

Correctional and Detention Facilities Tuberculosis (TB) Program in Texas Frequently Asked Questions (FAQ)

1. How should I screen an incarcerated individual with human immunodeficiency virus (HIV)?

Answer: An HIV-infected incarcerated individual should have a symptom screening, a tuberculin skin test (TST) placed, and a chest x-ray (CXR) performed. A CXR must be part of the initial screening as they may not be able to show an immune response to the TST, potentially leading to a false-negative reading. This could, in effect, create false-negative TST results. Please refer to Chapter 5: TB Screening Guidelines, HIV status from the [DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities](#).

2. How should I screen an incarcerated individual who has received a Bacille Calmette-Guérin (BCG) vaccine?

Answer: Apply a TST. The BCG vaccine is not a contraindication for a TST; therefore, a TST should be placed and "skin tests shall be interpreted **without** regard to a history of BCG vaccination". Please refer to the [Texas Administrative Code \(TAC\), Title 25, Chapter 97, Subchapter H Rule §97.173 \(3e\)](#) and the [DSHS FAQs for the general public](#).

3. If the facility I am employed at uses a CXR to screen for TB and the CXR is normal, is TB infection screening complete?

Answer: No. A CXR can be an acceptable method to identify and isolate incarcerated individuals suspected of TB disease. However, the CXR screening method is to be followed by testing for TB infection within 14 days. Please refer to the [TAC, Title 25, Chapter 97, Subchapter H, Rule §97.173 \(5a\)](#).

4. What are the recommendations to screen an incarcerated individual who has a documented history of a severe reaction to a TST?

Answer: A facility should, in consultation with their medical director, determine what procedures to follow for a documented severe reaction to a TST. A symptom screening should be completed and consideration of an Interferon Gamma Release Assays (IGRA) and/or CXR to complete TB screening. Inmates may be exempt from screening if medically contraindicated based on an examination signed by a physician. Please refer to the [TAC, Title 25, Chapter 97, Subchapter H, Rule §97.173 \(4c.v\)](#).



5. What are the recommendations for screening an incarcerated individual who refuses a TST?

Answer:

- Provide education on TB screening risks and benefits. Make a reasonable effort to encourage voluntary acceptance. Please refer to Chapter V: TB Screening Guidelines, Refusal of TB Testing from the [DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities](#) for detailed information.
- If possible, provide an alternative testing method by offering to screen with an IGRA.
- Separate the incarcerated individual refusing TB testing from the general population for observation. Incarcerated individuals may be placed in a single cell, if airborne infection isolation room (AIIR) is not available; however, every effort must be made to move that individual to an AIIR as quickly as possible.
- Conduct a symptom screen with a CXR.
 - An **asymptomatic** incarcerated individual who refuses a TST should be separated from the general population until the CXR is performed and is normal.
 - A **symptomatic** incarcerated individual that refuses a TST must be placed in an AIIR.
 - An inmate with signs and symptoms consistent with TB disease and/or CXR results indicative of active TB disease must have a bacteriological evaluation consisting of a sputum smear and culture. Please refer to the [TAC, Title 25, Chapter 97, Subchapter H, Rule §97.175](#).

6. What are the recommendations to screen an incarcerated individual who has documentation of completing treatment for TB infection or TB disease?

Answer:

- Do not repeat a TST or IGRA.
- Perform symptom screening using your facility's form or the [DSHS TB Symptom Screening \(TB-810\)](#). If symptoms are present, please refer the individual for further medical evaluation.
- Perform a baseline CXR, within a timely manner.
 - Reminder: Incarcerated individuals with signs and symptoms consistent with TB disease must be placed in an AIIR. Incarcerated individuals may be placed in a single cell, if an AIIR is not available; however, every effort must be made to move that individual to an AIIR as quickly as possible. Please refer to Section V: TB Screening Guidelines in the [DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities](#).



7. What are the annual screening requirements for incarcerated individuals?

Answer:

- Perform a TST or IGRA if the individual is not known to be a previous positive reactor. Please refer to the [TAC, Title 25, Chapter 97, Subchapter H Rule §97.173 \(4c.ii\)](#).
- Persons with a history of TB disease or infection are at risk for developing TB in the future. These individuals shall be reminded annually to report any pulmonary symptoms. Please refer to [the TAC Title 25 Part 1 Chapter 97 Subchapter H RULE §97.174 \(b.2\)](#).
- Persons with a documented history of a positive TST or IGRA should not be re-tested or receive routine annual chest x-rays unless symptoms consistent with TB develop. Please refer to the [TAC Title 25 Part 1 Chapter 97 Subchapter H RULE §97.174 \(b.3\)](#).

8. What are the continuity of care guidelines when an incarcerated individual receiving treatment for TB infection or TB disease is transferred to another correctional facility or released from a correctional facility?

Answer: All correctional facilities regardless of size and ownership must assure continuity of care for inmates receiving treatment. A sending facility must contact the receiving facility prior to release or transfer of these individuals. Please refer to the [TAC, Title 25, Part 1, Chapter 97, Subchapter H, Rule §97.191](#).

Please refer to the [TAC, Title 37, Part 9 Chapter 273, Rule §273.4c, 4d](#) for continuity of care guidelines.

- a) The completed [Texas Uniform Health Status Update Form](#) and other supporting documents such as the [TB-400A](#) and/or [TB-400B](#) should be submitted to the public health region (PHR) or local health department (LHD) prior to the release or transfer.
- b) Consider development of a policy and or procedures for scheduled checks of incarcerated individuals with suspected or confirmed TB disease to determine if they have been released without medical staff notification. Notify the DSHS regional public health or contracted local public health TB Program immediately upon knowledge of inmate released. Please refer to Section VII: Continuity of Care in the [DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities](#).

9. What are the reporting timelines for TB infection and TB disease?

Answer: TB is a notifiable condition that must be reported to your local or regional health department. Please refer to [TexasTB.org](#) for timelines.



a) TB disease (Known/Suspected) should be reported within **one working day**. Includes the following: suspected tuberculosis disease pending final laboratory results; positive nucleic acid amplification tests (NAAT); clinically or laboratory-confirmed tuberculosis disease; and all *Mycobacterium tuberculosis* (*M. tb*) complex including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*.

b) TB infection should be reported within **one week**.

Includes the following: positive result from an IGRA test such as T-Spot TB or QuantiFERON-TB GOLD In-Tube Test or a TST in millimeters (mm), and a normal CXR with no presenting symptoms of TB disease.

10. How do I interpret a TST reading for an incarcerated individual?

Answer: Interpretation depends on measurement in mm and an individual’s risk of TB infection or risk of progression to TB disease, if infected. Please refer to the [Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, MMWR, 2006](#).

Table 1: Interpretation of TST Skin Reaction for Correctional and Detention Facilities

Induration of ≥ 5 mm is considered positive in:	Induration of ≥ 10 mm is considered positive in:
Persons infected with HIV	Persons who live or work in a high-risk congregate setting (e.g., correctional facility)
Recent contacts to TB disease	
Persons with fibrotic changes on CXRs consistent with previous TB disease	
Persons with organ transplants	
Persons with other immunocompromising conditions and/or on medications that weaken the immune system (e.g., persons receiving the ≥ 15 mg/d or greater of prednisone for \geq one month or those on TNF alpha inhibitors)	
Persons suspected of having TB disease	



For more information about tuberculosis screening in correctional facilities visit the following links:

1. [2006 CDC Prevention and control of Tuberculosis in Correctional and Detention Facilities](#)
2. [Texas Health and Safety Code, Chapter 89, Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities](#)
3. [Texas Administrative Code Title 25, Health Services, Part 1 Department of State Health Services, Chapter 97 Communicable Diseases, Subchapter H: Tuberculosis Screening for Jails and Other Correctional Facilities](#)
4. [Texas Administrative Code Title 37 Public Safety and Corrections, Part 9 Texas Commission on Jail Standards, Chapter 273 Health Services](#)
5. [DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities](#)
6. [Form TB-810 Tuberculosis Symptom Screening Form](#)