and agreement by CDHS and PHS/California Department of Corrections, some of the activities defined above.
- IV. The California Department of Corrections Public Health Section will provide assistance to institutions to implement these guidelines. The Public Health Section of the California Department of Corrections will work with the individual facility health care manager to bring about resolution at the local level. When problems cannot be resolved at the local level, the Public Health Section may bring the issue to CDHS for resolution.
- V. The Department of Corrections, Public Health Section will designate a contact person to receive requests from LHDs/CDHS for patient's medical records, and will provide the needed information or access to the medical record within 2 days of the request.

Note: No set of guidelines can cover all individual oversight situations which can and will arise. Thus, when questions on individual situations not covered by these guidelines arise, consult with your TB Controller or the California Department of Health Services, TB Control Branch, for consultation and further information.

References:

1. California Code of Regulations, Title 17, Sections 2500, 2501, 2502, and 2505.
2. CDHS/CTCA Joint Guidelines for Reporting Suspected Cases of Tuberculosis in California. Draft 7/1/97.
3. Health & Safety Code. Sections 121361, 121362, 121363,121364,121365, and 121375.
4. CTCA Correctional Facility Tuberculosis Patient Plan, CTCA form #2.
5. American Thoracic Society / Centers for Disease Control and Prevention. Diagnostic standards and classification of tuberculosis. Am Rev Respir Dis 1990; 142: 725-35.
6. CDHS/CTCA Joint Guidelines for the Placement or Return of Tuberculosis Patients into High Risk Housing, Work, Correctional or Inpatient Settings, 4/11/97.
7. CDHS/CTCA Guidelines for the Interjurisdictional Continuity of Care Policy Statement, 4/11/97.
8. CTCA/CDHS Joint Guidelines for the Treatment of Tuberculosis and Tuberculosis Infection for California, 4/11/97.
9. American Thoracic Society. Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children. Am J Respir Critical Med 149: 1359-1374, 1994.
10. California Department of Corrections, Tuberculosis Control Guidelines, 1995.
11. CDHS/CTCA Joint Guidelines for Oversight of TB Care Provided Outside the Health Department. 4/11/97.
12. Centers for Disease Control and Prevention. Essential components of a tuberculosis prevention and control program: recommendations of the Advisory Committee for Elimination of Tuberculosis. MMWR 1995; 44 (No. RR-11):6.
13. CDC. Prevention and Control of Tuberculosis in Correctional Facilities, MMWR 1996, Vol.45, No. RR-8.
14. CTCA Interim Tuberculosis Contact Investigation Guidelines. 9/96.
15. Cal/OSHA Interim Tuberculosis Control Enforcement Guidelines. 3/1/97.
16. Cal/OSHA Interim TB Control Enforcement Guidelines (3/1/97) require “prompt medical evaluation of any employee or inmate who is discovered to have symptoms of infectious TB or has been exposed to a confirmed or suspect infectious TB case.”