



DEPARTMENT OF DEFENSE  
ARMED FORCES EPIDEMIOLOGICAL BOARD  
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FALLS CHURCH, VA 22041-3258



AFEB (15-1a) 94-2

13 December 1993

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)  
THE SURGEON GENERAL, DEPARTMENT OF THE ARMY  
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY  
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Recommendations Concerning Tuberculosis (TB) Skin  
Testing of Armed Forces Personnel

Available data indicate that the TB prevention programs of the Services have kept the annual number of cases requiring hospitalization and the rate of hospital admissions for active TB relatively low. Based on this information, no major changes are needed in the Services' TB control programs to prevent active TB disease (as reflected by admissions for TB). However, the Armed Forces Epidemiological Board (AFEB) recommends the following steps be taken to refine DoD policy on TB skin testing of active duty personnel:


- a. DOD-WIDE GOALS OF THE TB SKIN TESTING PROGRAM SHOULD BE CLEARLY SET FORTH.
- b. THE MANTOUX TEST, USING INTERMEDIATE STRENGTH PPD, SHOULD BE USED FOR ALL TB SKIN TESTING IN DoD, EXCEPT IN TIME OF EMERGENCY WHEN RAPID SCREENING OF LARGE NUMBERS OF PERSONNEL DICTATES USE OF THE MONO-VACC MULTIPLE PUNCTURE TEST.
- c. THE MOST RECENT AMERICAN THORACIC SOCIETY (ATS)/ CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) CRITERIA FOR A POSITIVE MANTOUX TEST SHOULD BE USED TO EVALUATE THE INITIAL (BASELINE) SKIN TEST. FOR MOST ACTIVE-DUTY PERSONNEL, INDURATION OF 15 MM OR GREATER WOULD BE CLASSIFIED AS A POSITIVE SKIN TEST. THEREAFTER, AN INDIVIDUAL SHOULD BE CONSIDERED A SKIN TEST CONVERTER IF THERE IS AN INCREASE OF 10 MM OR MORE FOR INDIVIDUALS UNDER AGE 35 (15 MM OR MORE FOR INDIVIDUALS AGE 35 OR GREATER) IN THE DIAMETER OF INDURATION OF THE SKIN TEST COMPARED TO THE BASELINE TEST.

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- d. SINCE EVEN REGULAR TB SKIN TESTING WILL NOT IDENTIFY ALL PERSONNEL INFECTED WITH TB, INDIVIDUALS LIVING OR WORKING IN CONFINED ENVIRONMENTS (WHERE THE RISK OF TRANSMISSION OF INFECTIOUS DISEASES IS INCREASED) AND THEIR SUPERVISORS SHOULD BE MADE AWARE OF THE NEED TO SEEK EARLY MEDICAL ATTENTION FOR SYMPTOMS CONSISTENT WITH TB OR OTHER INFECTIOUS DISEASES (E.G., PERSISTENT COUGH, UNEXPLAINED WEIGHT LOSS, ETC.)
- e. THE DoD SHOULD CONSIDER COLLECTING THE DATA NEEDED TO EVALUATE THE COST/BENEFITS OF CURRENT POLICY AND TO REFINE IT WHERE INDICATED. THIS WOULD REQUIRE TRACKING OF THE RATES OF TB DISEASE AND TB SKIN TEST CONVERSION AMONG ACTIVE DUTY PERSONNEL AND ANALYSIS TO IDENTIFY HIGH RISK SUBGROUPS AND GEOGRAPHIC AREAS.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:

  
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HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

MEMORANDUM FOR EXECUTIVE SECRETARY, ARMED FORCES EPIDEMIOLOGICAL BOARD (AFEB)

SUBJECT: Tuberculosis (TB) Skin Testing

Earlier this year, the Assistant Secretary for Defense (Health Affairs) (ASD(HA)) requested that our office review the requirements for TB skin testing within the Department of Defense. Our review showed that the requirements for TB skin testing vary among the Military Departments and, in the case of the Air Force, between the Active and Reserve Components. In addition, the term "high risk area" is used in some publications, but no definition is given of what level of endemic TB is to be judged "high risk." As a result, ASD(HA) would like the AFEB to provide recommendations concerning what the TB skin testing policy of the Department should be. Please ask the AFEB to address the following questions at their June 1993 meeting:

- 1) What should be the frequency of and indications for TB skin testing of DoD personnel?
- 2) What criteria should be used to define a "high risk" area?

To assist the AFEB members in preparing their response, I am attaching a background paper on TB skin testing and recommendations for consideration by board members.

Point of contact in my office is LtCol Sharon A. Falkenheimer, USAF, MC, SFS, phone: (703) 697-8233, DSN 227-8233, FAX (703) 693-1000.

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Attachment:  
As Stated

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