

# JAIL BULLETIN

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NUMBER 109

JUNE 1994

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a supplement to your jail in-service training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. We welcome any jail training material you would like to contribute to the Bulletin.

## TUBERCULOSIS IN CORRECTIONAL FACILITIES PART I

Tuberculosis (TB) was once the leading cause of death in the United States. Since 1953, when nationwide reporting was first implemented, there has been a significant decrease in the number of TB cases reported annually. But this decrease has ended. Since 1984, no significant decrease has occurred; in fact 25,701 TB cases reported in 1990 represent a 9% *increase* over the number reported in 1989.

TB has made a comeback and is accompanying the epidemic of HIV infection. TB rates have been increasing dramatically where HIV infection is most prevalent; in certain regions (particularly large urban centers) and among those population groups at greatest risk (especially 25 to 44 year-old males). But TB is both curable and preventable, even in those with HIV infection. (Inmate HIV testing laws and issues vary depending on the state or county in question. It is imperative that inmates receive counseling both before and after HIV testing, and that confidentiality be carefully maintained. Those who test positive for HIV should be educated about their risk of tuberculosis.)

Both TB and HIV strike hardest among the poor and minority groups, especially those who are injecting drug users (IDUs). These groups are over-

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represented in correctional inmate populations. Correctional facilities where inmates have been screened for TB frequently find infection levels of 10% to 20%.

### Is TB a Problem in Correctional Facilities?

TB is a major problem in correctional facilities, where TB cases occur overall at least 3 times more often than in the general adult population. Since 1985, eleven TB outbreaks have been recognized in prisons in eight states. In addition, in some large correctional systems, the incidence of TB has increased dramatically, resulting in case rates of between 6 and 11 times the rates in the general community.<sup>2</sup> This problem can be attributed to: 1) the over-representation of populations at high risk for TB in prisons and jails, 2) the transmission of TB infection within those facilities, and 3) the overrepresentation of persons at risk for HIV infection.<sup>3</sup>

Conditions that facilitate the spread of TB are common in correctional facilities. Many prisons and jails are old structures with inadequate ventilation systems. Problems with overcrowding are compounded by the mobility of inmates within and between facilities. In jails, these conditions are further worsened by the unpredictability of inmates' length of stay. All of these factors place both inmates and staff at high risk for acquiring TB infection. A single case of infectious TB disease can potentially spread TB infection to large numbers of inmates, staff and visitors.

### How is TB Spread?

Tuberculosis is caused by a bacterium (*Mycobacterium tuberculosis*), often called the tubercle bacillus. TB is spread through the air by tiny airborne particles (called "droplet nuclei") which contain tubercle bacilli. People with infectious TB of the lung or larynx produce these small droplets when they cough, sneeze, sing or talk. Droplet nuclei can remain suspended in the air, unless ventilated outside, and can then be inhaled by others.

Contact with contaminated food, dishes, clothing, or water will not spread TB. Smoking does not cause TB, although the frequent coughing of a smoker with TB may facilitate the spread of TB infection.

## References

1. Theur CP, Hopewell PC, Elias D, et al. Human immuno-deficiency virus infection in tuberculosis patients. *J Infec Dis* 1990; 162(1): 8-12.
2. Centers for Disease Control. Prevention and control of tuberculosis in correctional institutions: recommendations of the advisory committee for the elimination of tuberculosis. *MMWR* May 12, 1989; 38(18): 313-320, 325.
3. Braun MM, Truman BI, Maguire B, et al. Increasing incidence of tuberculosis in a prison inmate population. *JAMA* 1989; 261(3):393-397.

Information in this Jail Bulletin was taken from "Control of Tuberculosis in Correctional Facilities, A guide for Health Care Workers," A publication of the U.S. Department of Health and Human Services.

# QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of inservice training each year. The Jail Bulletin may be used to supplement inservice training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections.

**JUNE 1994**

**NUMBER 109**

**SUBJECT: Tuberculosis in Correctional Facilities - Part II**      **NAME:** \_\_\_\_\_

**DATE** \_\_\_\_\_

1. In correctional facilities TB cases occur overall at least \_\_\_ times more often than in the general population.  

\_\_\_ True    \_\_\_ False
2. Correctional facilities where inmates have been screened for TB may have infection levels of \_\_\_ % to 20%. When a female is being admitted to the jail, routine medical screening is adequate and specific questions concerning female medical conditions are unnecessary.  

\_\_\_ True    \_\_\_ False
3. Jail staff should refuse to accept custody of a person being booked if that person exhibits breathing difficulties, convulsions, seizures, unconsciousness, hallucinations or other potentially serious indications of drug and alcohol abuse.  

\_\_\_ True    \_\_\_ False
4. Jail staff should conduct frequent checks on all inmates who seem to be drunk or high during admission because of the medical risks involved.  

\_\_\_ True    \_\_\_ False
5. Those persons charged with sex offenses against children do not require any special housing or supervision.  

\_\_\_ True    \_\_\_ False
6. It is not uncommon for inmates charged with sex offenses to attempt suicide while in jail.  

\_\_\_ True    \_\_\_ False

**CREDIT:** One half hour credit for jail inservice training requirement

# QUIZ

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APRIL 1994

NUMBER 107

SUBJECT: **Special Needs Inmates**  
**Part II**

NAME: \_\_\_\_\_

DATE \_\_\_\_\_

1 It is well known that female inmates are entitled to the same level of rights and privileges except for which of the following:

- a. exercise
- b. cell size
- c. special diets
- d. group activities
- e. none of the above

2. When a female is being admitted to the jail, routine medical screening is adequate and specific questions concerning female medical conditions are unnecessary.

\_\_\_\_\_ True    X False

3. Jail staff should refuse to accept custody of a person being booked if that person exhibits breathing difficulties, convulsions, seizures, unconsciousness, hallucinations or other potentially serious indications of drug and alcohol abuse.

X True    \_\_\_\_\_ False

4. Jail staff should conduct frequent checks on all inmates who seem to be drunk or high during admission because of the medical risks involved.

X True    \_\_\_\_\_ False

5. Those persons charged with sex offenses against children do not require any special housing or supervision.

\_\_\_\_\_ True    X False

6. It is not uncommon for inmates charged with sex offenses to attempt suicide while in jail.

X True    \_\_\_\_\_ False

CREDIT: One half hour credit for jail inservice training requirement