

# **Case Presentation**

Tuberculosis

Contact Investigation in Jails

# Case 3

2/18/01

- During routine entry screening, jail medical staff identified a 38-year-old male as a TB suspect

# Review Jail and Medical Records

|   |  |
|---|--|
| On entry to jail                                      | <ul style="list-style-type: none"><li>•Weight loss and minimal cough</li><li>•6-month history of INH</li></ul>             |
| Testing and evaluation                                | <ul style="list-style-type: none"><li>•TST+</li><li>•Abnormal chest x-ray</li><li>•Smear—</li></ul>                        |
| 2-week isolation started 6 days after entry into jail | <ul style="list-style-type: none"><li>•Started medications</li><li>•3 negative smears</li></ul>                            |
| Released from isolation                               | <ul style="list-style-type: none"><li>•Culture+</li><li>•Continued medications 6 months (until culture-negative)</li></ul> |

**Potentially infectious from entry into jail**

# Exposure Site(s)

- Booking
- Health clinic
- Holding unit

# No Testing

- TB suspect/patient quickly separated from other inmates
- Minimal and insignificant staff and inmate exposure

# Lessons Learned

- Have a designated local health department (LHD) contact person
- Work in partnership with the LHD
  - A non-nurse clinic manager can coordinate TB control effectively

# Conclusion

- Ongoing partnership and communication between a jail and the LHD are essential
- Jail staff should “think TB”
- Inmates are frequently re-incarcerated
  - Flag LHD and jail records
  - Communicate about TB suspects likely to be incarcerated