



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

**Guidelines for the Management of
Tuberculosis, Human Immunodeficiency Virus
and Sexually-Transmitted Infections in
Correctional Centres
2013**

28 MAY 2013

INTRODUCTION

The development of these guidelines has been a collaboration between the National Department of Health(NDOH), the Department of Correctional Services (DCS) and partners – the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Office on Drugs and Crime (UNODC), World Health Organisation (WHO), The Aurum Institute, TB / HIV Care Association, Right to Care, and the University Research Co (URC).

WHY WERE GUIDELINES DEVELOPED

- Inmates come from communities with **high rates of tuberculosis (TB) and human immunodeficiency virus (HIV)**. They may be undiagnosed or on treatment, which is then interrupted on incarceration, causing a high risk of transmission of disease.
- **Overcrowding, high population turnover and unhygienic conditions contribute further to the spread of infectious diseases in correctional centres.**
- **Inmates have the right to receive health care, including preventive measures, equivalent to the care available in South African communities.**
- **Policies and practices should be put in place to create a safer environment and diminish the risk of transmission of TB, HIV and sexually transmitted infections (STIs) to inmates and staff alike.**

SCREENING AND DIAGNOSIS IN CORRECTIONAL CENTRES

- **Voluntary HIV counselling and testing should be offered to all inmates at entry / exit and upon self-presentation.**
- **Two positive rapid tests confirm HIV infection.**
- **Inmates whose CD4 count is <350 cells/ μ L should be started on antiretroviral therapy (ART) and all inmates with newly diagnosed HIV should be assessed/screened for TB infection.**
- **Symptom-based TB screening should be done on all inmates at entry / exit, upon self-presentation, bi-annually or as campaign screening at least annually.**
- **Screening needs to be extended to contacts.**
- **Chest X-ray (digital) and GeneXpert® MTB/RIF are complementary.**
- **An outbreak is defined as more than two inmates from one cell having TB, requiring investigation in collaboration with the Department of Health.**

SCREENING AND DIAGNOSIS IN CORRECTIONAL CENTRES

- **Universal screening for anal, oral and genital STIs should be conducted on all inmates at entry, upon self-presentation and quarterly for HIV-positive inmates using specific algorithms based on symptoms.**
- **For TB diagnosis, all adult inmates with suspected TB should provide two sputum samples. If one of the specimens is smear or GeneXpert® MTB/RIF positive, TB treatment must be commenced. If both specimens are negative in either test, HIV-negative inmates receive Amoxil 500mg three times a day for 5 days and are then reassessed (to be in line with EDL).**
- **HIV-positive inmates must be referred for assessment, X-ray and TB culture.**

TREATMENT IN CORRECTIONAL CENTRES

- **TB treatment:** Smear- or culture-positive and GeneXpert® MTB/RIF-positive, rifampicin-sensitive patients should be treated according to the National Tuberculosis Management Guidelines, the latter further need a second specimen sent for microscopy.
- **GeneXpert® MTB/RIF-positive, rifampicin-resistant patients need to be referred to a multidrug-resistant TB unit for further management.**
- **Inmates with pulmonary TB should be isolated for two weeks. Hospitalisation should be considered for diabetes, liver disease, respiratory insufficiency, haemoptysis, serious adverse events of therapy and severe extra-pulmonary disease.**
- **All HIV-positive inmates require repeat CD4 testing every 6 months, monthly TB symptom screening and regular STI screening. They should receive cotrimoxazole TB prophylaxis if CD4 count >350 cells/mm³ and ART if CD4 <350 cells/mm³ or WHO clinical stage IV disease. If inmates have TB, ART should be started immediately and should be screened for cryptococcal disease if CD4 < 100 cells/mm³.**

TREATMENT IN CORRECTIONAL CENTRES

- STIs treatment must be initiated immediately in all inmates with a confirmed diagnosis.
- The **syndromic management** flow charts for management of symptomatic STIs outlined in the DoH guidelines must be followed.
- In addition, HCT (if not recently tested), condom promotion, adherence counselling and education about the importance of partner notification and treatment.
- All patients must be reviewed on completion of treatment and referred if not responding to treatment.
- Adherence support should consist of information on the regimen and the reason for long-term treatment including side effects of therapy.
- Education should emphasise the importance of taking treatment exactly as prescribed. Support provided by nurses, care workers, treatment buddies and support groups should be complemented by pill counts.

PREVENTION IN CORRECTIONAL CENTRES

- Inmates and correctional centre staff should **be informed** about TB, HIV and STIs including prevention in their increased risk environment.
- **Peer education** as an effective means involves dissemination of correct information by both centre staff and inmates.
- **TB prevention:** Isoniazid preventive therapy (IPT) should be provided to all HIV-infected adults who are not on TB treatment; are asymptomatic for TB; have no active liver disease and no history of alcohol abuse, psychosis, convulsions or neuropathy.
- **Isoniazid** 300mg plus **Vitamin B6** 25 mg daily should be given for the duration of incarceration.
- Inmates should be **monitored for side effects** and indications for **interruption** of IPT.
- Special considerations apply for infants.

PREVENTION IN CORRECTIONAL CENTRES

- TB infection control consists of **environmental and administrative controls and personal protection**. These involve an **Infection Prevention and Control Committee and Plan**, risk assessments, education of staff and inmates, regular screening, isolation of TB patients, coughing etiquette, face masks, save environments for sputum provision, natural ventilation where possible and ultraviolet germicidal radiation where affordable.
- HIV prevention requires a comprehensive approach including access to condoms and water-based lubricants; reducing vulnerability to rape; post-exposure prophylaxis with established drug regimens including monitoring of drug safety and potential seroconversion; harm reduction programmes to reduce the risk of HIV-transmission related to substance abuse; education on risk behaviour and preventive measures with a focus on men having sex with men; and male circumcision with adequate counselling on risk reduction after the intervention.
- HIV- and TB-related stigma and discrimination should be promoted by peer education, support groups and information campaigns.

WOMEN AND CHILD HEALTH IN CORRECTIONAL CENTRES

- **To prevent TB in pregnancy, TB symptom screening should be done at every visit for all pregnant women, regardless of their HIV status.**
- **All HIV-positive pregnant women without TB symptoms should receive IPT.**
- TB treatment should be given to all women if indicated.
- **All HIV-positive pregnant women should receive ART regardless of their CD4 count.**
- **All women irrespective of HIV and TB status should be encouraged to breastfeed.**
- **If active TB has been excluded, all infants living with their mothers in correctional centres should be started on IPT.**

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- Prevention of mother-to-child transmission to be completed.



POST-RELEASE FROM CORRECTIONAL FACILITIES

- Efforts should be made to retain all inmates admitted to, transferred between and released from correctional facilities within the continuum of TB/ HIV care.



RECORDING AND REPORTING

- Reporting, monitoring and evaluation is paramount and needs to strictly follow Department of Health (DOH) policies.



HUMAN RIGHTS

- The rights of inmates, staff and health care workers guaranteed in the *Constitution of the Republic of South Africa and the Correctional Services Act* have to be systematically secured.

CONCLUSION

The establishment of partnerships and cooperation between the DCS and relevant partners i.e. Government Departments, NGOs, private institutions, for the delivery of health care programmes and services to the inmate population is essential in ensuring the humane detention of inmates.



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THANK YOU