



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

RECOMMENDATIONS FOR CORRECTIONAL FACILITIES IN WEST VIRGINIA

Transmission of Mycobacterium tuberculosis in correctional facilities presents a public health problem for correctional facility employees and for inmates and the communities into which they are released.

All correctional facilities should designate a person who will be responsible for the facility's TB infection control program activities. Correctional facility officials should form close working relationships with the state and local health departments, which can assist in these activities.

- All correctional facility employees upon employment and long-term inmates upon incarceration should have a tuberculin skin test (Mantoux method) and a physical exam, including a chest x-ray. If the skin test is negative, it should be repeated annually. If the skin test is positive, an annual risk assessment should be done and recorded.
- Employees and inmates, including short-term inmates, should have a chest x-ray if symptoms of TB are present: productive cough, night sweats, fatigue, and weight loss; or if they have a positive skin test reaction. X-ray films may be sent to the Tuberculosis Control program for interpretation.
- Sputum smear and culture examinations should be conducted for inmates with abnormal chest radiographs and/or symptoms compatible with TB, regardless of their skin test results. These tests are available through the West Virginia Office of Laboratory Services.
- Persons suspected of having infectious TB disease should be: 1) placed immediately in a TB isolation room, 2) reported to the local health department (LDH) and to the Tuberculosis Control Program, and 3) started on an adequate treatment regimen (directly observed) – consult with the TB Control Program. Monitor for drug toxicity. A thorough contact investigation should begin within 3 days after the diagnosis is made. The LHD or Tuberculosis Control Program can provide assistance.
- Persons found to have latent TB infection (i.e., positive tuberculin skin test) should have a thorough medical evaluation and preventive therapy started if no contraindication. Preventive therapy should be directly observed. Report monthly to the local health department any positive tuberculin skin test reactors. If therapy is not taken, annual chest x-rays will be appropriate. Arrange with LHD for continuing treatment for inmates released while receiving treatment for TB or for latent TB infection.

For more detailed information please review the CDC guidelines "Prevention and Control of Tuberculosis in Correctional Facilities Recommendations of the Advisory Council for the Elimination of Tuberculosis." You may contact the Tuberculosis Control Program at 1-800-330-8126 or (304)558-3669.

February 13, 2007

Signed _____

Dominic Gaziano, M.D., Director
Tuberculosis Control Program

cc: All Correctional Facilities Kay Shamblin Joe Barker Chris Curtis Loretta Haddy All LHDs

Bureau for Public Health
Division of Surveillance and Disease Control
Tuberculosis Control Program
Room 125, 350 Capitol Street
Charleston, West Virginia 25301-3715
(304) 558-3669 or 1-800-330-8126

Bureau for Public Health
Division of Surveillance and Disease Control
Tuberculosis Control Program
Room 125, 350 Capitol Street
Charleston, West Virginia 25301-3715
(304) 558-3669 or 1-800-330-8126