Inmate Suspected with TB Disease (Symptomatic Upon Intake)
- Isolate inmate in an airborne infection isolation room (AIIR)
- Perform chest x-ray and order sputum smear and culture within 72 hours; consider rapid PCR
- Perform TST
- Ensure thorough medical evaluation and provide treatment, if indicated
- If TB is suspected, report to local or regional health department.

Inmate Suspected with TB Disease (Asymptomatic and Abnormal CXR)
- Isolate inmate in an airborne infection isolation room (AIIR)
- Report to local or regional health department
- Order sputum smear and culture within 72 hours; consider rapid PCR
- Ensure thorough medical evaluation and provide treatment, if indicated.

Screening Algorithm for Incarcerated Individuals in Chapter 89 Designated Facilities

1. Perform symptom screening at intake*
2. **TB symptoms present?** (cough ≥ 3 weeks, coughing up blood; weight loss; loss of appetite, lethargy/weakness, night sweats; or fever)
   - Yes
   - No
3. **Will likely be incarcerated seven or more days?**
   - Yes
   - No
4. **Documented negative** TST or IGRA in the past 12 months?
   - Yes
   - No
5. Does patient have written documentation of a previous positive skin test or IGRA?
   - Yes
   - No
6. Administer TST or IGRA regardless of self-reported results
   - Is reaction positive?
     - Yes
     - No
7. Perform CXR within 72 hours
   - Abnormal
     - (Indicative of TB Disease)
   - Normal

**Coupons for Inmate Suspected with TB Disease (Asymptomatic and Abnormal CXR)**
- Isolate inmate in an airborne infection isolation room (AIIR)
- Report to local or regional health department
- Order sputum smear and culture within 72 hours; consider rapid PCR
- Ensure thorough medical evaluation and provide treatment, if indicated.

*Note: TB symptom screening should be performed immediately for all new inmates.
Centers for Disease Control and Prevention. MMWR 2006;55(No. RR-9): pg. 36.

Created December 2021 Revised June 2023

*Note: TB symptom screening should be performed immediately for all new inmates.
Centers for Disease Control and Prevention. MMWR 2006;55(No. RR-9): pg. 36.