



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Correctional TB Training: Correctional Tuberculosis Screening Plan (TB-805)

Assessment, Compliance, and Evaluation (ACE) Team
Tuberculosis and Hansen's Disease Section

August 21, 2026, August 24, 2026, August 25, 2026

2027 Correctional TB Screening Plan

Training Dates

Friday, August 21,
2026

10 – 11 a.m.

Monday, August
24, 2026

11 a.m. – 12 p.m.

Tuesday, August
25, 2026

2 – 3 p.m.

Learning Objectives

- ☐ Understand the purpose of the Correctional Tuberculosis Screening Plan (TB-805)
- ☐ Understand the process for screening plan renewal and approval
- ☐ Recognize key information listed in each section
- ☐ Identify new changes to the 2027 TB-805

Purpose of TB-805

- Framework for legally required TB prevention and care standards for Chapter 89-designated facilities
 - Texas Health and Safety Code, Title 2, Subtitle D, Chapter 89
- Requirement of the Texas Administrative Code (TAC)
 - Title 25, Part 1, Chapter 97, Subchapter H
 - Title 37, Part 9, Chapter 273

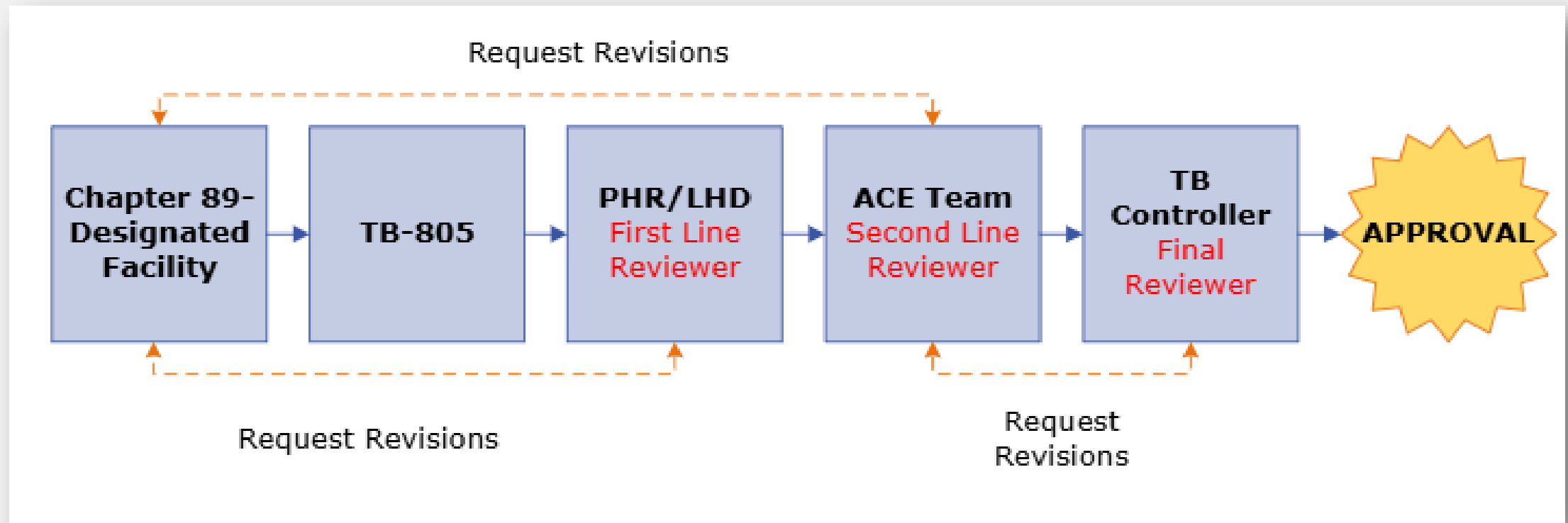
 TEXAS Health and Human Services		Texas Department of State Health Services	
CORRECTIONAL TUBERCULOSIS SCREENING PLAN (TB-805)			
INSTRUCTIONS The Correctional Tuberculosis (TB) Screening Plan (TB-805) is required of all jails designated as Texas Health and Safety Chapter 89. Refer to publication #TB-805-1 for instructions on filling out this form. Type in each box using the fillable electronic form. All sections of the plan must be filled out completely and must be legible or the form will be returned. Do not leave questions blank (type N/A, if needed). The electronically signed original plan must be emailed to your local or regional health department with a copy to the Texas Department of State Health Services (DSHS) Tuberculosis and Hansen's Disease Unit at CongregateSettings@dshs.texas.gov .			
A. CONTACT INFORMATION			
1. Facility Name			
2. Physical Address (list additional sites in Section F)		City	State Zip Code
3. Mailing Address (if different from physical)		City	State Zip Code
4. Jail Administrator's Name	5. Title (Captain, Lieutenant, etc.)	6. Phone Number	
7. Email Address		8. Fax Number	
9. Medical Director (MD, DO, NP, or PA-C)			
Name		Credentials (MD, DO, NP, or PA-C)	
National Provider Identifier (NPI)		Email Address	
Phone Number		Address	
City		State	Zip Code
10. Is the contact person the same as the jail administrator?			
☐ YES ☐ NO If NO, complete question 11 below.			

Renewal Process for TB-805

- The facility will submit the TB-805 to its local or regional TB program for **first-line review** with a copy to CongregateSettings@dshs.texas.gov.
- Local or regional TB programs will send screening plans to CongregateSettings@dshs.texas.gov.
 - Health departments have two weeks to review and submit to the ACE team.

Renewal Process for TB-805

Renewal process flow chart for the 2027 TB-805:



TB-805 Important Dates

Submission Period

- September 14, 2026, to October 30, 2026

Approval Period

- January 1, 2027, to December 31, 2027
- Delinquent screening plans will have a truncated approval period.

Submission & Reminder Process for TB-805

- Facilities must submit screening plans to their regional or local health departments by **October 30, 2026**, and they must copy CongregateSettings@dshs.texas.gov on the email.
- **Chapter 89-designated facilities will receive reminder emails on the following dates:**
 - August 31, 2026: 60-day notification
 - September 30, 2026: 30-day notification
 - October 16, 2026: Two-week notification
 - October 23, 2026: One-week notification

Section A. Contact Information



Section A. Contact Information

A. CONTACT INFORMATION			
1. Facility Name			
2. Physical Address (list additional sites in Section F)		City	State
			Zip Code
3. Mailing Address (if different from physical)		City	State
			Zip Code
4. Jail Administrator's Name	5. Title (Captain, Lieutenant, etc.)		6. Phone Number
7. Email Address		8. Fax Number	
9. Medical Director (MD, DO, NP, or PA-C)			
Name		Credentials (MD, DO, NP, or PA-C)	
National Provider Identifier (NPI)		Email Address	
Phone Number		Address	
City		State	Zip Code
10. Is there a different point of contact other than the jail administrator?			
☐ YES ☐ NO If YES, complete question 11 below.			

Examples of jail administrators' titles include captain, lieutenant, or jail administrator.

Credential **must** be MD, DO, NP, or PA-C.

Language update:
Select "YES" if there is a different point of contact other than the jail administrator.

Section A. Contact Information (continued)

Up to two points of
contacts may be listed.

11. Point(s) of Contact <i>(if different from jail administrator)</i> You may list up to two contact persons. We recommend that at least one person listed is the nurse supervisor or person responsible for overseeing TB screening and reporting.	
Name:	Title:
Phone Number:	Email Address:
Name:	Title:
Phone Number:	Email Address:

Section B. Facility Information



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Section B. Facility Information

Language update: If your facility is not operated by a private operating agency/company, please select N/A.

List the total number of inmates **booked into the facility** in the previous calendar year (January 1, 2025 – December 31, 2025).

The facility should check **all** applicable federal inmates that they house.

B. FACILITY INFORMATION		
1. Facility operated by: ☐ County ☐ Private ☐ Other (Specify): _____		
2. Name of the operating agency/company if the facility is private: ☐ N/A Operating agency, if applicable: _____		
3. Is this facility regulated by the Texas Commission on Jail Standards (TCJS)? If marking NO, who is the regulatory agency? ☐ YES ☐ NO Regulatory agency, if applicable: _____		
4. Total number of employees: _____	5. Facility bed capacity: _____	6. Current population: _____
7. Total number of inmates booked into the facility in the previous calendar year (January 1, 2025 – December 31, 2025): _____		
8. Which category of inmate is the facility authorized to hold? (Select all that apply)		
☐ Federal (Select all that apply): ☐ Immigration and Customs Enforcement ☐ Bureau of Prisons ☐ U.S. Marshals		
☐ County		
☐ Out-of-County (Please list the counties that you have a contract, memorandum of agreement (MOA), or memorandum of understanding (MOU) with): _____ _____ _____		
☐ Out-of-State (Please list the states that you have a contract, memorandum of agreement (MOA), and/or memorandum of understanding (MOU) with): _____ _____ _____		

Section B. Facility Information (continued)

9. Facility Healthcare Team

A. Does the facility maintain a healthcare team (RN, LVN, MA)?

☐ YES ☐ NO

B. Is the healthcare team contracted? If contracted, please indicate who employs the healthcare team in the space below and *attach a copy of the contract*.

☐ YES ☐ NO Contracted entity, if applicable: _____

Contract expiration date, if applicable: _____

C. Who is the healthcare team employed by?

☐ County ☐ Hospital

☐ Private ☐ Other (please specify): _____

10. TB Medical Provider

A. Does the Medical Director, listed in A9, provide TB medical care services for inmates? If no, please provide the name of the treating physician and their National Provider Identifier (NPI). *Note: A TB medical provider must have a valid and current license to practice in Texas with one of the following credentials: MD, DO, NP, or PA-C.*

☐ YES ☐ NO (If marking YES, please leave provider name and NPI blank below.)

Provider name(s): _____

National Provider Identifier (NPI): _____

B. Does the facility maintain a contract with the TB medical provider? If contracted, please indicate the contracted entity in the space below and *attach a copy of the contract*.

☐ YES ☐ NO Contracted entity, if applicable: _____

Contract expiration date, if applicable: _____

C. Who is the medical provider employed by?

☐ County ☐ Hospital

☐ Private ☐ Other (please specify): _____

If the medical director listed in A9 **does** provide TB care for inmates, check YES and leave provider name and NPI blank.

NEW: If your facility's healthcare team or TB medical provider is contracted, list the contract expiration date. If the contract automatically renews each year, please write "**automatic renewal**".

Ensure that medical contracts with clearly stated renewal terms are **included with the screening plan submission**.

Sample Contracts

Automatic Renewal

ARTICLE VI: TERM AND TERMINATION OF AGREEMENT

6.1 Term. This Agreement shall commence on October 1, 2021. The initial term of this Agreement shall end on September 30, 2022, and this Agreement shall thereafter be automatically extended for additional periods of twelve months each, beginning on October 1 of each year, subject to County funding availability, unless either party provides written notice to the other of its intent to terminate, or non-renew, in accordance with the provisions of Section No. 6.2 of this Agreement.

Expires Mid-Year

Contract Period: October 1, 2022, through September 30, 2023	
Base annualized fee:	\$221,335.92 (\$18,444.66 per month)
Per diem greater than 130 inmates:	\$1.57
Annual outside cost pool limit:	\$40,000.00 (includes 100% pool refund provision)

Section B. Facility Information (continued)

11. Number and credentials of healthcare staff at the facility (ex: RN—1, LVN—2, Jailers—3, etc.)	
12. Number and credentials of healthcare staff trained on TB symptom screening (ex: RN—1, LVN—2, Jailers—3, etc.)	
13. List names and credentials of all staff the medical director or TB medical provider has authorized to administer, read, and interpret the TB skin test. <i>(Attach a separate sheet if necessary).</i>	
14. Types of TB tests performed at your facility <i>(Select all that apply)</i> ☐ QuantiFERON-TB Gold (QFT) ☐ T-SPOT ☐ Tuberculin Skin Test (TST)	15. If your facility uses a blood test (QFT and/or T-SPOT) to screen for TB, please answer the questions below. Please indicate N/A if your facility only uses TST to screen. Please specify who provides the QFT and/or T-SPOT to your facility (e.g., Quest Diagnostics)? In what instances is the blood test used (e.g., inmates who refuse a TB skin test, individuals living with HIV, etc.)?
16. Are chest x-rays performed at the facility? ☐ YES ☐ NO Please provide the information of the chest x-ray provider: Name (provider of x-rays): Phone Number: Address:	17. Are chest x-rays interpreted by the same x-ray facility listed in question 16? If NO, please provide the information below? ☐ YES ☐ NO (If marking YES, please skip the rest of this question.) Name (provider of x-rays): Phone Number: Address:
Note: Routine chest x-rays are not required for asymptomatic persons who have negative TB skin test results. After the initial chest radiograph is taken, persons with positive tuberculin skin test reactions do not need repeat chest radiographs, unless symptoms develop that may be or are suspected to be due to tuberculosis disease. http://statutes.capitol.texas.gov/Docs/HS/htm/HS.89.htm	

If facility only uses TST, please indicate N/A in **both** spaces.

Reminder: Your local or regional health department cannot provide state-purchased blood tests to your facility.

Section B. Facility Information (continued)

If facility has fewer than 2 AIIRs, please include a copy of the contract or agreement with the hospital/facility where inmate will be isolated, *if applicable*.

18. In the event of a hurricane or other natural or man-made disaster, do you have a written evacuation plan on file?

☐ YES ☐ NO

Will you relocate? If YES, please specify the location you will relocate to.

☐ YES ☐ NO Location:

19. Provide the name, job title, and contact information of the person responsible for your facility's TB infection control measures. This person may be responsible for managing TB infection control activities, including, but not limited to, overseeing TB symptom screening and testing, staff training, reporting, generating and submitting monthly reports, maintaining supplies, inspection of AIIRs, and making necessary referrals.

Name: Title:

Email Address: Phone Number:

20. Does your facility have airborne infection isolation rooms (AIIRs)? If YES, indicate the number of AIIRs.

☐ YES ☐ NO Number of individual rooms:

21. If your facility has fewer than two (2) AIIRs, where will an inmate with symptoms suggestive of TB be isolated? *Please attach a copy of the contract or agreement with the hospital/facility, if applicable.*

☐ N/A Hospital/facility name:

22. Are AIIRs routinely inspected and maintained? If YES, who oversees inspection and maintenance?

☐ YES ☐ NO ☐ N/A If NO, please indicate the reason:

Name/Entity: Title: Phone Number:

23. If your facility has one (1) or more AIIRs, please provide the date of the last inspection of the AIIR(s).

☐ N/A Date of last AIIR(s) inspection:

Language update: Please provide the name, job title, and contact information of the person assigned to TB infection control measures at your facility.

NEW: If your facility has one or more AIIRs, provide the date of the last AIIR inspection.

Section B. Facility Information (continued)

24. Which of the following actions does your facility take in the event a suspected or confirmed TB case is identified?
Please see the [screening algorithm for incarcerated individuals](#) for reference. Please check all that apply.

- | | |
|---|---|
| ☐ Immediately isolate the individual in an AIIR or send them to the hospital for isolation | ☐ Report to the local or regional health department within one working day |
| ☐ Perform chest x-ray within 72 hours | ☐ Order a Nucleic Acid Amplification Test (NAAT) (i.e., rapid PCR) |
| ☐ Order acid-fast bacilli (AFB) testing on sputum smear/culture within 72 hours | ☐ Provide treatment for TB |
| ☐ Ensure thorough medical evaluation | ☐ Conduct a Contact Investigation (CI) |
| ☐ Provide surgical mask to the inmate and ensure staff/personnel wear N-95 or equivalent | ☐ Perform TST for symptomatic inmates |
| ☐ Other (Specify): _____ | |

Reminder for health departments: Please ensure the infection control measures checked in this question are in alignment with the facility's practices.

Section B. Facility Information (continued)

25. Provide the name, mailing address, and phone number of the local or regional health department (who your facility reports to) and the name of the contact person(s). You may list up to two individuals.

Health Department Name:

Name:

Title:

Phone Number:

Email Address:

Address:

Name:

Title:

Phone Number:

Email Address:

Address:

26. What is the name and title of the person at your facility who informs the local or regional health department about TB suspects and/or cases in custody? You may list up to two individuals.

Name:

Title:

Phone Number:

Email Address:

Name:

Title:

Phone Number:

Email Address:

Provide the correct name of your contact at the local health department or public health region (LHD/PHR). Reach out to your LHD/PHR to verify the correct name!

Be sure to add the contact person's title.

Section B. Facility Information (continued)

NEW: List the primary supplier of PPDs and syringes for your facility. A secondary supplier may be listed as well, if applicable.

If a secondary supplier is listed, please explain the instances in which the secondary supplier is used.

27. Who supplies purified protein derivatives (PPDs) for inmate TB testing at your facility?

Primary Supplier (Specify full name and address)

Secondary Supplier (Specify full name and address)

Please provide the instances in which PPDs are requested from a secondary supplier, if applicable.

28. Who supplies syringes for inmate TB testing at your facility?

Primary Supplier (Specify full name and address)

Secondary Supplier (Specify full name and address)

Please provide the instances in which syringes are requested from a secondary supplier, if applicable.

29. Who supplies your facility with TB medications? Please provide the name and address of the entity. Do not use acronyms or abbreviations.

Name:

Address:

Enter the full spelling of the health department, if applicable.

Please list the pharmacy or entity that you obtain TB medications from.

Reminder: DSHS-purchased medications cannot be distributed to jails unless the health department serves as the TB medical provider.

Section B. Facility Information (continued)

30. What other TB services does your local or regional health department provide to your facility?

☐ None	☐ Contact Investigation	☐ Education and/or Training
☐ TB Testing at Intake	☐ Sputum Canisters	☐ Medication Toxicity Assessment
☐ TB Annual Screenings	☐ TB Medication	☐ Directly Observed Therapy (DOT)/Video-Enabled DOT (VDOT)
☐ Other (Specify):		

NEW: Read carefully to ensure you select all TB services provided to your facility.

Section C. Inmate Screening



Section C. Inmate Screening

Language update:

Check hours OR days and list the corresponding number for the time between book-in and TST placement.

C. INMATE SCREENING	
1. On which days and shifts are TSTs administered, or Interferon Gamma Release Assays (IGRAs) drawn? Select all that apply.	
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	
Facility shift hours when tests are done: from to	
2. How soon after incarceration are inmates given a TST or IGRA?	3. How long after placing a TST is it read? Please indicate a range.
hours, OR days	Within to hours
4. Are symptom screenings conducted? If YES, attach a copy of your facility's TB symptom screening form.	
☐ YES ☐ NO If YES, when are symptom screenings conducted?	
5. For inmates with newly positive IGRA/TST results, when are chest x-rays done? Select all that apply.	
☐ Within 24 hours ☐ Within 72 hours ☐ Other (Please specify):	
☐ Within 48 hours ☐ Within 4 – 7 days	
Note: According to Figure: 25 TAC §97.175(a) , a chest x-ray shall always be done within 72 hours of a positive TB skin test reading. A chest x-ray and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB.	
6. Does your facility offer treatment for TB infection?	
☐ YES ☐ NO	

Ensure tuberculin skin tests (TSTs) are read 48 to 72 hours after placement.

Don't forget to include your facility's TB symptom screening form!

Note: The TB symptom screening form must be specific to TB or include TB-specific symptoms.

Section C. Inmate Screening (continued)

7. When do <u>annual</u> screenings of long-term inmates take place? ☐ 12 months after the last test ☐ On a designated month (Please specify): ☐ Other (Please specify):	8. Do you have a written <u>continuity of care</u> plan for inmates diagnosed or suspected of having TB scheduled for release into the community or transferred to another facility? <i>Please attach a copy of the plan.</i> ☐ YES ☐ NO Note: A <u>Continuity of Care (CoC) toolkit</u> is available on the DSHS TB Section website to help ensure inmates continue TB treatment post-incarceration and at a receiving facility. The CoC toolkit includes a sample continuity of care plan available for correctional facilities to utilize if they do not currently have a written CoC plan established for the correctional facility.
9. Who maintains inmate screening records? Name: Title: Phone Number: Email Address:	10. Who is responsible for sending transfer records to the Texas Department of Criminal Justice (TDCJ) or other correctional facilities on inmates with TB infection or suspected/confirmed TB disease? Name: Title: Phone Number: Email Address:

Ensure the facility's continuity of care plan is attached!

11. Who is responsible for notifying the local or regional health department when an inmate with TB infection or suspected/confirmed TB disease is transferred or released? Name: Title: Phone Number: Email Address:	
Note: All inmates shall be evaluated for TB infection and disease. All treatment must be documented. A record of treatment (TB-400A and TB-400B) must be completed and submitted to the local or regional health department TB program located in the county of the facility. Form TB-400A, TB-400B, and other forms are available on the DSHS TB Section website .	
12. Which form(s) are used to transfer inmate records? Select all that apply. <i>Please attach a copy of the form(s).</i> ☐ Texas Uniform Health Status Update ☐ Prisoner in Transit Medical Summary Form (USM-553) ☐ Other (Please specify):	

Remember to attach these forms!

Examples of Continuity of Care Plans

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Transfers/Release

1. Inmate-patients with active TB are not transferred to other correctional facilities without prior notification and planning. All transfers include copies of transfer sheets identifying TB status and medication usage sent with them.
 - A. When an inmate-patient on LTBI treatment is transferred to an outside facility before completion of TB treatment, notification is made to the receiving correctional facility of the inmate-patient's current TB medication and requirements for completion of therapy.
 - B. A copy of an inmate-patient's medical records or documentation of screenings or treatment received during confinement accompanies an inmate transferred from a correctional facility to another and is available for medical review upon arrival of the inmate.

When an inmate-patient has been diagnosed with active TB or LTBI and upon notification of an inmate-patient's pending release before completion the following occurs:

- a. When an inmate-patient on LTBI treatment is released before completion of TB therapy, the inmate-patient is provided a prescription for a month's supply of INH tablets with instructions to take 1 tablet (300mg INH) a day.
- b. A review of the medication record confirms current prescribed medications.
- c. The inmate-patient is provided with any medication requirements as deemed necessary per order by a responsible physician or designee. All discharge medications must be clearly documented in the medical record including release, medication type and amount, and name of receiving pharmacy.
- d. When an inmate-patient is non-insured, medication requirements are called into the back-up pharmacy.
- e. When an inmate-patient has insurance, medication requirements are called into the pharmacy of their choice.
- f. The facility administrator or designee arranges transportation to a community provider.
- g. The inmate-patient is also provided the name and address of the health department where treatment can be obtained.
- h. The inmate-patient is counseled to seek medical consultation as clinically indicated and to seek prompt medical attention if signs or symptoms are clinically indicated.

Sample Continuity of Care (CoC) Plan

TB Continuity of Care Plan

[Facility Name]

Tuberculosis (TB) Continuity of Care Plan for Correctional Facilities

[Facility Name]

Adapted from Texas Department of State Health Services (DSHS) Public Health Region (PHR) 11

TB Continuity of Care Plan

[Facility Name]

Table of Contents

I: Introduction	3
II: Responsibilities of [Facility Name]	4
III: Responsibilities of [LHD or PHR Name]	5
IV: TB Education and Training at [Facility Name]	6
V: Continuity of Care After Release	7
VI: Resources	8
VII: Acknowledgment and Signatures	9

CoC Toolkit: A Closer Look

Reporting Guidelines for Continuity of Care Planning

Note: Tuberculosis (TB) is a notifiable condition in Texas, reportable to your Public Health Region or local health department (PHR/LHD).

TB Definitions

Report a TB infection within one week to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

TB Infection: TB infection is determined by a positive result from an FDA-approved interferon gamma release assay (IGRA) test, such as T-Spot® TB test, or QuantiFERON - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. Please report skin test results in millimeters.

Report suspected TB disease within one working day to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

Suspected TB: Clinical suspicion of TB disease is based on signs, symptoms, and abnormalities on a chest X-ray AND the clinician intends to place the individual in isolation OR on 4-drug therapy. If TB is suspected, the clinician must perform a complete evaluation while waiting for final laboratory results.

Report TB disease within one working day to your PHR/LHD. Please include the TB-400 when reporting to your PHR/LHD.

TB Disease: Active TB disease is diagnosed by medical history, physical evaluation, chest x-ray, and other laboratory tests (i.e., isolation of M. tuberculosis complex from a clinical specimen). People with TB disease usually feel sick and present with symptoms.

How to report inmates released from jail while on treatment for TB

When do I report?

- Notify the [DSHS PHR/LHD TB Program](#) immediately upon knowledge of release.

Where do I report?

- Report to the appropriate PHR/LHD. Refer to the [interactive map](#) on the DSHS TB website to locate the appropriate TB clinic.

How do I report?

- Send the completed [Texas Uniform Health Status Update Form](#) and other supporting documents, such as the [TB-400](#) and the [TB-400B](#), to the PHR/LHD prior to release.
- Include all laboratory results, diagnostic results, medication regimens, and medical history are included in the notification of release.

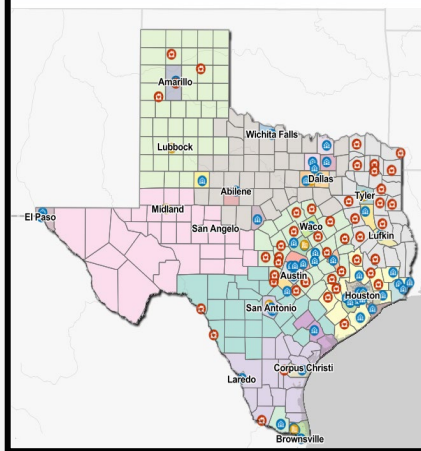
Questions? Please reach out to your PHR/LHD.



Texas Department of State Health Services

Created September 2023
www.texasdh.org

Interactive Map



TB Continuity of Care Plan

[Facility Name]

Tuberculosis (TB) Continuity of Care Plan for Correctional Facilities

[Facility Name]

Adapted from Texas Department of State Health Services (DSHS) Public Health Region (PHR) 11



Texas Department of State Health Services

1

Tuberculosis Conversation Guide

Designated staff at each jail should initiate conversations about continuity of care for tuberculosis (TB) with inmates scheduled for release from a correctional facility. Continuity of care is integral to successfully completing treatment for TB. This document serves as a conversation guide for jail staff to discuss TB with an inmate.

What is Tuberculosis?

What is TB?

TB germs go into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. Depending on the environment, these germs can stay in the air for several hours. People who breathe in air containing these TB germs can become infected. This is called TB infection (also known as latent tuberculosis infection), with which there are no symptoms, and it is not contagious. If untreated, TB infection can become TB disease. TB disease is infectious and generally has symptoms; however, not all cases of TB disease are symptomatic.

What are the symptoms of TB disease?

The general symptoms of TB disease may include weakness or fatigue, weight loss, fever, chills, and night sweats. The symptoms of TB disease of the lungs may also include a cough that lasts three weeks or longer, chest pain, and coughing up blood or phlegm.

TB Treatment

Why should I get treatment for TB?

Treating TB with prescribed medications can effectively kill TB germs and cure you of TB. If you are diagnosed with TB infection, treatment can prevent your infection from progressing to TB disease. If you do not take treatment, TB infection can develop into TB disease, and active TB disease can lead to serious sickness or death. The benefits of receiving treatment for TB are that it will cure you of the disease and eliminate the germs from your body. When taken as directed, treatment for active TB disease will stop the spread of the disease to others around you. Treating TB and following through with treatment completion can also prevent your TB germs from becoming drug (medication) resistant.

Why does treatment for TB take so long?

TB germs are very strong and can take a long time to die. To ensure your body is free from TB germs, you must take several medications for extended periods of time to kill them all. Treatment for TB is most effective when taken as your healthcare provider prescribes. If you stop treatment before it is finished, it can lengthen the time treatment will take when you start it up again.



Texas Department of State Health Services

Created September 2023
www.texasdh.org

Tuberculosis Resource Packet

The Tuberculosis (TB) Resource Packet provides information on available support services and resources.



Listen to survivor's stories on [Tuberculosis Personal Stories](#)
<https://www.cdc.gov/tb/stories/index.html>



Consider joining the WaAeTB support group for survivors and advocates. They meet weekly on Zoom
<https://www.waetb.com>



Read Questions and Answers About Tuberculosis
<https://www.cdc.gov/tb/media/qa/tb-qa-frequently-asked-questions>



Review Frequently Asked Questions About TB
<https://www.dhs.texas.gov/tuberculosis-frequently-asked-questions>



Watch '5 Things to Know About TB'
<https://youtu.be/x03ELagK1hI>



Explore the Centers for Disease Control and Prevention Website
<https://cdc.gov/tb/index.html>



Texas Department of State Health Services

Created September 2023
www.texasdh.org

Tuberculosis Discharge Planning Checklist

According to the Texas Administrative Code, all correctional facilities must prepare a continuity of care plan for inmates receiving tuberculosis (TB) treatment prior to transfer to another facility or discharge to the community. [LTC Chapter 27, Rule 27.4311](#). The plan includes the following:

Obtain Updated Contact Information

- Document and confirm an address, phone number, and emergency contact information for the inmate.

Notify the Appropriate Local Health Department or DSHS Public Health Regional TB Program

- Promptly notify the appropriate Public Health Region (PHR)/local health department (LHD) when an inmate is designated for release, transfer, or deportation from the facility and include the updated contact information.
- Send the completed [Texas Uniform Health Status Update Form](#) and other supporting documents, such as the [TB-400](#) and the [TB-400B](#), to the PHR/LHD prior to release.
- Include all laboratory results, diagnostic results, medication regimens, and medical history in the notification of release.

Educate the Inmate

- Discuss inmate's diagnosis with them (e.g., symptoms, infectiousness, transmission, treatment).
- Provide the inmate with relevant educational resources (see the Tuberculosis Resource Packet).

Discuss the Treatment Plan

- Educate the inmate on their medication regimen (e.g., frequency, duration, dosage).
- Discuss potential side effects of treatment and whom they should contact if side effects occur. Provide sufficient TB medications to last until the inmate's first medical appointment with the PHR/LHD.
- Coordinate treatment provision and care with the appropriate PHR/LHD.
- Discuss the risk of untreated TB or partially treated TB.
- Provide medication log to the PHR/LHD.

Address Barriers to Care

- Identify the educational, medical, or psychological needs of the inmate.
- Provide appropriate resources to address barriers to continuity of care (educational, social, etc.).
- Develop a plan to meet the inmate's treatment, care, and service needs.
- Provide name, address, and phone numbers of appropriate community services and providers.
- Notify PHR/LHD to refer foreign detainees to [CURE-TB](#) or Migrant Clinicians Network.

Appropriate Recordkeeping

- Maintain records in accordance with institutional policies.
- Ensure all records are complete and accurate in accordance with local and state guidelines.



Texas Department of State Health Services

Created September 2023
www.texasdh.org

Tuberculosis Frequently Asked Questions (FAQs)

What is tuberculosis?

Tuberculosis (TB) is a disease caused by germs that spread from person to person through the air. TB usually affects the lungs but can also affect other body parts, such as the brain, kidneys, or spine. A person with TB can die if they do not get treatment.

How is TB spread?

TB germs go into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. TB germs are very persistent and stay in the environment for several hours. People who breathe in air containing these TB germs can become infected.

What are the symptoms of TB?

The general symptoms of TB disease may include:

- Weakness or fatigue
- Weight loss
- Fever
- Chills
- Night sweats

The symptoms of TB disease of the lungs may also include:

- A cough lasting three weeks or longer
- Chest pain
- Coughing up blood or phlegm

Is there a difference between TB infection and TB disease?

Yes. People with TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future, and they are often prescribed treatment to prevent this.

People with TB disease are sick from active TB germs, meaning that the TB germs are multiplying and destroying tissue in their bodies. They usually have symptoms of TB disease; however, not all individuals may experience symptoms. People with TB disease of the lungs or throat can spread germs to others. They are prescribed drugs that can treat TB disease.



Texas Department of State Health Services

Created September 2023
www.texasdh.org

Tuberculosis Continuity of Care Contact Card

Health Department Name:	Health Department Name:
Contact Person:	Contact Person:
Contact Person Phone Number:	Contact Person Phone Number:
Contact Person Email:	Contact Person Email:
Physical Address:	Physical Address:
City, TX, and Zip:	City, TX, and Zip:
Phone Number:	Phone Number:
Webster:	Webster:
Hours of Operation:	Hours of Operation:
Health Department Name:	Health Department Name:
Contact Person:	Contact Person:
Contact Person Phone Number:	Contact Person Phone Number:
Contact Person Email:	Contact Person Email:
Physical Address:	Physical Address:
City, TX, and Zip:	City, TX, and Zip:
Phone Number:	Phone Number:
Webster:	Webster:
Hours of Operation:	Hours of Operation:
Health Department Name:	Health Department Name:
Contact Person:	Contact Person:
Contact Person Phone Number:	Contact Person Phone Number:
Contact Person Email:	Contact Person Email:
Physical Address:	Physical Address:
City, TX, and Zip:	City, TX, and Zip:
Phone Number:	Phone Number:
Webster:	Webster:
Hours of Operation:	Hours of Operation:

Section D. Employee Screening



Section D. Employee Screening

Language update: Are employees screened for TB upon hire?

Note: State-purchased testing supplies can only be used to screen incarcerated persons in Chapter 89-designated facilities and cannot be used for employee and/or volunteer screening.

D. EMPLOYEE SCREENING	
Note: State-purchased testing supplies can only be used to screen incarcerated persons in Chapter 89-designated facilities and cannot be used for employee or volunteer screening.	
1. Are employees screened for TB upon hire? ☐ YES ☐ NO If YES, when do initial screenings take place? ☐ Prior to employment ☐ Within 7 days of starting ☐ Other (Please specify): _____	2. Are employees screened for TB annually? ☐ YES ☐ NO If YES, when do annual screenings take place? ☐ 12 months from date of hire ☐ On a designated month (Please specify): _____ ☐ Other (Please specify): _____
3. Are employee screenings performed onsite or through referrals? ☐ Onsite at facility ☐ Referral (Please specify): _____	
Note: According to Figure: 25 TAC §97.175(a) , a chest x-ray shall always be done within 72 hours of a positive TB skin test reading. A chest x-ray and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB.	
4. If an employee has a positive reaction (10 mm or greater), a chest x-ray and medical evaluation must be done. Chest x-rays must be done immediately if TB symptoms are present or within three (3) days of a positive Interferon Gamma Release Assay (IGRA) or skin test if the person is asymptomatic. The employee must provide a physician certification indicating "no active disease" before returning to work. How many days are allowed for the employee to submit this certification? _____ days	
5. Who is responsible for keeping employee certification records? Name: _____ Title: _____ Phone Number: _____	

Section E. Volunteer Screening



Section E. Volunteer Screening

If volunteers do not provide services, please mark NO and skip the rest of the section.

E. VOLUNTEER SCREENING	
1. Do volunteers provide services in your facility? ☐ YES ☐ NO (If marking NO, please skip the rest of the section)	
2. Do volunteers in this facility work more than 30 hours a month? Note: According to TAC §97.173, "All volunteers who share the same air space with inmates on a regular basis (more than 30 hours per month) shall be screened prior to becoming a volunteer and at least annually thereafter according to this section unless the volunteer is exempt as described in clauses (ii), (iii), or (iv) of this subparagraph." ☐ YES ☐ NO (If marking NO, please skip the rest of the section)	
3. Does your facility perform TB screenings for volunteers prior to starting service? ☐ YES ☐ NO If YES, when do initial screenings take place? ☐ Prior to becoming a volunteer ☐ Within 7 days of starting ☐ Other (Please specify): _____	4. Does your facility perform annual TB screenings for volunteers? ☐ YES ☐ NO If YES, when do annual screenings take place? ☐ 12 months from date of hire ☐ On a designated month (Please specify): _____ ☐ Other (Please specify): _____
5. Are volunteer screenings performed onsite or through referral? ☐ Onsite at facility ☐ Referral (Please specify): _____	
Note: According to Figure: <u>25 TAC §97.175(a)</u> , a chest x-ray shall always be done within 72 hours of a positive TB skin test reading. A chest x-ray and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB. 6. If a volunteer has a positive reaction (10 mm or greater), a chest x-ray and medical evaluation must be done. Chest x-rays must be done immediately if TB symptoms are present or within three (3) days of a positive Interferon Gamma Release Assay (IGRA) or skin test if the person is asymptomatic. The volunteer must provide a physician certification indicating "no active disease" before returning to work. How many days are allowed for the volunteer to submit this certification? _____ days	
7. Who is responsible for keeping volunteer certification records? Name: _____ Title: _____ Phone Number: _____	

Note: State-purchased testing supplies can only be used to screen incarcerated persons in Chapter 89-designated facilities and cannot be used for employee and/or volunteer screening.

NEW: If volunteers do not work more than 30 hours a month, please mark NO and skip the rest of the section.

Section F. Additional Sites



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Section F. Additional Sites

If you do not have additional facility sites, please mark NO and skip the rest of the section.

2. Facility Name			
3. Physical Address	City	State	Zip Code
4. Mailing Address (if different from physical)	City	State	Zip Code
5. Jail Administrator's Name	6. Title	7. Phone Number	
8. Email Address		9. Fax Number	
10. Contact Person (if different from jail administrator) You may list up to two contact persons. We recommend that at least one person listed is the nurse supervisor or person responsible for overseeing TB screening and reporting.			
Name:		Title:	
Phone Number:		Email Address:	
Name:		Title:	
Phone Number:		Email Address:	

ADD

F. ADDITIONAL SITES (Refer to Section A2)			
1. Does your facility have additional sites? If YES, enter the names and locations of additional sites. Use the "ADD" button at the bottom for additional facilities.			
☐ YES ☐ NO (If marking NO, please skip the rest of the section)			
2. Facility Name			
3. Physical Address	City	State	Zip Code
4. Mailing Address (if different from physical)	City	State	Zip Code
5. Jail Administrator's Name	6. Title	7. Phone Number	

Use the ADD button to add more than one additional site.

Section G. Plan Submission and Acknowledgement



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Section G. Plan Submission and Acknowledgement

The jail administrator's typed out name serves as the legal signature of this document.

G. PLAN SUBMISSION AND ACKNOWLEDGEMENT	
Submission type (select one)	
☐	ANNUAL PLAN
☐	AMENDED PLAN (Please specify the date of original approval):
Please read the following statement carefully and indicate your understanding and acceptance by signing in the space provided. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H, Sec. 97.173, C, ii requires that every inmate shall have a screening test for tuberculosis on or before the seventh day of incarceration and at least annually thereafter if the inmate is not known to be a previous positive reactor. More frequent TB screening is recommended when a specific situation indicates an increased risk of transmission. Texas Health and Safety Code Chapter 89 Sec. 89.102 also requires corrections facilities to report to the local health department the release of an offender who is receiving treatment for tuberculosis. The local health department shall arrange for inmate continuity of care. By signing this form, I acknowledge that I understand the above requirements and the form is accurate and complete to the best of my knowledge. By printing your name below, you acknowledge and agree that it serves as your legal signature. Jail Administrator Name Date	
H. APPROVAL	
Email the signed original plan to Texas Department of State Health Services, Tuberculosis and Hansen's Disease Section, at CongregateSettings@dshs.texas.gov where the plan, once approved, will be maintained. If any sections are left blank, are answered incorrectly, or required supporting documentation is missing, the form will be returned with requested revisions. Texas Department of State Health Services Tuberculosis and Hansen's Disease Section http://dshs.texas.gov/disease/tb/corrections.shtm	

Amended plans are needed when there are administrative or operational changes that negate the information on the approved screening plan. Amended screening plans require resubmission of only the pages with amended information and the updated jail administrator signature and date.

TB-805 Checklists



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TB-805B: Checklist for Jails

- Both jails AND health departments are required to fully complete their respective TB-805 checklists.
- Sign and date the checklist after completion and send it to your local or regional health department with your screening plan.
- **NOTE:** There are two checklists available on the website:
 - TB-805A (Checklist A for health departments)
 - TB-805B (Checklist B for jails)

www.texastb.org



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Correctional Tuberculosis Screening Plan (TB-805) Checklist B

The checklist is a tool for **jail administrators or designees** to use when completing the correctional tuberculosis screening plan. Please note the checklist is **not** comprehensive for all form questions and/or situations.

Please submit your signed checklist and completed screening plan to your local program for review. If you have any questions, please email your local or regional health department.

Facility Name: _____

Date Completed: _____

Question #	QA Question	Yes	No	N/A	Notes
A9	Does the medical director have one of the following credentials: MD, DO, NP, or PA-C?	☐	☐	☐	
A11	If the point of contact is not the same as the jail administrator (refer to question A10), is at least one point of contact listed?	☐	☐	☐	
Section A	Is Section A complete (i.e., no missing information)?	☐	☐	☐	
B1	If "Other (Specify)," is selected, is the information provided?	☐	☐	☐	
B8	If "Federal," is selected, is at least one facility type (ICE, BOP, USMS) selected?	☐	☐	☐	
B8	If "Out-of-County" or "Out-of-State," is selected, are the counties and/or states specified?	☐	☐	☐	

TB-805A	Correctional TB Screening Plan - Checklist (for health departments)	8/2026
TB-805B	Correctional TB Screening Plan - Checklist (for jails)	8/2026

Knowledge Check



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Knowledge Check: Question #1

Credential is not MD, DO, NP, or PA-C

Street address is not provided

9. Medical Director (MD, DO, NP, or PA-C)		
Name	Credentials (MD, DO, NP, or PA-C)	
June Smith	LVN	
National Provider Identifier (NPI)	Email Address	
N/A	June.Smith@TexasCountyJail.gov	
Phone Number	Address	
(512) 369-2247		
City	State	Zip Code
Austin	Texas	78552

Knowledge Check: Question #2

4. Jail Administrator's Name	5. Title (Captain, Lieutenant, etc.)	6. Phone Number
Mark Lopez	Jail Administrator	512-123-4567
7. Email Address	8. Fax Number	
MLopez@DSHSJail.gov	512-123-4567	

Re-entered the jail administrator's contact information

10. Is there a different point of contact other than the jail administrator?



YES



NO

If YES, complete question 11 below.

11. Point(s) of Contact (if different from jail administrator) You may list up to two contact persons. We recommend that at least one person listed is the nurse supervisor or person responsible for overseeing TB screening and reporting.

Name:

Mark Lopez

Title:

Jail Administrator

Phone Number:

512-123-4567

Email Address:

MLopez@DSHSJail.gov

Name:

June Smith

Title:

LVN

Phone Number:

512-345-6789

Email Address:

JSmith@DSHSJail.gov

Knowledge Check: Question #3

Did not check the applicable categories of federal inmates

8. Which category of inmate is the facility authorized to hold? *(Select all that apply)*



Federal *(Select all that apply)*:



Immigration and Customs Enforcement



Bureau of Prisons



U.S. Marshals



County



Out-of-County *(Please list the counties that you have a contract, memorandum of agreement (MOA), or memorandum of understanding (MOU) with):*

Garza, Trinity, Gonzales, Presidio, Van Zandt



Out-of-State *(Please list the states that you have a contract, memorandum of agreement (MOA), and/or memorandum of understanding (MOU) with):*

Knowledge Check: Question #4

Did not specify who the health care team is contracted by

9. Facility Healthcare Team

A. Does the facility maintain a healthcare team (RN, LVN, MA)?

☒ YES ☐ NO

B. Is the healthcare team contracted? If contracted, please indicate who employs the healthcare team in the space below and *attach a copy of the contract*.

☒ YES ☐ NO

Contracted entity, if applicable:

Contract expiration date, if applicable:

C. Who is the healthcare team employed by?

☒ County ☐ Hospital

☐ Private ☐ Other (please specify):

Did not list a contract expiration date or note if the contract is continuous, automatically renews, or if it does not have an expiration

Knowledge Check: Question #5

10. TB Medical Provider

A. Does the Medical Director, listed in A9, provide TB medical care services for inmates? If no, please provide the name of the treating physician and their National Provider Identifier (NPI). *Note: A TB medical provider must have a valid and current license to practice in Texas with one of the following credentials: MD, DO, NP, or PA-C.*

☒ YES ☐ NO (If marking YES, please leave provider name and NPI blank below.)

Provider name(s): Mary Jones, PA-C

National Provider Identifier (NPI): 1234567890

B. Does the facility maintain a contract with the TB medical provider? If contracted, please indicate the contracted entity in the space below and *attach a copy of the contract.*

☐ YES ☒ NO Contracted entity, if applicable:

Contract expiration date, if applicable:

C. Who is the medical provider employed by?

☐ County ☐ Hospital

☐ Private ☐ Other (please specify):

Re-entered the name and NPI of the medical provider

Did not select the type of employer for the medical provider

Knowledge Check: Question #6

20. Does your facility have airborne infection isolation rooms (AIIRs)? If YES, indicate the number of AIIRs.			
☒	YES	☐	NO
		Number of individual rooms:	10
21. If your facility has fewer than two (2) AIIRs, where will an inmate with symptoms suggestive of TB be isolated? <i>Please attach a copy of the contract or agreement with the hospital/facility, if applicable.</i>			
☒	N/A	Hospital/facility name:	
22. Are AIIRs routinely inspected and maintained? If YES, who oversees inspection and maintenance?			
☒	YES	☐	NO
☐	N/A	If NO, please indicate the reason:	
Name/Entity:	Texas Jail Maintenance	Title:	Technician
		Phone Number:	512-123-4567
23. If your facility has one (1) or more AIIRs, please provide the date of the last inspection of the AIIR(s).			
☐	N/A	Date of last AIIR(s) Inspection:	

Did not
specify the
date of the
last AIIR
inspection

Knowledge Check: Question #7

27. Who supplies purified protein derivatives (PPDs) for inmate TB testing at your facility? Primary Supplier <i>(Specify full name and address)</i> Med. Supp. Inc. 1100 W 49th St, Austin, TX 78756 Secondary Supplier <i>(Specify full name and address)</i> ACE TB Medications 201 W Howard Lane, Austin, TX 78753 Please provide the instances in which PPDs are requested from a secondary supplier, if applicable. 	28. Who supplies syringes for inmate TB testing at your facility? Primary Supplier <i>(Specify full name and address)</i> Med. Supp. Inc. 1100 W 49th St, Austin, TX 78756 Secondary Supplier <i>(Specify full name and address)</i> ACE TB Medications 201 W Howard Lane, Austin, TX 78753 Please provide the instances in which syringes are requested from a secondary supplier, if applicable.
---	--

Used unknown
acronyms and
abbreviations

Did not provide the instances
for using a secondary supplier
of PPDs and syringes

Knowledge Check: Question #8

Filled out the incorrect corresponding time value for the days option

TSTs should be read 48 – 72 hours after being placed

2. How soon after incarceration are inmates given a TST or IGRA? ☐ 24 hours, OR ☒ days	3. How long after placing a TST is it read? Please indicate a range. Within 72 to 96 hours
4. Are symptom screenings conducted? If YES, attach a copy of your facility's TB symptom screening form. ☒ YES ☐ NO If YES, when are symptom screenings conducted?	
5. For inmates with newly positive IGRA/TST results, when are chest x-rays done? (Select all that apply) ☐ Within 24 hours ☐ Within 72 hours ☐ Other (Please specify): ☐ Within 48 hours ☒ Within 4 – 7 days	

Did not specify when symptom screenings are conducted

Chest x-rays should be done within 72 hours (3 days) of a newly positive IGRA/TST result

Knowledge Check: Question #9

Did not specify the month for annual employee screenings

D. EMPLOYEE SCREENING	
Note: State-purchased testing supplies can only be used to screen incarcerated persons in Chapter 89-designated facilities and cannot be used for employee or volunteer screening.	
1. Are employees screened for TB upon hire? ☒ YES ☐ NO If YES, when do initial screenings take place? ☐ Prior to employment ☒ Within 7 days of starting ☐ Other (Please specify): _____	2. Are employees screened for TB annually? ☒ YES ☐ NO If YES, when do annual screenings take place? ☐ 12 months from date of hire ☒ On a designated month (Please specify): _____ ☐ Other (Please specify): _____

Knowledge Check: Question #10

E. VOLUNTEER SCREENING	
1. Do volunteers provide services in your facility? ☐ YES ☒ NO (If marking NO, please skip the rest of the section)	
2. Do volunteers in this facility work more than 30 hours a month? Note: According to TAC §97.173, "All volunteers who share the same air space with inmates on a regular basis (more than 30 hours per month) shall be screened prior to becoming a volunteer and at least annually thereafter according to this section unless the volunteer is exempt as described in clauses (ii), (iii), or (iv) of this subparagraph." ☐ YES ☒ NO (If marking NO, please skip the rest of the section)	
3. Does your facility perform TB screenings for volunteers prior to starting service? ☒ YES ☐ NO If YES, when do initial screenings take place? ☒ Prior to becoming a volunteer ☐ Within 7 days of starting ☐ Other (Please specify): _____	4. Does your facility perform annual TB screenings for volunteers? ☒ YES ☐ NO If YES, when do annual screenings take place? ☒ 12 months from date of hire ☐ On a designated month (Please specify): _____ ☐ Other (Please specify): _____
5. Are volunteer screenings performed onsite or through referral? ☒ Onsite at facility ☐ Referral (Please specify): _____	

Questions 2- 5 were not left blank as volunteers do not provide services in the facility

General Guidance



Do not leave any applicable questions blank.



Do not use any acronyms or abbreviations (unless they are preapproved abbreviations or acronyms).



Ensure you submit clean and legible copies of all documents electronically.



Complete, sign, date, and submit the checklist with your screening plan.



Electronically re-sign and date the last page of the screening plan when re-submitting your screening plan with revisions.

*The TB-805 will only be accepted if it is completed and signed electronically.
Copies that have been manually filled out and signed will not be accepted.*

Acceptable Acronyms

- Doctor of Medicine: **MD**
- Doctor of Osteopathic Medicine: **DO**
- Nurse Practitioner/Family Nurse Practitioner: **NP/FNP/FNP-C**
- Physician Assistant- Certified: **PA-C**
- Registered Nurse: **RN**
- Licensed Vocational Nurse: **LVN**
- Emergency Medical Technician: **EMT**
- Advanced Emergency Medical Technician: **AEMT**
- Certified Nursing Assistant: **CNA**
- Certified Medical Assistant: **CMA**

For all other acronyms, please spell out the full word on each use, or spell it out on the first use and provide the acronym in parentheses. It is then acceptable to use the acronym in subsequent answers.

Example: Certified Clinical Medical Assistant (CCMA)

Supporting Documents (as applicable)

- Healthcare team provider contract (Section B Question 9B)
- Medical provider contract (Section B Question 10B)
- Names/credentials of additional staff authorized to perform TB skin tests (Section B Question 13)
- Contract or agreement with hospital/facility where AIRs are used (Section B Question 21)
- Facility's TB symptom screening form (Section C Question 4)
- Facility's continuity of care plan (Section C Question 8)
- Form(s) used to transfer inmate records (Section C Question 12)
- TB-805 Checklist

Helpful Tips

- Use the TB-805 checklist to assist in your review of the screening plan.
- Jail administrators: Communicate with your local or regional health department's TB program point of contact for questions regarding TB activities.
- TB programs: Communicate with jail administrators/points of contact for revisions or missing information/documents.
- Submit the plan at least **60 days** before its current expiration date December 31, 2026 to ensure timely review and approval.
- TB programs: Your assigned program evaluation consultant (PEC) is ready to assist if you need additional help!

Questions?

Correctional TB Training:
Correctional Tuberculosis Screening Plan (TB-805)

CongregateSettings@dshs.texas.gov

texastb.org

Thank you!

Correctional TB Training:
Correctional Tuberculosis Screening Plan (TB-805)

CongregateSettings@dshs.texas.gov

texastb.org