

Federal Law Enforcement Agency Points of Contact for TB Continuity of Care

BOP Call: (202)305-7388 or (507) 424-7398
Email: sbur@bop.gov or jdking@bop.gov
Fax:: (202) 307-0156

USMS Call: (703) 740-8417 Nurse Case Manager Line
Fax:: (703)740-8418

ICE/IHSC Call (612) 843-8748 or (202) 732-3467
Email: Geri.L.Tagliaferri@ice.dhs.gov or Diana.Elson@ice.dhs.gov
Fax:: (866) 573-8531

Additional Resources

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

CDC CureTB: www.CureTB.org

Migrant Clinicians Network (MCN/TBNet)

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

Regional Training and Medical Consultation Centers (RTMCCs):

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

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



Tuberculosis Continuity of Care for Unauthorized Inmates, Prisoners, and Detainees in Federal Custody

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

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

**U.S. Immigration & Customs
Enforcement
(Department of Homeland Security)**

Background

Federal Bureau of Prisons (BOP)

The Federal Bureau of Prisons consists of 122 institutions and 24 community corrections offices. The Bureau is responsible for the custody and care of approximately 215,000 Federal offenders. Approximately 80% 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.

U.S. Immigration & Customs Enforcement (ICE)

The ICE mission is to identify, arrest, and remove aliens who present a danger to national security or are a risk to public safety, as well as those who enter the United States illegally or otherwise undermine the integrity of our immigration laws and our border control efforts. Enforcement and Removal Operations (ERO) upholds America's immigration laws at, within and beyond our borders through efficient enforcement and removal operations. ICE's authority to detain is for immigration enforcement. ICE houses detainees in over 250 local detention facilities across the nation operating under intergovernmental service agreements (IGSA) or direct contracts, or in ICE-operated processing centers. ICE Health Service Corps (IHSC) provides direct medical care to detainees in 21 detention and staging facilities, and coordinates offsite care for detainees held in other IGSA and contracted facilities. 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 release and continuity of care planning prior to transfer, release or removal.

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](https://www.bop.gov/inmateloc/): <https://www.bop.gov/inmateloc/>
- [ICE detainee locator](https://locator.ice.gov/odls/homePage.do): <https://locator.ice.gov/odls/homePage.do>
- USMS has no online locator available. Please contact your local USMS District. [District contact information](http://www.usmarshals.gov/index.html) 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 unauthorized 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 agency's medical program?

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

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

- Yes

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

- Yes, according to your facility policies and the agreement with the federal agency. It is recommended that TB patients be released with no more than two weeks supply of TB medications

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

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

Health Department Checklist -- check when complete	
Confirm the patient with suspected or verified active TB disease in your local detention facility	
Determine & verify custody status (BOP, USMS, ICE or local law enforcement?) with the law enforcement agency having custody authority	
Ascertain federal law enforcement agency identification # (BOP and USMS Register number or ICE Alien number)	
Notify the appropriate federal law enforcement agency's medical program	
Ensure completion of the transnational referral program forms	
Ensure submission of the referral program forms to the appropriate transnational referral program with diagnostic and treatment information	
Ensure submission of a copy of the referral program forms to the appropriate federal law enforcement agency's medical program for tracking purposes	
Once non-contagious <u>and</u> the transnational referral forms have been completed and submitted, notify the federal law enforcement agency's medical program	
Report NAAT, culture, and drug sensitivity results and dates to the appropriate federal law enforcement agency's medical program and the transnational referral program	
Maintain communications with the federal law enforcement agency medical POC regarding diagnostic, treatment, and TB care information.	

General Considerations

- It is essential to verify custody with the law enforcement agency having legal custody; this may be distinct from the facility housing the person
- People in ICE and USMS custody generally have a shorter length of stay
- Frequent transfers occur, often across jurisdictional boundaries
- The law enforcement agency having legal custody (not the detention facility) is responsible for decisions regarding transfers, release, or repatriation
- Care and services are based on contractual agreements and national detention standards
- Most unauthorized aliens in the U.S. originate from countries with a high burden of active TB disease
- ICE's authority to detain is for immigration enforcement and to accomplish removal; an unauthorized or deportable alien with a final order of removal cannot be detained solely for health care or public health reasons

TB Continuity of Care

Transnational referrals for TB continuity of care are recommended for foreign nationals in the custody of a federal law enforcement agency so that patients are able to continue 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.

Transnational referrals for TB continuity of care are accomplished through coordination with the Centers for Disease Control and Prevention's CureTB Program or Migrant Clinician's Network's Health Network (TBNet) Program. All unauthorized persons with suspected or verified TB in law enforcement custody should be linked in a transnational TB referral program.

Transnational Referrals

Centers for Disease Control and Prevention (CDC)/ CureTB Program

- Provides transnational TB referral services regardless of nationality.
- Primary TB referral program for ICE and provides referral services for all federal partners.
- Transnational continuity of care program operated by the CDC, Division of Global Migration and Quarantine, U.S.-Mexico Unit, in partnership with San Diego County TB Branch.
- You can submit a CureTB referral in 3 ways:
 1. Fax: 404-471-8905
 2. E-mail: CureTB@cdc.gov (type the name of the detention facility in subject)
 3. Call: 619-542-4013 (main)
- Patient resources:
 1. Email: CureTB@cdc.gov
 2. Toll free telephone: International: 001-800-789-1751; From US: 1-800-789-1751
- Website: www.CureTB.org

How to refer a patient to CureTB:

- Provide education to the patient on the continuity of care and referral process
- The referral should be made as soon as a diagnosis of TB is suspected and treatment is initiated or planned.
- No written consent is required.
- Fax or secure email the following information:
 - 1) Patient's name and DOB
 - 2) A# (and BOP# / USMS# if known/applicable)
 - 3) Patient's country of nationality
 - 4) Chest X-Ray report(s) and digital image(s)
 - 5) Pulmonary cases: sputum smear results & culture/drug susceptibilities (as available)
 - 6) Extra-pulmonary: specimen type with smear & culture, drug susceptibilities, path report
 - 7) Other known co-morbidities
 - 8) Treatment regimen (medications, dosages, start dates)
 - 9) Adverse TB medication reactions
 - 10) Name of the detention facility and site contact person for medical information/clarification

If the patient is not in ICE custody, transnational referrals may also be arranged through Migrant Clinician's Network:

<http://www.migrantclinician.org/services/network/enrollment-in-health-network.html>

- 1) Fax the completed form, consent and medical information to 512-327-6140
- 2) Call 800-825-8205 for a health network assistant to help you

Detention Facility Checklist -- check when complete	<input checked="" type="checkbox"/>
Identify patient with suspects or verified active TB disease	
Notify the appropriate federal law enforcement agency's medical program	
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?	
NAAT result and date?	
Culture and Sensitivities ordered with initial AFB smears?	
Treatment initiated? Start date?	
Expected treatment completion date?	
Complete and submit transnational referral program forms with diagnostic and treatment information	
Submit copy of referral program forms to the appropriate federal law enforcement agency for surveillance and tracking purposes	
Ensure completion of patient interview with transnational referral program	
Inform and/or coordinate with local health department regarding as needed for patients with medical or other complexities	
Once non-contagious <u>and</u> the transnational referral forms have been completed and submitted, notify the federal law enforcement agency's medical program	
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	