



CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP): Focus on Correctional Health

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Office of Health Equity, NCHHSTP

2022 NCCHC Spring Conference

April 11, 2022

Disclosure and Disclaimer Statement

All speakers do not have any relevant financial relationships with any commercial interests.

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Learning Objectives

Learning Objective 1: Discuss current epidemiologic trends related to HIV, viral hepatitis, STDs, and TB

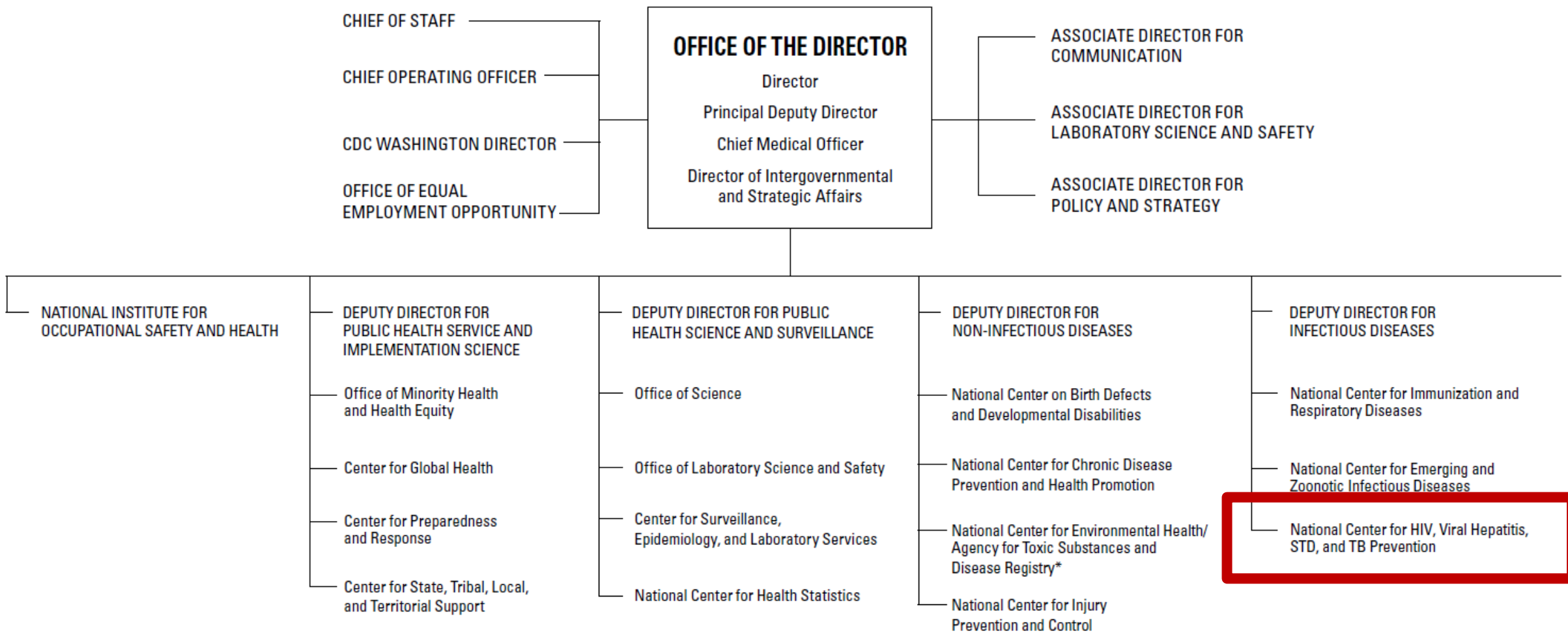
Learning Objective 2: Explain how vaccination, testing, and treatment for these diseases contribute to the health of incarcerated populations and the community

Learning Objective 3: Apply CDC recommendations and tools for prevention and management of HIV, Viral Hepatitis, STDs and TB infections in correctional settings



DEPARTMENT OF HEALTH AND HUMAN SERVICES

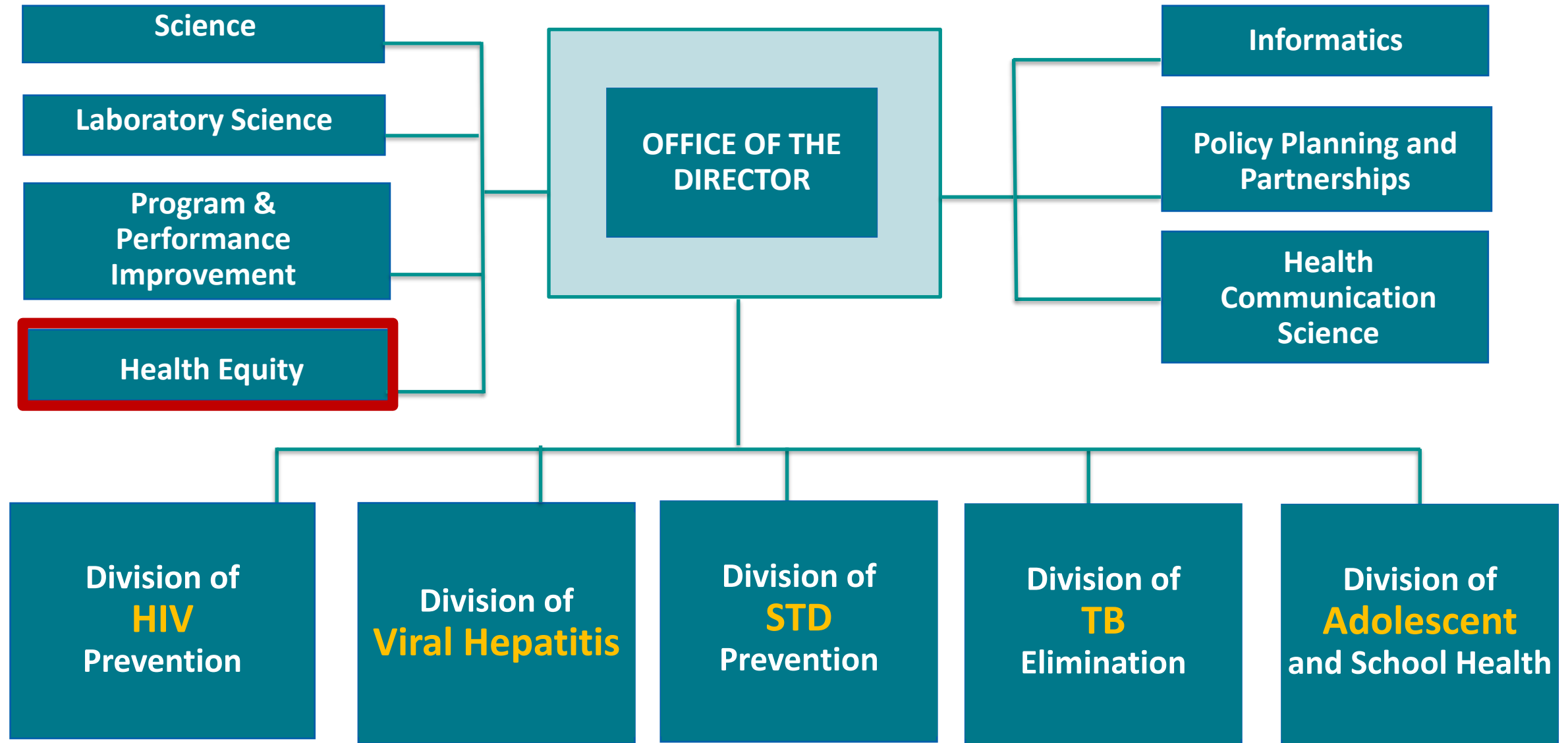
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)



* ATSDR is an OPDIV within DHHS but is managed by a common director's office.



NCHHSTP Organizational Structure



Compared to the general population, prevalence for HIV, HCV/HBV, STIs, and TB is higher among persons who are incarcerated

HIV

3x higher in state and federal prisons

HCV

10x higher in jails and prisons

STIs

Higher rates of chlamydia and gonorrhea*

TB

6x higher in jails and federal prisons

How NCHHSTP Supports Correctional Health



Guidelines



Health education



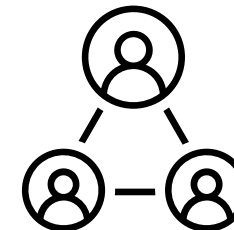
**Outbreak
response**



**Technical
assistance**

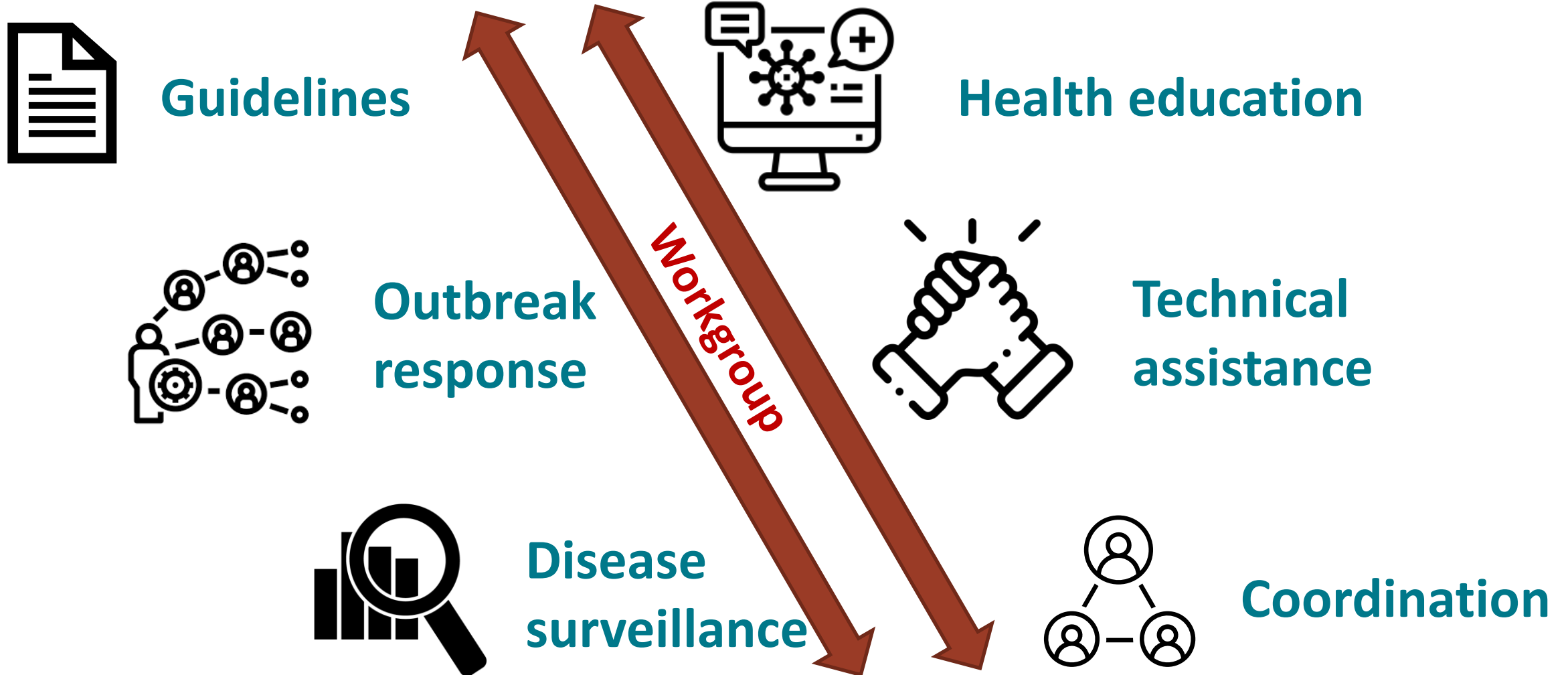


**Disease
surveillance**



Coordination

How NCHHSTP Supports Correctional Health



Just Released!



Centers for Disease
Control and Prevention
National Center for HIV, Viral
Hepatitis, STD, and TB Prevention

AT-A-GLANCE: CDC RECOMMENDATIONS FOR CORRECTIONAL AND DETENTION SETTINGS

Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs

Recommendations current as of April 8, 2022

This document consolidates, in summary form, current CDC guidelines and recommendations for testing, vaccination, and treatment of HIV, viral hepatitis, TB, and STIs for persons who are detained or incarcerated (as of December 2021), and highlights critical public health actions applicable at intake, during incarcerations/detention, and at release. The document also summarizes public health actions related to pregnant persons. Links to full-text recommendations for each disease area are listed at the end of the document; this document does not replace those detailed recommendations.

CDC recognizes that the ability of facilities to put these recommendations into practice will vary based on resources, onsite healthcare capacity, population turnover, and other factors. Facilities may need additional funds, and/or direct partnerships with state or local public health departments to provide these public health prevention services.

For questions or comments about this document, email: OHEinquiries@cdc.gov

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C5280001-8



Recommended Actions at Intake

The screening, vaccination, and treatment recommendations below are actions recommended at intake for persons who are detained or incarcerated. Depending on facility intake procedures and health care capacity, some of these actions might occur after intake or booking process at the initial health care provider encounter.

Screening

Human immunodeficiency virus (HIV): All persons based on institutional prevalence of undiagnosed HIV infection¹

Hepatitis B virus (HBV): All persons

Hepatitis C virus (HCV): All persons

Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI):

- All persons should be immediately screened for symptoms of pulmonary TB⁴
- In facilities with nonminimal TB risk⁵, all persons should be further screened with a TST, a QFT-G, or a chest radiograph within 7 days of arrival
- In facilities with minimal TB risk⁵, persons who have one or more clinical condition or other factor that increases their risk for infection or the risk for progressing to TB disease should be further screened with a TST, a QFT-G, or a chest radiograph within 7 days of arrival

Gonorrhea & Chlamydia: All women ≤ 35 years and all men < 30 years⁶

Syphilis: All persons based on local area and institutional prevalence⁷

Trichomonas: Women aged ≤ 35

Vaccination

Hepatitis A virus (HAV): Begin hepatitis A vaccine series for⁸

- All juveniles (≤ 18 years)
- All adults at risk for HAV infection (e.g., MSM, PWID, persons experiencing homelessness)⁹
- All persons at risk for severe adverse outcomes of HAV infection¹⁰
- Consider vaccination for all persons during a community HAV outbreak propagated by person-to-person transmission¹¹

HBV: Begin hepatitis B vaccine series for all juveniles and adults¹²

Human papillomavirus (HPV): Routine vaccination at age 11 or 12 years; vaccination can be given starting at age 9 years. Catch-up HPV vaccination for all persons through age 26 years who are not adequately vaccinated.¹³

Treatment

Persons with diagnosed infections should be treated in accordance with established clinical guidelines:

HIV: [HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#)

HBV: [Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance](#)

HCV: [AASLD/IDSA Recommendations for Testing, Managing, and Treating Hepatitis C](#)

TB: [Treatment for TB Disease](#) (CDC website)

LTBI: [Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from NTCA and CDC, 2020](#) (short-course, rifamycin-based regimens are preferred)

Syphilis/Gonorrhea/Chlamydia/Trichomonas: [CDC 2021 STI Treatment Guidelines](#)



Centers for Disease
Control and Prevention
National Center for HIV, Viral
Hepatitis, STD, and TB Prevention

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Our vision is a future free of
HIV, VIRAL HEPATITIS,
STDs, and TB.



Visit our booth!

Come chat with CDC experts @ Booth 204

Or email us @

- Mariel Marlow, PhD, MPH, Correctional Health Coordinator - mmarlow@cdc.gov
- Office of Health Equity – OHEinquiries@cdc.gov



CDC Update on Recommendations for Prevention and Management of HIV

Lexi Balaji, PhD

Epidemiologist/Team Lead, Guidance and Data Quality Team

HIV Surveillance Branch

Division of HIV Prevention, CDC

National Commission on Correctional Health Care

Spring Conference

April 11, 2022

Objectives

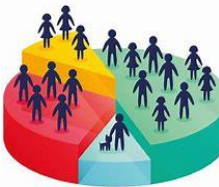
- Background
- CDC Guidelines and Recommendations for HIV Screening and Testing in Correctional Settings
- CDC Guidelines and Recommendations for HIV Treatment in Correctional Settings
- Guidance Documents



Background



- 2019, 1313 persons received an HIV infection diagnosis in a correctional facility¹
- In 2015, an estimated 17,150 prisoners in custody of state and federal correctional authorities were known to be living with HIV²
- In the U.S., incarcerated populations are disproportionately affected by HIV, with HIV-positivity rates that are 3–10 times those of the general U.S. population^{2,3,4}
- HIV screening and testing practices in correctional facilities vary widely^{5, 6}
- Routine HIV screening in high-prevalence jails is cost effective and has a larger impact on public health than targeted testing⁷



CDC Guidelines and Recommendations for HIV Screening and Testing in Correctional Settings

HIV Screening at Intake



- In all correctional health-care settings, screening for HIV infection should be performed routinely for all persons on an opt-out basis.
- Facilities should initiate screening unless prevalence of undiagnosed HIV infection in their facility population has been documented to be $<0.1\%$.
- In the absence of existing data for HIV prevalence, facilities should initiate voluntary HIV screening. Such screening is no longer warranted in facilities able to establish that the diagnostic yield is <1 per 1,000 persons screened.

HIV Testing during Period of Incarceration/Detention

- Persons reporting ongoing risk factors (e.g., PWID, MSM)
- Persons with signs/symptoms of risk factors (e.g., STIs)
- Persons potentially exposed to HIV
- Testing during each pregnancy and repeat testing may be warranted
- Staff with an occupational exposure to HIV
 - Refer to [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)



Public Health Reporting

- If an incarcerated person is diagnosed with HIV, the case should be reported to the appropriate public health jurisdiction or authority, especially in those states where reporting is required by law. Note that HIV is a nationally notifiable condition; states voluntarily report notifiable disease cases to CDC (without personal identifying information) to facilitate nationwide aggregation and monitoring of disease trends.



CDC Guidelines and Recommendations for HIV Treatment in Correctional Settings

Treatment in Correctional Settings

- **Persons with diagnosed infections should be treated in accordance with established clinical guidelines**
 - Refer to [HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#)
- **Antiretrovirals as post-exposure prophylaxis for staff with an occupational exposure to HIV**
 - Refer to [Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis](#)



Release Planning and Linkage to Prevention and Care Services

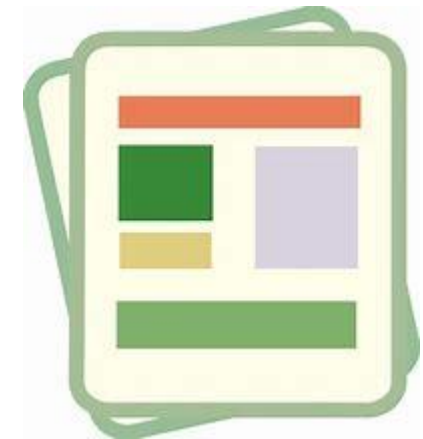


- Provide information on pre-exposure prophylaxis (PrEP) to all persons who are known to be at risk of HIV infection in their community
- Provide persons with HIV with an adequate supply of antiretroviral medication upon release to bridge the gap until the patient can receive care from a community-based HIV provider.
- Refer persons with HIV infection to community-based medical and social services as needed to support continued medical care, risk-reduction, and treatment for substance use disorder.
- Provide persons who are infected with HIV with counseling on how to prevent transmission to household, sexual, and drug-use contacts as applicable (including importance of viral suppression, risk reduction and condom use).

Guidance Documents



- [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings \(cdc.gov\) \(2006\)](#)
- [HIV testing implementation guidance for correctional settings \(cdc.gov\) \(2009\)](#)
- [HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV \(2020\)](#)



References

¹Balaji, AB, Hess K, Siddiqi A., Hernandez A. Patterns and Trends of Newly Diagnosed HIV Infections Among Adults and Adolescents in Correctional and Noncorrectional Facilities, United States, 2015-2019. Forthcoming.

²Maruschak LM, Bronson J. HIV in Prisons, 2015—Statistical Tables. U.S. Department of Justice, Bureau of Justice Statistics, Washington, DC (Published August 2017).

³United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. Annual Survey of Jails, 2017. United States Department of Justice. Office of Justice Programs. Bureau of Justice Statistics, Washington, DC (Published October 10, 2019).

⁴Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. HIV Surveillance Supplemental Report 2021;26(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021.

⁵Hammett TH, Kennedy S, Kuck S. National Survey of Infectious Diseases in Correctional Facilities: HIV and Sexually Transmitted Diseases. March 2007 Grant 2001-IJ-CX-K018; 99-C-008-T005 Final Report available electronically at <http://www.ncjrs.gov/pdffiles1/nij/grants/217736.pdf>.

⁶Centers for Disease Control and Prevention. HIV Testing Implementation Guidance for Correctional Settings. January 2009: 1-38. Available at: <http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings>.

⁷Hutchinson AB, MacGowan RJ, Margolis AD, Adey MG, Bowden CJ, Spaulding AC. Costs and Consequences of Eliminating a Routine, Point-Of-Care HIV Screening Program in a High-Prevalence Jail. American Journal of Preventive Medicine. Volume 61, Issue 5, Supplement 1, November 2021, Pages S32-S38.

Sexually Transmitted Infections in Corrections

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Erin Tromble, MD
CDC Division of STD Prevention



National Coalition of Correctional Health care
April 18 2022

Disclosures

NONE

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Sexually Transmitted Infections

- Rising prevalence has spurred increasing screening and treatment efforts
- In 2021 CDC released updated STI treatment guidelines
- In it there are specific recommendations for STI screening in Corrections settings

THE
STATE OF STDs
IN THE
UNITED STATES,
2019

**STDs increased for the
6th year, reaching a
new all-time high**



1.8 million
CASES OF CHLAMYDIA
19% increase since 2015



616,392
CASES OF GONORRHEA
56% increase since 2015



129,813
CASES OF SYPHILIS
74% increase since 2015



1,870
CASES OF SYPHILIS
AMONG NEWBORNS
279% increase since 2015

LEARN MORE AT: www.cdc.gov/std/

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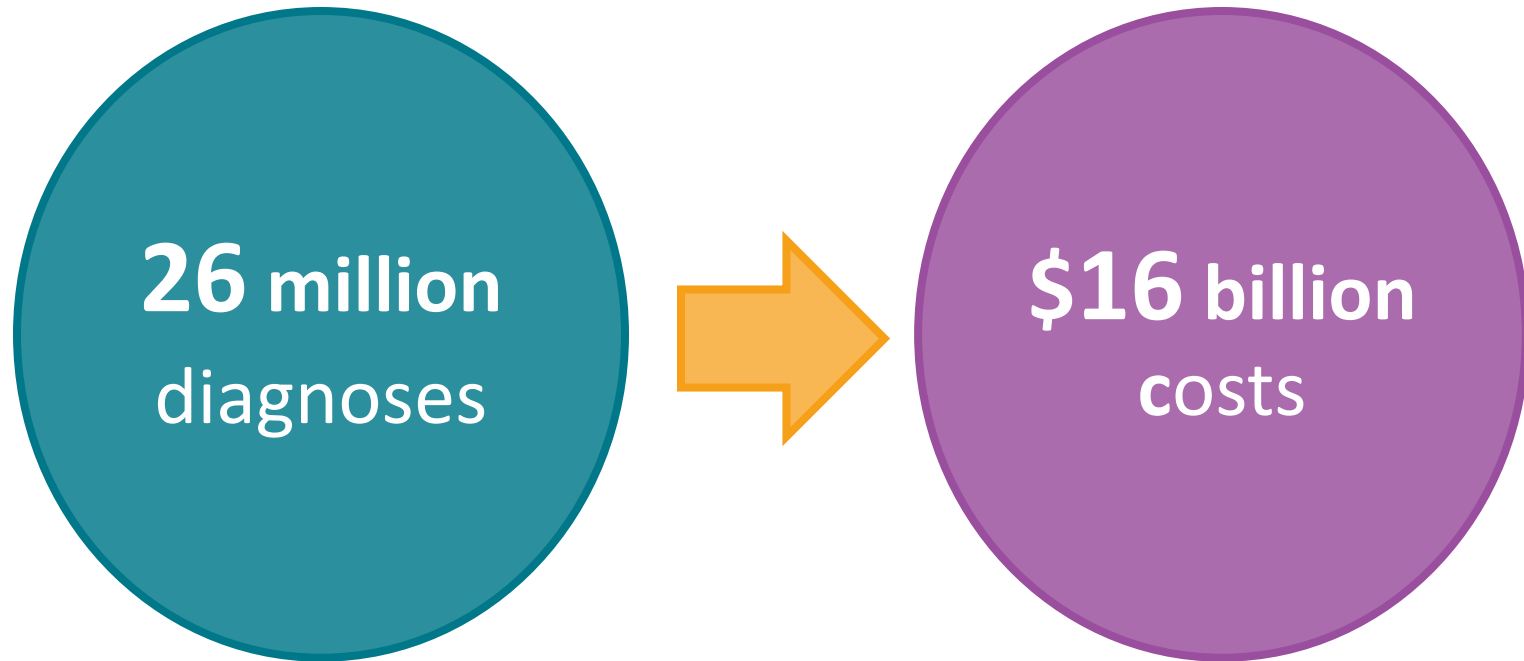


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LEARN MORE AT: www.cdc.gov/std/

STIs are Expensive

Weinstock HS, Kreisel KM, Spicknall IH, Chesson HW, Miller WC. STI Prevalence, Incidence, and Costs in the United States: New Estimates, New Approach. Sexually Transmitted Diseases. 2021 Apr 1;48(4):207.



Why we care:

STI Complications

Gonorrhea and Chlamydia

- Pelvic inflammatory disease (PID)
- Infertility
- Ectopic pregnancy
- Infections in newborns

Syphilis

- Permanent damage in EVERY organ system
- Stillbirth
- Newborn death
- Lifelong birth defects and disabilities

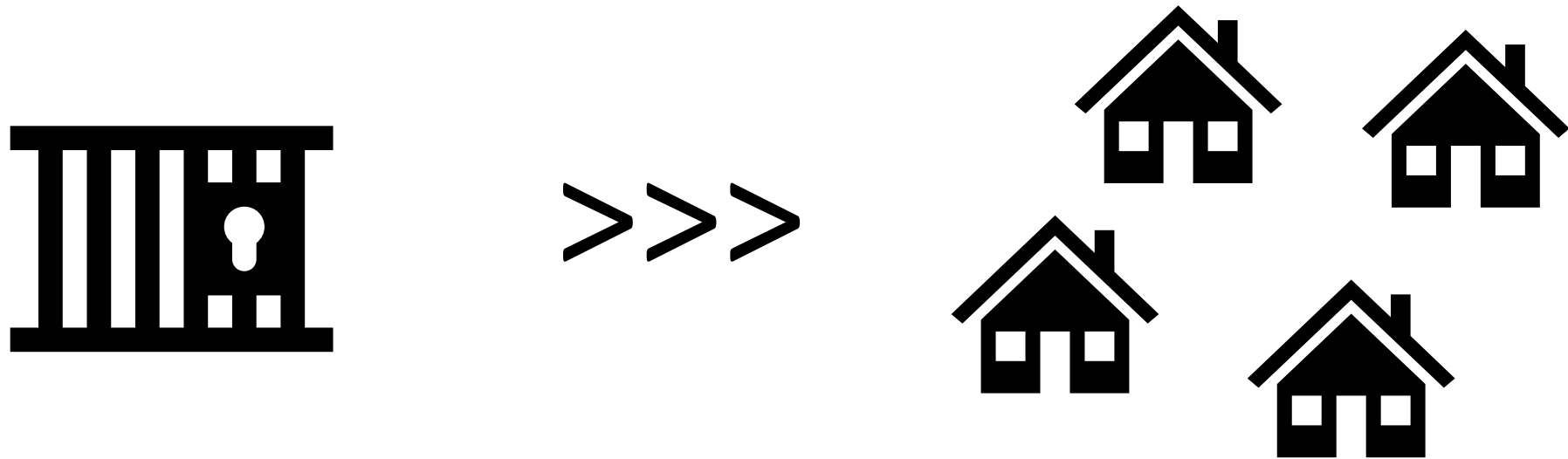
Congenital Syphilis (CS)



<https://www.cdc.gov/ncbddd/birthdefects/surveillancemanual/quick-reference-handbook/congenital-syphilis.html>

Data on STIs in correctional settings is limited

No nationally representative sample



STI rates are consistently higher among populations in correctional settings compared to the larger community

CT and GC in Corrections

Spaulding AC, Miller J, Trigg BG, et al. Screening for Sexually Transmitted Diseases in Short-Term Correctional Institutions

- **Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) prevalence in juvenile detention facilities was several fold higher than teens not in corrections.**
- **STIs may be 10- to 20-fold higher among adults entering detention compared to their peers in the outside community.**

Syphilis in Corrections

Harmon JL, Dhaliwal SK, Burghardt NO, Koch-Kumar S, Walch J, Dockter A, Kovaleski L, Bauer HM. Routine screening in a California jail: Effect of local policy on identification of syphilis in a high-incidence area, 2016-2017. Public Health Reports. 2020 Jul;135(1_suppl):57S-64S.

In a Fresno county jail that did targeted syphilis screening, high positivity rate of newly identified syphilis infections

Congenital Syphilis in Corrections

Biswas HH, Chew Ng RA, Murray EL, et al. Characteristics Associated With Delivery of an Infant With Congenital Syphilis and Missed Opportunities for Prevention-California, 2012 to 2014. Sex Transm Dis **2018**; 45(7): 435-41.

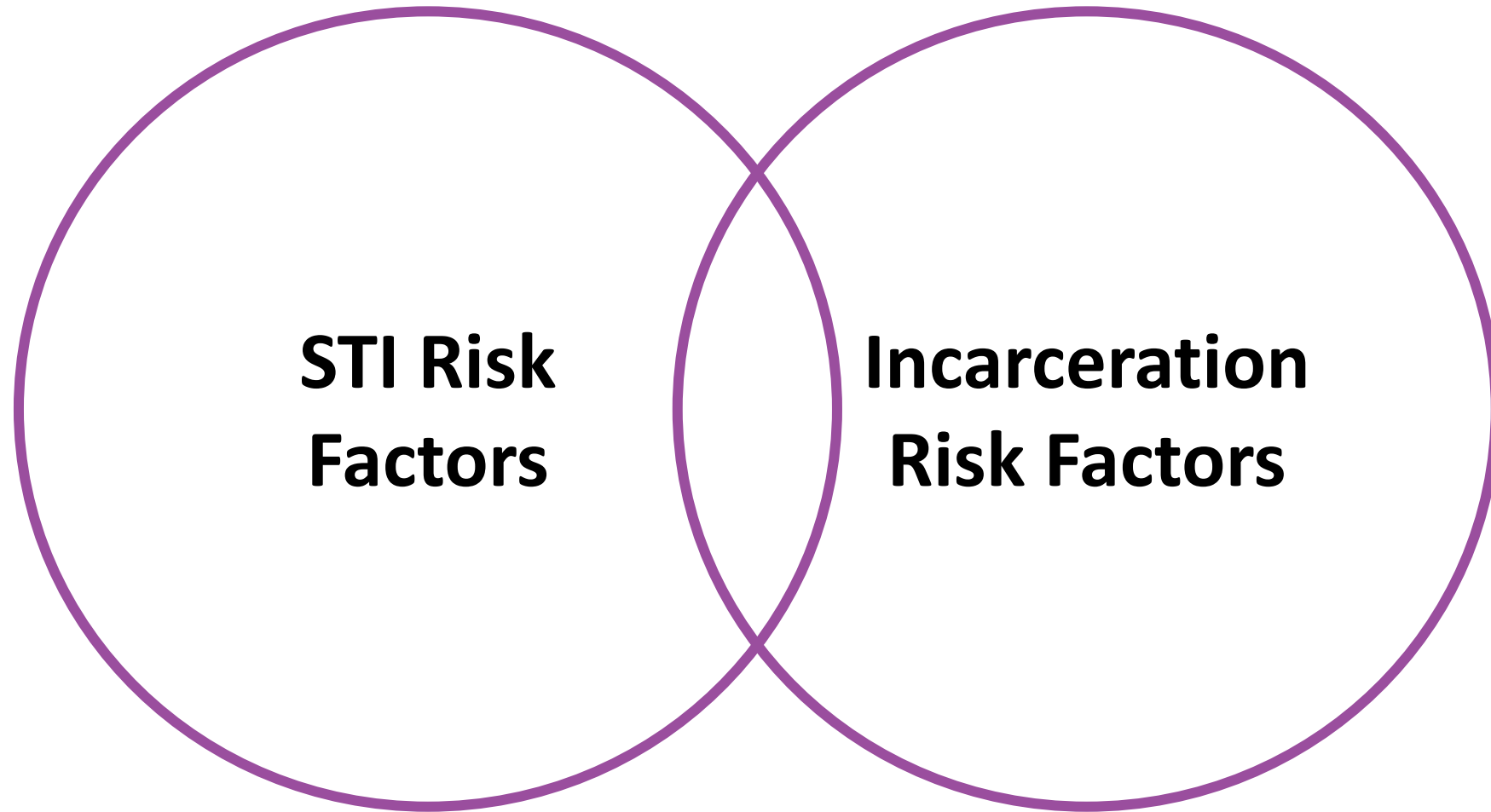
13% of pregnant women who gave birth to a baby with congenital syphilis had been incarcerated

Why are STI rates ↑ in corrections?

Nijhawan AE. Infectious Diseases
and the Criminal Justice System.
Am J Med Sci **2016**; 352(4): 399-
407.

- **Individuals in the corrections setting typically represent minority communities with lower access to healthcare and STI prevention**
- **The proportion of the jailed population identified as Black and Hispanic in 2019 was 34% and 15% respectively, markedly disproportional to their percentages in the US population**

Expanding STI screening and treatment in corrections settings



STI treatment guidelines: Corrections

- Given the correlation between corrections settings and high STI rates CDC STI treatment guidelines has provided special guidance for this population since 2010
- The 2021 STI treatment guidelines provides updated evidence-based recommendations:
 - Diagnosis
 - Management
 - Treatment

Screening recommendations:

Chlamydia and Gonorrhea

- All women aged ≤ 35 years
- All men aged < 30 years
- Should be conducted at intake
- Should be offered as **opt-out** testing

Treatment recommendations:

Gonorrhea

- Single dose of 500mg of Ceftriaxone IM
- If chlamydia has not been ruled out, treat for co-infection with chlamydia

Treatment recommendations:

Chlamydia

- Doxycycline 100mg 2x a day for 7 days
- or-
- 1 gram of azithromycin PO in a single dose

Screening recommendations:

Trichomonias

- All women aged ≤ 35 years
- Should be conducted at intake
- Offered as **opt-out** screening

Treatment recommendations:

Trichomonias

- Metronidazole 500mg 2x daily for 7 days

Screening recommendations:

Syphilis

- Opt-out screening for incarcerated persons should be conducted on the basis of the local area and institutional prevalence
- Exception: pregnancy

Screening recommendations:

Syphilis in pregnancy

- All pregnant people should be screened as early as possible in the pregnancy.
- For those people with additional risk factors including those who have a **history of incarceration**, or a partner with a history of incarceration, repeat testing at 28 weeks and again at delivery is indicated.

Treatment recommendations:

Syphilis

- Early Syphilis (primary, secondary, and early latent)
2.4 million units x 1 dose
- Late or Unknown Duration Syphilis
2.4 million units x 3 at 1-week intervals

Bottom line

- STIs are on the rise
- STIs are more prevalent in the correctional setting
- By conducting STI screening and treatment, correctional facilities are uniquely poised to make an impact in both improving our knowledge of STIs in this population and strengthening the health of our communities.

Thank you!





Viral Hepatitis in Corrections

Update on CDC Guidelines, Data, and Tools to Support Correctional Facilities

Liesl Hagan, MPH
Epidemiologist
Division of Viral Hepatitis
Centers for Disease Control and Prevention

April 11, 2022

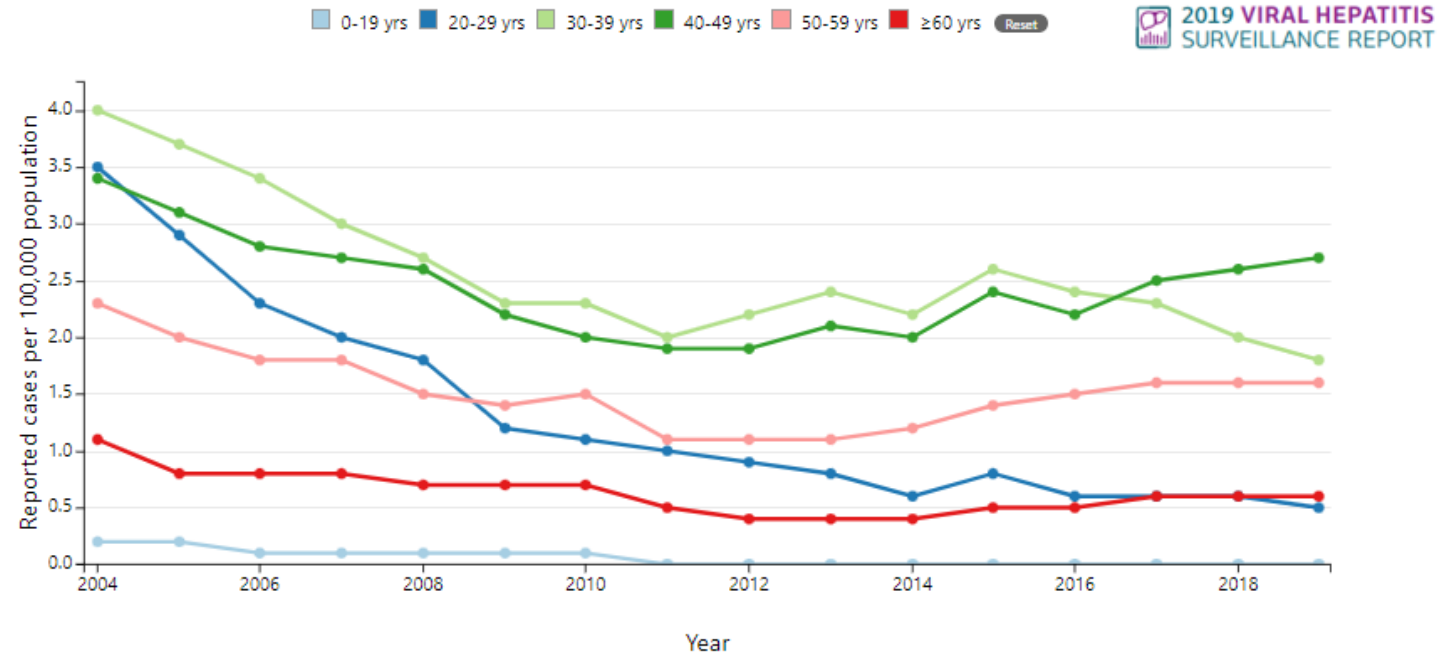
Agenda

- Updates to CDC recommendations for viral hepatitis:
 - **Hepatitis B vaccination recommendations** (March 2022)
 - **Hepatitis B screening recommendations** (currently posted for public comment)
 - **Hepatitis C screening recommendations** (2020)
- Policy tool to estimate budgetary impact and health outcomes from hepatitis C screening and treatment in corrections

Hepatitis B: New Vaccination Recommendations (2022)

- Universal hepatitis B vaccination is now recommended for adults ages 19–59
- Previous recommendations for other groups still stand
- No corrections-specific recommendations, but applies in correctional settings

Figure 2.4. Rates of reported acute hepatitis B virus infection, by age group — United States, 2004–2019



- Acute hepatitis B cases have been decreasing in younger age groups due to vaccination
- **Cases have been *increasing* among adults ≥40**, and vaccination coverage has been low

Hepatitis B:

Proposed Screening Recommendations

- One-time screening for all adults
- **Current and former incarceration added as a risk factor for risk-based testing**
- **Corrections-specific:** consider offering screening at intake in addition to periodic testing for susceptible persons serving long-term sentences

Public Comment Period through June 3, 2022

<https://www.regulations.gov/docket/CDC-2022-0044/document>

OR

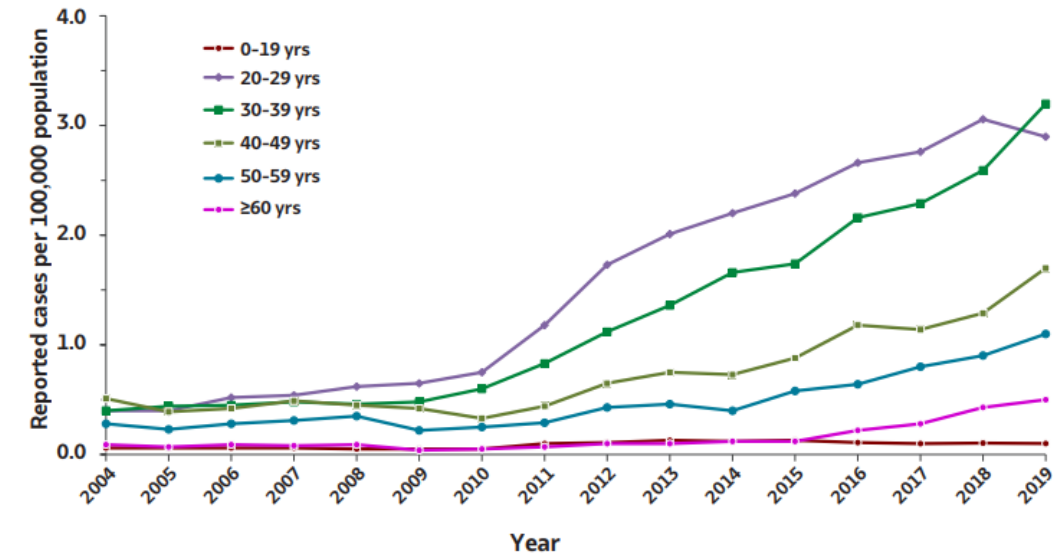
Visit: [regulations.gov](https://www.regulations.gov) and search “CDC 2022-0044”

Hepatitis C: Screening Recommendations (2020)¹

- One-time screening for all adults
- Regular testing for people with risk factors
- Screening for every pregnant woman during every pregnancy

¹Schillie, et al. [MMWR](#), 2020; ²Hofmeister, *Hepatology*, 2019

Figure 3.4. Rates of reported acute hepatitis C virus infection, by age group — United States, 2004–2019



- Nationally, ~1% of adults (2.4 million people) have chronic hepatitis C infection²
- **Rates of acute hepatitis C have been increasing since 2010**, particularly among those aged **20-39 years**, consistent with age groups most impacted by the opioid crisis
- **Injection drug use** was reported for **67%** of cases where risk factor information was available

Hepatitis C: Screening Recommendations (2020)

How do they apply in corrections?



Until 2020, CDC recommended
risk factor-based screening

*Correctional facilities were encouraged to
conduct **periodic seroprevalence surveys** to
determine whether to expand screening*



The 2020 recommendation to screen all
adults applies in all settings where prevalence
is >0.1%, **including corrections**

Estimates of chronic hepatitis C prevalence in
corrections range from 6-43%¹

An estimated one-third of people with chronic
hepatitis C spent time in a correctional or
detention facility in 2014^{2,3}

How Corrections can Drive Success

Test, treat, and cure hepatitis C in corrections

- High concentration of people who need treatment
- Many do not know their infection status
- Numerous successful correctional treatment models (e.g., nurse-led treatment, telehealth, micro-elimination)
- Decreasing drug prices (e.g., 340B, subscription pricing)
- Many infected people in corrections come from disproportionately affected demographic groups

CDC's 2025 Hepatitis C Goals

Increase the number of people who know their infection status

Reduce hepatitis C-related deaths

Reduce viral hepatitis-related health disparities

Hepatitis C Policy Simulation Tool for Corrections



Hepatitis C Policy Simulation Tool for Prisons

(under development)

Format: Web-based forecasting tool

Developed by: CDC, Stanford University, Boston University

Purpose: Estimate the cost and population health benefits of a range of hepatitis C testing and treatment policy scenarios in correctional settings

Perspective: Outputs are from the corrections perspective (not societal)

Target users:

- Correctional facilities that test/treat hepatitis C or want to start
- Policy-makers
- Public health partners

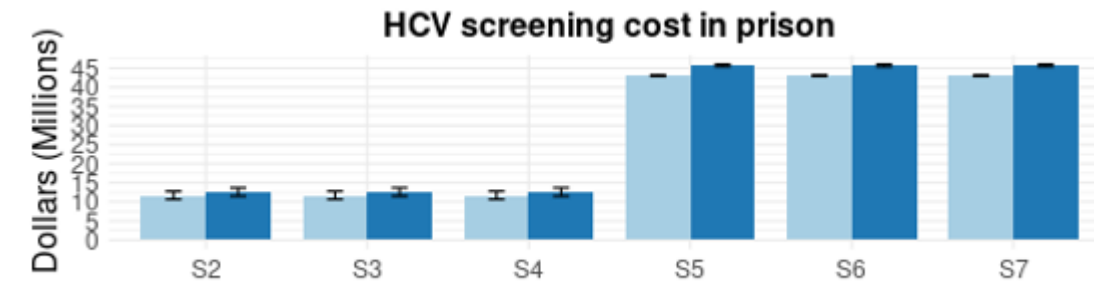
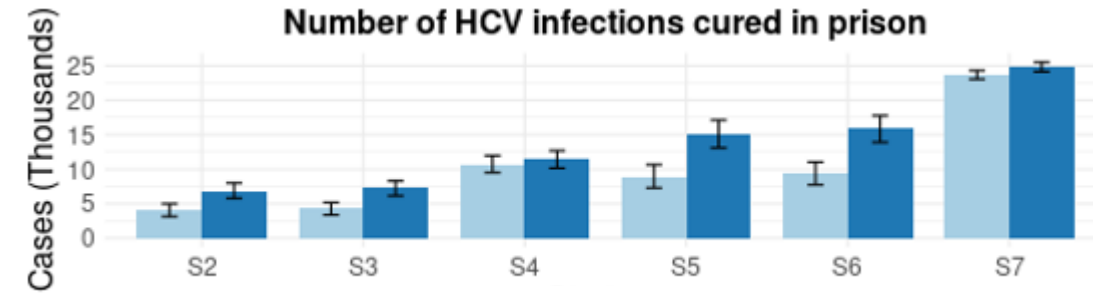
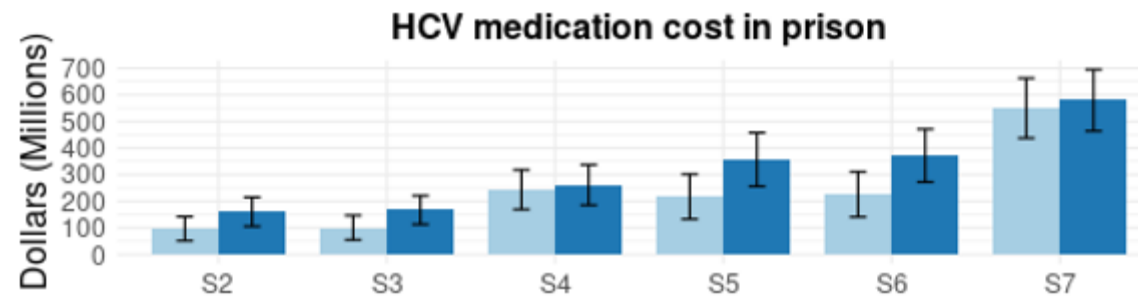
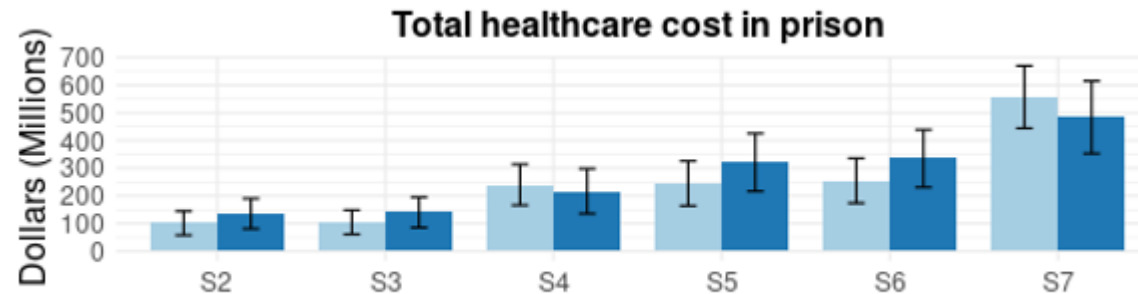
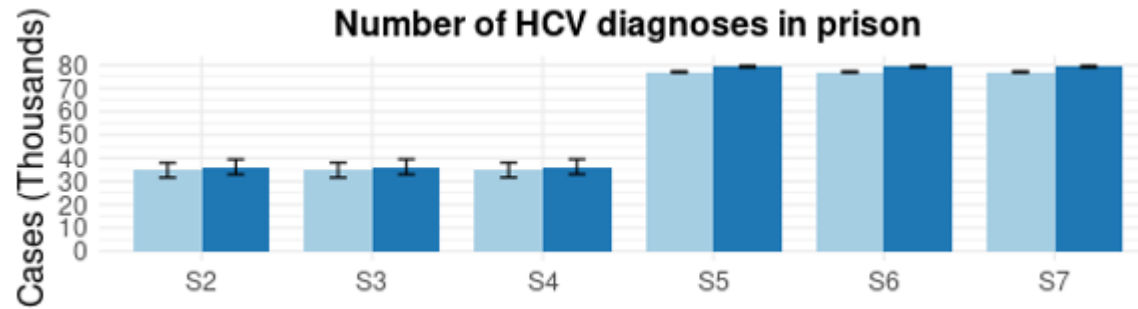
How it Works

Input Variables (user-defined)

- Facility population size
- # new intakes/year
- Estimated hepatitis C prevalence
- Testing and treatment costs
- % incarcerated long enough for treatment



SAMPLE OUTPUT



Time Horizon 1 Year 3 Years

Strategy Definitions:

S2: Risk based testing, treat F3+

S3: Risk based testing, treat F2+

S4: Risk based testing, treat all

S5: Test all, treat F3+

S6: Test all, treat F2+

S7: Test all, treat all

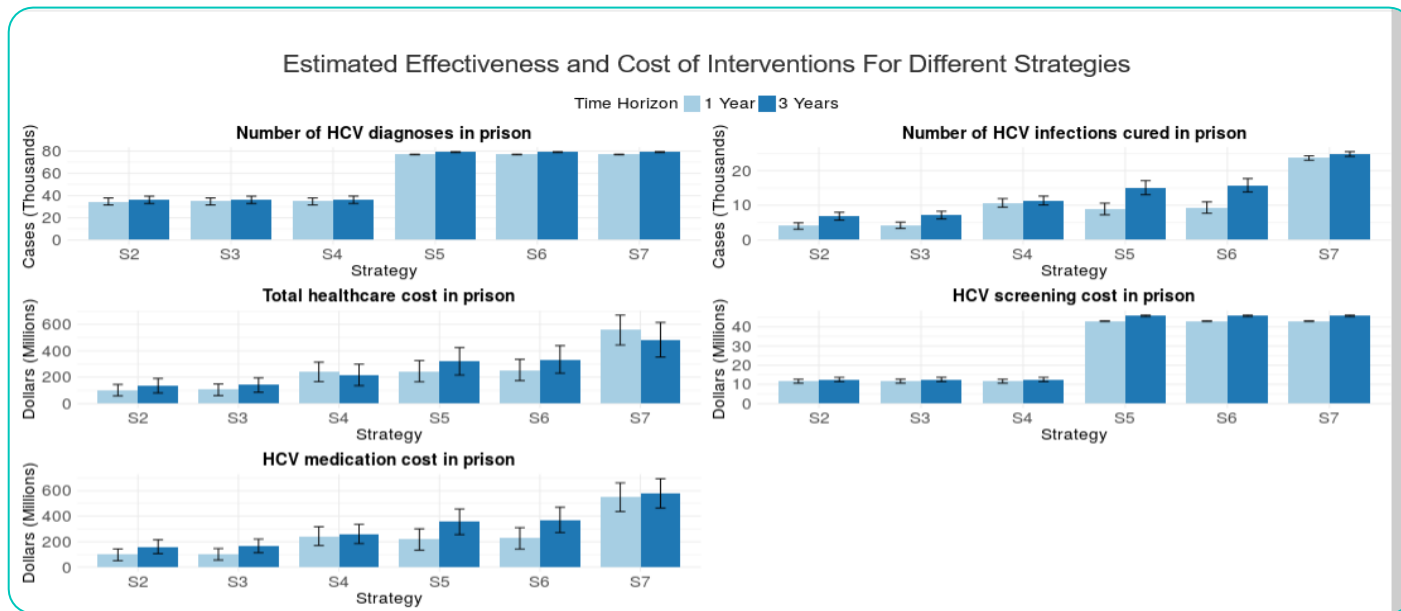
All scenarios are relative to “no testing/no treatment”

Example 1: Variation in chronic hepatitis C prevalence

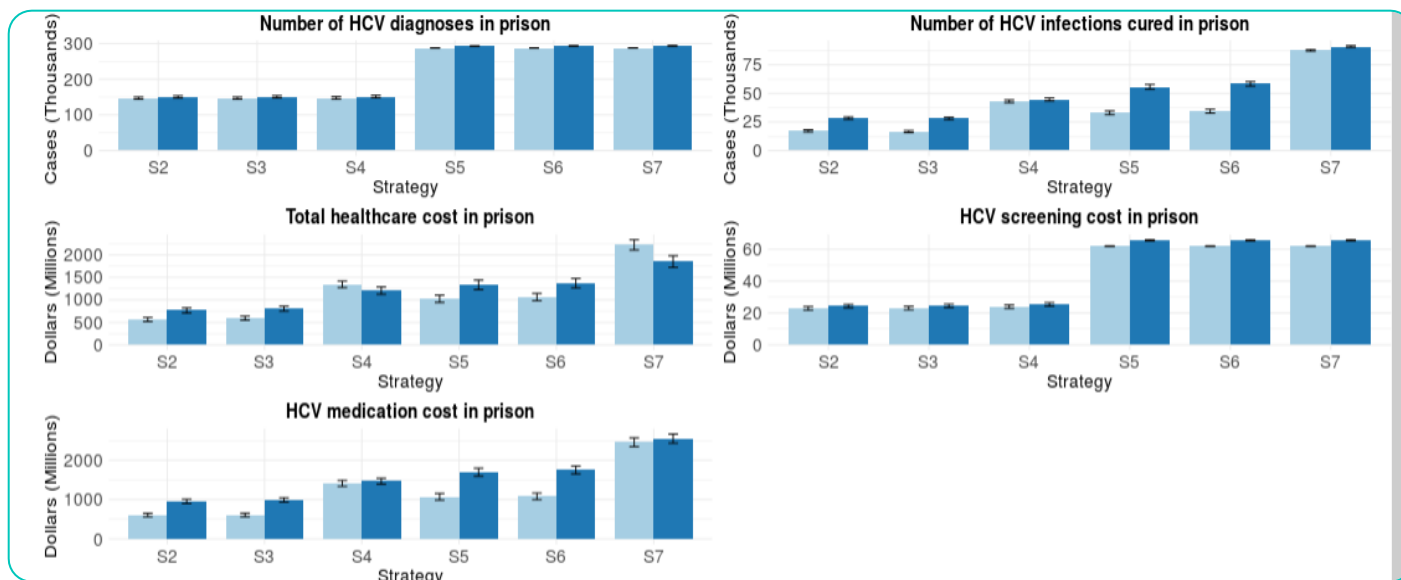
As prevalence rises...

- # diagnoses & cures rise (more infections)
- Screening costs rise a little
(higher prevalence = more RNA tests)
- Treatment costs rise
(more diagnoses = more need treatment)

8%



30%

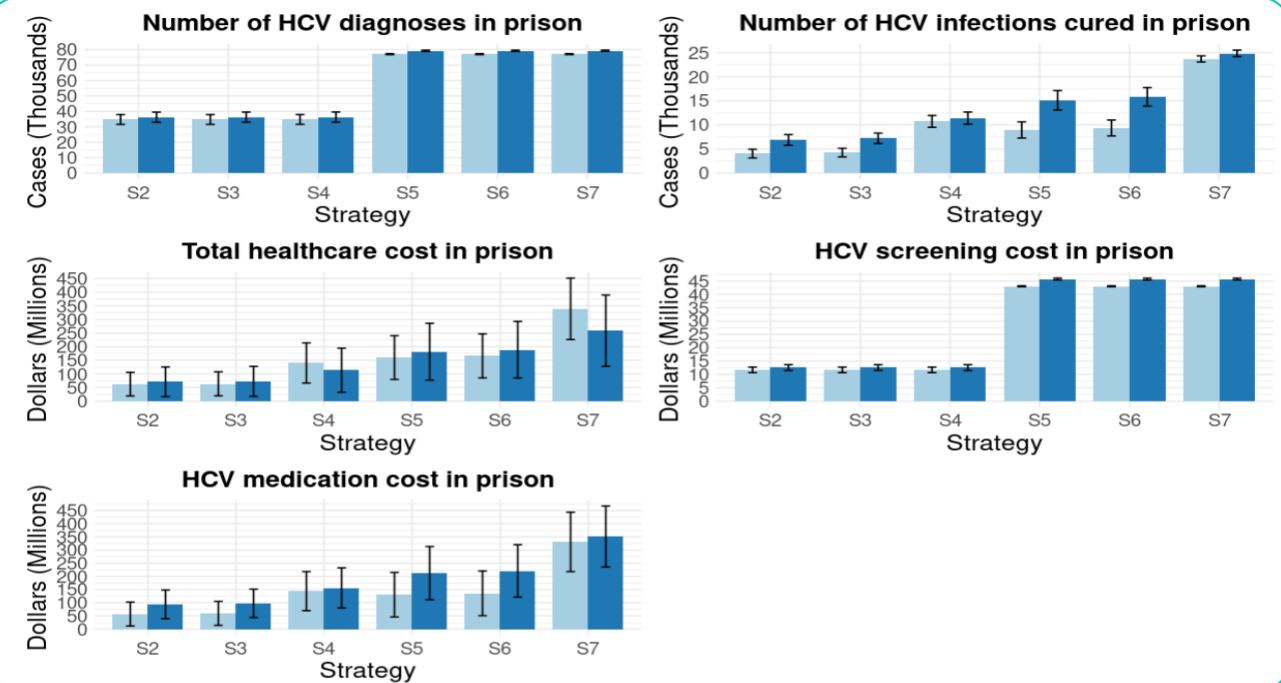


Example 2: Variation in hepatitis C treatment cost

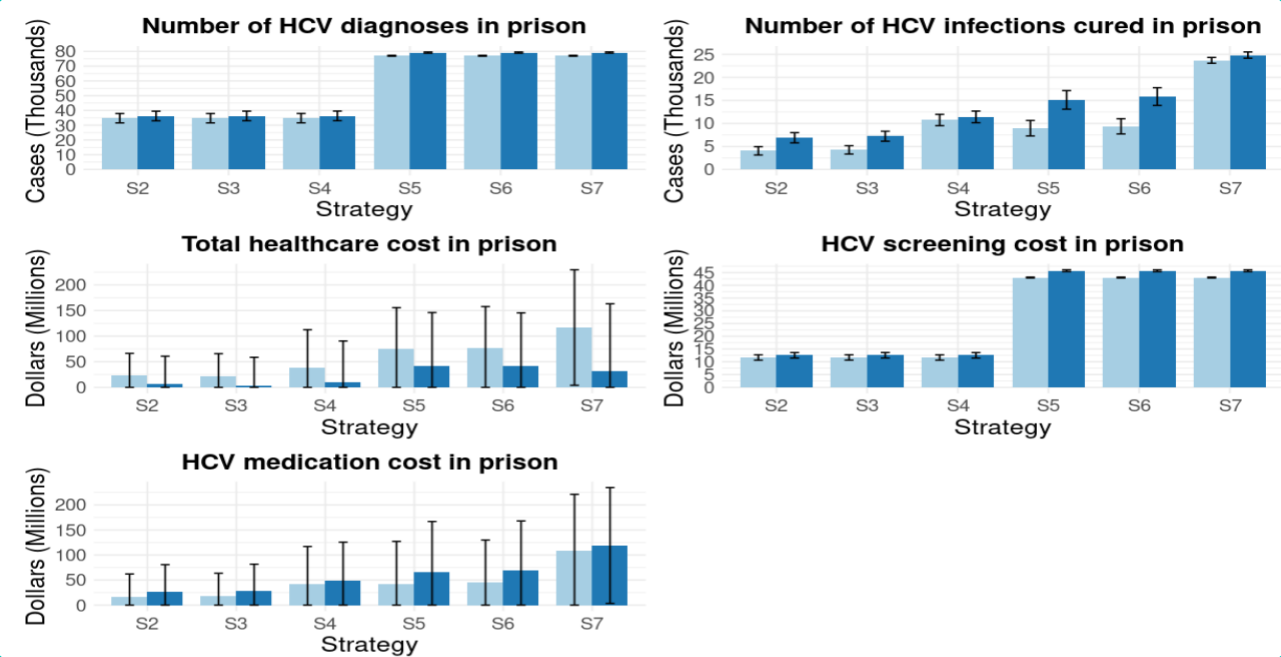
As treatment cost declines...

- # diagnoses & cures are stable
- Screening costs are stable
- Treatment costs decline
- Total healthcare costs decline

20k



7k



Summary Points

➤ Updated CDC recommendations

- Vaccinate all adults ages 19-59 for hepatitis B
- Test all adults for hepatitis C – corrections is critical for hepatitis C elimination

➤ Tool to help expand hepatitis C testing and treatment

CDC will share the tool once it is cleared and posted

➤ Public comment period is active for updated hepatitis B screening guidelines, which include corrections-specific content

Visit: [regulations.gov](https://www.regulations.gov) and search “CDC 2022-0044”

CDC will disseminate the final version once it is posted

Acknowledgements

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North Dakota and Indiana Departments of Corrections – pilot testing and feedback on forecasting tool

Tuberculosis (TB) and Latent Tuberculosis Infection (LTBI)

National Commission for Correctional Health Care

Lauren Lambert, MPH
Division of Tuberculosis Elimination
Centers for Disease Control and Prevention

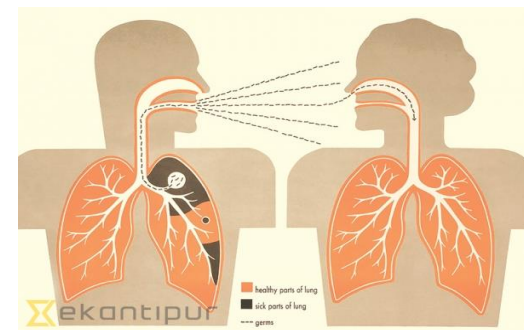
April 11, 2022

OBJECTIVES

- Explain the difference between tuberculosis (TB) disease and latent TB infection (LTBI)
- Describe TB in U.S. correctional populations
- Describe the importance of treating LTBI
- Explain the importance of collaboration between public health and corrections

WHAT IS TUBERCULOSIS (TB)?

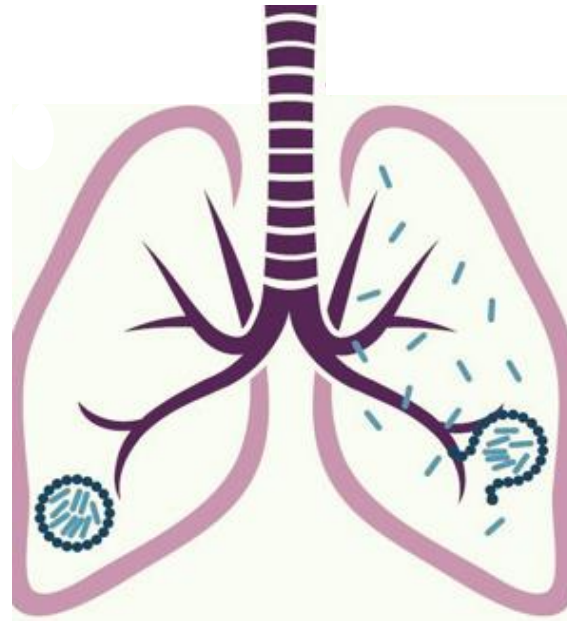
- Leading infectious disease killer worldwide
- Caused by *Mycobacterium tuberculosis* (*M. tuberculosis*)
- Airborne transmission via droplet nuclei
 - Droplet nuclei can remain suspended in air for hours and can be inhaled by others



LATENT TB INFECTION VS TB DISEASE

People with LTBI

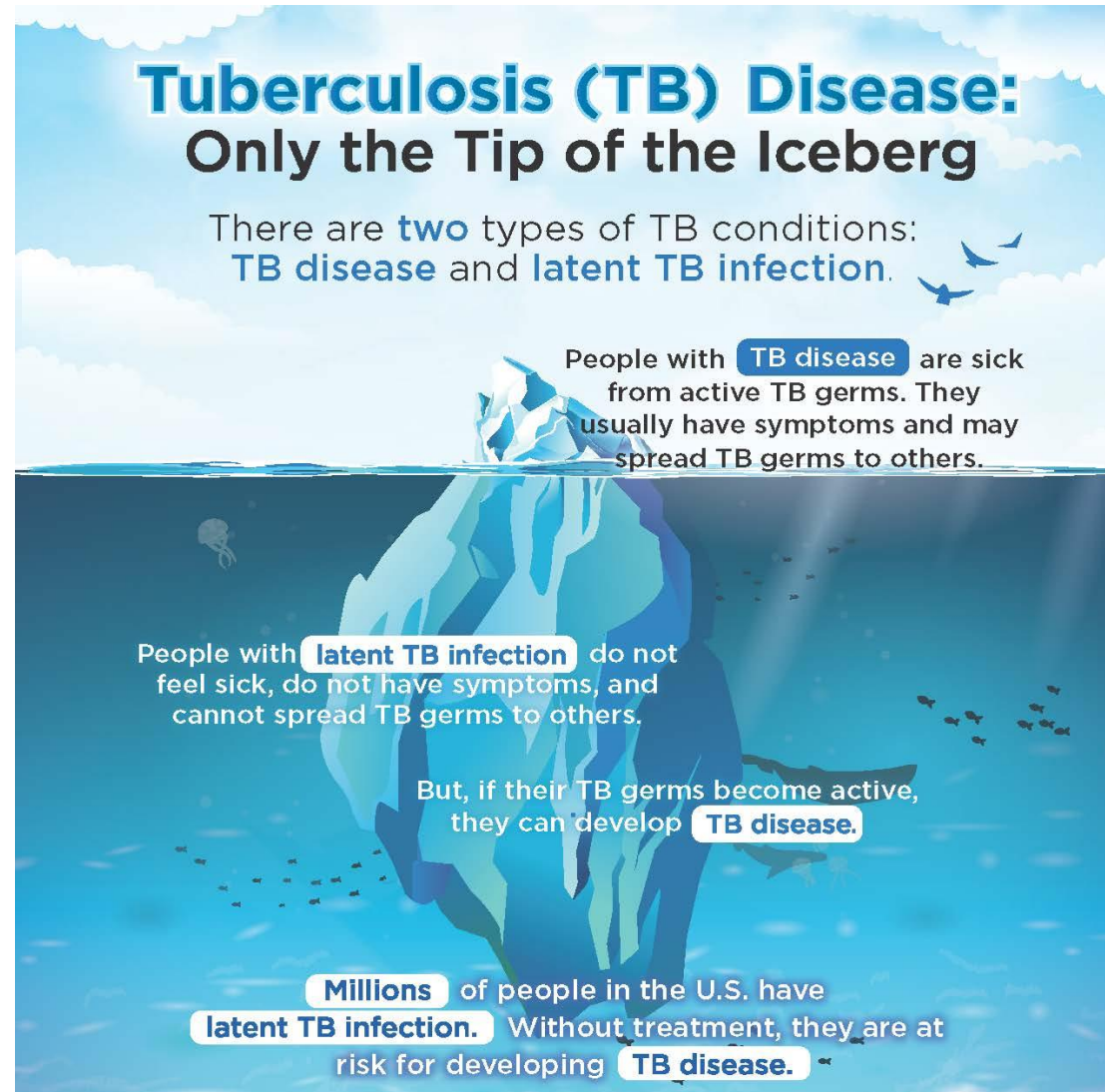
- Do not feel sick
- Cannot spread to others
- Usually have a positive skin or blood test result
- Usually have a normal chest x-ray result
- Can progress to TB disease



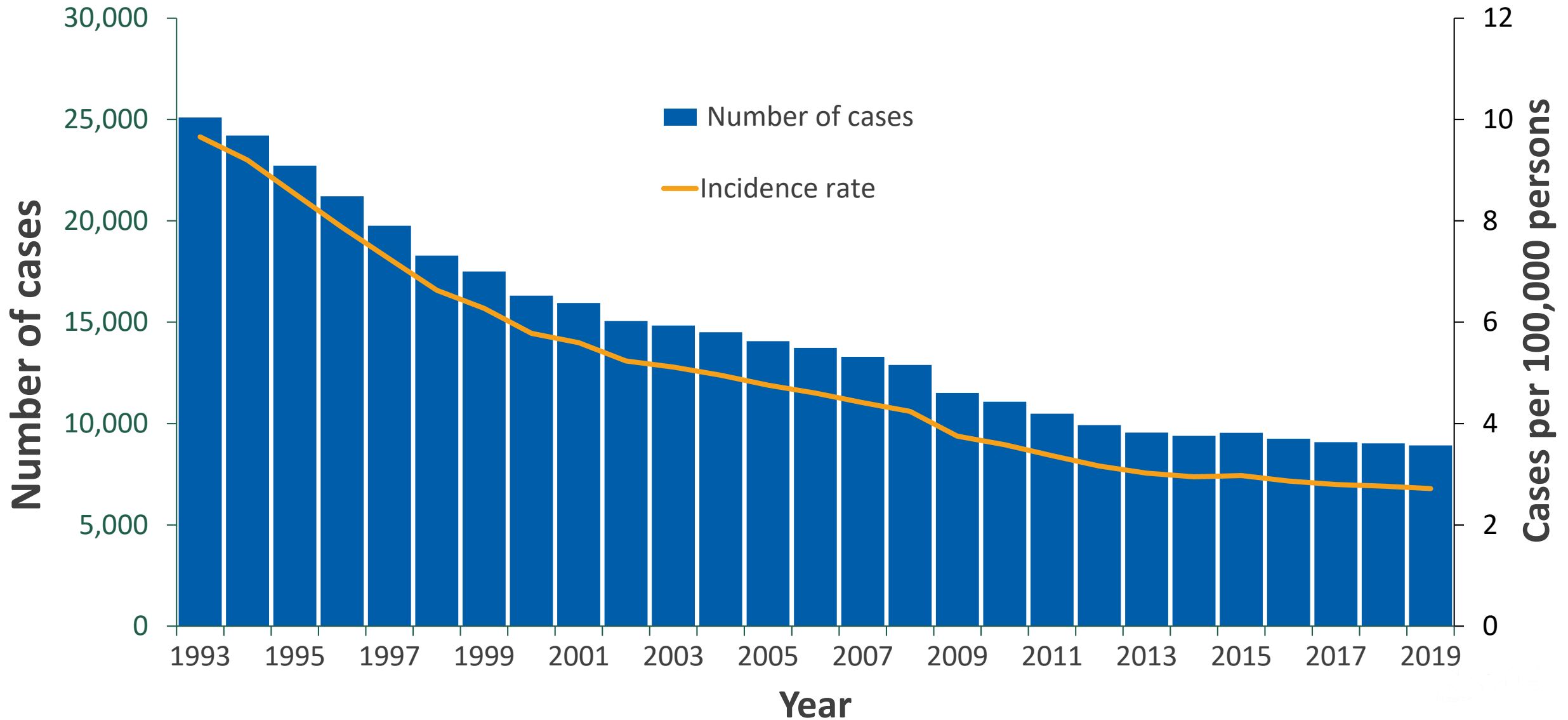
People with TB

- Feel sick, have symptoms
- Can spread TB to others
- Usually have a positive skin or blood test result
- May have an abnormal chest x-ray result
- May have a positive sputum smear or culture result
- Can die of TB if not treated

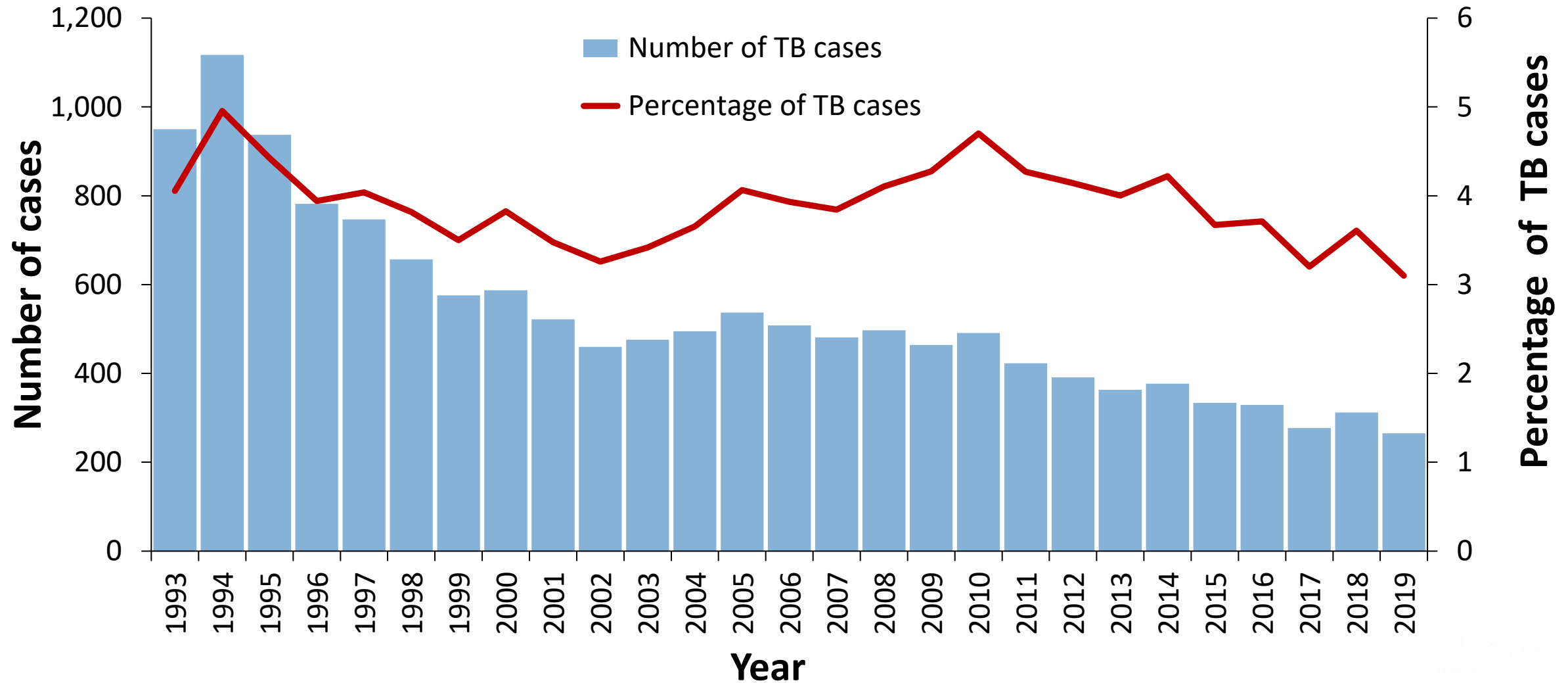
LATENT TB INFECTION VS TB DISEASE



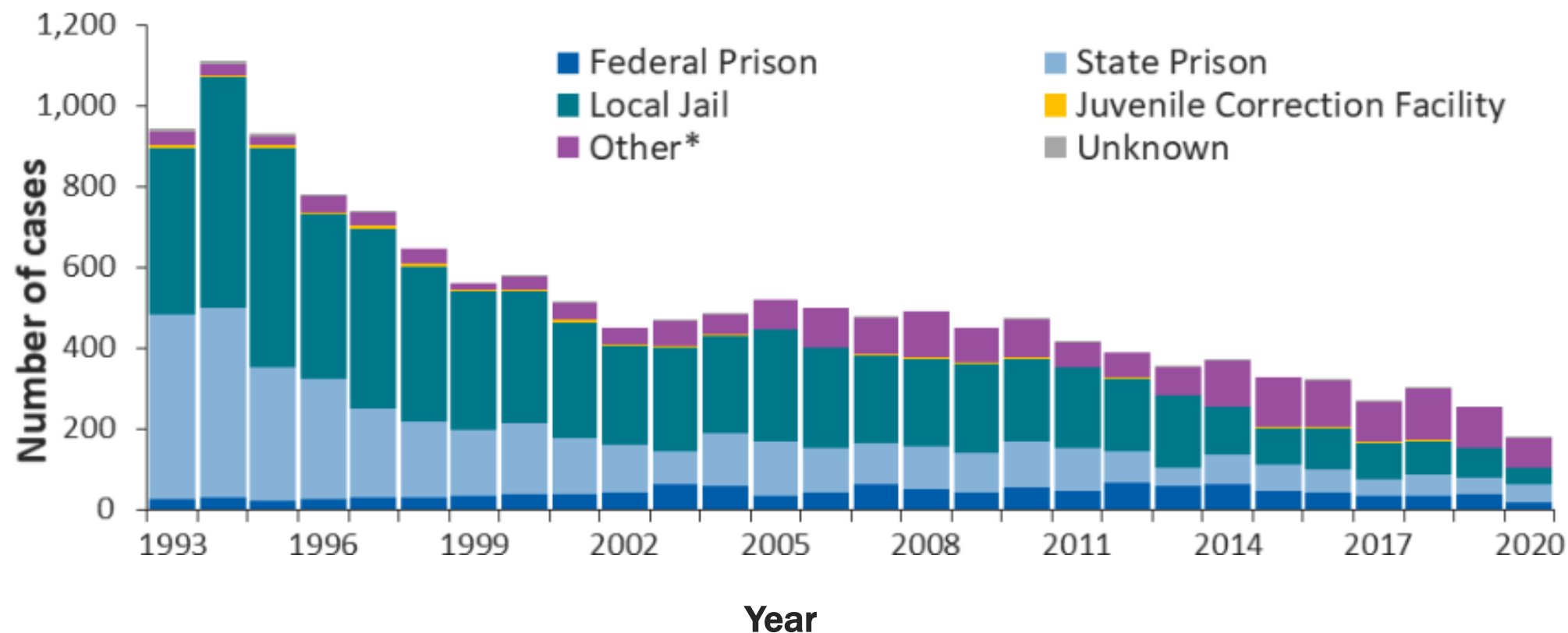
REPORTED TB CASES AND RATES UNITED STATES, 1993–2019



TB CASES AMONG RESIDENTS OF CORRECTIONAL FACILITIES*, AGED ≥15, 1993–2019



TB CASES AMONG RESIDENTS OF CORRECTIONAL FACILITIES* AGED ≤15 YEARS BY TYPE OF FACILITY, UNITED STATES, 1993–2020



*Includes immigration and Customs Enforcement (ICE) detention centers, tribal jails operated by Indian Reservations, police lockups (temporary holding facilities for persons who have not been formally charged in court), military stockades and jails, or federal park facilities.

TB AMONG CORRECTIONAL POPULATIONS

- Numerous outbreaks of TB transmission in correctional and detention facilities have been reported
- People who are incarcerated are 4–17 times more likely to have TB disease than general population
- Prevalence of latent TB infection (LTBI) reported to be as high as 25%

Prevention and Control of Tuberculosis in Correction and Detention Facilities: Recommendations from the CDC.

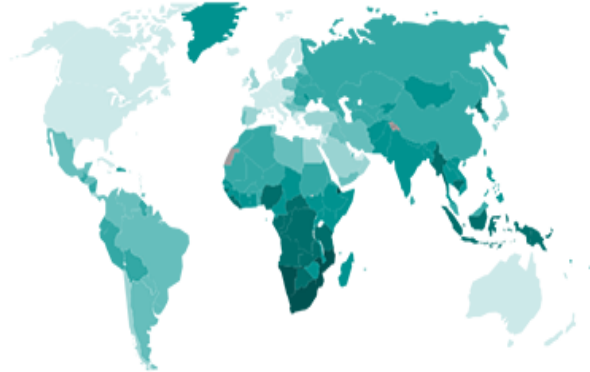
<https://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>

WHO TO TEST FOR LATENT TB INFECTION?

PEOPLE WHO SHOULD BE TESTED FOR TB INFECTION INCLUDE:



Contacts of
people with
TB disease.



People from countries where
TB disease is common.*



People with health
problems that make it
hard to fight TB disease.



HOSPITALS



SHELTERS



CORRECTIONAL
FACILITIES

People who spend time in places
where TB is more common.

*Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe

COMPLETING LTBI TREATMENT CAN REDUCE THE CHANCE OF DEVELOPING TB DISEASE BY 90%

- New, shorter treatment regimens available
 - Generally well-tolerated
 - Lead to improved treatment completion

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 69 / No. 1

February 14, 2020

Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020

Timothy R. Sterling, MD¹; Gibril Njie, MPH²; Dominik Zenner, MD³; David L. Cohn, MD⁴; Randall Reves, MD⁴; Amina Ahmed, MD⁵; Dick Menzies, MD⁶; C. Robert Horsburgh, Jr., MD⁷; Charles M. Crane, MD⁸; Marcos Burgos, MD^{8,9}; Philip LoBue, MD²; Carla A. Winston, PhD²; Robert Belknap, MD^{4,8}

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PUBLIC HEALTH & CORRECTIONS COLLABORATION

- Public health & corrections **collaboration** is key to TB prevention & control in correctional facilities
- Each should **designate liaisons** to communicate regularly and collaborate on TB control efforts
- Begin **discharge planning** as soon as possible for incarcerated people being released

SUMMARY

- **Test people** in correctional facilities for latent TB infection (LTBI)
- If test result for TB infection is positive, evaluate for active TB disease
- If active TB is ruled out, **initiate LTBI treatment** with a short-course regimen:
 - Isoniazid and Rifapentine once a week for 12 weeks
 - Rifampin daily for 4 months
 - Isoniazid and Rifampin daily for 3 months
- **Collaboration is key** to TB prevention & control in correctional facilities

RESOURCES

- CDC TB Website <http://www.cdc.gov/tb>
- Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC *MMWR* 2006; 55:1–44
<https://www.cdc.gov/mmwr/PDF/rr/rr5509.pdf>
- Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020
https://www.cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm?s_cid=rr6901a1_w
- Latent Tuberculosis Infection: A Guide for Primary Health Care Providers
<http://www.cdc.gov/tb/publications/LTBI/default.htm>

Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

