

Integrating COVID-19 Vaccination with Tuberculosis Testing in Corrections

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This document explains the integration of COVID-19 vaccine administration with tuberculosis (TB) testing, in accordance with the CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States \(https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html\)](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html) for use of COVID-19 vaccines currently authorized in the United States. It contains MDH recommendations for new correctional personnel onboarding, TB screening of people who are incarcerated, correctional personnel serial (annual) TB screening, and TB contact investigations. Call 651-201-5414 with questions.

For complete TB screening requirements for facilities operated, licensed, or inspected by the Minnesota Department of Corrections (DOC), refer to [Minnesota Statutes §144.445 Tuberculosis Screening in Correctional Institutions \(https://www.revisor.mn.gov/statutes/cite/144.445\)](https://www.revisor.mn.gov/statutes/cite/144.445). All TB symptom screening tools must meet DOC licensing standards. Please contact your assigned DOC inspector with any questions.

Onboarding new corrections personnel who have not received COVID-19 vaccine

Scenario A

1. Complete the new personnel TB screening process **using an IGRA** (TB blood test) **before** administering the first dose of COVID-19 vaccine. MDH and CDC recommend the use of the IGRA as the preferred TB test over the use of the TST (TB skin test, also known as Mantoux test).

Scenario B

1. If the facility cannot use the IGRA and must use a two-step TST, administer the first step of the two-step TST with complete symptom screen **before** the first dose of COVID-19 vaccine.
 - a. If the first step and TB symptom screen are negative, the new personnel may begin working with people who are incarcerated. **Defer the second step of the two-step TST until four weeks after the final dose of the COVID-19 vaccine.**

- b. If the first step is positive, complete the entire TB screening process, including chest X-ray (CXR) and provider exam before allowing for direct contact with people who are incarcerated.

Onboarding new corrections personnel who have already started the COVID-19 vaccine process

1. Conduct TB symptom screening and all other required health assessments.
2. If TB symptom screen is negative, the new personnel may begin working with people who are incarcerated. **Defer the TB testing (single IGRA or two-step TST) until four weeks after the final dose of the COVID-19 vaccine.**
 - a. If the TB test (single IGRA or two-step TST) was given earlier than the recommended four weeks after the last dose of COVID-19 vaccine and the result was negative, repeat the TB test (single IGRA or one additional TST) four weeks after the last dose of COVID-19 vaccine.
3. If TB symptom screen is positive, complete the entire TB screening process, including CXR and provider exam before allowing for direct contact with people who are incarcerated.

Onboarding people who are incarcerated and new to the facility, who have not received COVID-19 vaccine or have already started the process elsewhere

1. Conduct TB symptom screening and all other required health assessments. All TB symptom screening tools must meet DOC licensing standards. If TB symptom screen is positive, proceed with full medical evaluation to rule out active TB disease including CXR.
2. Vaccine administration is a priority for all those working or residing within correctional settings. Check the [Minnesota Immunization Information Connection \(MIIC\)](https://miic.health.state.mn.us/miic) (<https://miic.health.state.mn.us/miic>) for an individual's vaccine history. Proceed with the COVID-19 vaccine process.
3. If the person who is incarcerated is detained for 14 consecutive days or longer, then the TB test (IGRA or TST) **can be administered four weeks after the last dose of the COVID-19 vaccine.**
 - a. If the TB test (single IGRA or two-step TST) was given earlier than the recommended four weeks after the last dose of COVID-19 vaccine and the result was negative, repeat the TB test (single IGRA or one additional TST) four weeks after the last dose of COVID-19 vaccine.
4. If the person who is incarcerated has been detained for 14 consecutive days or longer and leaves the facility before receiving a TB test **due to the COVID-19 vaccination process**, this must be **clearly documented** in the person's medical record. The commissioner of health is granting a waiver to the requirement that a person receive a TB test (IGRA or TST) after being detained or confined for 14 consecutive days or more only to correctional facilities in the circumstance of conducting COVID-19 vaccination. Minnesota Statute §144.445, subd 5. allows the commissioner to *"waive any portion of*

the requirements... if the screening may have a detrimental effect on a person's health status." In this circumstance, the greater health threat is to forgo controlling the spread of COVID-19 by not vaccinating those who are incarcerated and detained in congregate settings.

Integration of vaccine with annual TB testing

1. Vaccine administration is a priority for all those working or residing within correctional settings. **Defer annual TB testing until after the vaccination process.**

Conducting TB contact investigations for people receiving COVID-19 vaccinations

1. Perform a TB symptom screen.
2. Perform a test for infection (MDH recommends IGRA) before or at the same time as the administration of COVID-19 vaccination. If this is not possible, prioritization of testing for TB infection needs to be weighed with the importance of receiving COVID-19 vaccination, based on potential COVID-19 exposures and TB risk factors. MDH is not recommending delaying vaccine.
 - a. Contacts **with high-risk conditions for TB progression** should be fully evaluated as soon as possible. It is not understood whether the vaccine will cause a false negative result if given within four weeks of a COVID-19 vaccine dose; therefore, one should repeat testing for negative results four weeks after the second vaccine dose.
 - b. Contacts **without high-risk conditions for TB progression** should proceed with all recommended aspects of the evaluation but delay a test for TB infection (TST or IGRA) if prioritized for receiving COVID-19 vaccination.
 - c. All potential recipients of COVID-19 vaccination should weigh the risks and benefits of delaying TST/IGRA with their providers.



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