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Aerospace Medicine

**TUBERCULOSIS DETECTION AND CONTROL
PROGRAM**



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 913 MDS/SGPM (TSgt K. Walsh-Shell) Certified by: 913 MDS/SGPM (Maj L. dePersia)
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This instruction implements Air Force Policy Directive 48-1. It establishes the Tuberculosis Detection and Control Program for the 913th Airlift Wing in accordance with AFI 48-115. This instruction requires the collection and/or maintenance of information protected by the Privacy Act of 1974. The authorities to collect and/or maintain the records prescribed in this instruction are 10 U.S.C. 8013. See DD Form 2005 for Privacy Act statement. System of records notice F168 AF SC G applies.

1. References:

- 1.1. HQ AFRC/SG Memorandum for all AFRC Medical Units, Medical Evaluation Procedures for IPPD Skin Test for Reserve Personnel, 22 Apr 96.
- 1.2. AFI 48-115, Tuberculosis Detection and Control Program.

2. Responsibilities:

- 2.1. Unit commanders will:
 - 2.1.1. Ensure personnel report to the medical squadron for intermediate-strength purified protein derivative (IPPD) testing and follow-up visits, as required by this instruction.
- 2.2. 913th Medical Squadron Commander will:
 - 2.2.1. Ensure medical squadron personnel administer IPPDs to all personnel annually.
 - 2.2.2. Ensure positive reactors and recent converters (10 mm or greater increase in duration within a two year period for those <35 years of age, 15 mm or greater for those >35 years of age) are managed according to AFI 48-115 and positive reaction procedures (see attachment 1).
- 2.3. 913 MDS Immunizations Clinic Personnel will:
 - 2.3.1. Perform IPPDs on persons referred for testing during unit training assemblies (UTAs).

- 2.3.1.1. Ensure all personnel receiving IPPDs are documented as required by this instruction.
- 2.3.2. Coordinate with unit immunization monitors to ensure that all personnel departing for annual tour receive an IPPD prior to departure.
 - 2.3.2.1. Ensure unit immunization monitors are provided with sign-in sheets for documentation of results of IPPD, and that monitors understand the need to have the IPPD read by a qualified health care professional within 48-72 hours of administration. See sample sign-in sheet in attachment 2.
- 2.3.3. Ensure individuals receive the Memorandum for Health Professions Personnel, that individual understands the need to have the results of the IPPD read and documented in 48-72 hours, and the results returned to the 913 MDS, if individual is being tested at a time other than prior to annual tour. See sample in attachment 3.
- 2.3.4. Refer all positive reactors and recent converters to Public Health.
- 2.3.5. Document Public Health Services Form 731 with induration size.
- 2.3.6. Provide Patient Affairs section with a copy of the sign-in sheet for tracking of responses received/outstanding.
- 2.3.7. Ensure adequate supply of vaccine is available to meet 913 AW needs.
- 2.4. Patient Affairs will follow up on results not returned to the M DS, and refer positive results to Public Health.
- 2.5. Public Health will:
 - 2.5.1. Manage education and epidemiology for the Tuberculosis Detection and Control Program.
 - 2.5.2. Conduct baseline histories and interviews for positive reactors and recent converters.
 - 2.5.3. Ensure positive reaction procedures established by HQ AFRC/SG are followed.
 - 2.5.4. Maintain a log of all positive reactors and recent converters.
 - 2.5.5. Report all positive reactors and recent converters to HQ AFRC/SGPB by the 15th of each month, in lieu of annual TB report, which is in an active duty function.
- 2.6. Public Health Consulting Physician will ensure the AF Form 1480, Summary of Care, is annotated with information on positive reactions and treatment therapy.
- 2.7. Physical Examinations and Standards will ensure members with a positive reaction to an IPPD are given the appropriate profile according to HQ AFRC/SC guidelines.
- 2.8. Unit Immunization Monitor will:
 - 2.8.1. Ensure all personnel in their squadron receive an IPPD annually.
 - 2.8.2. Notify Immunizations Clinic of number of personnel in their squadron requiring an IPPD at least one UTA prior to departure.
 - 2.8.3. Ensure annual tour advance party coordinates with medical personnel at annual tour location to have results read and documented.
 - 2.8.4. Ensure that, if unit is departing on a non-UTA weekend, the annual tour advance party will coordinate administering of the IPPD with the medical facility at the annual tour location.

2.8.5. Provide Immunization Clinic with a completed roster on UTA following annual tour.

2.9. Individuals will:

2.9.1. Report to Immunizations Clinic to receive IPPD as directed.

2.9.2. Report to appropriate authority within 48-72 hours of receipt to have results interpreted.

2.9.3. Return Memorandum for Health Professionals Personnel to Medical Squadron after IPPD results are documented, if applicable.

2.9.4. Report to Public Health as instructed, if results of IPPD are positive.

RICHARD R. MOSS, Colonel, USAFR
Commander

Attachment 1**POSITIVE REACTION PROCEDURES**

A1.1. Member is given a profile 3 (perform duty home station only).

A1.2. Determine if member had been deployed to a high risk area any time since Dec 92 (Somalia) and had or had not received a BCG (Bacille of Calmette and Guerin) vaccine by conducting a public health interview.

A1.2.1. If it is determined that a member has been deployed to a high risk area since Dec 92:

A1.2.1.1. Profile P3 (duty home station).

A1.2.1.2. Line of Duty (LOD) determination is initiated and member is sent to an active duty treatment facility.

A1.2.1.3. If member is under treatment and TB is inactive, continue profile P3 without restrictions until treatment is completed. Upon completion of treatment, the member is given a profile P2.

A1.2.1.4. If no treatment is necessary, profile P2.

A1.2.1.5. If TB is in active stage, profile P4, until completion of treatment, then profile P2.

A1.2.2. If member had not been deployed and/or had received BCG vaccine - send to private physician. When member brings follow-up results from private physician:

A1.2.2.1. If member does not have active TB, but is under treatment, member is profile P3 without restrictions until completion of treatment, the profile P2.

A1.2.2.2. If physician determines member does not need treatment, member is profile P2.

A1.2.2.3. If member has active TB, profile P4 until treatment is completed and member is determined to be inactive, then profile P2.

A1.3. Summary:

A1.3.1. Member is profile P4 when TB is in active stage - not worldwide qualified.

A1.3.2. Member is profile P3 when TB is inactive and member is under treatment - worldwide qualified.

A1.3.3. Member is profile P2 after completion of treatment and TB is inactive - worldwide qualified.

A1.3.4. Member is profile P2 if no treatment is needed.

A1.3.5. If TB is result of reserve military service and a valid LOD has been accomplished, member is entitled to treatment at military expense.

A1.3.6. If TB is not the result of reserve military service, member goes to their private physician at own expense.

A1.3.7. Personnel on flying status are grounded for the first 7 days on INH prophylactic treatment in order to rule out hypersensitivity reactions to the medication. At the end of seven days, the local flight surgeon may return the flyer to flying duties with monitoring for adverse reactions.

A1.3.8. Members who have documented history of positive IPPD test, had been adequately treated, are being treated, or on preventive therapy for infections should be exempt from further IPPD screening unless they develop signs or symptoms suggestive of TB.

Attachment 3

SAMPLE MEMORANDUM

MEMORANDUM FOR HEALTH PROFESSIONS PERSONNEL

FROM: 913 MEDICAL SQUADRON/SGN
 1120 Fairchild Street
 Willow Grove ARS PA 19090-5236

SUBJECT: Request to Read IPPD TB Skin Results

1. The individual listed below received an IPPD TB skin test, which the 913th Medical Squadron requests be read.

NAME: _____ LAST FOUR OF SSAN: _____ UNIT: _____

2. The following section contains the information regarding the test:

NOTE: This test must be read No Earlier Than 48 hours and No Later Than 72 hours after administration.

a. Date Received:		b. Date Read:	
Forearm:			
Left	Right	Negative	Positive Size _____ mm

3. Please fill in the following information:

Printed Name of Reader	Printed Title
Work Telephone Number	Signature

4. Please return this form to the individual, who is responsible to return it to the 913th Medical Squadron. Thank you for your cooperation and assistance in this matter.

5. For the Individual. YOU are responsible to return this form to the 913th Medical Squadron. Options available to you are: send it by mail to the above address; return it during the next unit training assembly (UTA); or, fax it to (215) 443-1985. YOU MUST REPORT TO THE MEDICAL SQUADRON NEXT UTA TO HAVE YOUR IMMUNIZATION RECORD DOCUMENTED!

JAMES M. BETANCOURT, 1LT, USAFR, NC

Officer-in-Charge, Immunizations