Tuberculosis (TB) disease is an illness caused by the bacteria *Mycobacterium tuberculosis*. TB usually affects the lungs and spreads through the air when a person sick with TB coughs. Because of this, people living in congregate settings like correctional facilities can be vulnerable to becoming infected with TB bacteria. Not everyone infected with the bacteria becomes sick. People that have been infected but are not sick have latent tuberculosis infection (LTBI). People with LTBI can become sick with TB disease in the future if they are not treated.

**TB cases in correctional facilities have declined**

TB cases among people living in correctional facilities have decreased substantially since robust TB surveillance started in 1993. The total number of cases fell during this time from 204 to 35 (>80% decrease) and the proportion of all TB cases diagnosed in correctional facilities has also fallen from 4% in 1993 to 2% in 2020.

**Percent of corrections TB cases in non-US-born people increased**

The major risk factor for TB in California is birth outside the United States. The proportion of TB cases diagnosed in correctional facilities among people born outside the United States has increased from 36% to 66%. This likely indicates that TB cases in correctional facility residents may stem from TB risks other than correctional facility residence.
State prisons have a similar TB rate to non-incarcerated population

A detailed analysis of TB in correctional facilities conducted by TBCB authors in 2017 showed that the rate of TB was lowest in state prisons and was similar to rates of TB in populations outside of correctional facilities. The same analysis showed that rates of TB were higher in federal and local facilities. During this time, state prisons had a larger population of residents than federal or local facilities.
A higher proportion of people diagnosed with TB in correctional facilities were born outside the U.S. in Immigration and Customs Enforcement (ICE) and federal prisons than state prisons and local jails. This likely reflects the role of federal and ICE facilities in immigration detention. This likely also explains differences in the occurrence of TB by facility type.

Half of TB cases in corrections occur in federal or ICE facilities

TB cases continue to be more common in federal facilities and ICE facilities. Taken together, these facilities accounted for more than half of correctional facility TB cases in California during 2016-2020. More than a third of cases were diagnosed in local jails and 6% were diagnosed in state prisons.
Addressing TB in correctional facilities remains a priority

Despite declines in TB cases in correctional facilities, state and local public health TB programs continue to be active in assisting with TB prevention and care in correctional facilities. Each TB program has a specifically identified Correctional Liaison to help facilitate work between programs and facilities.

TB screening practices in local jails
Medium and high morbidity jurisdictions (n=24)

*High and medium morbidity jurisdictions include >90% of California TB cases
Based on survey of local TB programs by TBCB

TB screening and treatment programs are in place in correctional facilities in California but vary by facility and jurisdiction.

According to a TBCB survey of 24 local TB programs with the highest TB morbidity, all jurisdictions reported that local jails perform TB screening; nearly 80% reported testing with TST or IGRA.

All people incarcerated in state prison facilities receive symptom screening and TB testing upon entry to the system. In addition, all people with untreated LTBI are encouraged to initiate treatment at annual health maintenance visit.

All people incarcerated in federal facilities receive symptom screen and TB testing upon entry and annually. LTBI treatment is offered within 90 days of a positive test. Additional screening is performed at specific facilities.