



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6224.8B CH-1
BUMED-M3
4 Nov 2014

BUMED INSTRUCTION 6224.8B CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: TUBERCULOSIS CONTROL PROGRAM

Ref: (a) BUMEDINST 6224.8B

Encl: (1) Revised page 1 of enclosure (3)
(2) Revised page 3 of enclosure (3)
(3) Revised pages 1 and 2 of enclosure (5)
(4) Revised enclosure (6)

1. Purpose. To revise reference (a) of this change transmittal to reflect the appropriate and most recent International Classification of Diseases (ICD) diagnosis code. In addition, this change transmittal will update the list of tuberculosis consultants by adding the newly re-established Navy Environmental Preventive Medicine Unit Seven and updating all contact information of tuberculosis consultants previously listed.

2. Scope. Applies to all Department of the Navy Commands.

3. Action

a. Remove page 1 of enclosure (3) of the basic instruction and replace with enclosure (1) of this change transmittal.

b. Remove page 3 of enclosure (3) of the basic instruction and replace with enclosure (2) of this change transmittal.

c. Remove pages 1 and 2 of enclosure (5) of the basic instruction and replace with enclosure (3) of this change transmittal.

d. Remove enclosure (6) of the basic instruction and replace with enclosure (4) of this change transmittal.

4. Retain. For record purposes, keep this change transmittal in front of the basic instruction.


M. L. NATHAN

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**EVALUATION AND MANAGEMENT OF NEW POSITIVE TESTS FOR
LATENT TUBERCULOSIS INFECTION**

1. Tuberculin Skin Test (TST) Interpretation. Evaluate all individuals with a TST induration ≥ 5 mm to determine if their test is positive based on risk factors outlined in Table 1. In addition, an increase in reaction size of 10 mm or more, within a 3-year period, also is considered a skin test conversion or positive test indicative of a recent infection with tuberculosis (TB). Service accessions and individuals assigned to operational military forces, including shipboard personnel, without risk factors for acquiring TB are the low risk group in Table 1, so their TST is considered positive only for indurations ≥ 15 mm. If the individual does not meet the criteria for a positive TST reaction based on risk factors in Table 1 or clinical assessment, continue routine Latent Tuberculosis Infection (LTBI) screening per enclosure (2).

**TABLE 1
Criteria for Determining a Positive TST Reaction**

High Risk: Reaction ≥ 5 mm of Induration Is Considered Positive In:	Medium Risk: Reaction ≥ 10 mm of Induration Is Considered Positive In:	Low Risk Reaction ≥ 15 mm of Induration Is Considered Positive In:
Recent close contacts of active TB disease patients	Recent immigrants (i.e., within the last 5 years) from high TB prevalence countries	Persons with no risk factors for TB
Persons with fibrotic or other changes on chest radiograph consistent with prior TB	Mycobacteriology laboratory personnel	
Patients suspected of having active TB disease	Persons with clinical conditions that place them at increased risk	

2. Initial Evaluation: Persons with Positive Blood Assay for *M. tuberculosis* (BAMT) or TST. Ensure all persons newly identified as having a positive TST and all persons with a positive BAMT are evaluated by a medical officer, nurse practitioner, physician's assistant, or independent duty corpsman to determine if they have active TB disease.

a. The evaluation of positive tests must include:

(1) An appropriate history and physical examination. Use NAVMED 6224/7, Initial Tuberculosis Exposure Risk Assessment. Those creating encounter templates in AHLTA should use enclosure (5) as a guide and select the appropriate International Classification of Diseases (ICD) diagnosis code for the screening of respiratory tuberculosis.

on NAVMED 6224/9, Monthly Evaluation of Patients Receiving Therapy for Latent Tuberculosis Infection (LTBI). Those creating encounter templates in AHLTA should use NAVMED 6224/9 as a guide and select the appropriate ICD diagnosis code for the issue of repeat prescriptions. Clinical monitoring is indicated for all patients, including physical assessment to check for signs of hepatitis or other adverse effects. Counsel patients on potential adverse drug reactions that may occur with their drug therapy, when to discontinue medication(s), and when to report for prompt medical evaluation. If any question of adverse drug reaction or active tuberculosis disease results from clinical monitoring, refer the patient to a medical officer as soon as possible.

(4) DOT. Whenever feasible, DOT is the recommended mechanism to assure LTBI treatment compliance. DOT should be used for persons who are at very high risk for developing active TB and who are at high risk of non-adherence. It is especially appropriate when a household member is on directly observed therapy for active disease.

4. Previous Positive LTBI Test

a. If a person gives an undocumented history of a positive BAMT or TST without documentation of an adequate course of treatment for LTBI or active TB, perform a BAMT or TST. If the person's BAMT is positive or if the TST reaction is ≥ 5 mm of induration, proceed as per paragraph 1.

b. If a person has a credible documented past positive TST or BAMT, do not perform another LTBI test. Document whether the individual received an adequate course of treatment for LTBI or active TB. If the individual did not receive an adequate course of therapy for LTBI, manage per paragraph 3.

5. Patient Education. The patient must be educated about the implications of his or her BAMT or TST results, the benefits and risks of LTBI treatment, and the potential signs of an adverse drug effect. The necessity for strict adherence to the prescribed course of treatment in the absence of untoward side effects must be strongly emphasized throughout the course of treatment. Document patient education and counseling on the SF 600, Medical Record Chronological Record of Medical Treatment.

6. Completion of Treatment for LTBI. Document successful completion of appropriate LTBI treatment regimen in the medical record. No additional LTBI testing or chest radiograph is required unless otherwise indicated.

7. Missed Doses or Interrupted LTBI Treatment. Persons on treatment for LTBI often miss doses. Do not restart the 9-month daily Isoniazid (INH) regimen if at least 270 doses of INH can be administered within a 12-month period. If treatment has been interrupted for more than 2 months, patients must be examined to exclude active TB disease. Clinicians should consider the use of DOT to ensure adherence to LTBI treatment regimens.

LIST OF TUBERCULOSIS CONSULTANTS

<p>Officer in Charge Navy Environmental Preventive Medicine Unit Number 2 1887 Powhatan Street Norfolk, VA 23511-3394 DSN: 377-6600 Comm: (757) 953-6600 FAX DSN: 377-7212 Comm: (757) 953-7212 PLAD: NAVENPVNTMEDU TWO NORFOLK VA Web site: http://www.med.navy.mil/sites/nepmu2/ E-mail: nepmu2@med.navy.mil</p>
<p>Officer in Charge Navy Environmental Preventive Medicine Unit Number 5 Naval Station Box 368143 3235 Albacore Alley San Diego, CA 92136-5199 DSN: 526-7070 Comm: (619) 556-7070 FAX DSN: 526-7080 Comm: (619) 556-7080 PLAD: NAVENPVNTMEDU FIVE SAN DIEGO CA Web site: http://www.med.navy.mil/sites/nepmu5/ E-mail: nepmu5@med.navy.mil</p>
<p>Officer in Charge Navy Environmental Preventive Medicine Unit Number 6 385 South Ave. BLDG 618, JBPHH Pearl Harbor, HI 96860 DSN: (315) 471-0237 Comm: (808) 471-0237 FAX: (808) 471-0157 PLAD: NAVENPVNTMEDU SIX PEARL HARBOR HI Web site: http://www.med.navy.mil/sites/nmcphc/nepmu-6/ E-mail: nepmu6@med.navy.mil</p>
<p>Officer in Charge Navy Environmental Preventive Medicine Unit Number 7 PSC 819 Box 67, FPO-AE 09645-0085 DSN: 314-727-2230 PLAD: NAVENPVNTMEDU SEVEN Web site: http://www.med.navy.mil/sites/nmcphc/nepmu-7/Pages/default.aspx E-mail: nepmu7@eu.navy.mil</p>
<p>Commanding Officer Navy and Marine Corps Public Health Center 620 John Paul Jones Circle Ste 1100 Portsmouth, VA 23708-2103 DSN: 377-0700 Comm: (757) 953-0700 After hours: (757) 621-1967 FAX DSN: 377-0685 Comm: (757) 953-0685 PLAD: NMCPHC PORTSMOUTH VA Web site: http://www.med.navy.mil/sites/nmcphc/ E-mail: epi@nehc.mar.med.navy.mil</p>

<p>Walter Reed National Military Medical Center Infectious Diseases Division 8901 Wisconsin Avenue Bethesda, MD 20889-5600 DSN: 295-5246/6400 Comm: (301) 295-5246/6400 FAX DSN: 295-2988/2992 Comm: (301) 295-2988/2992 Web site: http://www.wrnmmc.capmed.mil/Health%20Services/Medicine/Medicine/Infectious%20Diseases/</p>
<p>Naval Medical Center Infectious Diseases Division 620 John Paul Jones Circle Portsmouth, VA 23708 DSN: 377-5179/7005 Comm: (757) 953-5179 FAX DSN: 377-5514 Comm: (757) 953-5514 Web site: http://www.med.navy.mil/sites/NMCP2/PatientServices/InfectiousDisease/</p>
<p>Naval Medical Center Infectious Diseases Division 34800 Bob Wilson Drive Suite 201 San Diego, CA 92134-5000 DSN: 522-7475 Comm: (619) 532-7475 FAX DSN: 522-7478 Comm: (619) 532-7478 Web site: http://www.med.navy.mil/sites/nmcsd/Patients/Pages/InfectiousDiseaseClinic.aspx</p>
<p>Walter Reed National Military Medical Center Pulmonary Diseases Division 8901 Wisconsin Avenue Bethesda, MD 20889-5600 DSN: 295-4191 Comm: (301) 295-4191/4193 FAX DSN: 295-2831 Comm: (301) 295-2831 Web site: http://www.wrnmmc.capmed.mil/Health%20Services/Medicine/Medicine/Pulmonary%20Medicine/</p>
<p>Naval Medical Center Pulmonary Disease Division 620 John Paul Jones Circle Portsmouth, VA 23708 DSN: 377-2075 Comm: (757) 953-2075 FAX DSN: 377-0832 Comm: (757) 953-0832 Web site: http://www.med.navy.mil/sites/NMCP2/PatientServices/PulmonaryClinic/</p>
<p>Naval Medical Center Pulmonary Diseases Division 34800 Bob Wilson Drive San Diego, CA 92134-5000 DSN: 522-5990 Comm: (619) 532-5990 FAX DSN: 522-7606/7025 Comm: (619) 532-7625 Web site: http://www.med.navy.mil/sites/nmcsd/</p>

ACRONYMS

AHLTA	Armed Forces Health Longitudinal Technology Application
AOR	Area of Responsibility
BAMT	Blood Assay for <i>M. tuberculosis</i> Infection
BCG	Bacillus Calmette-Guérin
CIVMAR	Civilian Mariner
DON	Department of the Navy
DOT	Directly Observed Therapy
ICD	International Classification of Diseases
INH	Isoniazid
LTBI	Latent Tuberculosis Infection
MRRS	Medical Readiness Reporting System
MSC	Military Sealift Command
MTF	Medical Treatment Facility
NAVENPVNTMEDU	Navy Environmental Preventive Medicine Unit
NMCPHC	Navy and Marine Corps Public Health Center
PPD	Purified Protein Derivative
QFT-G	QuantiFERON®-TB Gold
SNAP SAMS	Shipboard Non-Tactical ADP Program Automated Medical System
TB	Tuberculosis
TST	Tuberculosis Skin Test
VA	Veteran's Administration