Mayo Clinic Center for Tuberculosis

Transitioning from TST to IGRA testing in Ohio prisons

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Disclosures

• None
Objectives

Discuss history of tuberculosis testing in Ohio prisons

Identify import demographic profile finding in Ohio prisons that allow policy update from skin test to blood-based testing

Name two important resources for the implementation of blood-based screening processes in prison populations
Ohio Department of Corrections and Rehabilitation

The Ohio Department of Corrections and Rehabilitation (ODRC) is a state agency with a central command that provides oversight and guidance to 27 individual facilities.
Institutions

Number of Institutions 27*

• Male 24

• Female 3

• Capacity 38,579 Beds

• *Two Privately Operated Institutions (Male)
Inmate Population Profile

Total population 50,601

- Male 46,469
- Female 4,132
- White 26,900
- Black 22,619
- Other 1,084
Staff Profile

- Total Staff 11,820
- Total Corrections Officers (CO) 6,425
- Inmate to CO Ratio = 7.2 to 1
Inmate Living Quarters

Perception

Reality
Background

Increased TB case rates in Ohio prisons during the 1980s and early 1990s prompted state correctional faculties to initiate TB testing programs.

- Programs were not uniform within or across facilities
- Inmates were often missed and/or exams incomplete due to mobility of inmates (transfers)
- Random clusters and large investigations were observed over previous decades
- Misinformed staff and inmates fueled strong emotions about TB testing
Background (2)

• Ohio initiated annual TB testing for all inmates and employees starting in the 1990s.
  • As mentioned, programs were inconsistent and many breaks occurred in the system.

• Starting in 2005, a comprehensive process was established for transfers between facilities were suspended for 72 hours each October. An average of 64,000 TSTs were placed and read each year.
ODRC Mantoux Skin tests placed and read in 2012

1.46% (n=912) Positive

62,158 Total
Policy change
New Policy

• Inmates receive an IGRA at reception
• Staff are required to have a two-step upon hire, then annual assessment for TB symptoms
• Annual IGRA for inmates with elevated TB risk (other than incarceration)
  • May be revised
• Assessment after “out to court” & annually
  • Nurses conduct very good assessments
  • May identify other illnesses earlier
  • EHR make following inmates easier and care more coordinated
Respiratory Isolation

• Patients with suspected or confirmed pulmonary TB disease are placed in negative pressure.

• If a Respiratory Isolation room is not available in the institution where the patient is housed, the Medical Director and Infection Control Manager must be immediately notified to facilitate transfer.
Respiratory Isolation

• All patients with suspected or confirmed tuberculosis disease will remain in respiratory isolation until three negative sputum specimens are obtained.

• The Medical Director or the Infection Control Manager must approve discharge from respiratory isolation.
November—December 2013

- Negative: 88% (n=3,870)
- Positive: 7.0% (n=308)
- Indeterminate: 5% (n=220)
January—May 2014

- 94.8% (n=8,365)
- 3.7% (n=324)
- 1.5% (n=136)

Categories:
- Negative
- Positive
- Indeterminate
Care Upon Release

Inmates on treatment at the time of release are given a 14 day supply of their prescribed medications and the county of residence is notified of the release.

Medicaid expansion; discussions for established protocol of TBI treatment continuation in early stages.....
Summary

• Ohio initiated TB skin testing in 1990s
• In 2005 process was refined to ensure tests were read and exams more complete
• In 2013, testing moved to IGRA
• Ohio’s prison population is primarily U.S.-born
• Testing technology and electronic health records support the move away from annual testing
Questions?