Preventive Health Care

April 2007

Federal Bureau of Prisons
Clinical Practice Guidelines

What's New in the Document?

- **Routine screening chest radiographs** are now recommended for foreign born inmates who have been in the United States for one year or less, and for whom there is no documentation of a chest radiograph obtained in the U.S. This screening guideline also applies to inmates who have been outside of the U.S. or Canada for 6 months or more prior to incarceration in the Bureau of Prisons.
- **Recommendations for colorectal cancer screening** for individuals at increased or high risk for colorectal cancer have been revised to be consistent with updated American Cancer Society (ACS) guidelines.
- **Indications for primary vaccination series** (measles/mumps/rubella and diphtheria/tetanus/pertussis) have been revised to be consistent with national guidelines. These revised BOP guidelines recommend that the primary series be given to sentenced inmates with "incomplete or unknown vaccination history." The previous version of the BOP guidelines recommended the primary series for inmates who were "foreign born."
- **Indications for recently licensed Tdap** (tetanus, diphtheria, and acellular pertussis) vaccine are included. Use of the Tdap vaccine is recommended because of recent reports of pertussis outbreaks in previously vaccinated adults. At the Prevention Baseline Visit, inmates should be assessed for vaccine coverage for tetanus, diphtheria and pertussis, and be administered vaccine as follows:
  - *For individuals in need of a booster dose (last Td was $\geq$ 10 years ago):*
    - if age $<$65, administer single Tdap dose to replace single Td dose (subsequent booster doses will be with Td).
    - if age $\geq$ 65 administer single Td dose.
  - *For individuals with incomplete or unknown vaccination history:*
    - Administer primary series consisting of one dose of Tdap (preferably as the first dose) and 2 doses of Td. Administer the first 2 doses of vaccine at least 4 weeks apart and the third dose 6-12 months after the second dose.
- **Table of Contents** as been revised to be more user-friendly.
- **References** have been updated (see *Appendix 6*).

Table of Contents

1. Purpose

The Federal Bureau of Prisons (BOP) clinical practice guidelines for preventive health care *outline health maintenance recommendations for federal inmates*.

These preventive health guidelines *do not cover* diagnostic testing or medical treatments indicated by a patient's signs and symptoms. These guidelines also *do not preclude* patient-specific screenings based on medical histories and evaluations.

2. Preventive Health Care Overview

The BOP defines a scope of preventive health care services for inmates—based on the recommendations of the U.S. Preventive Services Task Force (USPSTF)—that incorporates targeted patient counseling and immunizations, as well as screening for infectious diseases, cancer, and chronic diseases. The BOP preventive health care program deviates from USPSTF recommendations only when the risk characteristics of the BOP inmate population suggest an alternative approach. The BOP preventive health care program includes the following components.

- A health care delivery system that uses a multi-disciplinary team approach, with specific duties assigned to each team member.
- An emphasis on the inmates' responsibility for improving their own health status and seeking preventive services.
- Prioritization of inmates who are at high risk for specific health problems.
- Discontinuation of routine annual physical examinations.

3. Preventive Health Care Scope of Services

Intake

Newly incarcerated inmates are screened for conditions that warrant prompt intervention: contagious diseases, active substance abuse, chronic diseases, and mental illness. Intake screening and prevention parameters are outlined in *Appendix 1 (Preventive Health Care - Intake Parameters)* and are governed by current BOP policy.

- **Tuberculosis (TB):**
  - **Symptom screening** for TB disease should be considered a public health priority and should be conducted universally, by a trained health care provider, for all newly incarcerated inmates.
  - **Tuberculin skin testing** should be performed on all inmates within 48 hours of intake, except those with documentation of a prior positive TST (in millimeters), a credible history of being treated for latent TB infection or active TB disease, or if the inmate

reports history of a severe (e.g., swollen, blistering) reaction to a TST.

- **Chest radiographs** should be performed for inmates with a positive TST. All HIV-infected inmates should have a CXR performed at intake, in addition to their intake TB symptom screen and TST. Routine screening chest radiographs are also now recommended for foreign born inmates who have been in the United States for one year or less, and for whom there is no documentation of a chest radiograph obtained in the U.S. This screening guideline also applies to inmates who have been out of the U.S. or Canada for 6 months or more prior to incarceration in the Bureau of Prisons.

  In facilities that house inmates with a high incidence of TB it may be appropriate to conduct routine CXR screening of all inmates entering the prison. Decisions about the use of routine CXR screening should be made in consultation with the Warden and the HSD staff from the Regional and Central Offices.

- **Sexually transmitted disease (STD):** Screening for STDs is based on age, gender, and patient-specific risk factors (see *Appendix 1*).

  - **Female inmates:** Syphilis screening should be conducted universally. Chlamydia screening should be conducted for all women less than age 25 and on the basis of identified risk factors.

  - **Male inmates**: Syphilis screening should be provided if the inmate reports risk factors for syphilis. However, Clinical Directors should consider universal syphilis screening for males if the inmate population is drawn from communities where syphilis is hyperendemic, e.g., certain large urban areas.

- **Immunizations:** Immunizations ordinarily are not recommended at the time of intake, except for the measles-mumps-rubella (MMR) vaccine for all women of child-bearing age who report that they have never received the vaccine as an adult.

Prevention Baseline Visit

A prevention baseline visit should be conducted for all sentenced inmates within six months of incarceration. At the discretion of the Clinical Director and Health Services Administrator, the prevention baseline visit may be either incorporated into the intake physical examination or scheduled later as a separate visit.

The primary purpose of the prevention baseline visit is to assess the inmate's risk factors and identify the need for and frequency of recommended preventive health measures, as outlined in *Appendix 2 (Preventive Health Care Scope of Services)* and *Appendix 3 (Preventive Health Care Guidelines by Disease State)*. **All inmates should be advised of the preventive health measures that are provided by the BOP, as well as their responsibility for seeking these services.** A plan should be developed with the inmate for accessing recommended preventive health services.

The following preventive measures should be provided in accordance with the specific indications outlined in *Appendix 2*:

- Completing a preventive health risk assessment and developing with the inmate a plan for delivery of follow-up preventive health services.

- Immunizing against tetanus-diphtheria-pertussis; pneumococcal pneumonia; hepatitis A; hepatitis B; measles-mumps-rubella; and influenza (as seasonally appropriate).
- Screening for HIV, HBV, and HCV infections (if not done at intake) in otherwise asymptomatic inmates, based on risk factors or upon inmate request.

Prevention Periodic Visits

Periodic visits to review the inmate's need for and receipt of preventive health care services is recommended at least at the following intervals:

- **Every three years, for sentenced inmates under age 50** (with the exception of annual tuberculin skin tests, annual influenza vaccinations for certain inmates, and annual audiograms for inmates at occupational risk).
- **Annually, for inmates 50 years of age and older.**

The frequency of monitoring inmates should be patient-specific, and adjusted as clinically necessary to monitor significant changes in a parameter such as weight or blood pressure.

The following screening parameters should be included in periodic preventive health care visits, as outlined in *Appendix 2* and *Appendix 3*:

- Counsel regarding nutrition, exercise, substance abuse, and infectious disease transmission.
- Measure weight and BMI (schedule reevaluation based on trend).
- Measure blood pressure (schedule reevaluation based on trend).
- Screen for latent TB infection with annual tuberculin skin test (unless previously positive).
- Screen for TB disease with chest radiographs for inmates who refuse isoniazid treatment.
- Screen for hearing loss with annual audiograms for those at occupational risk.
- Screen for breast, cervical, and colon cancers per established parameters and clinical indications.
- Screen for cardiovascular risk (aspirin need), diabetes, and hypercholesterolemia per criteria.
- Screen for osteoporosis in females 65 years of age and older.
- Screen for abdominal aortic aneurysms in male smokers 65 to 75 years of age.

Universal screening for certain diseases (e.g., glaucoma, ovarian and prostate cancer) is not recommended, due to a lack of evidenced-based data supporting universal screening; however, screening for these diseases may be indicated for certain inmates, based on specific risk factors or clinical concerns. Decisions regarding screening for such conditions should be patient-specific.

4. Preventive Health Care Delivery

The delivery of preventive health care services is a *shared responsibility between the inmate and the BOP health care team*. Inmates should be provided information on available preventive services, as outlined on the Inmate Fact Sheets (see *Appendices 4a* and *4b*), and counseled about their responsibility to seek these services. All members of the health care team should take part in preventive health care, in some capacity, under the collaborative leadership of the Health Services Administrator and the Clinical Director. Specific assignments are determined locally, based on staffing mix, staff skill sets, and logistical factors. *Appendix 5 (Staff Roles for Preventive Health Care Delivery)* outlines how different categories of staff can be utilized in implementing the preventive health program. Additionally, inmate education and preventive services can be delivered, in part, through ancillary means such as group counseling, educational videotapes, and health fairs conducted by volunteers and community-based organizations.

5. Preventive Health Care Program Evaluation

Health Services Administrators and Clinical Directors should evaluate their preventive health care programs through their local IOP programs. Applicable evaluation strategies include, but are not limited to:

- **Assessing process measures** such as the proportion of inmates who were eligible for a certain health screen and who were *screened*, e.g., proportion of eligible, asymptomatic inmates who had a fasting blood glucose.
- **Assessing outcome measures** such as the proportion of asymptomatic inmates who were screened for a certain condition and who were *diagnosed* with it, e.g., proportion of those screened with a fasting blood glucose, who were diagnosed with diabetes.
- **Conducting case studies of inmates who were priority candidates** for preventive services, i.e., who were at high risk for a certain condition and who were not evaluated for the condition.
- **Conducting case studies of inmates who were diagnosed clinically, rather than by preventive screening,** or who had a negative clinical outcome related to a preventive measure that was not conducted, e.g., inmate, who suffered a myocardial infarction and was concurrently diagnosed with diabetes (and would have been a candidate for diabetes screening).

Appendix 1. Preventive Health Care – Intake Parameters

All Inmates	
Detoxification	Assess need for detoxification at intake health screen.
TB Symptom Screen	At intake, a health care professional should ask all inmates: 1. *Have you ever been treated for tuberculosis (TB)?* 2. *Have you had a cough for more than 2 weeks?* 3. *Are you coughing up blood?* 4. *Have you recently lost weight?* 5. *Do you have frequent fevers or night sweats?* Inmates who have symptoms suggestive of TB disease should receive a thorough medical evaluation, including a TST, a chest radiograph, and, if indicated, sputum examinations. If TB is suspected, they should immediately be told to wear a surgical mask until they can be isolated in an airborne infection isolation room (AII) room.
Tuberculin Skin Test (TST)	Place TST within 48 hours of intake, for all inmates *except* those with a credible history of treatment of latent TB infection (TLTBI) or TB disease, or a history of severe reaction to tuberculin. Ignore BCG history. Consider 2-step test for inmates over age 50 or who are foreign born.
Chest Radiograph (CXR)	Obtain intake screening CXR for HIV infected inmates. Also obtain screening CXR for foreign born inmates who have been in the United States for one year or less, and for whom there is no documentation of a chest radiograph obtained in the U.S. This screening guideline also applies to inmates who have been out of the U.S. or Canada for 6 months or more prior to incarceration in the BOP.
Vision	Snellen at intake physical
Female Inmates	
Syphilis	RPR: all females
Chlamydia	Nucleic acid amplification test (NAAT) from urine or cervical swab for females who fall into any of the following categories: - are age 25 and under - have HIV infection - have history of syphilis, gonorrhea, or chlamydia
Cervical Cancer	PAP smear at intake physical. *(Use an extended tip spatula to sample the ectocervix and a cytobrush for the endocervix.)*
MMR Vaccine	Measles-mumps-rubella (MMR) vaccine at intake for all child-bearing age women who report never receiving MMR as an adult
Male Inmates	
Syphilis*	RPR for all males who fall into any of the following categories: - have had sex with another man - have HIV infection - have history of syphilis, gonorrhea, or chlamydia
*Consider universal syphilis screening for male inmates from endemic areas.	

Appendix 2. Federal Bureau of Prisons
Preventive Health Care Scope of Services—Sentenced Inmates

This chart provides an overview of preventive health services to be offered to *sentenced* inmates, based upon age, sex, and identified risk factors. This chart does not include intake preventive health measures (see *Appendix 1*). An asterisk (*) in this table indicates that more detail on risk factors and specific screening tests can be obtained from *Appendix 3*. These guidelines do not cover testing indicated by clinical signs and symptoms; nor do they preclude patient-specific screening based on medical history and evaluation.

Screening	Recommended Age Groups												Tests/Schedule/Risk Factors
	15	20	25	30	35	40	45	50	55	60	65	70	
Prevention Visit	**Every 3 years**							**Every year**					**Prevention Visit**. ***Within 6 months of intake*****,** offer Prevention Baseline Visit. ***Then:*** **Under age 50,** every 3 years; **Age 50 and older**, annually. Review risk factors and needed screening tests; provide inmate counseling; obtain blood pressure and weight. Calculate BMI: www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. If BMI is 30 kg/m^2 or greater: provide nutrition/exercise counseling.
Hepatitis B Viral Infection	**Risk-factor based (RFB)**												**HBsAg. RFB*:** ever injected illegal drugs, received tattoos or body piercings while in jail, history of STD*, males who have had sex with other males, HIV or HCV infection, from high-risk country, on chronic hemodialysis*
Hepatitis C Viral Infection	**Risk-factor based (RFB)**												**Anti-HCV. RFB*:** ever injected illegal drug, received tattoos or body piercings while in jail, HIV or HBV infection, blood transfusion (before 1992)*, ever on hemodialysis*
HIV Infection	**Risk-factor based (RFB)**												**HIV EIA. RFB*:** injected illegal drugs, unprotected sex with multiple partners or with persons at risk for HIV*, males who have sex with males, hx of STD*, from Sub-Saharan/West Africa, hemophiliac, received blood products (1977-85)
TB	**Annual tuberculin skin test (TST) CXR only for specific groups**												**Annual TST** unless documented prior TST (+). **CXRs***: *Baseline CXR only*: if TST (+). *Semi-annually, indefinitely:* if HIV (+) & TST (+) & have not completed TLTBI. *Semi-annually x 2 years*: if HIV (-) & TST (+) and either recent convertor or close contact of an active TB case.
Breast Cancer						**Avg risk: Every 2 years High risk: Annually**							**Mammogram. Avg Risk:** every 2 years, begin age 40**. High Risk*:** annually**,** begin age 40 ("high risk" if at least 2 first-degree relatives w/ breast or ovarian cancer, relative w/ breast cancer before age 50, relative w/ 2 cancers, etc.*)
Cervical Cancer	**Annual**			**Every 3 years**									**PAP Smear. Age 30 and Younger:** annually. **Ages 31 - 65 (**if previously normal results**):** every 3 years. See *Appendix 3* for PAP smear procedure.
Colorectal Cancer	**Risk-factor based (RFB)**							**Annual FOBT(x3)**					**Fecal Occult Blood Test (3 consecutive) for Average Risk:** annually, begin at age 50. **Colonoscopy for Higher Risk*:** i.e., if colon cancer (personal or family history), inflammatory bowel disease, familial adenomatous polyposis, history of pre-cancerous lesions, etc. See *Appendix 3* for more detail.

Appendix 2. Federal Bureau of Prisons. Preventive Health Care Scope of Services—Sentenced Inmates (page 2 of 2)

Screening	15	20	25	30	35	40	45	50	55	60	65	70	Tests/Schedule/Risk Factors
Aspirin for CVD Risk Factors	♂ **Risk Factor Based (RFB)**						♂ **Every 5 years**						**Avg Risk: Calculate CVD risk:** http://hin.nhlbi.nih.gov/atpiii/calculator.asp? **Males:** Begin at age 40. **Females:** Begin age 45. If 10-year risk ≥6%, discuss ASA 81 mg daily to reduce risk. **RFB:** Recommend daily ASA if diabetic and over age 40; or if diabetic and age ≤40 *and* has other risk factors: e.g., hypertension, smoking, dyslipidemia, albuminuria, or family history of CVD.
	♀ **Risk Factor Based**							♀ **Every 5 years**					
Diabetes (Type II)							**High risk: Every 3 years**						**Fasting Plasma Glucose. High Risk:** Begin age 45 and screen every 3 years (e.g., BMI ≥25 , hypertension, hyperlipidemia, family history of diabetes).
Hearing	**If occupational risk: baseline & annual**										**Annual**		**Occupational Risk:** Annual audiogram. **Age 65+:** Ask about hearing annually.
Lipid Disorders	♂	**Risk Factor Based**				**Every 5 years**							**Total Cholesterol & HDL. Avg Risk Males:** Begin age 35. **Avg Risk Females:** Begin age 45. **Higher Risk:** Begin age 20, i.e., if diabetes, existing CVD, relative with CVD disease (male under 50 or female under 60), or multiple CVD risk factors (e.g., tobacco & hypertension). If DM or CVD**: Lipoprotein analysis**. Screen every 5 years (if existing CVD, screen every year).
	♀	**Risk Factor Based**					**Every 5 years**						
Substance Abuse	**Risk-factor based**												**Assess substance abuse history** (including tobacco). Provide substance abuse counseling and referral as needed.

Vaccines	Vaccine/Indications
Tetanus-Diptheria-Pertussis	**Booster: If age <65:** Administer single Tdap dose to replace single Td dose if last Td ≥10 years ago. **If age ≥65:** Use Td. **Incomplete or unknown vaccination history:** Administer 3-dose series; include one dose of Tdap (preferably as 1st dose) and 2-doses of Td.
Influenza	**Age 50 or older:** yearly **Medical risk factors:** per CDC annually
Pneumococcal	**Age 65 or older:** once. **RFB*:** For certain chronic medical conditions such as chronic pulmonary disease, CVD, immunosuppressive conditions, chemotherapy or long-term systemic corticosteroids, diabetes mellitus, chronic liver diseases, chronic renal failure or nephrotic syndrome, functional or anatomic asplenia, cochlear implants, or if Native American or Alaskan Native. **For certain risk factors:** repeat in 5 years (see *Appendix 3*).
Hepatitis A	**RFB*:** Men who have sex with men; users of injection and non-injection illegal drugs; chronic HBV or HCV infection; liver disease or cirrhosis, recipients of clotting factor concentrates
Hepatitis B	**RFB*:** Certain clinical conditions, including cirrhosis or liver disease, HIV infection (with HBV risk factors), HCV infection, injection drug use, men who have sex with men, recent history of an STD, inmate workers at risk for bloodborne pathogen exposure, hemodialysis patients, end-stage renal disease, recipients of clotting factor concentrates, pregnant women, post-exposure prophylaxis, contacts to inmates with acute hepatitis.
MMR	**Booster: If born after 1956 and no history of MMR as an adult:** Administer 1 dose. **If incomplete or unknown vaccination history & if born after 1956:** Administer 2-dose series.

* See *Appendix 3* for more complete information. **Abbreviations:** ♂=male, ♀=female, *Anti-HCV*=HCV antibody, *BMI*=body mass index, *CVD*=cardiovascular disease, *DM*=diabetes mellitus, *EIA*=enzyme immunoassay, *HBV*=hepatitis B virus, *HBsAg*=hepatitis B surface antigen, *HCV*=hepatitis C virus, *NAAT*=nucleic acid amplification test, *RFB*=risk factor based, *STD*=sexually transmitted disease, *TLTBI*=treatment of latent TB infection

Appendix 3. Preventive Health Care Guidelines by Disease State

Recommendations regarding health screenings and vaccinations are displayed in the third column of this reference chart. The recommendations are based on age, sex, and identified risk factors, which appear in the middle column. The first column indicates the disease or condition, whether the recommendation applies to *all* inmates or only those who are *sentenced* (unless otherwise indicated in the middle column), and the source of the recommendation.

Source Abbreviations:
ACS = American Cancer Society, ACIP = Advisory Committee on Immunization Practices, ADA = American Diabetes Association, BOP = Bureau of Prisons, CDC = Centers for Disease Control and Prevention, CDC-DQ = CDC Division of Global Migration and Quarantine, USPSTF = United States Preventive Services Task Force

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
Infectious Disease Screening		
Hepatitis B Viral Infection ***Sentenced*** ***BOP*** ***CDC***	▸ ever injected illegal drugs and shared equipment ▸ received tattoos or body piercings while in jail or prison ▸ males who have had sex with another man ▸ history of chlamydia, gonorrhea, or syphilis ▸ HIV infected ▸ HCV infected ▸ from high risk country: Africa, Eastern Europe, Western Pacific, Asia (except Japan) ▸ history of percutaneous exposure to blood ▸ on chronic hemodialysis and fail to develop antibodies after two series of vaccinations (screen monthly) *(All)* ▸ pregnancy *(All)*	**HBsAg** **At Baseline Prevention Visit:** If HBV risk factors identified, HBsAg testing recommended. If pregnant, test for HBsAg immediately.
Hepatitis C Viral Infection ***Sentenced*** ***BOP*** ***CDC***	▸ ever injected illegal drugs and shared equipment ▸ received tattoos or body piercings while in jail or prison ▸ HIV infected ▸ HBV infected (chronic) ▸ received blood transfusion/organ transplant before 1992 ▸ received clotting factor transfusion prior to 1987 ▸ percutaneous exposure to blood *(All)* ▸ ever on hemodialysis (if currently – screen semiannually*)*	**Anti-HCV** **At Baseline Prevention Visit:** If HCV risk factors are identified, recommend testing for anti-HCV.
HIV-1 ***Sentenced*** ***BOP*** ***Federal Law***	▸ ever injected illegal drugs and shared equipment ▸ males who have had sex with another man ▸ had unprotected intercourse with a person with known or suspected HIV infection ▸ history of chlamydia, gonorrhea, or syphilis ▸ had unprotected sex with more than one sex partner ▸ from a high risk country (Sub-Saharan or West Africa) ▸ hemophiliac or received blood products (1977 to 1985) ▸ percutaneous exposure to blood *(All)* ▸ diagnosis of active TB *(All)* ▸ pregnancy *(All)*	**HIV-1 EIA** **At Baseline Prevention Visit:** If HIV risk factors are identified, then recommend testing. **Exception:** If pregnant or has signs/symptoms of HIV infection, test immediately.

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
HIV-2 ***Sentenced*** ***CDC***	▸ **from West Africa where HIV-2 prevalence is > 1%:** countries of Cape Verde, Côte d´Ivoire, Gambia, Guinea-Bissau, Mali, Mauritania, Nigeria, and Sierra Leone; **from other West African countries reporting HIV-2:** Benin, Burkina Faso, Ghana, Guinea, Liberia, Niger, Sao Tome, Senegal, Togo, Gambia; or **from other African nations reporting HIV-2 >1%:** Angola & Mozambique ▸ have been sex partners or needle-sharing partners of person from West Africa or person known to have HIV-2 infection ▸ received transfusions in West Africa	**HIV-2 EIA** For inmates with these risk factors, also test for HIV-2.
Sexually Transmitted Diseases (Chlamydia and Syphilis) ***All*** ***BOP*** ***USPSTF***	▸ **All females** . . . . . . ▸ **All females who:** . . . . . . – are 25 and under *and/or* – have HIV infection *and/or* – have history of syphilis, gonorrhea, or chlamydia ▸ **All males who:** . . . . . . – have had sex with another man *and/or* – have HIV infection *and/or* – history of syphilis, gonorrhea, or chlamydia Note: Routine gonorrhea screening is *not* recommended unless symptoms of gonorrhea are present, or unless syphilis or chlamydia have been diagnosed.	▸ **RPR:** at intake physical ▸ **Chlamydia:** at intake physical (NAAT urine or cervical swab) ▸ **RPR:** at intake physical
Tuberculosis ***All*** ***CDC*** ***BOP***	▸ **All inmates** . . . . . . ▸ **All inmates except those with:** . . . . . . – hx of tx of latent TB infection (TLTBI) or active TB – documented TST positive (in millimeters) – history of severe reaction to tuberculin ▸ **Over age 50 or foreign born (with same exceptions)** . . ▸ **Foreign born** living in U.S. less than 1 year & no history of CXR in U.S.; or **U.S. born and has lived outside of U.S. or Canada for the previous 6 months** . . . . . . ▸ **HIV seropositive** . . . . . . ▸ ***and* history of positive TST and refused or did not complete TLTBI** . . . . . . ▸ ***and* contact of TB case who is refusing TLTBI** (regardless of TST result) . . . . . . ▸ **All inmates with baseline negative TST** . . . . . . ▸ **Documented HIV (-) TST convertor** refusing TLTBI . .	▸ **Intake TB symptom screen** ▸ **Tuberculin skin test (TST)** within 48 hrs of intake ▸ **Consider 2-step TST** ▸ **CXR:** At intake ▸ **CXR:** At intake ▸ **CXR:** Every 6 mos ▸ **CXR:** Every 6 mos ▸ **TST:** Annual ▸ **CXR:** Every 6 mos. for 2 yrs

Cancer Screening

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
Breast Cancer ***Sentenced*** ***BOP*** ***USPSTF*** ***ACA***	▸ **All females** . . . . . . ▸ **Average risk females, beginning age 40** . . . . . . ▸ **Risk-factor based, beginning age 40:** . . . . . . ▸ 2 first-degree relatives with breast or ovarian cancer ▸ relative with breast cancer before age 50 ▸ relative with two cancers (breast and ovarian or two independent breast cancers) ▸ female with male relative with breast cancer	▸ **Clinical breast exam:** offer annually ▸ **Mammogram:** every 2 yrs ▸ **Mammogram:** annually
Cervical Cancer ***Sentenced*** ***BOP/ACS***	▸ **All females** (who have a cervix): . . . . . . ▸ **Age 30 and younger** . . . . . . ▸ **Ages 31–65** & previously negative PAP smears . . . . . . *(Use an extended tip spatula to sample the ectocervix and a cytobrush for the endocervix.)*	**PAP Smear** ▸ At intake physical ▸ Then annually ▸ Then every 3 years

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
Colorectal Cancer *Sentenced USPSTF ACS*	**Average risk**, beginning at age 50	▸ **Fecal occult blood test** annually Provide inmate with guiac-based test cards to use with 3 consecutive stools and return to clinic. Do not rehydrate specimen. If positive, do colonoscopy.

Risk Category	Age to Begin	*Recommendations*/Comments
INCREASED RISK		
People with a single, small (< 1 cm) adenomas	3-6 years after the initial polypectomy	*Colonoscopy*[1]. If the exam is normal, the patient can thereafter be screened as per average risk guidelines.
People with a large (1 cm +) adenoma, multiple adenomas, or adenomas with high-grade dysplasia or villous change.	Within 3 years after the initial polypectomy	*Colonoscopy*[1]. If normal, repeat examination in 5 years; If normal then, the patient can thereafter be screened as per average risk guidelines.
Personal history of curative-intent resection of colorectal cancer	Within 1 year after cancer resection	*Colonoscopy*[1]. If normal, repeat examination in 3 years; If normal then, repeat examination every 5 years.
Either colorectal cancer or adenomatous polyps, in any first-degree relative before age 60, or in two or more first-degree relatives at any age (if not a hereditary syndrome).	Age 40, or 10 years before the youngest case in the immediate family, whichever is earlier	*Colonoscopy*[1]. Every 5-10 years. Note: Colorectal cancer in relatives more distant than first-degree does not increase risk substantially above the average risk group.
HIGH RISK		
Family history of familial adenomatous polyposis (FAP)	Puberty	*Early surveillance with endoscopy, and counseling to consider genetic testing*. If the genetic test is positive, colectomy is indicated. These patients are best referred to a center with experience in the management of FAP.
Family history of hereditary non-polyposis colon cancer (HNPCC)	Age 21	*Colonoscopy and counseling to consider genetic testing*. If the genetic test is positive or if the patient has not had genetic testing, every 1-2 years until age 40, then annually. These patients are best referred to a center with experience in the management of HNPCC.
Inflammatory bowel disease Chronic ulcerative colitis Crohn's disease	Cancer risk begins to be significant 8 years after the onset of pancolitis, or 12-15 years after the onset of left-sided colitis	*Colonoscopy with biopsies for dysplasia*. Every 1-2 years. These patients are best referred to a center with experience in the surveillance and management of inflammatory bowel disease.

[1]If colonoscopy is unavailable, not feasible, or not desired by the patient, double contrast barium enema alone, or the combination of flexible sigmoidoscopy and double contrast barium enema are acceptable alternatives. Adding flexible sigmoidoscopy to double contrast barium enema (DCBE) may provide a more comprehensive diagnostic evaluation than DCBE alone in finding significant lesions. A supplementary DCBE may be needed if a colonoscopic exam fails to reach the cecum, and a supplementary colonoscopy may be needed if a DCBE identifies a possible lesion, or does not adequately visualize the entire colorectum.

Disease/*Source*	Risk Factors Indicating Screening
Ovarian Cancer ***USPSTF***	The United States Preventive Services Task Force *recommends against routine screening for ovarian cancer*, finding that there is no evidence that any screening test (including CA-125, ultrasound, or pelvic examination) reduces mortality from ovarian cancer.
Prostate Cancer ***USPSTF***	The United States Preventive Services Task Force *found insufficient evidence to recommend for or against routine screening for prostate cancer* by prostate surface antigen or digital rectal exam. Decisions about screening should be made on a case by case basis with the inmate.

Chronic Diseases/ Lifestyle

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
Abdominal Aortic Aneurysm ***Sentenced*** ***USPSTF***	**At risk:** Men, ages 65 to 75, with a history of smoking *Screen for abdominal aortic aneurysm (AAA); surgically repair large AAAs (5.5 cm or more).*	**Abdominal ultrasonography** once
Aspirin for CVD Risk Factors ***Sentenced*** ***USPSTF***	▸ **Average risk:** Beginning age 40 for men and age 45 for women, calculate CVD risk every 5 years with calculator: http://hin.nhlbi.nih.gov/atpiii/calculator.asp? ▸ **High risk:** Diabetes mellitus *and* either age over 40 or presence of other risk factors (family hx of CVD, existing CVD, hypertension, smoking, dyslipidemia, albuminuria).	If high risk or if 10-year CVD risk is $\geq$6%, discuss daily aspirin (81 mg/day) to reduce risk. Determine if ASA contraindications exist.
Diabetes Mellitus ***Sentenced*** ***ADA, BOP, USPSTF***	**Risk-factor based, beginning age 45 or greater:** ▸ BMI of 25 kg/m^2 or greater ▸ hypertension ▸ hyperlipidemia ▸ family history of diabetes (i.e., parents or siblings)	**Fasting Plasma Glucose** every 3 years
Hypertension ***Sentenced*** ***BOP/USPSTF***	**Based on age:** ▸ Under age 50 . . . . . . ▸ Age 50 and over	**Blood Pressure** ▸ At least every 3 yrs ▸ At least annually
Lipids ***Sentenced*** ***USPSTF***	▸ **Avg risk:** Begin age 35 for men & age 45 for women ▸ **Risk-factor based, beginning age 20:** ▸ 1st degree relative with CVD (male before age 50, female before age 60) . . . ▸ tobacco use and hypertension . . . . . . ▸ cardiovascular disease . . . . . . ▸ diabetes mellitus . . . . . . *If lipid levels are close to warranting therapy, then shorten intervals between screening.*	**Total Chol & HDL** ▸ every 5 years ▸ every 5 years ▸ every 5 years **Fasting Lipoproteinanalysis** ▸ every year ▸ every 5 years

Disease/ *Source*	Risk Factors Indicating Screening	Screening Test/ Guideline
Obesity *Sentenced* *USPSTF*	Calculate Body Mass Index (BMI), utilizing calculator at www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm ▸ **Under age 50** . . . . . . ▸ **Age 50 and older** . . . . . . Nutrition / exercise counseling for BMI of 30 or greater.	**Height/ Weight/ Body Mass Index** ▸ every 3 years ▸ every year
Osteoporosis *Sentenced* *USPSTF, Surgeon General Report*	▸ **Women age 65 and older** ▸ **Risk factor based:** women age 60–64 with body weight less than 70 kilograms and no current use of estrogen. Repeat screening as clinically indicated.	**Bone Density Screening** *The most commonly recommended test is dual x-ray absorptiometry (DXA).*
Substance Abuse *BOP*	▸ **All inmates:** At intake assess for substance abuse history and need for detoxification. Provide counseling and referral to BOP substance abuse and smoking cessation programs, as indicated.	**Substance Abuse History** at intake
Sensory Screening		
Vision *Sentenced* *USPSTF*	▸ **All inmates**	▸ **Snellen** at intake physical
	▸ **Age 65** and older	▸ **Snellen** annually
Hearing *Sentenced* *USPSTF/BOP*	▸ **Age 65** and older	▸ **Ask about hearing** annually
	▸ **Occupational risk** (any age)	▸ **Audiogram** annually

Immunizations

For more specific information about immunizations and contraindications see:
Advisory Committee on Immunization Practice. Summary of Recommendations for Adult Immunization: http://www.immunize.org/catg.d/p2011b.htm

Vaccine/ *Source*	Risk Factor	Guideline
Hepatitis A ***Sentenced*** ***CDC*** ***BOP*** ***ACIP***	**Risk-factor based:** ▸ men who have sex with men ▸ users of injection and non-injection illegal drugs ▸ chronic HBV infection ▸ chronic HCV infection ▸ liver disease or cirrhosis ▸ recipients of clotting factor concentrates	**At Baseline Prevention Visit:** If risk factors for hepatitis A, start two-dose series; administer 2nd dose at least 6 months after 1st dose.
Hepatitis B ***Sentenced*** ***BOP*** ***CDC*** ***ACIP***	**Risk factor based:** ▸ hemodialysis patients ▸ end-stage renal disease (hemodialysis anticipated) ▸ recipients of clotting factor concentrates ▸ inmate workers at risk for bloodborne pathogen exposure ▸ HIV infected (with risk factors for acquiring HBV) ▸ chronic HCV infection ▸ cirrhosis or liver disease ▸ injection drug use ▸ men who have sex with men ▸ history of syphilis, gonorrhea, or chlamydia in last 6 months ▸ pregnant women (unvaccinated HBsAg-neg mothers) ▸ post-exposure prophylaxis ▸ contacts to inmates with acute hepatitis	**At Prevention Baseline Visit:** If risk factors for hepatitis B, start three-dose series. The 2nd dose is given 1-to-2 months after the 1st dose. The 3rd dose is given 4-to-6 weeks after the 2nd dose. ***Note:*** *Pre-screening Anti-HBs is cost-effective for inmates from countries with high rates of hepatitis B infection, or if predicted prevalence exceeds 30%.*
Influenza ***All*** ***ACIP***	▸ **Age 50 or older . . . . . .** ▸ **Medical risk factors . . . . . .**	▸ **Annual** ▸ **Per annual CDC directive**

Vaccine/ *Source*	Risk Factor	Guideline
Measles-Mumps-Rubella (MMR) *ACIP* *CDC-DQ*	▸ **Women of child-bearing age . . . . . .** ▸ **If born after 1956 and previously vaccinated *(Sentenced)* . . . . . .** ▸ **If incomplete or unknown vaccination history** and born after 1956 ***(Sentenced)* .** Note: HIV infection is *not* a contraindication to MMR, except for those who are severely immunocompromised.	▸ **At Intake:** Administer 1 dose. ▸ **At Prevention Baseline Visit:** Administer 1 booster dose. ▸ **At Prevention Baseline Visit:** Administer initial dose of two-dose series; then give 2nd dose 4-to-8 weeks later.
Pneumococcal ***Sentenced*** ***ACIP***	▸ **Age 65 and over . . . . . .** ▸ **Risk-factor based . . . . . .** ▸ chronic pulmonary disease (excluding asthma) ▸ cardiovascular diseases ▸ diabetes mellitus ▸ chronic liver diseases ▸ chronic renal failure or nephrotic syndrome* ▸ functional or anatomic asplenia (e.g., sickle cell disease or splenectomy)* ▸ immunosuppressive conditions (e.g., congenital immunodeficiency, HIV infection, leukemia, lymphoma, multiple myeloma, Hodgkins disease, generalized malignancy, or organ transplantation)* ▸ chemotherapy with alkylating agents, antimetabolites, or long-term systemic corticosteroids* ▸ cochlear implants ▸ Native American or Alaskan Native	▸ **Administer once*** ▸ Administer once, regardless of age. Repeat at age 65 if more than 5 years have elapsed since last dose. * *For inmates with asterisked conditions, give one-time revaccination after 5 years.*
Tetanus-Diphtheria-Pertussis ***Sentenced*** ***ACIP*** ***CDC-DQ***	▸ **If previously vaccinated and last dose of Td $\geq$ 10 years ago . . . . . .** ▸ **If incomplete or unknown vaccination history . . . . . .** *Note:* Td and Tdap generally not administered to pregnant women unless booster protection is needed. See Vaccine Information Statement.	▸ **At Prevention Baseline Visit:** If **Age < 65:** Administer one Tdap dose to replace single Td dose. **If Age $\geq$ 65:** Administer Td. ▸ **At Prevention Baseline Visit:** Administer 3-dose tetanus-diphtheria-pertussis series; include one dose of Tdap (preferably as 1st dose) and 2-doses of Td. Administer first 2 doses at least 4 weeks apart and the 3rd dose 6-12 months after 2nd dose.

Appendix 4a. Inmate Fact Sheet – Preventive Health Program for Women

Preventive Health Screening – Initial

The following preventive health screening is provided shortly after you enter federal prison:

TB Skin Test	▸ Unless your medical record shows a previous positive TB skin test.
Chest X-ray	▸ If you have a positive TB skin test, if you are foreign born or have recently been outside the U.S. or you have HIV infection.
Chlamydia	▸ If you are age 25 or less, have HIV infection, or have a history of syphilis, gonorrhea, or chlamydia.
Syphilis	▸ At your intake physical exam.
PAP Smear	▸ At your intake physical exam.
MMR Vaccine	▸ If you are of child-bearing age, with no record of vaccination.

Your health care provider may recommend additional health screens (tests) based on your medical history and physical examination.

Preventive Health Screening for Sentenced Inmates

The following preventive health screens are routinely provided for *sentenced* inmates. You can also request a prevention visit to review needed preventive health services, every three years (if you are under age 50) or every year (if you are age 50 and over).

Viral Hepatitis	▸ If you are at risk of hepatitis B or hepatitis C viral infections or report that you had a prior infection.
HIV	▸ If you are at risk of infection or report a prior infection.
TB Skin Test	▸ Every year, unless you have record of a positive test in the past.
Breast Cancer	▸ Mammogram every 2 years, beginning at age 40; annually, if there is family history of breast cancer. Annual breast exam upon request.
Pap Smear	▸ Every year, if you are age 30 or younger ▸ Every 3 years, if you are over age 30.
Colon Cancer	▸ Testing for blood in your stool every year, beginning at age 50; colonoscopy if you are at higher risk for colon cancer.
Diabetes	▸ If you are at risk, screening every 3 years, beginning at age 45.
Cholesterol	▸ Beginning at age 45, screen every 5 years (sooner if you are at risk).

In addition, vaccinations are provided as recommended. Other preventive health services may be made available to you, based on your age and specific needs.

Take care of yourself while you are in prison!

- Exercise regularly.
- Eat a healthy diet (low fat, more fruits and vegetables).
- Take medications as recommended by your doctor.
- Don't use tobacco or illegal drugs, or get a tattoo while in prison.
- Don't have sexual contact with others while in prison.

Appendix 4b. Inmate Fact Sheet – Preventive Health Program for Men

Preventive Health Screening – Initial

The following preventive health screening is provided shortly after you enter federal prison:

TB Skin Test	▸ Unless your medical record shows a previous positive TB skin test.
Chest X-ray	▸ If you have a positive TB skin test, or if you are foreign born or have recently been outside the U.S. or if you have HIV infection
Syphilis	▸ At intake physical exam if have HIV infection, or have a history of syphilis, gonorrhea, or chlamydia

Your health care provider may recommend additional health screens (tests) based on your medical history and physical examination.

Preventive Health Screening for Sentenced Inmates

The following preventive health screens are routinely provided for *sentenced* inmates. You can also request a prevention visit to review needed preventive health services, every three years (if you are under age 50) or every year (if you are age 50 and over).

Viral Hepatitis	▸ If you are at risk of hepatitis B or hepatitis C viral infections or report that you had a prior infection.
HIV	▸ If you are at risk of infection or report a prior infection.
TB Skin Test	▸ Every year, unless you had a positive test in the past.
Colon Cancer	▸ Testing for blood in your stool every year, beginning at age 50; colonoscopy if you are at higher risk for colon cancer.
Diabetes	▸ If you are at risk, screening every 3 years, beginning at age 45.
Cholesterol	▸ Beginning at age 35, screen every 5 years (sooner if you are at risk).

In addition, vaccinations are provided as recommended. Other preventive health services may be made available to you, based on your age and specific needs.

Take care of yourself while you are in prison!

- Exercise regularly.
- Eat a healthy diet (low fat, more fruits and vegetables).
- Take medications as recommended by your doctor.
- Don't use tobacco or illegal drugs, or get a tattoo while in prison.
- Don't have sexual contact with others while in prison.

Appendix 5. Staff Roles for Preventive Health Care Delivery

Primary Care Provider Teams will be responsible for providing preventive health care services in each facility. Roles and responsibilities for specific aspects of preventive health care will vary, based on staffing in each facility and adaptations required to maintain clinic operations. The most efficient and cost-effective way to implement the preventive health care guidelines is to assign appropriate responsibilities to each health care professional team member. All team members should be oriented to the guidelines in this document.

Clerical Staff

Possible tasks include pulling and filing medical records, scheduling appointments, preparing lab slips, and auditing records.

Nursing Staff

Emphasis on preventive health care may involve an expanded role for nurses in each facility, depending on their availability.

Preparation for Preventive Health Visits: In advance of the visit, a thorough chart review should be conducted to determine what tests and evaluations are indicated by the inmate's age, sex, and risk factors. Laboratory tests and evaluations can be ordered prior to the visit (utilizing standing orders), to maximize clinic efficiency.

Preventive Health Visits: Nursing functions can include interviewing inmates, assessing risk factors, recommending and ordering (with standing orders) specific health screens and interventions, instructing inmates about prevention measures, administering immunizations, and providing health education.

Preventive Health Follow-Up: Abnormal results shall be reviewed and referred to the MLP or physician for follow-up.

Mid-Level Practitioners

MLPs are responsible for ensuring that their patients have been offered preventive services, counseling inmates on serious health conditions that require treatment, following-up on abnormal results, and developing a treatment plan.

Physicians

Physicians are responsible for developing a treatment plan, particularly for complicated patients, and for mentoring and advising MLPs on specific patients.

Clinical Director

Clinical Directors are responsible for serving as a role model and leader in delivering preventive health services, providing standing orders for nurses, providing staff education, developing IOP measures, and working with the Health Services Administrator to ensure that adequate staffing, supplies, and materials are available for successful implementation of the program.

Appendix 6. Selected Preventive Health Care References

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