



Protecting, maintaining and improving the health of all Minnesotans

December 5, 2013

Mr. Timothy Thompson
Inspections Unit Manager
Minnesota Department of Corrections
1450 Energy Park Drive, Suite 200
St. Paul, Minnesota 55108

Dear Mr. Thompson:

The purpose of this letter is to clarify current Minnesota Department of Health (MDH) recommendations regarding tuberculosis (TB) screening in correctional facilities, as stipulated in Minn. Statute 144.445. Subdivisions 1 and 2 of this statute state that inmates and employees of correctional facilities "*shall be screened for tuberculosis with either a Mantoux test or a chest roentgenogram (x-ray) as consistent with screening and follow-up practices recommended by the United States Public Health Service or the Department of Health.*" This letter addresses two components of TB screening: 1) the use of TB blood tests and 2) the timing of chest x-rays to rule out active TB.

Use of TB Blood Tests

Since this statute was written in 1993, the Food and Drug Administration approved blood tests to detect the presence of *Mycobacterium tuberculosis*. The Centers for Disease Control and Prevention (CDC) currently recommends that TB blood tests, also known as interferon-gamma release assays (IGRAs), can replace the Mantoux TB skin test (TST) in most situations. Therefore, **MDH recommends that correctional facilities may, at their discretion, use IGRAs instead of the TST for testing offenders and employees, provided that current CDC recommendations regarding IGRA use are followed.** Information about IGRA testing is available from CDC at <http://www.cdc.gov/tb/publications/factsheets/testing/IGRA.htm>.

Timing of Chest X-Rays

Minn. Statute 144.445 is not clear on the timeline for obtaining chest x-rays for offenders known to have positive TST or IGRA results in the past. MDH recommends that an **offender with a documented previous positive TST or IGRA result who also has a documented negative chest x-ray that was done after the positive TST or IGRA does not need additional chest x-rays unless they have symptoms of active TB, evidence of a new exposure to active TB, or other health condition that may require a chest x-ray to rule out active TB.** This is similar to the exemptions allowed for employee screening (Minn. Stat. 144.445, subd. 3(5) and (6)).

Mr. Timothy Thompson

Page 2

December 5, 2013

However, this does not change the stipulation found in Minn. Stat.144.445, subd. 3(4), that states that if a chest x-ray is used as a screening tool (i.e., in place of a TST or IGRA), a previously negative chest x-ray can be accepted if it was conducted no more than six months prior to intake into the facility, or within 12 months if the person has remained under the continuing jurisdiction of a correctional facility since the negative chest x-ray. Although Minn. Statute 144.445 allows for use of chest x-rays for routine TB screening, it is not a common method and is not recommended by MDH.

If you have any questions regarding these components of TB screening requirements in correctional facilities, please contact the MDH TB Program at 651-201-5414.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward P. Ehlinger, M.D., M.S.P.H.

Commissioner

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