

Frequently Asked Questions Regarding the Tuberculosis Case Aboard USS Ronald Reagan (CVN 76)

Recently Updated Questions:

Q1. Why haven't all the Tigers been contacted?

A1. We are still working to collect phone numbers and addresses for those who have not yet been contacted. Phone numbers are unavailable for only 4 Tigers, and addresses unavailable for 2 Tigers. The NMCS D Preventive Medicine Department is working with USS Ronald Reagan and CVW-14 to obtain missing addresses and phone numbers to allow 100% Tiger contact.

Q2. Will the Navy pay for the testing of civilians who were on board as Tigers?

A2. All Tigers on board Reagan during the affected period have been granted Secretary of the Navy Designee status for the purpose of receiving TB medical screening at Navy Military Treatment Facilities. Evaluation and testing services are restricted to outpatient services related to TB and are provided at no cost to the Tiger.

Q3. Does the positive conversion rate reflect only those exposed during this exposure period?

A3. No. It's possible that some positive tests may have come from personnel with previous exposure to TB. Since annual TB tests are routine for most Sailors, a check of a service member's medical history should help determine whether an individual developed a positive test as a result of a recent exposure or not. Civilian personnel may or may not have had previous tests to determine exposure to TB.

Q4: Are there further rounds of TB testing scheduled for affected military members and civilians?

A4: Yes, an additional round of TB screening for all crew members will be conducted during the period 11-30 September. Civilians who are likely to have had close contact with the index TB case will be strongly encouraged to get a followup Tuberculin Skin Test (TST). TB can ordinarily be detected 8-10 weeks after exposure. The follow-up screening will allow affected individuals to be tested 8-10 weeks after the last possible date of exposure.

Q&A:

Q1: Who is at risk?

A1: In accordance with guidelines recommended by the Centers for Disease Control and Prevention, the Navy is recommending all civilian and military people who were onboard USS Ronald Reagan for greater than 48 hours between the dates of Feb. 20 and July 6, 2006 be screened for TB. Embarked personnel onboard for **LESS THAN 48 hours are considered at minimal risk** for having contracted TB and need **NOT BE TESTED**.

Q2: What is the current status of the Sailor?

A2: The Air Wing Sailor who was originally diagnosed with TB remains in his home. He is reported by medical officials to be in stable condition and improving. He is being treated with antibiotics and will remain at home until he is no longer considered infectious. His condition is

being closely monitored by the San Diego County Health and Human Services Agency and U.S. Navy medical providers.

Q3: When did the Sailor first experience signs of TB?

A3: The Sailor's symptoms started June 3, with a cough while deployed aboard USS Ronald Reagan (CVN 76). The Sailor was initially treated with two courses of antibiotics and had chest x-rays taken three times throughout the month of June. Upon return from deployment, the Sailor was referred to the pulmonary clinic at NMCS D where he was diagnosed with TB Friday, July 14, 2006. No information how he contracted TB is available at this time.

Q4: What medical treatment is the patient receiving?

A4: The patient is currently in stable condition and is at home receiving medical treatment for TB. He is being treated with antibiotics and will remain at home until he is no longer considered infectious (until three consecutive negative cultures are taken). His condition is being closely monitored by the San Diego County Health Department and the U.S. Navy. The patient will receive additional medical treatment over the next several months.

Q5: Can you say how many people in total will be screened?

A5: After screening over 700 personnel who were considered to have been in close contact with the Air Wing Sailor, the Navy decided they would expand the screening to include the entire ship's crew, Air Wing and civilian guests who returned home from deployment aboard Reagan July 6. During the final phase of the cruise, approximately 4,800 Sailors were embarked. Additionally, approximately 1,200 civilian friends and family guests joined the Reagan for its cruise from Hawaii to San Diego. Repeat screening will commence Sept. 11, 2006 and be completed no later than Sept. 30, 2006 - up to ten weeks since last contact.

Q6: Did the Sailor do any other traveling off the ship while sick?

A6: The Sailor traveled to Guam on a C-2 during June. The list of those personnel who traveled with him on the COD is being compiled right now. During the ship's deployment, Ronald Reagan also pulled into Jebel Ali, U.A.E., Kuala Lumpur, Malaysia, Hong Kong, China, and Pearl Harbor, Hawaii.

It is difficult to calculate what contact the individual had with local civilian populations off the ship. Information regarding specific countries and cities can be obtained at the following website: <https://www.cia.gov/cia/publications/factbook/geos/hk.html>

If, after screening the entire ship's company, embarked air wing and Tigers, it is determined that there is a high PPD conversion rate among those on board for an extended period of time, a broadened TB screening process will be established to include distinguished visitors and other media who embarked Ronald Reagan during the period of April to July.

Q7: Is it possible the screening will be expanded to Japan, Guam, Korea, Naples and Bahrain?

A7: At this time, only Sailors stationed aboard Ronald Reagan and Tigers who were aboard for the ship's dependent's cruise are being screened for TB. If it is determined that there is a high PPD conversion rate among those on board for an extended period of time, a broadened TB

screening process will be established to include distinguished visitors and other media who embarked Ronald Reagan during the period of April to July.

For those Sailors who were assigned to Ronald Reagan and have changed duty stations, or separated from Active Duty, and currently reside in one of these locations, they should go to their local Medical Treatment Facility (MTF) and be screened. At this time, there is no plan to extend screening to Japan, Guam, Korea, Naples and Bahrain.

Q8: Has the Sailor had Tuberculosis before?

A8: The Sailor has previously been a PPD converter and was treated for six months with Isoniazid (INH) prior to this contraction of TB.

Q9: Was the Sailor on board during the Tiger Cruise from Hawaii to San Diego?

A9: Yes. The Sailor diagnosed with TB was on board the ship during that time.

Q10: Does an immediate medical danger exist for the Sailors and Tigers who deployed on Ronald Reagan?

A10: No. There is no medical emergency at this time. However, PPD screenings for those personnel embarked greater than 48 hours between the dates of Feb. 20 and July 6, 2006, should be conducted.

Q11: Will personnel who were on board Ronald Reagan be notified of the Sailor's positive test of TB?

A11: Yes. All personnel who were on board the ship between Feb. 20 and July 6, 2006, will be notified of the health issue that occurred. Letters have been completed and circulated to CVW-14 and CVN-76 for distribution via Tiger Network.

Q12: How will Sailors and Tigers find out if they were at risk?

A12: Military service members will be contacted by their commands, while civilian Tigers were first contacted by their sponsors and are now being contacted by the Navy Medical Center San Diego.

Q13: Do active-duty (assigned to CVN 76 and CVW 14) personnel receive TB tests on a regular basis?

A13: Yes. Active duty personnel in operational billets receive annual PPD screening.

Q14: Will the Navy pay for TB testing? If infected will the Navy pay for treatment?

A14: Active duty Navy personnel will receive testing and treatment at local medical clinics and hospitals. For those do not have health care benefits through the DoD or a civilian health care provider, the Navy will work in conjunction with local health departments to ensure that all civilian personnel who need to be tested and treated will receive health care. The Department of Defense has determined that all civilians on board as Tigers will be afforded access to military medical facilities for testing. Those individuals who require additional care for TB-related treatment will be evaluated on a case-by-case basis for designee status.

Q15: Who is taking the lead in this?

A15: EPMU-5 is taking the lead in coordinating the Navy screenings. They will ensure that the appropriate follow-on information is coordinated with all individuals involved. EPMU-5 will publish updates progress and results of screening twice weekly, Tuesday and Friday.

Q16: Has a TB Outbreak occurred on a Navy Ship before?

A16: Yes. The most recent incident of active TB on board a Navy ship occurred on the USS WASP (LHD-1), USS TRENTON (LPD-14) and USS PORTLAND (LSD-37) in July 1998.

Q17: What are the latest TB Screening results in the Navy? How many cases of TB were reported on Navy ships in 2003, 2004 and 2005?

A17: The latest data (2003) published by the Navy Environmental Health Center can be found at: http://www-nehc.med.navy.mil/prevmed/PM/PM_Tuberculosis.htm Information for 2004 and 2005 has not yet been released.

Summary of 2003 TB Screening Reports by NEPMU's

Command Reporting	Total Personnel Reported	Percent Tested*	New Reactors Identified	TST Conversion Rate (%)	Percent of New Reactors on INH*	Active TB Cases
NEPMU 2	262,134	70.62	3785	2.09	95.06	5
NEPMU 5	72,609	85.32	434	0.74	96.31	14
NEPMU 6	77,625	36.13	265	0.97	86.79	1
NEPMU 7	16,597	56.57	154	1.70	105.84	2
TOTAL	428,965	66.25	4638	1.68	95.06	22

* Percentages may reflect testing of non-assigned personnel or retesting as a result of identified suspect TB cases.

Details of 2003 Reports received from Aircraft Carriers

Command Reporting	Percent Tested*	New Reactors Identified	TST Conversion Rate (%)	Active TB Cases
USS ABRAHAM LINCOLN (CVN 72)	77.80	1	0.04	0
USS CARL VINSON (CVN 70)	97.95	3	0.10	0
USS DWIGHT D EISENHOWER (CVN 69)	95.80	2	0.07	0
USS ENTERPRISE (CVN 65)	99.67	11	0.34	0
USS GEORGE WASHINGTON (CVN 73)	72.82	13	0.58	0
USS HARRY S TRUMAN (CVN 75)	79.80	5	0.20	0
USS JOHN C STENNIS (CVN 74)	85.83	3	0.12	0
USS JOHN F KENNEDY (CV 67)	34.51	12	1.09	0
USS KITTY HAWK (CV 63)	96.99	8	0.30	0
USS NIMITZ (CVN 68)	74.58	13	0.58	0
USS RONALD REAGAN (CVN 76)	30.69	4	0.46	0
USS THEODORE ROOSEVELT (CVN 71)	88.19	21	0.73	0
TOTAL	77.89	96	0.34	0

- Percentages may reflect testing of non-assigned personnel or retesting as a result of identified suspect TB cases.

Q18: If someone is a PPD converter, what will happen to them?

A18: That individual will receive a chest x-ray and have a sample of sputum tested to determine if they have an active case of Tuberculosis. Based on current CDC recommendations, they will begin a nine-month treatment protocol using INH.

Q19: If an individual is a PPD converter, are they contagious?

A19: A positive tuberculin skin test only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

Q20: What is TB?

A20: Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But, TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with active TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are not sick have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But, some people with latent TB infection go on to get TB disease.

People with active TB disease can be treated and cured if they seek medical help. Even better, people with latent TB infection can take medicine so that they will not develop active TB disease.

For further information regarding TB, see the Center for Disease Control and Prevention webpage at: <http://www.cdc.gov/NCHSTP/TB/faqs/qa.htm>

Q21: What Should I Do if I Have Been Exposed to Someone with TB Disease?

A21: People with active TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. *If you have been around someone who has active TB disease, you should go to your doctor or your local health department for tests.*

Other questions

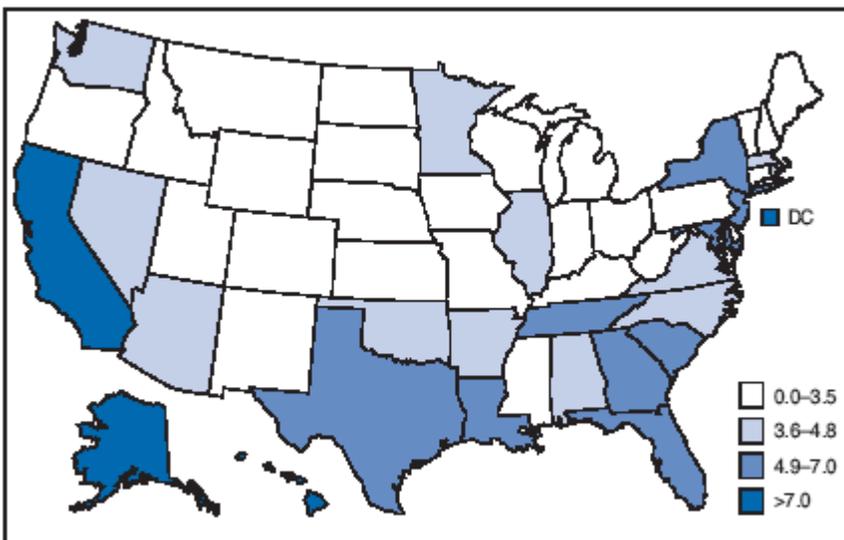
Q1: How many cases of active TB exist in the U.S, California and San Diego?

A1: See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5511a3.htm> - U.S.

<http://www.dhs.ca.gov/ps/dcdc/TBCB/index.html> - California

US: For 2005, a total of 14,093 tuberculosis (TB) cases (4.8 cases per 100,000 population) were reported in the United States, representing a 3.8% decline in the rate from 2004. This report summarizes provisional 2005 data from the national TB surveillance system and describes trends since 1993. The findings indicate that although the 2005 TB rate was the lowest recorded since national reporting began in 1953, the decline has slowed from an average of 7.1% per year (1993--2000) to an average of 3.8% per year (2001--2005).

FIGURE 1. Rate* of tuberculosis cases, by state — United States, 2005†



* Per 100,000 population.

† Data for 2005 are provisional.

California: For 2005, seven states (**California**, Florida, Georgia, Illinois, New Jersey, New York, and Texas) reported more than 400 cases each for 2005; combined, these seven states accounted for 59.7% (8,414 cases) of the national total.

San Diego: Table 13. Tuberculosis Cases by Year: Reporting Jurisdictions in California, 1995-2004

Reporting Jurisdiction	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	Percent Change	
											1995-2004	2003-2004
California	4,675	4,313	4,059	3,855	3,608	3,297	3,332	3,169	3,227	2,989	-36.1	-7.4
San Diego	438	385	334	339	296	295	332	326	316	320	-26.9	1.3

Q2: Will anyone be keeping hard copies of SF 600s (survey forms for TB) of individuals who receive PPD Screenings?

A2: A copy of all screening SF 600's will be made and forwarded in hard copy to LCDR O'Hara, EPMU-5, as the primary source document for the screening. The berthing space assignment and the rack number will be added to the screening sheet for contact mapping purposes. Also, date of last routine screening PPD or annual screen for those that were PPD +.

Q3: Will the new blood test (Quantiferon) be used to test Sailors for TB?

A3: The new blood test Quantiferon, used to test for TB exposure, is not ready for utilization in this area. Public Health lab is in final stages of preparation to offer the test. NMCSO not set up to perform the test at this time.

Q4: Which berthing did the Sailor reside in?

A4: 02-235-0-L, 02-235-2-L and 02-245-0-L are considered the contiguous berthing space.

Q5: How many PPD converters have there been thus far during the screening phase?

A5: Carrier Air Wing (CVW) 14 and USS Ronald Reagan (CVN 76) continue the testing of assigned personnel. Of approximately 4,200 service members screened to date, 112 have tested positive for TB (2.6 percent). The Navy's historical average aboard carriers in 2003-2004 was from 0.34 to 0.46 percent.

At this time, **no one** who tested positive for TB infection has been diagnosed with active TB disease and **no one is considered contagious.**

Q6: How will the San Diego Public Health Department be involved?

A6: The San Diego Public Health Department will be the POC for all civilians who require PPD screening. They will coordinate with local and state public health departments across the country and provide referrals to these offices for individuals.

Q7: Is there any more information about how the person on the Reagan contracted TB?

A7: The investigation into how the Sailor specifically contracted TB is on-going. At this time, there is no amplifying information as to how the Sailor specifically contacted an active case of Tuberculosis. The Sailor has previously been a PPD converter and was treated for six months with Isoniazid (INH) prior to this contraction of TB.

Q8: How many cases of TB have been detected on Navy ships so far this year?

A8: The latest data (2003) published by the Navy Environmental Health Center can be found at: http://www-nehc.med.navy.mil/prevmed/PM/PM_Tuberculosis.htm Information for 2004 and 2005 has not yet been released by NEHC.