



# 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 important 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

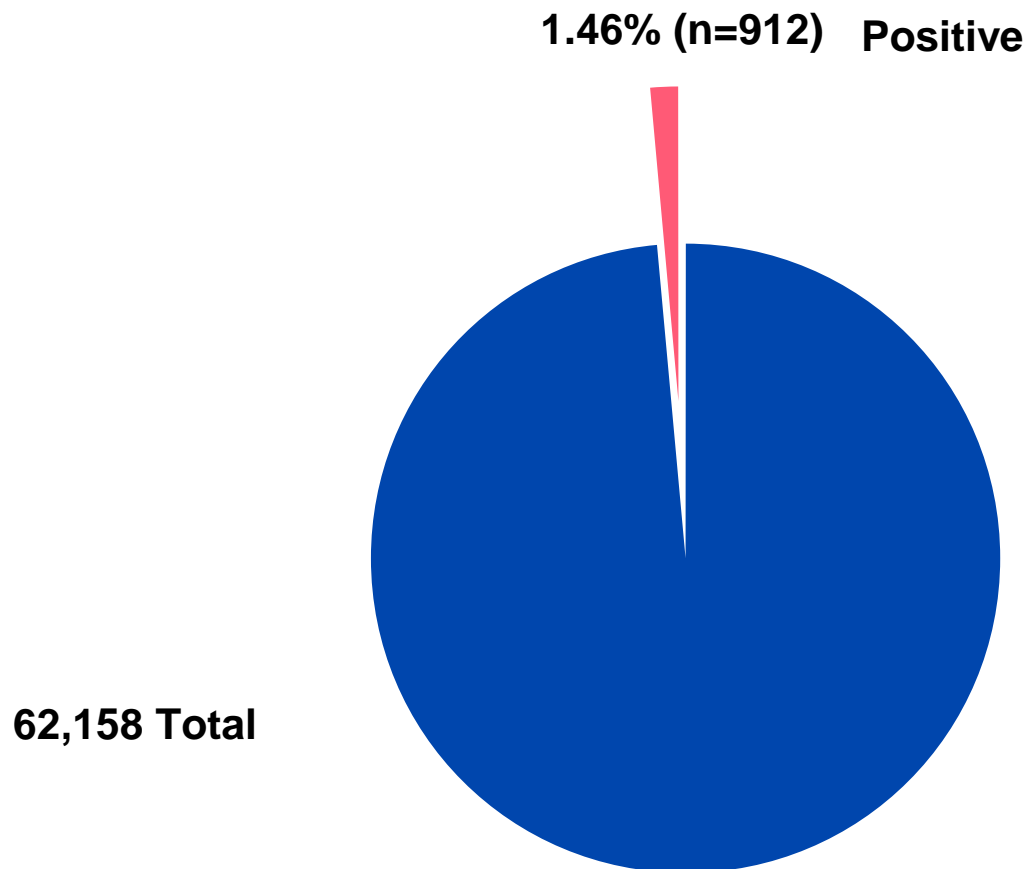
Increased TB case rates in Ohio prisons during the 1980s and early 1990s prompted state correctional faculties to initiate TB testing programs.

- 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



# 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

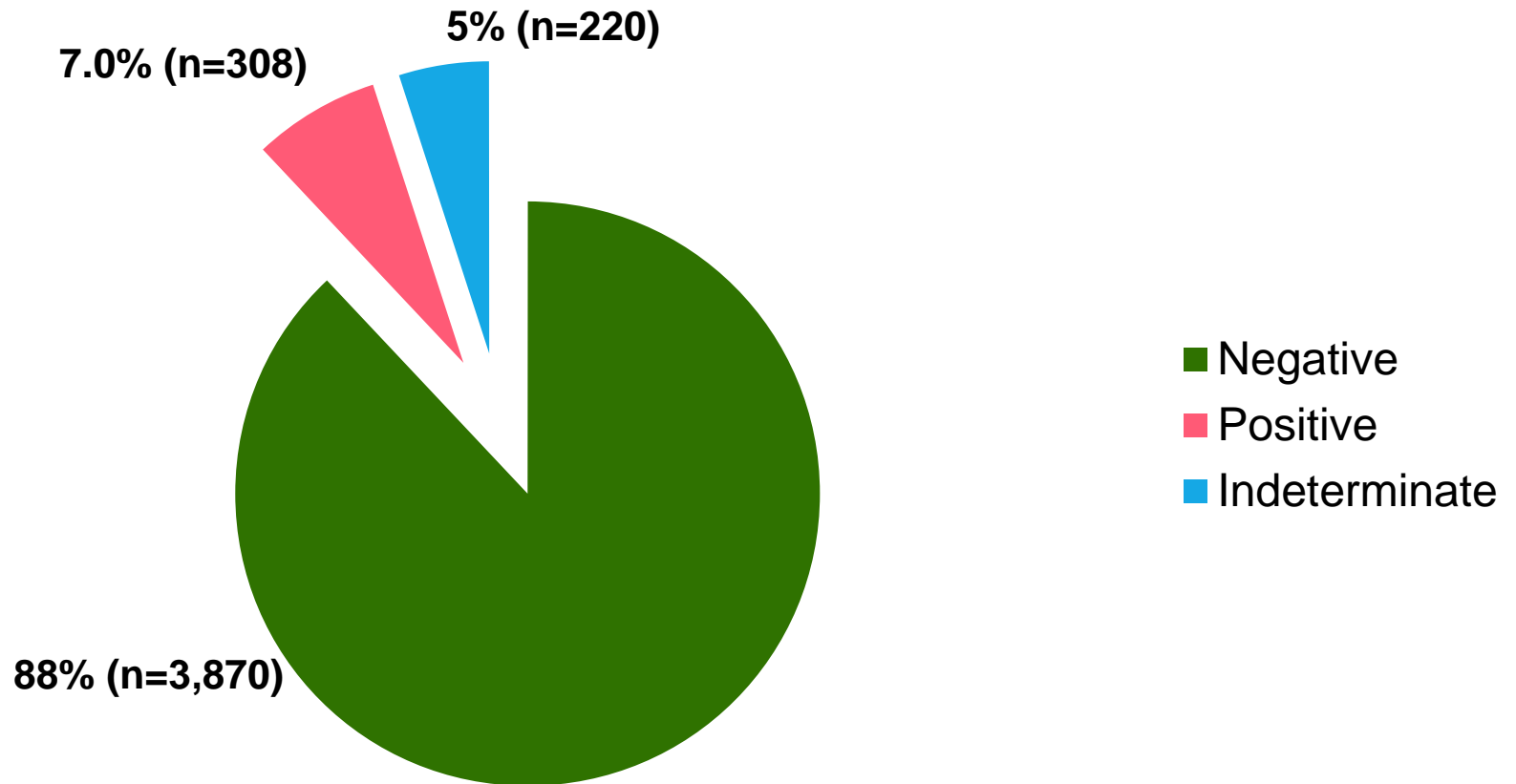
- Patients with suspected or confirmed pulmonary TB disease are placed in negative pressure.
- If a Respiratory Isolation room is not available in the institution where the patient is housed, the Medical Director and Infection Control Manager must be immediately notified to facilitate transfer.

# Respiratory Isolation

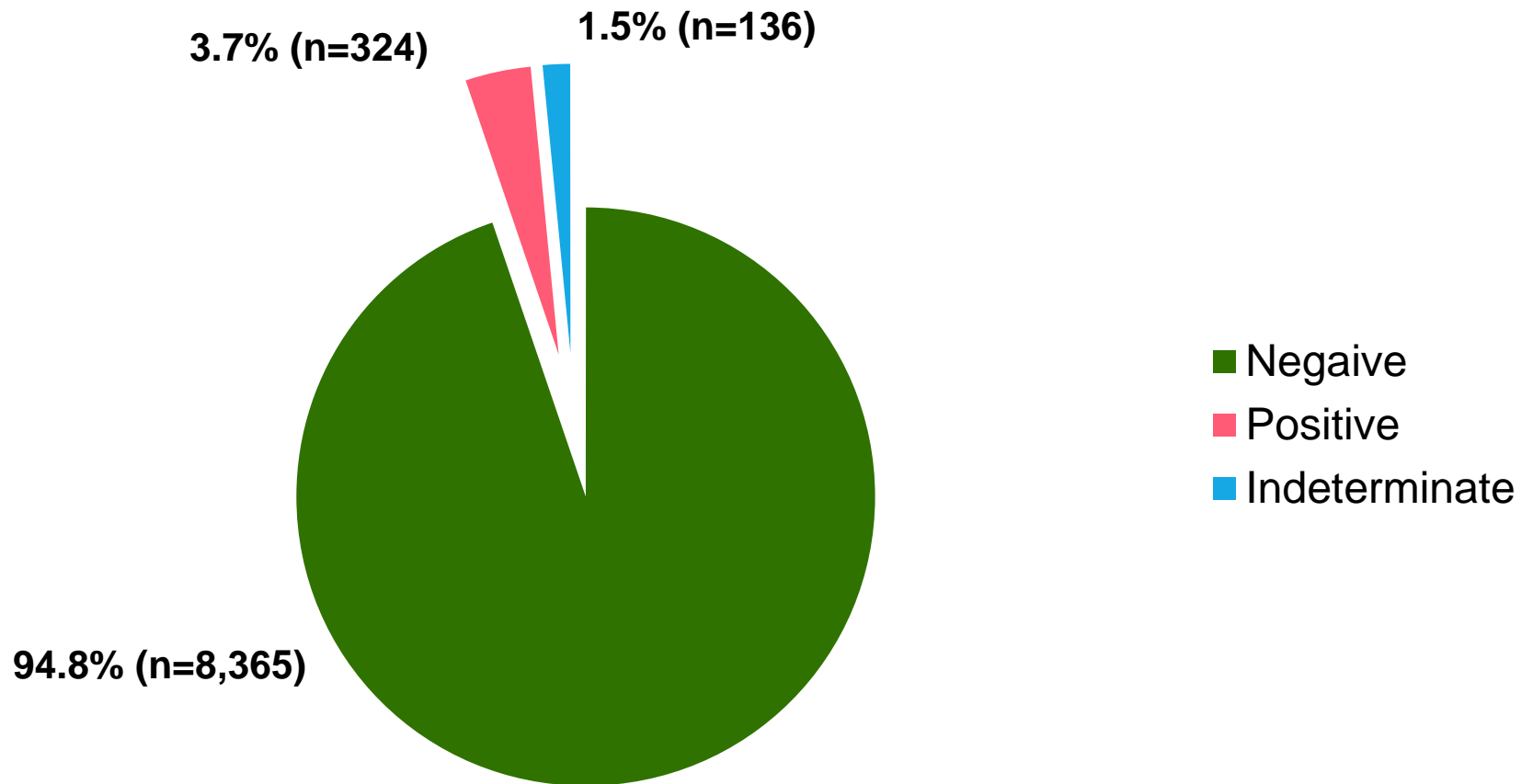
- All patients with suspected or confirmed tuberculosis disease will remain in respiratory isolation until three negative sputum specimens are obtained.
- The Medical Director or the Infection Control Manager must approve discharge from respiratory isolation.



# November—December 2013



# January— May 2014



# 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?