

# TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR  
Brandon S. Wood



P.O. Box 12985  
Austin, Texas 78711  
Voice: (512) 463-5505  
Fax: (512) 463-3185  
Agency Website: <http://www.tcjs.state.tx.us>  
E-mail Address: [brandon.wood@tcjs.state.tx.us](mailto:brandon.wood@tcjs.state.tx.us)

## Technical Assistance Memorandum

**To:** Sheriffs and Jail Administrators  
**From:** Brandon Wood, Executive Director  
**Date:** October 28, 2013  
**RE:** Nationwide Shortage of Tuberculin Skin Test (TST)

According to the Texas Department of State Health Services (DSHS) and the Centers for Disease Control (CDC), manufacturers of purified protein derivative (PPD) used in the tuberculin skin test (TST) continue to experience delays in production resulting in a nationwide shortage of tuberculin. As a result, many counties may not have enough TSTs on hand to conduct mandatory testing of inmates, employees, and volunteers. The DSHS offers the following recommendations for county officials in responding to the tuberculin shortages:

| Recommendations for Responding to Tuberculin Shortages  |
|---|
| <ul style="list-style-type: none"><li>• Prioritize TSTs for screening inmates at intake:<ul style="list-style-type: none"><li>○ As part of an <u>evaluation</u> of persons with symptoms suggestive of TB disease</li><li>○ Persons infected with <u>HIV</u></li><li>○ <u>Contacts</u> to a person with pulmonary or laryngeal TB</li><li>○ Persons arriving <u>from high TB incidence countries</u> within the past year</li><li>○ And, <u>prior to transfer</u> to another facility (those who are due for an annual TST)</li></ul></li><li>• Consider deferring annual screening of employees and inmates—other than priority candidates listed above—unless sufficient tuberculin is available</li><li>• Consider alternative screening tests such as an Interferon Gamma Release Assay (IGRA)—blood tests for TB infection (T-SPOT.TB and QuantiFERON®-GIT) or chest X-ray</li></ul> |

If the above recommendations are followed, it will not negatively affect your facility during your annual inspection conducted by the Texas Commission on Jail Standards. The recommended DSHS Screening Form has been attached for your immediate use.

As a reminder, Chapter 89 of Texas Health and Safety Code and TAC 273.7 exempts some inmates from required TB testing as follows:

- Screening test conflicts with the tenets of an organized religion to which the inmate belongs
- When the TB test is contraindicated based on an examination by a physician
- An inmate is not required to be retested at each rebooking if the inmate is booked into the facility more than once during a 12-month period, unless the inmate shows symptoms of is known to have been exposed to tuberculosis

If you need assistance in developing a screening protocol during this shortage, please contact your local health department or your local medical provider.

For questions, please contact TCJS staff at 512-463-5505 or your jail inspector.

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"The Commission on Jail Standards welcomes all suggestions and will promptly respond to all complaints directed against the agency or any facilities under its purview".

*To empower local government to provide safe, secure and suitable local jail facilities through proper rules and procedures while promoting innovative programs and ideas*



**Texas Department of State Health Services  
Correctional Tuberculosis Program  
Symptom Screening**

Facility Name: \_\_\_\_\_

Name: \_\_\_\_\_ Employee \_\_\_\_ Inmate \_\_\_\_

Person completing form: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

Upon intake, all inmates should be screened for symptoms consistent with tuberculosis. Please ask all inmates during the intake process if they have any of the symptoms listed below. Persons with symptoms should receive a chest x-ray, regardless of tuberculin skin test result.

Inmates or employees with a documented history of a positive tuberculin skin result should not receive annual chest x-rays. In lieu of annual chest x-rays, symptom screening should be performed annually to determine the presence of TB disease. Any person with symptoms should receive a chest x-ray and be evaluated for TB disease.

If an inmate or employee answers yes to any of the following questions, please document the approximate date each symptom started.

- |  |    |     |            |
|--|----|-----|------------|
| 1. Productive cough for 2 weeks or more.                             | No | Yes | Date _____ |
| 2. Persistent weight loss without dieting.                           | No | Yes | Date _____ |
| 3. Persistent fever above 100 degrees F.                             | No | Yes | Date _____ |
| 4. Night sweats.   | No | Yes | Date _____ |
| 5. Loss of appetite.   | No | Yes | Date _____ |
| 6. Swollen glands in neck or elsewhere.                              | No | Yes | Date _____ |
| 7. Coughing up blood (hemoptysis).                                   | No | Yes | Date _____ |
| 8. Shortness of breath.  | No | Yes | Date _____ |
| 9. Chest pain.   | No | Yes | Date _____ |
| 10. Headaches, neck stiffness,<br>and/or disorientation or confusion | No | Yes | Date _____ |

Notes: \_\_\_\_\_

\_\_\_\_\_

Chest x-ray referral: Date: \_\_\_\_\_ Referred to: \_\_\_\_\_

Sputum collection referral: Date: \_\_\_\_\_ Referred to: \_\_\_\_\_

Medical evaluation referral: Date: \_\_\_\_\_ Referred to: \_\_\_\_\_

**Inmates that have symptoms consistent with TB should be placed in isolation under negative air pressure until a diagnosis of tuberculosis can be ruled out. Employees with symptoms consistent with TB should be placed on a work stop precaution until a TB diagnosis is ruled out.**