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NAVAL TB Control Program - Summary of Major Changes
Reference: BUMEDINST 6224.8A, Tuberculosis Control Program, 12Feb09

- Annual use of screening questionnaire form (NAVMED Form 6224/8) to assess need for TST/BAMT
- Annual unit summary record of TB screening no longer required
- Introduction of 3 new NAVMED forms

Screen all active duty and Reserve personnel annually during Periodic Health Assessment using NAVMED 6224/8, "Interim Tuberculosis Exposure Risk Assessment". CIVMARs will be screened annually or during their periodic PE. The incorrect form is referenced in the Instruction and BUMED is in the process of correcting via a change transmittal.

When screening tests (TST, BAMT) are required:

- On initial entry into USN, USMC or Civil Service Mariner (CIVMARs)
- Within 6 months of reporting to a commissioned vessel during operational suitability screening (clinical evaluation for prior reactors)
- Upon separation from active duty (clinical evaluation for prior reactors)
- Persons who screen "in" using the "Interim Tuberculosis Exposure Risk Assessment"
- Persons who have no documentation of treatment with a history of TB, (+) TST or LTBI test, or previous LTBI treatment

At other times, screening tests may be required when:

- Directed by combatant commanders
- Done as part of a contact or outbreak investigation
- Clinically indicated as determined by practitioner
- Recommended by cognizant NEPMU

Screening Tests:

1. Blood Assay for M. tuberculosis Infection (BAMT):
   - Quantiferon®- TB Gold (QFT-G); designed for use in place of, not in addition to a TST
   - Positive QFT-G result should be managed in the same manner as a positive TST
     - A positive QFT-G cannot differentiate between a LTBI and an active TB case -- all personnel who have a positive test must be evaluated for active TB before LTBI can be diagnosed
     - A negative QFT-G result should not be used alone to exclude M. tuberculosis infection in patients who present with signs and symptoms suggestive of active TB
   - Document QFT-G results in detail, including date of blood draw, result in specific units, concentration of cytokine measured, and the laboratory interpretation (positive, negative, indeterminate)
2. Tuberculin Skin Test (TST)
   - Subcutaneous injection of Tubersol® (5 TU equivalent) Purified Protein Derivative (PPD)
   - Must be read within 48-72 hours (if a person does not return on time, record as "Not Read", and apply TST on the opposite arm)
   - Interpretation: All personnel with TST induration measuring greater than 5mm need to be evaluated based on risk factors:
     - High Risk (close contacts, those suspected to have active TB): Induration of 5mm or greater are considered positive
     - Medium Risk (recent immigrants, lab personnel): Induration of 10mm to 15 mm are considered positive
     - Low Risk (those with no risk factors): Induration greater than 15mm are considered positive

Documentation. Use the following BUMED forms available at: http://www.med.navy.mil/directives/Pages/ExternalForms.aspx

- NAVMED 6224/7 (08-2008)
  Initial Tuberculosis Exposure Risk Assessment
- NAVMED 6224/8 (08-2008)
  Interim Tuberculosis Exposure Risk Assessment
- NAVMED 6224/9 (08-2008)
  Monthly Evaluation for Patients Receiving Treatment for Latent Tuberculosis Infection (LTBI)

Significant LTBI Conversion Rate. Historical TST results associated with routine, non-targeted screening have shown unit rates of newly-identified LTBI converters to be 1-2% per year. If a unit's calculated rate of new converters is double the expected baseline of 1-2%, contact the regional NEPMU.