



Tuberculosis Case Management for Undocumented and Deportable Inmates/Prisoners/Detainees in Federal Custody

**Federal Bureau of Prisons
(Department of Justice)**

**United States Marshals Service
(Department of Justice)**

**Immigration & Customs
Enforcement
(Department of Homeland Security)**

Background

Federal Bureau of Prisons (BOP)

The Federal Bureau of Prisons consists of 119 institutions and 31 community corrections offices. The Bureau is responsible for the custody and care of approximately 215,000 Federal offenders. Approximately 80 percent of these inmates are confined in Bureau-operated facilities, while the remaining inmates are confined in secure, privately managed or community-based facilities. Each BOP inmate is assigned an 8-digit registration number which matches the USMS number. It appears like this: #####-####. To locate a BOP inmate utilize the locator tool at www.bop.gov. For tuberculosis-related case management issues, contact the BOP Health Services Division, Infection Prevention & Control Program using the contact information in this brochure.

United States Marshals Service (USMS)

The USMS houses and transports all federal prisoners from the time they enter federal custody, until they are either acquitted or convicted and delivered to their designated federal BOP facility. The USMS assumes custody for all prisoners charged with a federal offense, no matter which agency made the arrest. The USMS consists of 94 Districts and 218 Sub-Offices across the United States. The USMS has over 59,000 prisoners in custody on any given day, who are housed in federal, state, local, and private jails throughout the United States. The USMS contracts and holds Inter-governmental agreements with >1,800 state and local governments and private facilities for the care and housing of USMS prisoners. USMS prisoners are assigned an 8-digit unique USMS/Federal registration # (#####-####) that identifies them while in USMS and BOP custody. If the medical staff at the jail facility identify a USMS prisoner with active TB, they should notify the USMS District of the prisoner's health status and plan of care to facilitate appropriate case management and continuity of care. Undocumented foreign-born prisoners may be released from USMS custody to the custody of ICE or Border Patrol if on a detainer or for deportation after serving a short-term sentence or charges are otherwise resolved.

Immigration & Customs Enforcement (ICE)

ICE houses detainees in over 250 local and state facilities across the nation operating under intergovernmental service agreements (IGSA) and other directly contracted facilities. In addition, ICE maintains facilities that are staffed by ICE personnel. ICE Health Service Corps provides direct medical care to detainees in 20 of these facilities and coordinates offsite care for detainees held in other IGSA and contracted facilities. ICE does not maintain physical custody of undocumented or deportable aliens serving criminal sentences. These individuals come into ICE custody upon completion of their criminal sentence or other resolution to their criminal charges. Individuals also come into ICE custody through interior and fugitive operations. Each detainee is assigned a 9 digit alien number that begins with either 0, 2 or 3.

IHSC must be contacted by the local health department or medical staff at one of its IGSA or contracted facilities to be made aware of the detainee's health status and to facilitate appropriate case management and continuity of care planning prior to transfer, release or removal.

TB Basics



Tuberculosis (TB) is caused by the bacteria *Mycobacterium tuberculosis* (*M. tb*) and is spread by airborne droplet nuclei. Millions die from TB every year and it is the leading killer of those with HIV infection. If left untreated, each person with active TB disease will infect 10-15 people per year.

The initial work-up for a person suspected of active TB disease includes:

- airborne infection isolation (AII),
- collection of sputum for AFB smears, cultures and drug susceptibilities
- Testing for TB infection with TB skin test (TST) or interferon gamma release assays (T-spot or QFT)
- HIV serology

Important points:

- Persons suspected of active TB disease can be started on treatment empirically based on chest x-ray results and/or clinical presentation
- Confirmatory culture results can take up to 8 to 10 weeks to grow *M.tb*
- Treatment for active TB disease usually ranges from 6 months to 2 years

Frequently Asked Questions

How do I find out if an inmate/detainee is in the custody of a federal law enforcement agency?

- Verify with the law enforcement agency's medical program (see Points of Contact)
- BOP inmate locator <http://www.bop.gov/iloc2/locateInmate.jsp>
- ICE detainee locator <https://locator.ice.gov/odls/homePage.do>
- USMS no online locator available. Please contact your local USMS District. District contact information can be found at: <http://www.usmarshals.gov/index.html>, click on map labeled "Your Local U.S. Marshals Office"
- Check with the detention facility's booking or classifications unit

Who should we notify when we identify undocumented patients with confirmed or suspected active TB disease?

- Notify the state and local health departments
- Notify the law enforcement agency with legal custody (note: this may be distinct from the facility housing the inmate, prisoner, or detainee)

What information needs to be reported to the federal agencies?

- All pertinent clinical information
- State and local health department reporting requirements
- Law enforcement agency identification numbers
- End of sentence date
- Point of contact name, email and telephone numbers

Are we legally permitted to release medical records to BOP, USMS and ICE?

- Yes

Should we discharge the patient with a supply of TB medications? If so, how much?

- Yes, according to your facility policies and your agency agreement. It is recommended that TB patients be discharged with a 14 day supply of anti-TB meds when deported

Should we report a patient with latent TB infection (LTBI)?

- The local health department may require reporting
- Report to federal law enforcement agency if the patient is immunocompromised, known to have recent infection, or otherwise high risk for progression to active disease

General Considerations

- It is important to verify custody with the law enforcement agency having legal custody; this may be distinct from the facility housing the person
- Shorter length of stay (except for BOP)
- Frequent transfers
- The law enforcement agency having legal custody is responsible for decisions regarding transfers, release, or repatriation
- May often require medical clearance for air transport
- Care and services based on contract agreements and national detention standards
- Most undocumented aliens in the U.S. originate from countries with a high burden of active TB disease
- An undocumented or deportable alien with a final order of removal cannot be detained solely for the purpose of completion of treatment or receipt of culture results

TB Continuity of Care

BOP, USMS and ICE will make every attempt to arrange continuity of care for foreign nationals in their custody so that they are able to complete TB treatment in their respective country of nationality if they are repatriated. This process starts with communications between the health department, the detention facility, and the law enforcement agency having legal custody of the patient.

This is accomplished by enrollment and referral coordination through either the Migrant Clinician's Network's TBNET program or San Diego Public Health Service's CureTB program. All undocumented suspected TB patients in law enforcement custody should be enrolled in a transnational TB referral program.

Transnational Referrals



CureTB

- Provides referral services regardless of nationality, but focused on Spanish-speaking nations; persons crossing the US-Mexico border, all other locations in Mexico, Central, South America, and the Caribbean. Other countries available upon request.
- Transnational continuity of care program operated by the San Diego Health and Human Services Agency, Public Health Services and part of the TB Control program.
- Telephone: (619) 542-4013
- Fax: (619) 692-8020
- Toll free patient line:
From Mexico and Latin America: 001-800-789-1751
From US: 1-800-789-1751
- Email: Curetb.hhsa@sdcounty.ca.gov
- Website: www.CureTB.org

How to refer a patient to CureTB:

- Provide education to the patient on the continuity of care program and referral process
- No written consent is required for enrollment in CureTB; the referral should be made as soon as a diagnosis of TB is suspected.
- Fax or secure email the Binational Notification Form to CureTB (available through the CureTB website). It is helpful to include co-morbidities and pertinent radiology and laboratory reports as attachments.
- CureTB will conduct patient interview by phone to assure patient is informed of where to go upon release. Call CureTB to set up this call.
- CureTB will send a Referral Confirmation Form to the referring entity. The bottom half of form is made to be given to patient upon release.
- Be sure to provide the patient with the CureTB toll free numbers upon release; cards are available upon request or downloadable from website
- Notify CureTB when the patient is transferred, released or repatriated so that they can begin post custody case management.

Transnational Referrals



Migrant Clinicians Network (MCN)

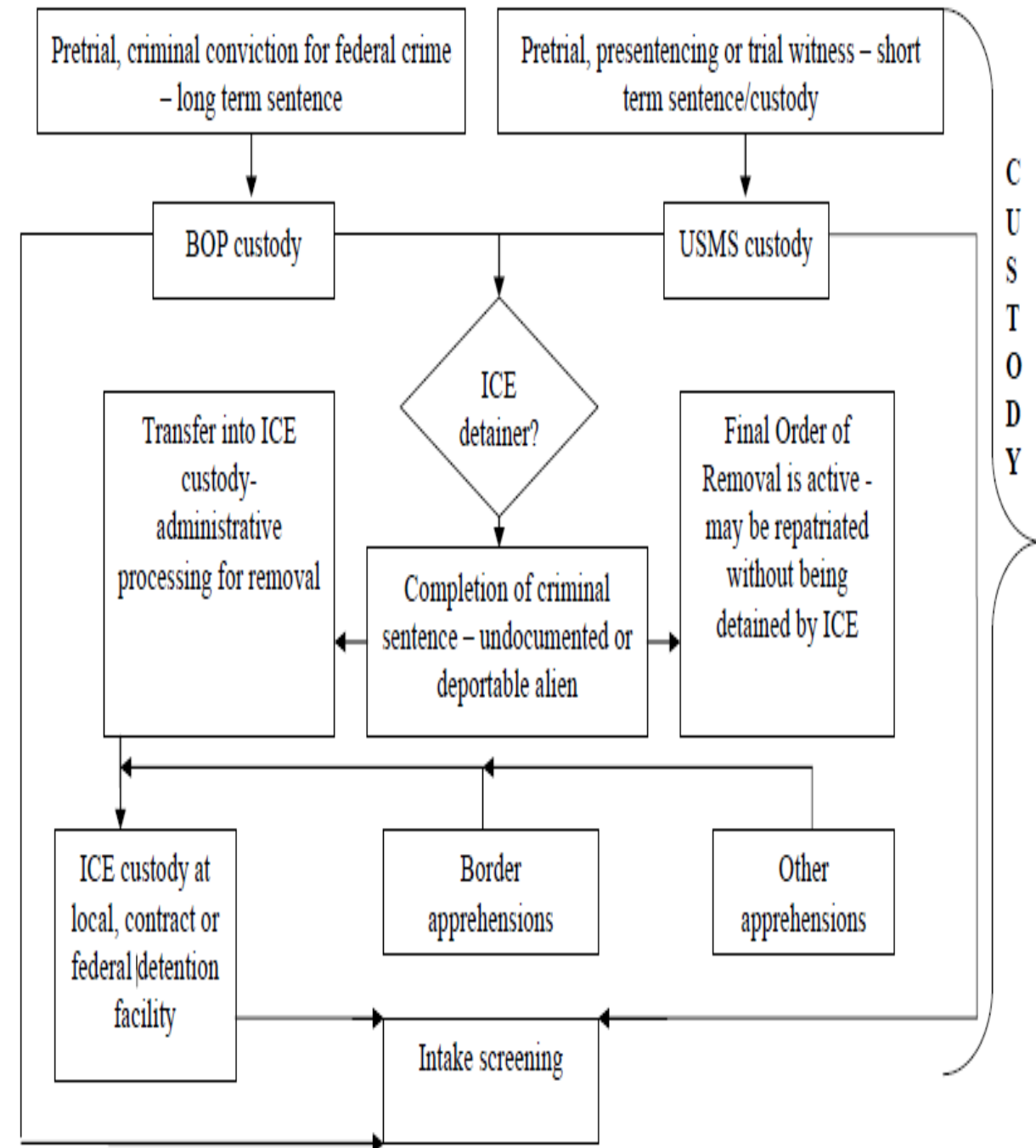
TBNet Program

- Provides referral services to all TB patients **regardless of nationality**
- Multinational TB patient tracking and referral project
- Telephone: (512) 327-2017
- Fax: (512) 327-6140 or (512) 327-0719
- Toll free patient line # (800) 825-8205
- <http://www.migrantclinician.org/services/tbnet.html>

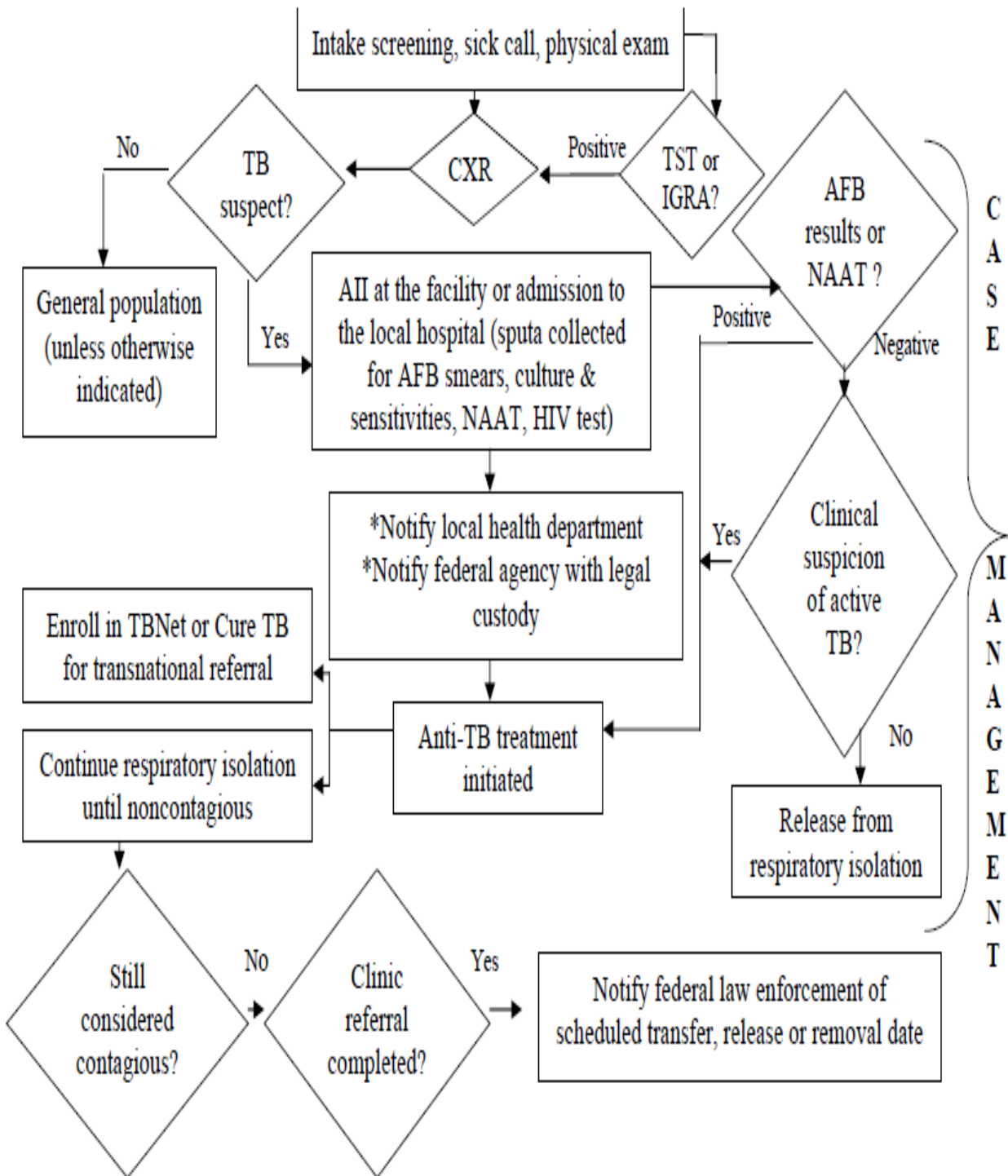
How to refer a patient to TBNet:

- Provide education to the patient on the continuity of care program and referral process
- Obtain informed consent; the patient must sign the MCN consent form to be enrolled in TBNet
- Fax consent form and all pertinent clinical radiology, laboratory reports and treatment information to TBNet
- TBNet staff will conduct a patient interview by phone and verify the patient's address in their county of nationality prior to establishing the clinic referral
- Once the clinic referral has been established, TBNet will fax or email the Clinic Referral Form to the facility that initiated the enrollment; the form will include the clinic name, address and contact numbers
- A copy of the Clinic Referral Form should be provided to the patient; also file a copy in the patient's medical record
- Notify TBNet when the patient is transferred, released or repatriated so that they can begin post-detention case management

Overview of Federal Law Enforcement Custody



Overview of TB Case Management for Undocumented Patients



Detention Facility Checklist -- check when complete	<input checked="" type="checkbox"/>
Identify suspect or confirmed case of active TB disease	
Notify the appropriate federal law enforcement agency and request medical hold, if indicated	
Notify local health department according to state and local reporting requirements	
CXR result and date?	
TST result and date?	
HIV result and date?	
AFB smears x3- results and dates?	
Culture and Sensitivities ordered with initial AFB smears? NAAT result, if available?	
Treatment initiated? Start date?	
Expected treatment completion date?	
Complete CureTB or TBNet enrollment forms	
Submit enrollment forms to the appropriate international referral program	
Submit copy of enrollment forms to the appropriate federal law enforcement agency for surveillance and tracking purposes	
Ensure completion of patient interview with international referral program	
Inform and/or coordinate with local health department regarding coordinated release/removal arrangements, as indicated	
Once cleared from respiratory isolation <u>and</u> international referral completed and submitted, notify the appropriate federal law enforcement agency	
Upon transfer, removal or release, supply the patient with no more than two weeks supply of TB medications and provide a copy of clinic referral information	
Culture and drug sensitivity results and dates? Report results to the appropriate federal law enforcement agency, health department and international referral program	
Repeat CXR, if culture negative Report results to the appropriate federal law enforcement agency, health department and international referral program	
Notify federal law enforcement agency POC of scheduled transfer, release or removal	

Health Department Checklist -- check when complete	<input checked="" type="checkbox"/>
Verify suspect or confirmed case of active TB disease in your local detention facility	
Determine & verify custody status (BOP, USMS, ICE or local law enforcement?) with the law enforcement agency	
Ascertain federal law enforcement agency identification # (BOP and USMS Federal ID or ICE Alien ID#)	
Notify the appropriate federal law enforcement agency	
Ensure completion of the CureTB or TBNet enrollment forms	
Ensure submission of the enrollment forms to the appropriate transnational referral program	
Ensure submission of a copy of the enrollment forms to the appropriate federal law enforcement agency for surveillance and tracking purposes	
Once cleared from respiratory isolation <u>and</u> international referral completed, notify the appropriate federal law enforcement agency	
Culture and drug sensitivity results and dates? Report results to the appropriate federal law enforcement agency and international referral program	
Maintain communications with the federal law enforcement agency POC regarding laboratory results, diagnostic, and treatment considerations	

Federal Law Enforcement Agency Points of Contact for TB Case Management

BOP Call: (202)305-7388

Email: BOP-HSD/InfectiousDiseases~@bop.gov

USMS Call: (202) 307-9680 Nurse Case Manager Line

Fax:: (703)-603-7037

ICE/IHSC Call (202) 732-4542 or (202) 732-3467

Email: Tiffany.M.Moore@ice.dhs.gov or Diana.Elson@ice.dhs.gov

Fax:: (866) 573-8531

Additional Resources

CDC TB Guidelines <http://www.cdc.gov/tb/publications/guidelines/default.htm>

National TB Controllers Association <http://tbcontrollers.org>

Regional Training and Medical Consultation Centers (RTMCCs)

<http://www.cdc.gov/tb/education/rtmc/default.htm>

Migrant Clinicians Network (MCN/TBNet)

<http://www.migrantclinician.org/services/tbnet.html>

CureTB http://www.sdcounty.ca.gov/hhsa/programs/pbs/cure_tb