GEORGIA DEPARTMENT OF CORRECTIONS

Standard Operating Procedures

Policy Name: Contact Investigation following the Identification of a TB Suspected or Confirmed Case		
Policy Number: 507.04.55	**Effective Date:** 01/27/2022	**Page Number:** 1 of 9
Authority: Commissioner	**Originating Division:** Health Services Division (Physical Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

A thorough Contact Investigation will be conducted following the identification of a suspected Tuberculosis case. Results will be reported to the Office of Health Services and the TB Control Program of the Georgia Department of Public Health. This policy is applicable to all facilities that house state offenders to include private and county prisons.

II. Authority:

A. OSHA Instruction CPL 2.106: Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis. U.S. Department of Labor. February 1996;

B. Georgia Department of Corrections (GDC) Standard Operating Procedures (SOPs): 222.10 Security Procedures During Transport of Offenders, 507.04.52 Patient Transport, 507.04.53 Transporting Offenders with Infectious Diseases, and 507.04.54 Management of Offenders with Suspected or Active Tuberculosis;

C. Centers for Disease Control and Prevention (CDC): Prevention and Control of Tuberculosis in Correctional Facilities and Detention Facilities. MMWR 2006; 55 (No. RR-09, 1-44);

D. NCCHC 2018 Adult Standard: P-B-01; and

E. ACA Standard: 5-ACI-6A-12.

III. Definitions:

A. **Close Contact** - Persons who sleep, live, or work with an infectious person or who share air with an infectious person for most of the day through a common ventilation system.

B. **Infectiousness** - Degree of risk of infection based on information known about the source case. For example, a patient with a persistent cough and many AFB (acid-fast bacillus) on smear would be considered highly infectious. A patient with little

or no cough and a negative AFB smear or a smear with rare AFB would be considered less infectious.

IV. Statement of Policy and Applicable Procedures:

A. Initiation of a Contact Investigation:

1. Any offender with symptoms of active tuberculosis (TB) such as cough, fever, weight loss, night sweats, etc. or suspected as having active TB will be transferred to Augusta State Medical Prison (ASMP) or local community facility for a medical evaluation. Respiratory isolation precautions will be implemented throughout the transfer process.

2. Any staff member with symptoms of active TB (cough, fever, weight loss, night sweats, etc.) or suspected of having active tuberculosis (TB) will be directed to complete an examination to rule out active TB by a health provider listed on the posted Panel of Physicians or per procedures for contract vendor employees. The supervisor or Appointing Authority must ensure that this examination/treatment information is reported immediately (within 24 hours of the employer's knowledge) to the Workers Compensation Risk Management or per procedures for contract vendor employees. The staff member may not return to work until a medical certification is received indicating that the individual does not have infectious, pulmonary TB. The employee will be permitted use of all available sick and annual leave time as deemed necessary under the circumstances.

3. The contract vendor Statewide Medical Director will be notified within 72 hours of the identification of all TB cases.

4. Following a clinical evaluation of the index case by the TB Coordinator at ASMP, a contact investigation will be initiated when an offender or staff member has been medically evaluated and identified as a probable TB case.

5. If it is determined that there is a need to stop offender movement (i.e., halt transfer of offenders out of the facility where the contact investigation

originates), the Statewide Clinical Services Supervisor or designee will notify Offender Administration in Central Office. Once offender movement can resume, the Statewide Clinical Services Supervisor or designee will again contact Offender Administration in Central Office.

6. The Warden of the facility will be notified of the contact investigation. Additional information regarding the logistics of TB skin testing or the need to stop offender movement will be communicated to the Warden or his/her designee.

B. Identification of Close Contacts:

1. The contact investigation will begin as soon as possible following the identification of the probable TB case. The clinician managing the case at ASMP and the contract vendor Statewide Medical Director or designee will assist the facility with the contact investigation. Ultimately, the facility Responsible Health Authority or designee is responsible, with full cooperation of the facility Medical Director, DON, Infection Control Nurse (if any), and Warden/Superintendent.

2. The initial steps will be to identify Close Contacts: those that sleep, live, or work with the identified case. The determination of Close Contacts depends on several factors including:

   a. The length of time the offender or staff member was at the facility;

   b. The duration of symptoms and clinical evidence of Infectiousness (e.g., sputum smear results with numerous organisms);

   c. The number of areas in the facility the TB suspect was housed, recreated, or was assigned details; and

   d. Type of housing (e.g., dormitory vs. single cell) and ventilation (e.g., open windows vs. closed circulation).

3. Identification of Close Contacts should include all offenders who have been cellmates, housed in the same dormitory, tier, or building with common ventilation at the time of onset. This time period will be defined by the clinician managing the TB case at ASMP and CDC guidelines.

4. Close Contacts may also include correctional staff, community volunteers, family, and other visitors.

5. If the offender was recently transferred to the facility, the names of offenders and staff members on the transport bus with the TB case should be identified and their current location determined. The facility from where the offender was transferred should also be notified.

6. The names of all individuals identified as Close Contacts will be collected for the purposes of documenting the results of the contact investigation.

C. Implementation of the Contact Investigation-Offender Close Contacts:

1. The health records of all offenders' Close Contacts will be retrieved and their previous PPD (TB skin test) and HIV antibody test results noted. This information should be recorded on the Contact Investigation Form (located on Captiva at Resources/Health Services Documents) and FAXED to (706) 855-4943 to the clinician managing the case at ASMP as soon as possible, even if the offender is previously positive.

2. All offender Close Contacts should be interviewed for cough, fever, weight loss, night sweats and other signs and symptoms of active tuberculosis. These results should be documented in the health record.

3. Offenders without symptoms of TB fall into four categories of management:

   a. Offenders whose previous PPD (TB skin test) results and HIV antibody results are negative will be retested:

1) If the PPD is negative and there is a high probability that infection has occurred (which will be determined by the clinician at ASMP in collaboration with the Statewide Clinical Services Supervisor or designee based on information known about the Infectiousness of the source case), the individual(s) should receive a PA and lateral chest x-ray, be screened for signs and symptoms of TB, and started on isoniazid (INH) if the person is asymptomatic, and the chest x-ray is normal. INH can be stopped if the PPD is negative when repeated in three (3) months.

2) If the skin test is positive, the offender should be screened for signs and symptoms of TB, receive a chest x-ray, and if the person is asymptomatic and the chest x-ray is normal, placed on INH for six (6) months.

b. Offenders with previously positive TB skin test results who are HIV negative will not be retested. Chest x-rays need not be obtained unless symptoms of disease are present.

c. Offenders with a previously negative TB skin test who are HIV positive will be retested. A chest x-ray (PA and lateral) will also be performed. If there are no symptoms of TB and the chest x-ray is normal, the offender should be placed on INH for nine (9) months.

d. Offenders with a previously positive skin test who are HIV positive will also have a chest x-ray, be screened for signs and symptoms of TB, and started on INH for nine (9) months after active TB has been ruled out. HIV positive offenders have the potential to be reinfected every time they are exposed to TB and, therefore, need retreatment if reinfection is likely to have occurred.

4. Offenders with signs and symptoms suggestive of TB will be treated in accordance with SOP 507.04.54, Management of Offenders with Suspected or Active Tuberculosis.

D. Completing the Contact Investigation Form:

1. The Contact Investigation Form should be initiated at the facility where the suspected/confirmed TB case was identified.

2. The Responsible Health Authority or designee (i.e., Infection Control Coordinator, DON, has, or Nurse Manager) is responsible for placing all identified contacts onto the form for tracking purposes.

3. The following information should be listed on the form:

   a. Offender Name and State ID Number;

   b. Date of Birth, Race, Gender;

   c. HIV antibody results, Previous PPD results;

   d. Initial PPD test results performed during the contact investigation;

   e. If prevention therapy is recommended, the date that therapy with INH is started;

   f. Results of PPD skin testing performed three (3) months following initiation of the contact investigation;

   g. Whether prevention therapy with INH was continued beyond the initial three (3) month time frame; and

   h. Date that prevention therapy is stopped along with the duration of prevention therapy received by the offender.

4. The Contact Investigation Form should be maintained on-site at the facility and FAXED to the ASMP clinician managing the case as soon as possible at the following times:

a. After all contacts have been identified;

b. After the initial PPD skin testing has been completed;

c. After the three (3) month follow-up PPD skin testing has been completed;

d. At other intervals determined by the ASMP clinician or designee; and

e. There is a designated area on the bottom right side of the Contact Investigation form on which to record the respective dates the form is FAXED to ASMP.

5. If the offender is transferred to another facility during the contact investigation, a copy of the Contact Investigation Form (with the offender's name highlighted) should accompany the health record to the receiving facility.

E. Public Health Participation in Contact Investigations:

1. An epidemiologist provided by the Department of Public Health (DPH) will be assigned to work with the TB Coordinator at ASMP for the purpose of coordinating contact investigations of TB cases originating in county facilities (i.e., jails, etc.) who are detected upon entry into GDC custody and following up with local health departments for offenders released back into the community following incarceration.

2. The epidemiology liaison will work directly with local public health departments and/or county jails to initiate contact investigation and follow-up activities.

3. Contact investigation and follow-up results will be compiled and reported to the Department of Public Health and the TB Program Coordinator at ASMP.

F. Contact Investigation Reports:

1. The TB Program Coordinator at ASMP will be the repository for contact investigations conducted at state prisons.

2. On an annual basis, contact investigation information will be compiled and analyzed, and a written report generated by the TB Program Coordinator and forwarded to the Office of Health Services and the Department of Public Health Epidemiology Liaison.

3. Results of contact investigations conducted at county facilities by the epidemiology liaison will also be compiled and analyzed with a report forwarded to the TB Program Coordinator. This report will be attached to the annual contact investigation report developed by the TB Program Coordinator.

4. The annual report should include, but is not limited to, the following:

    a. Total number of suspected and confirmed tuberculosis cases and the percent change from the previous year;

    b. Number of offenders completing treatment for active tuberculosis;

    c. Number of contact investigations conducted and the percent change from the previous year;

    d. TB skin test conversion rate for each contact investigation; and

    e. As a result of the contact investigation, the numbers of offenders recommended for preventive therapy, the number of offenders started on prevention therapy, and the number of offenders completing preventive therapy. This information will be obtained from Contact Investigation Forms maintained by the facility medical staff during the contact investigation.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.