DEPARTMENT OF THE ARMY
U.S. ARMY MANEUVER SUPPORT CENTER AND FORT LEONARD WOOD
320 MANSCEN LOOP STE 316
FORT LEONARD WOOD, MISSOURI 65473-8929

REPLY TO
ATTENTION OF
ATZT-CG

02 AUG 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Command Policy #56-01, Treatment of Trainees with Positive Tuberculosis (TB) Skin Test

1. References:

a. AR 40-5. Preventive Medicine.

b. AR 40-562. Immunizations and Chemoprophylaxis.

c. Core Curriculum on Tuberculosis. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, 4th Edition, 2000.

2. Background. Upon arrival to Fort Leonard Wood, all trainees receive immunizations necessary for basic training and entry on active duty. As part of this immunization process, trainees receive a Mantoux tuberculin skin test, the standard method of identifying persons infected with M. tuberculosis. The Mantoux tuberculin test is performed by placing an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into the inner surface of the forearm. The reaction to the Mantoux test must be read by a trained health care provider 48 to 72 hours after the injection to determine if the trainee has been infected with TB. Trainees found to have a PPD skin test reaction ≥ 5 mm are referred to Preventive Medicine Division, Community Health Nursing (CHN) for evaluation. CHN follows Centers for Disease Control and Prevention (CDC) guidelines for referring trainees to Occupational Medicine Physician for evaluation and treatment.

3. Preventive Medicine Division uses CDC guidelines in the testing for TB disease, treatment of latent TB infection (LTBI) and for the control of TB for the United States Army Maneuver Support Center & Fort Leonard Wood Community. Nearly all trainees referred to CHN are diagnosed as "TB Infection" and not Active TB Disease. Only Active TB Disease is infectious and can be spread to others.

4. CDC recommends a six to nine month course of preventive therapy for patients infected with TB and who are unlikely to experience side effects from drug therapy. Most trainees are young and at low risk for side effects due to TB preventive therapy.

Printed on Recycled Paper

5. If a trainee starts on TB preventive therapy, he or she must be seen at least monthly by CHN. To facilitate these follow-up visits and minimize lost training time, CHN staff will see trainees at the Consolidated Troop Medical Clinic (CTMC) every Tuesday morning from 0700 to 0900 hours. Trainees with follow-up clinic appointments who are present on sick call to the CTMC will be seen by the CHN and evaluated for adherence to prescribed regimen, signs & symptoms of active TB disease and signs and symptoms of hepatitis. The trainees are returned to duty as quickly as possible.

6. Units must ensure trainees attend follow-up clinic appointments. Trainees missing scheduled follow-up TB appointments at the CTMC will be reported to their Unit Commanders or First Sergeants and instructed to report to CHN Clinic at the hospital later that day.

7. Proponency. The proponent of this policy memorandum is the Preventive Medicine Division, 596-0519 or Community Health Nursing, 596-0518.

ANDERS B. AADLAND
Major General, USA
Commanding

DISTRIBUTION:
All Schools, Brigades, Battalions,
Companies, Detachments,
Tenant Units, Directorates
and Personal Staff Offices