



Health Services Orientation Handbook

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Effective 10/1/2017 Until Revised

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Medical, Dental and Mental Health Care

Policies - DOC 600 Series

All medical, dental and mental health services will be provided consistent with the DOC Offender Health Plan (OHP). The OHP is available for you to read at all Law Libraries, unit duty desk and through the KIOSK system, where available.

Providers (including nurses) are responsible to deliver all medically necessary care as defined in the OHP. There are various guidelines and health services policies established to help them deliver quality care.

If you have questions or need any issue explained, please discuss your concerns with the nurse conducting your intake interview or sign up to see a provider.

Health Care Co-Pays

Offenders will be charged a \$4 co-payment for all visits except:

- Intake health care examinations or health care services required by policy, including an initial vision screening
- Court ordered evaluations
- Medical visits initiated by a health care provider, including follow-up visits
- Preventative care
- Chronic care
- Medication distribution
- Mental health services provided to offenders in Residential Treatment Units (RTUs)
 - Co-payments will be charged for medical services provided to offenders in RTUs

You will not be charged for appointments and services that are initiated by Health Care staff.

You will be charged for mental health appointments that you have requested. You will not be charged for mental health appointments that occur in a Residential Treatment Unit or are part of an ongoing treatment plan authorized within the OHP.

The co-payment will be deducted from your Medical Sub Account. If no money is available in the Medical Sub Account the co-payment will be deducted from your Spendable Account if funds are available. If no money is available or you are indigent, a debt will be created. No offender will be denied access to care due to lack of funds.

If funds are taken from the Spendable Account for a co-pay and are refunded, the funds will be placed in the Medical Sub Account.

Subsequent visits may lead to a copayment being charged when related to the initial request and not scheduled by medical staff.

Health Care Emergencies

Health related emergencies take priority over routine issues. If you have a health related emergency, contact any staff immediately and inform them that you have a health related emergency.

Health care staff will assess your health related emergency and determine the best response. If the situation is not an emergency, you will be advised to sign up for the next scheduled sick call.

If you repeatedly declare health related emergencies that are not truly emergencies, you may be infraacted and/or receive other disciplinary action.

Some examples of a health related emergencies are:

- Thoughts of suicide, self-harm, or thoughts of harming others
- Major trauma, such as head injury, suspected broken bone, bite, or severe burn;
- Uncontrolled bleeding;
- Severe pain;
- Loss of consciousness;
- Chest pains;
- Poisoning;
- Severe shortness of breath;
- Stupor, drowsiness, or disorientation that cannot be explained; or
- Severe tooth pain

Medical Care

Emergencies: Medical emergencies take priority over routine issues. If you have a medical emergency, contact any staff immediately and inform them that you have a medical emergency.

Routine Medical Care: If you have a routine medical concern, you must make a written request to be seen by signing up on the provider sign-up sheet for sick call or by sending DOC 13-423 Health Services Kite to Health Services. Unless it is an emergency, you will be seen only at sick call or by appointment.

Medical Appointments/Call-Out: Medical appointments are on the call-out list posted in your living unit. You must check this list daily.

If you are placed on a medical call-out to be seen by a provider, attendance is mandatory. Failure to appear for your scheduled appointment will be recorded in your medical file, and you may be infraacted.

Preventative and Chronic Care: DOC supports appropriate preventive and chronic care; co-payments are not required for these when appointments are part of an authorized chronic care program and requested by the medical provider or nursing staff. Your medical provider or nursing staff may discuss with you the option to enroll in a chronic care management program available at your facility and will explain how the program works.

Health Education: Health and disease information is available in both English and Spanish for your information and education. Ask your Health Care provider about available materials. If

materials are needed in a different language a request should be made to the facility Health Services Manager.

Dental Care

Emergency care will be provided for acute dental conditions as determined by the DOC health care provider. If an emergency arises, kite your dental clinic or go to sick call.

Dental care is prioritized based on severity of need. Emergency and urgent dental treatment will be given priority and then routine dental care will be provided as available resources permit.

A \$4 copayment is charged for most dental procedures. If you have questions about the total costs of your dental treatment plan please discuss this with the dental staff.

Only limited, emergency services available at the camp locations. For routine or more comprehensive work, you will have to be placed at a major facility.

Mental Health Care

If you have an emergency, contact staff immediately and inform them that you have a mental health emergency.

If you believe another offender is at risk of hurting themselves or others, immediately contact staff to report this.

If you have a routine mental health concern, you must make a written request to be seen by requesting a mental health appointment by sending DOC 13-423 Health Services Kite to mental health staff.

If you self refer to Mental Health for any behavioral health appointments, you will be charged a copayment. All other scheduled mental health appointments are not charged a copayment.

Correctional Classification and medical staff may also refer you to Mental Health to ensure your health and safety or the safety of others.

Optical Care

A basic vision screening will be performed upon entry into the correctional system.

Exams requested or required beyond the basic vision screening conducted at intake will be charged a \$4 copayment. If it is determined you need eyeglasses you will not be charged another copayment when you receive your glasses.

New glasses will be provided when medically necessary due to changes in visual acuity. Eye glasses exams will be conducted according to the eye related protocol.

Any willful or negligent damage, destruction, or loss of glasses will be considered grounds for disciplinary action and may of result in a charge for the cost of repair or replacement.

DOC does not provide contact lenses. If you enter DOC with contact lenses, you may purchase supplies for the care of your contact lenses through the Offender Store.

Refusing Medical / Dental / Mental Health Care

You have the right to refuse examinations, treatments, and procedures in almost all instances. You are expected to be engaged in your mental health care. You have a right to confidential mental health care with the exception for some emergency care. You may authorize the release of your mental health information with the DOC Authorization for disclosure of Health Information form 13-035.

If you refuse treatment/services, you will be required to sign DOC 13-048 Refusal of Medical, Dental, Mental Health, and/or Surgical Treatment and the form will be placed in the legal section of your offender health record.

Medications

Medically necessary medications are prescribed by health care providers in accordance with DOC formulary, policies, procedures and protocols.

You may receive medications at pill line or they may be issued to keep with you. Medications issued directly to you for storage in your living unit are called Keep on Person (KOP) medications.

There are some medications you are not allowed to keep in your cell. These medications are called Pill Line medications and will be delivered to you at pill line ONLY. Times, locations and procedures for pill lines are posted in your living unit, but are subject to change.

All medications provided by DOC must be approved by the statewide DOC Pharmacy and Therapeutics Committee. Not all of the medication brands you may have been prescribed in the community or previously in DOC may be available. Your DOC health care provider may prescribe a different medication within the DOC formulary which they believe will provide you with the intended therapeutic results.

If you have questions about your medications please request an appointment with your provider so you can discuss the issue in person.

Medication Refills

If you are on a Pill Line medication the nursing staff will initiate a refill request for your medication.

Refill requests are your responsibility for Keep on Person (KOP) medications that you keep in your cell.

- You should request a refill 7-10 days before you expect to run out of your current supply of medication. If you do not request a refill in time it may cause a delay in getting the medications to you before your prescription runs running out.

Do not give away or share your medications with any other offender. You may harm them. This includes any Keep on Person (KOP) medications and all over the counter (OTC) medicines. Please return any unused or outdated medication to Health Services. If you keep outdated medications or give your medications to other offenders you may receive a major infraction.

Sometimes a health care provider will need to review your condition and discuss with you how the medication is working before your medication is continued, after your prescription expires or runs out of refills. This process is called a renewal.

Renewal: Health care staff will schedule you for an appointment with your provider. If you are put on the call-out for a health care appointment, please attend the appointment so any delays in renewing your prescriptions may be avoided.

No co-pay will be charged when the health clinic initiates an appointment to discuss your medications. If you initiate a request to discuss your medications, a co-pay may be charged.

Transfer Medications

To avoid any delay in receiving your medication in a timely manner when you transfer to another DOC facility, **DO NOT** place your KOP medications in your personal property. You must hand carry your KOP medications to the transport staging area and place in medication container located in the staging area. This is the only way to have your medications available to you upon arrival.

Nursing staff will package up any medications you have at the Pill Line and forward them to your next the facility. Those medications will be available at the receiving facility Pill Line on the day of your arrival.

Medications for releasing from DOC

DOC will provide a 30 day supply of most medications to you at the time of your release from prison or upon your transfer to a work release facility. In some instances, your DOC practitioner may write a 90 day prescription for your medication with transfer to work release or the community.

Over-the-Counter (OTC) Medications

OTC medications may be purchased from the offender store. Upon admission to DOC, small quantities of OTC items will be available to you at no charge on a one time basis, to cover any immediate needs until a store order can be filled.

Over the Counter (OTC) medications like acetaminophen (Tylenol), ibuprofen (Advil), naproxen (Anaprox), loratadine (Claritin), foot or groin fungus creams, dandruff shampoo, skin moisturizers, vitamins, sunscreen etc. are available through the store.

Some OTC items are “debttable”, e.g., aspirin and ibuprofen. This means that you may order and receive these items even if you don’t have enough money in your account, and their cost will be deducted from your Medical Sub Account. If no money is available in the Medical Sub Account money will be deducted from your Spendable Account if funds are available. If no money is available or you are indigent, a debt will be created. If funds are taken from the Spendable Account are refunded for any reason, the funds will be placed in the Medical Sub Account.

Some OTC items are “non-debttable”, e.g., multi-vitamins and fish oil. This means you must have the money in your Medical Sub Account to pay for these items when you order them, or your order will not be filled. You may not incur a debt for these items.

If an offender is determined to be at high risk for self-harm or suicide by drug overdose, s/he may be restricted from purchasing OTC Medications that are potentially harmful or lethal.

If you keep outdated medications or give your medications to other offenders you may receive a major infraction.

Plan ahead as it may take an average of seven days to get OTC items from the offender store. It is recommended that you request items that you would normally use in the general community so that you have them on hand in advance of need.

Health Status Report (HSR)

DOC 13-041 Health Status Report (HSR) is a document that notes any medical, visual, mental health, and/or dental accommodations that are medically necessary.

If your medical condition requires you to have special equipment or items, such as ace wraps, crutches, a wheelchair, etc., you may be issued an HSR for these items. You must keep your copy of the HSR with you to show that the equipment is authorized.

HSRs may be used by providers to communicate with non-clinical staff in order to accommodate your health condition, for example, that you should have a lower bunk or a special diet.

Your health care provider may advise you to avoid or participate in certain activities. Health care advice and recommendations do not need to be specified in HSRs.

It is your responsibility to follow health care advice and recommendations to protect your health.

Each HSR has an expiration date set by your provider up to 12 months after issuing. HSR's are required by DOC Policy 610.040 to be reviewed every time you transfer to a new facility. When you transfer to a new institution, your HSR may or may not be renewed depending on the result of a provider evaluation of your particular needs. You will not be charged a co-pay if your provider needs to see you to determine the need for an HSR renewal when you transfer facilities. If an appointment is not required to renew your HSR(s) then health care staff will mail you an updated HSR.

Health Records Access

NOTICE: We keep a record of the health care services we provide you. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by submitting a Health Services Kite to Medical Records.

You may access your medical, dental and/or mental health records by requesting a record review or by requesting copies of your records. Access may be limited under some circumstances.

To request a record review, send your request to Health Services by utilizing the Health Services Kite form DOC 13-423.

- You will be placed on a call-out to review your record and be scheduled for a minimum of 15 minutes.

- If allowed by your facility, you may bring a paper and pencil to take notes.
- You may request copies at your review.

To request copies without scheduling a review, mail a written request to:

Public Records Officer DOC
P.O. Box 41118
Olympia, WA 98504-1118

There is a charge for each page of any copies you request from your record. Payment must be made before copies can be given to you. You may have third parties (others) pay for the copies.

Confidentiality of Records

While you are under the jurisdiction of DOC, there may be situations when information about your health may be provided to others without your authorization. This would occur only when it is necessary to make decisions about your custody and housing, by court order, as requested by federal, state, or local law enforcement agencies per state and/or federal law and as otherwise permitted by law.

PREA

Pursuant to PREA guidelines, providers are required to report any knowledge, suspicion or information regarding any of the following:

- An incident of sexual abuse or sexual harassment that occurred in a DOC facility
- Retaliation against someone who reported such an incident
- Any staff neglect for violation of responsibilities that may have contributed to an incident or retaliation.

Use of Offenders for Experimental Purposes

Research in the Department of Corrections is strictly regulated. Under no circumstances or conditions will DOC allow you, or anyone else in prison, to be the subject of research on experimental treatments (medical or pharmaceutical), or cosmetic experiments.

AFFORDABLE CARE ACT (ACA)

Washington Apple Health (Medicaid) and Medicare

If you previously had Washington Apple Health or Medicare prior to incarceration, those benefits have been cancelled. This also applies to Work Release as it is still considered incarceration.

The Department of Corrections has established a process to help those eligible apply for *Washington Apple Health* prior to releasing back into the community.

DOC also has the right to use Apple Health benefits on your behalf for qualifying hospitalizations during your incarceration.

Medicaid Pre-enrollment Program

If you meet certain criteria, this process enables DOC to help you enroll in Washington Apple Health so that you have medical coverage before you release from incarceration.

If you do not meet the criteria for Apple Health, you may also qualify for a temporary or conditional benefit until your Medicare benefits get fully activated. To qualify for the pre-enrollment, you must be within 60 days of your release, a US citizen or legal resident alien, and upon your release you must not be residing with a spouse or dependents (children for which you are financially responsible for at least 6 months out of the year).

DOC will not pre-enroll you in a program that will cost you money. If you qualify and are successfully enrolled, DOC will notify you via letter. You will also receive two identification cards (ProviderOne, Managed Care Plan) and a Washington Apple Health Benefits Book.

If you do not qualify for pre-enrollment or are denied coverage by Washington Apple Health, DOC will send you a letter explaining the reasons for the denial. Just because you are denied/not eligible for the Pre-enrollment Program, it does not mean you are not eligible for Washington Apple Health.

Medicaid for Hospitalizations

State law allows DOC the right to utilize Medicaid benefits in certain situations if you need to be hospitalized during your incarceration.

If you have a hospital stay that is deemed “inpatient” by the hospital, DOC can apply for Medicaid coverage on your behalf. This coverage will only apply to this hospitalization.

Medicaid benefits become inactive as soon as you are released from the hospital and back into DOC custody.

You will have no obligation to reimburse Medicaid for these services. DOC will pay for any other medical expense that is outlined in the Offender Health Plan.

Basic Information about HIV/AIDS, Hepatitis B and C, and Tuberculosis

Adapted from the Center for Disease Control (CDC)

HIV/AIDS

What are HIV and AIDS?

HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS. HIV is a virus that attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease.

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this

stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infection.

How is HIV Spread?

HIV is a fragile or “weak” virus and cannot live for very long outside the body. As a result, HIV is **NOT** transmitted through day-to-day activities such as shaking hands, hugging or a casual kiss. You **CANNOT** become infected from a toilet seat, drinking fountain, doorknob, dishes, food or mosquitoes.

HIV is primarily found in the blood, semen, vaginal fluid and breast milk of an infected person. HIV is transmitted or spread in three main ways:

- Having sex (anal, vaginal, or oral) with someone infected with HIV;
- Sharing needles and syringes with someone infected with HIV; or
- Being exposed to HIV before or during birth or through breastfeeding.

HIV can also be transmitted through blood infected with HIV; however, since 1985, all donated blood in the US has been tested for HIV. Therefore, the risk for HIV Infection through the transfusion of blood or blood products is extremely low. Tattooing done in an unlicensed facility or in an informal setting (such as prison) and being exposed to blood during a fight are theoretical risks for getting HIV.

Am I at Risk for Getting HIV?

You may be at increased risk for HIV infection if you have:

- Injected drugs or steroids, during which any part of “the works” (such as needles, syringes, cotton, or water) was shared with others.
- Had unprotected vaginal, anal, or oral sex (that is, sex without using condoms), particularly with multiple partners, anonymous partners, men who have sex with men, or someone who injects drugs.
- Exchanged sex for drugs or money.
- Been given a diagnosis of, or been treated for, hepatitis, tuberculosis or a sexually transmitted disease (such as syphilis, Chlamydia or Gonorrhea).
- Received a blood transfusion or clotting factor between 1978 and 1985.

Why is it Important to test for HIV?

The only way to know whether you are infected with HIV is to be tested. You cannot rely on symptoms alone, because many people who are infected with HIV do **NOT** have symptoms for many years. Someone can look and feel healthy, but can still be infected. Even if you think you are at low risk for HIV infection, you should get tested, but you should definitely get an HIV test if you have any of the risk factors mentioned above. About one in every five people in the U.S. with HIV doesn't know that they are infected. Knowing you have HIV allows you to get lifesaving treatment and take steps to protect others.

Once HIV enters the body, the body starts to produce antibodies (proteins your body makes after it is infected). Most HIV tests look for these antibodies. It can take some time for the immune system to produce enough antibodies for the antibody test to detect, and this time period can vary from person to person. Therefore, if you get HIV tested before your body has the time to make

enough antibodies; the HIV test will come back negative even though the virus is in your body. This is called the “window period”. Therefore, if a negative HIV test was conducted within three months after possible HIV exposure, you should request repeat testing about six months after the exposure occurred. Ask your provider if you have any questions about the window period or HIV testing.

HIV testing will be done at intake unless you refuse. You may also request repeat testing any time while you are in prison (but not more often than every six months) by kiting your provider or the Infection Control Nurse.

Is there Treatment for HIV and AIDS?

There is no cure for HIV, but there is medication available that can keep you healthy. Just like other chronic diseases, such as diabetes or hypertension, even without symptoms, taking a medicine every day can help you live longer. If you test positive for HIV, you will be scheduled to meet with medical staff to go over your test results and to answer all your questions.

How Do I Protect Myself?

- Don't share any part of the works when injecting drugs.
- Remain abstinent or always use condoms when having sex.
- Do not engage in any tattooing

HEPATITIS

What is Viral Hepatitis?

“Viral hepatitis” means inflammation of the liver caused by a virus. Several different viruses, named Hepatitis A, B, C, D and E viruses, can cause viral hepatitis. In the US, the most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, medications (including herbals) and certain medical conditions can also cause hepatitis. Hepatitis A, B, and C can all cause an acute illness of varying severity, but Hepatitis B and C can also become a chronic conditions that may lead to scarring of the liver, liver failure, and liver cancer over time. There is a vaccine that can prevent Hepatitis A and Hepatitis B in adults at risk for infection. There is NO vaccine for Hepatitis C.

How are Hepatitis B and Hepatitis C Spread?

You CANNOT get Hepatitis B or Hepatitis C from casual contact, like touching or hugging.

Hepatitis B is found in the blood, semen, and vaginal fluid of an infected person. Hepatitis B is spread by:

- Having sex (anal, vaginal, or oral) with someone infected with Hepatitis B;
- Sharing needles, syringes, or other drug equipment with someone infected with Hepatitis B;
- Being exposed to Hepatitis B at birth.

Since 1987, the risk for Hepatitis B through the transfusion of blood or blood products has been extremely low.

Hepatitis C is spread mainly through contact with infected blood, especially by sharing needles or other drug equipment. It is less commonly spread by sex and childbirth, but it can occur. Prior to 1992, Hepatitis C was commonly spread through blood transfusion or organ transplant. The

risk for Hepatitis C infection through the transfusion of blood or blood products is now extremely low.

Am I at Risk for Getting Hepatitis B and Hepatitis C?

You may be at increased risk for Hepatitis B or Hepatitis C infection if you:

- Injected drugs or steroids, and shared any part of “the works” (such as needles, syringes, cotton, water) with others
- Had unprotected vaginal, anal, or oral sex (that is, sex without using condoms), particularly with multiple partners, anonymous partners, men who have sex with men, or someone who injects drugs;
- Exchanged sex for drugs or money;
- Received a transfusion of blood or blood products prior to 1987 for Hepatitis B & 1992 for Hepatitis C;
- Received hemodialysis;
- Are a healthcare worker;
- Are an Immigrant or child of an immigrant from an area with high rates of Hepatitis B;
- Got a tattoo from an unlicensed facility or in an informal setting (such as jail or prison); or
- Shared straws or other device (such as a rolled bill) to snort drugs.

The Hepatitis B vaccine offers the best protection against Hepatitis B, but there is no vaccine for Hepatitis C.

- You can reduce your risk for Hepatitis B and Hepatitis C by:
- Always using latex condoms for sex (anal, vaginal or oral),
- Not sharing any part of the “works” when injecting drugs or steroids,
- Not sharing personal items that may have come into contact with a person’s blood, such as toothbrushes, razors, and nail clippers,
- Only getting tattoos or body piercings from a licensed professional who only uses clean needles and fresh ink, and
- Avoid fighting involving the exchange of large amounts of blood.

What are the Symptoms of Viral Hepatitis?

- Symptoms of acute hepatitis include:
- Jaundice (yellowing of the skin and eyes),
- Fatigue (tiredness),
- Abdominal pain,
- Loss of appetite,
- Nausea,
- Vomiting,
- Diarrhea,
- Low-grade fever,
- Headache, and/or
- Joint pain

Most persons with chronic hepatitis do NOT have any symptoms. Even though a person may not have symptoms or feel sick from chronic hepatitis, damage to the liver can still occur. Symptoms can develop after many years as a sign of advanced liver disease.

Should I Get Tested for Viral Hepatitis?

Your doctor can diagnose both acute and chronic infection using one or more blood tests. You should get tested if you have any of the risk factors listed above. Typically, a person first gets a screening test that looks for antibodies to the Hepatitis B and C viruses. Antibodies are made by your body after you are infected. If the screening test is positive, different blood tests are needed to determine whether the infection has been cleared or has become chronic.

Is There Treatment for Hepatitis B and Hepatitis C?

There is treatment available for both Hepatitis B and Hepatitis C. Not everyone with viral hepatitis requires treatment. Treatment for Hepatitis B and C may include pills, shots, or both. Talk with your provider about the different treatment options available.

Educational trainings about Hepatitis are offered twice a month at WCC for a two-hour time block for those who are interested. A memo will be posted in each unit prior to each class to inform those interested of the date, time and location of the training. You will need to contact your unit sergeant to be placed on the callout for this training if you choose to attend. These trainings are also held at the other DOC facilities. Watch for memos or kite the Infection Control Prevention Nurse for additional information.

TUBERCULOSIS

What is Tuberculosis (TB)?

“TB” is short for tuberculosis. TB is caused by a bacterium called Mycobacterium tuberculosis. TB usually affects the lungs, but can attack any part of the body, such as the kidney, spine, and brain.

Not everyone infected with TB bacteria become sick. TB can live in your body without making you sick. This is called latent TB infection. People with latent TB infection do not feel sick and do not have any symptoms. The only sign of TB infection is a positive reaction to the tuberculin skin test (also called the PPD) or special TB blood test.

How is TB Spread?

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs coughs, sneezes, speaks, laughs, or sings. People nearby may breathe in these bacteria and become infected.

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active, this is called TB disease. TB disease will make you sick. Symptoms of TB disease may include a bad cough lasting three weeks or longer, coughing up blood or sputum, chest pain, feeling weak and tired, weight loss, loss of appetite, fever, and sweating at night.

What are the symptoms of TB?

Not everyone infected with TB bacteria become sick. TB can live in your body without making you sick. This is called latent TB infection. People with latent TB infection do not feel sick and

do not have any symptoms. The only sign of TB infection is a positive reaction to the tuberculin skin test (also called the PPD) or special TB blood test.

People with latent TB infection are not infectious and cannot spread TB bacteria to others; however, if TB bacteria become active in the body and multiply, the person will get sick with TB disease. Many people with latent TB infection never get TB disease.

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active, this is called TB disease. TB disease will make you sick. Symptoms of TB disease may include a bad cough lasting three weeks or longer, coughing up blood or sputum, chest pain, feeling weak and tired, weight loss, loss of appetite, fever, and sweating at night.

Should I Get Tested for TB?

Everyone in jail and prison should get tested for TB. Everyone is asked if they have any of the most common symptoms of TB disease at intake. While in DOC, you will be tested annually for latent TB infection, either by a skin test or a special TB blood test. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does NOT tell whether or not the person has TB disease. Other tests, such as a chest x-ray and sample of sputum, are needed to see if a person has TB disease.

Is There Treatment for TB Infection and TB Disease?

People with latent TB infection do not feel sick and cannot spread the bacteria, but they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease. Because there are fewer bacteria in a person with latent TB infection, treatment is much easier and usually only one drug is needed.

A person with active TB disease has a large amount of TB bacteria in the body. TB disease can be treated by taking several drugs, sometimes for a year or more. It is very important that people who have TB disease take the drugs exactly as prescribed for the entire course of treatment.

If you have any other questions or concerns about this information, ask your provider or kite the Infection Prevention Nurse.