
	OFFICE OF MARINE AND AVIATION OPERATIONS	POLICY	VERSION
		1008	2.0
	AUTHORIZED BY:  RADM David A. Score, NOAA Director, Office of Marine and Aviation Operations	EFFECTIVE DATE	March 11, 2016
		REVIEW DATE	March 11, 2019
		RESPONSIBLE POSITION	
		Director, Health Services	

TUBERCULOSIS PROTECTION PROGRAM

1. PURPOSE

- 1.1. This policy clarifies current guidance for the prevention of tuberculosis (TB) infection by identifying latent *M. tuberculosis* infection in embarked personnel sailing aboard National Oceanic and Atmospheric Administration (NOAA) ships.
- 1.2. NOAA's Office of Marine and Aviation Operations (OMAO) complies with all Centers for Disease Control and Prevention (CDC) recommendations regarding the prophylactic treatment of latent TB. Because approximately 10% of individuals with a positive TB skin test will develop active TB over the course of their life time and because TB is recognized as contagious disease, OMAO Health Services Office cannot provide medical clearance to sail aboard a NOAA ships for personnel that are not compliant with TB treatment recommendations. Medical clearance to sail may be authorized by OMAO Health Services once treatment of TB has been initiated (medications) and compliance is continued.
- 1.3. This version clarifies who completes NOAA Form (NF) 57-10-02 – *Tuberculosis Screening Document* and when a negative TB test result can be submitted in lieu of NF 57-10-02 in section 3.

2. SCOPE

- 2.1. This policy applies to all personnel who are required to submit a NF 57-10-1 - *NOAA Health Services Questionnaire* for medical clearance to sail aboard NOAA ships for at least one night or longer. Other personnel sailing aboard NOAA ships are bound by the TB screening policies of their respective programs.

3. POLICY

- 3.1. All personnel who are required to submit a NF 57-10-01 must also undergo annual TB screening and submit a completed NF 57-10-02 that has been signed by a medical provider. All such screenings must be performed via current recommendations provided by the CDC:
 - 3.1.1. The tuberculosis skin test (TST) method or an interferon gamma release assay test (IGRA) [QuantiFERON®-TB Gold In-Tube test (QFT-GIT), or T-SPOT®.TB test (T-Spot)] will be utilized for initial and annual testing of all personnel.
 - 3.1.2. Any of the above tests for TB can be used for those who have had a previous Bacille Calmette-Guerin (BCG). An IGRA test can be given to those who have had an anaphylactic reaction to the TST.

- 3.2. A copy of TB test results may be submitted in lieu of the NF 57-10-02 when a current negative TST, IGRA, or T-SPOT report is already available.
 - 3.3. Annual TB testing results are valid for one year and must remain current throughout any given project or mission.
 - 3.4. Personnel who have received medical treatment for TB or who have had a positive TST or positive IGRA in the past will be required to have a medical exam by a licensed health care provider every year and a chest x-ray every 5 years. Verifying documentation (all medical records including laboratory and x-ray results and treatments) must be submitted to OMAO Health Services for medical clearance to be granted.
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4. GUIDANCE

- 4.1. Documentation and follow up requirements.
 - 4.1.1. Personnel who cannot or do not complete NF 57-10-02 will not be medically authorized to sail aboard NOAA ships.
 - 4.1.2. Personnel who otherwise refuse a TST or IGRA will be required to have a chest x-ray and a medical exam. Personnel must forward all associated medical documentation from the medical provider to OMAO Health Services.
 - 4.1.3. Sections 2 and 3 of NF 57-10-02 must be completed by all those with a positive TST or IGRA. All cases of failed or incomplete treatment will be referred back to the primary care provider for additional evaluation.
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5. RESPONSIBILITIES

- 5.1. All personnel who are required to submit a NF 57-10-01 for embarkation for one night or longer on any OMAO ship must submit the completed and signed Tuberculosis Screening Document (NF 57-10-02) annually, undergo annual TB testing, and submit all required information and documents to OMAO Health Services.
 - 5.2. OMAO Health Services reviews all submitted information/documents and test results and makes a fitness to sail determination.
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6. DEFINITIONS

Bacille Calmette-Guerin (BCG)

Vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test.

TST

Tuberculosis skin test also known as the Mantoux tuberculin skin test or purified protein derivative (PPD) test. The TST is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*.

Interferon Gamma Release Assay (IGRA) This is a blood test that can determine if a person has been infected with TB bacteria. An IGRA measures how strong a person's immune system reacts to TB bacteria by testing the person's blood in a laboratory. Two IGRAs are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States: QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and the T-SPOT®.TB test (T-Spot).

7. REFERENCES

Centers for Disease Control and Prevention
<http://www.cdc.gov/tb>

8. AUTHORITY

OMAO Policy 1001, Category 1000- Medical

Effects on other Documents: Supersedes 2008 06 PMK - Decision: NOAA Tuberculosis Policy Memo, issued on June 23, 2008 and previous versions of OMAO Policy 1008 – Tuberculosis Policy

DOCUMENT HISTORY		
Version	Description of Change	Effective Date
2.0	Clarifies who completes NF 57-10-02 and when a negative TB test result can be submitted in lieu of NF 57-10-02.	3/11/2016
1.0	Initial Document.	2/21/2014