

**BY ORDER OF THE
SECRETARY OF THE AIR FORCE**

AIR FORCE INSTRUCTION 48-105

15 JULY 2014



Aerospace Medicine

***SURVEILLANCE, PREVENTION, AND
CONTROL OF DISEASE AND CONDITIONS
OF PUBLIC HEALTH OR MILITARY
SIGNIFICANCE***

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AF/SG3P

Certified by: AF/SG3
(Brig Gen Charles E. Potter)

Supersedes: AFI48-105, 1 March 2005

Pages: 26

This instruction implements provisions contained in Department of Defense Instruction (DoDI) 6200.03, *Public Health Emergency Management*, Department of Defense Directive (DODD) 6490.02E, *Comprehensive Health Surveillance*, and Air Force Policy Directive (AFPD) 48-1, *Aerospace Medical Program*, and explains the procedures for surveillance, prevention, and control of diseases and conditions of public health or military significance. This instruction augments Air Force Instruction (AFI) 10-2604, *Disease Containment Planning*. Unless otherwise directed, Air Force medical personnel follow the methods for controlling and preventing disease as described in the American Public Health Association publication, *Control of Communicable Diseases Manual*, and the Centers for Disease Control and Prevention (CDC) publication, *Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports (RR)*, and its supplements. Where applicable, the most recent guidelines from these publications are utilized as the standard. This instruction applies to all active duty (AD) Airmen, Air National Guard (ANG) members, and AF Reserve (AFR) (**Note:** ANG and AFR will be collectively referred to as Air Reserve Component (ARC)) within an Air Force (AF) military treatment facility (MTF) or similar unit responsible for public health activities. This publication requires the collection and maintenance of information protected by the Privacy Act (PA) of 1974 (Title 5 United States Code Section 552a), Title 10 United States Code Sections 8013 and 8067(d), and Executive Order 9397, *Numbering System for Federal Accounts Relating to Individual Persons*, as amended by Executive Order 13478, *Amendments to Executive Order 9397, Relating to Federal Agency Use of Social Security Numbers*, authorize the collection and maintenance of records prescribed in this publication. Systems Record Notices F044 AF SG R, *Medical Records System*, and *Reporting of Medical Conditions of Public Health and Military Significance*, apply. Forms affected by the PA must have an appropriate PA statement. System of records notice

F044 AF SG E Medical Record System (December 9, 2003, 68 FR 68609) applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) AF Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW AF Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). All records should also be maintained IAW AFI 41-210, *Patient Administration Functions*. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate functional chain of command. This publication may be supplemented at any level, but all direct supplements must be routed to the OPR of this publication for coordination prior to certification and approval. The authorities to waive wing/unit level requirements in this publication are identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for non-tiered compliance items.

The following surveillance activities can be found elsewhere and are not included in this AFI: Human Immunodeficiency Virus (HIV) Program is found in AFI 44-178; occupational illness reporting, follow Title 29, Code of Federal Regulations, Part 1960, *Occupational Illness and*

Injury Reporting Guidelines for Federal Agencies; AF Occupational and Environmental health Program is found in AFI 48-145, *Occupational and Environmental Health Program*; AF injury prevention and surveillance are managed through the AF Safety Center IAW AFI 91-204, *Safety Investigations and Reports*; instructions for suicide event reporting and surveillance are found in AFI 90-505, *Suicide Prevention Program*; alcohol and drug abuse reporting and substance use assessment tools are found in AFI 44-121, *Alcohol and Drug Abuse Prevention and Treatment Program*.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include the removal of Air Force Reportable Events Surveillance System (AFRESS) and have been replaced with a different disease reporting system for medical event reporting and surveillance – Air Force Disease Reporting System internet (AFDRSi). Program updates have been incorporated into the *Tuberculosis Detection and Control Program* (Attachment 3) reflecting a targeted program based on environmental and operational mission requirements. A section has been added as an attachment on the *Animal Bite – Rabies Prevention Program* (Attachment 4) in order to clarify the procedures necessary for completion of DD Form 2341, Report of Animal Bite–Potential Rabies Exposure. The publication has been revised to include instructions for identifying Tier waiver authorities as approved by the Inspector General Advisory Board (IGAB). Administrative changes have also been incorporated.

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Chapter 1

ROLES AND RESPONSIBILITIES

1.1. United States Air Force Surgeon General (USAF/SG).

1.1.1. Provides policy guidance on the surveillance, prevention, control, treatment and reporting of diseases and conditions of public health or military significance affecting AF personnel on military installations.

1.1.2. Ensures compliance with DoD directives and instructions and serves as the executive agent for the DoD Influenza Surveillance Program.

1.2. Air Force Medical Support Agency (AFMSA).

1.2.1. Establishes Air Force policies and guidance for the surveillance, prevention, control, treatment and reporting of diseases and conditions of public health or military significance.

1.2.2. Represents USAF/SG for surveillance, prevention, and control of diseases and conditions of public health or military significance, or delegates representation for USAF/SG involvement, including collaborative research, to other DoD or Federal agencies and organizations.

1.3. Air Force Medical Operations Agency (AFMOA).

1.3.1. Executes programs and policies on surveillance, reporting, and prevention, treatment and control of diseases and conditions of public health or military significance.

1.3.2. Reviews periodic reports of various disease surveillance, prevention, and control programs and makes recommendations to USAF/SG for improvement.

1.3.3. Utilizes evidence-based information and population health data to assist Major Commands (MAJCOM) and MTFs in optimizing population health through effective and efficient health care delivery and disease detection, prevention, treatment, and control.

1.4. Air Reserve Component (ARC) Surgeons.

1.4.1. Coordinate with AFMSA to provide their component's policies and guidance for prevention, control, surveillance, treatment, and reporting of diseases and conditions of public health or military significance.

1.4.2. Ensure ANG and AFR medical units report cases of *Armed Forces Reportable Medical Events* acquired while the member is on military status on federal installations to ANG Surgeon General, AFR Command Surgeon General, state/local health officials, and to the United States Air Force School of Aerospace Medicine Public Health and Preventive Medicine Department (USAFSAM/PH).

1.5. MAJCOM and Air Forces Forward (AFFOR) Surgeons (references to MAJCOMs in this AFI include the Headquarters Air Force Reserve Command [HQ AFRC], ANG Readiness Center and other agencies that HQ USAF designates as "Major Command equivalent").

1.5.1. Provide specific Command policy and guidance to fixed and deployed MTFs for preventing, controlling, treating, and reporting diseases and conditions of public health and military operational significance.

1.5.2. During disease outbreaks, public health emergencies, and pandemic events ensure that AF medical components transmit reports on exposures, diseases, injuries and fatalities involving deployed personnel. After deployments, ensure that AF medical components forward copies of lessons learned and after action reports to the Joint Lessons Learned Information System (AF-JLLIS) at <https://www.jllis.mil/USAF> and the National Center for Medical Intelligence (NCMI) under the “Send NCMI Information” link at <https://www.intelink.gov/ncmi/index.php>

1.5.3. During disease outbreaks, public health emergencies, or biological incidents of operational significance, provide operational guidance and oversight to MTFs.

1.6. USAFSAM/PH.

1.6.1. Develops and conducts training on prevention, investigation, control, reporting requirements and applied epidemiology on diseases affecting USAF personnel.

1.6.2. Provides worldwide consultation services to the AF and DoD in public health surveillance, epidemiology, preventive medicine, and outbreak response.

1.6.3. Manages, monitors and analyzes surveillance data and other AF-specific data (e.g., AFDRSi) for disease trends and reports significant events to appropriate AF and DoD authorities.

1.6.4. Supports the Defense Health Agency, Public Health Division in the standardization of laboratory data and information for surveillance, including identifying emerging pathogens and common sources of disease outbreaks.

1.6.5. Manages the DoD influenza surveillance program; coordinates with Service representatives and with the DoD Armed Forces Health Surveillance Center-Global Emerging Infections Surveillance and Response System (DoD-GEIS).

1.6.5.1. Identifies sentinel bases for etiology-based influenza surveillance in collaboration with Army, Navy, DoD-GEIS, and CDC POCs. Sentinel sites are available online at the USAFSAM website: <https://gumbo2.wpafb.af.mil/epi-consult/influenza/resources/>.

1.6.5.2. Provides viral collection materials to sentinel bases, and others upon request. Analyzes and reports positive influenza isolates to appropriate personnel at MTFs for notification and follow-up.

1.6.5.3. Generates regular reports during the influenza season and annual report at the end of each influenza season. Provides these reports to sentinel sites, AFMSA, AFMOA, MAJCOMS, DoD-GEIS, Service and Health Affairs POCs.

1.6.5.4. Coordinates findings in viral identification and typing with the CDC for consideration in national influenza vaccine selection.

1.6.6. Provides clinical reference lab and diagnostic services for the AF and DoD, including performing requested AF accessions screening.

1.6.7. Provides medical entomological support to AF installations, including consultation services for vector/pest management, personal protection recommendations, and environmental entomology support (e.g., arthropod identification).

1.6.8. Provides tuberculosis (TB) risk assessment consultative support to AF activities, including guidance on TB risk assessment and prevention of TB transmission using current World Health Organization surveillance data on TB prevalence.

1.6.9. Provides on-site epidemiological response support to AF activities upon request.

1.6.10. Plans and programs for appropriate resources to examine, analyze, and respond, as necessary, to diseases and conditions that affect the health of AF personnel and their beneficiaries.

1.7. Air Education and Training Command (AETC) and AF Training Centers. Collect, analyze, and disseminate information on significant events and mortality from the training populations, and participate in DoD efforts to reduce morbidity and mortality in training populations.

1.7.1. Maintain information systems to track health events in the training populations and program for appropriate resources to examine, analyze, and respond to diseases and conditions that affect the health of those involved in training.

1.7.2. Perform population-based febrile respiratory illness (FRI) surveillance at the AF basic training recruit center. The Naval Health Research Center (NHRC) in San Diego, California manages this population-based component of the DoD Influenza Surveillance program.

1.8. Installation Responsibilities.

1.8.1. **Installation Commander.** Ensures all units/tenants comply with requirements for preventing and controlling diseases, injuries and other reportable conditions. (T-0).

1.8.2. **Unit/Squadron Commander.** Ensures personnel report to the MTF or Reserve Medical Unit for screening, immunizations and medical appointments, as required by the wing, MAJCOM, AF or DoD level directives. (T-0).

1.8.2.1. Ensures that personnel processing to and arriving from overseas locations (e.g. permanent change of station, deployment) report to the MTF for appropriate health assessments, screenings, immunizations and medical exams. (T-0).

1.8.2.2. Ensures personnel complete appropriate routine screenings, immunizations and medical exams IAW DoD and AF guidance. (T-0).

1.8.2.3. Ensures that non-prescription public health countermeasures (e.g. mosquito netting, insect repellent, sanitation measures) are available for deployment. Ensures personnel obtain required prescription products (e.g. malaria prophylaxis). Directs personnel to comply with recommendations for use. (T-1).

1.8.3. **Base Civil Engineer.** Collaborates with Bioenvironmental Engineering (BE) and Public Health (PH) to ensure the base has a safe water supply, effective sanitation infrastructure (e.g. proper sewage and trash disposal), effective disease vector and reservoir control (e.g. insects, rodents), proper site selection, and any other environmental safeguards necessary to reduce illnesses or injuries on the base, taking into consideration operational priorities and resources. (T-2).

1.8.4. **Military Treatment Facility Commander** (Active Component only unless otherwise specified as Air Reserve Component responsibility).

- 1.8.4.1. Provides for the surveillance and control of diseases, injuries, and conditions that adversely impact the health of the base population, and recommends and takes actions to prevent or reduce their impact (applies to Reserve Medical Unit). (T-0).
- 1.8.4.2. Ensures collection, surveillance, prevention, detection, treatment, and public health activities adhere to AF, DoD, CDC guidelines, and applicable federal, state/local, or host nation requirements, and that they are integrated with population health functions (applies to ARC). (T-1).
- 1.8.4.3. Appoints, in writing, physician(s) as clinical consultants for TB and HIV. Appoints additional physician(s) as clinical consultants for other communicable disease control measures based on real or potential health threats (applies to ARC). (T-2).
- 1.8.4.4. Ensures Force Health Protection Prescription Products (FHPPP) (e.g., malaria prophylaxis or Pyridostigmine Bromide tablets) when dispensed to individual personnel, are appropriately prescribed by a credentialed health care provider. Ensures the MTF dispenses FHPPP to individuals with a legal prescription, appropriate education, and documentation on an SF 600 or within the Armed Forces Health Longitudinal Technology Application (AHLTA). (applies to ARC). (T-0).
- 1.8.4.5. Maintains tuberculosis screening and immunization functions and ensures complete documentation in the Aeromedical Services Information Management System (ASIMS Web), or currently approved tracking system (applies to ARC). (T-1).
- 1.8.4.6. Ensures collection and surveillance of communicable, environmental, and other reportable disease/conditions IAW *Armed Forces Reportable Medical Events Guidelines & Cases Definitions* document as posted by the Armed Forces Health Surveillance Center (AFHSC) (see [Attachment 1](#) for URL) and ensures reporting to USAFSAM/PH via AFDRSi, MAJCOM/PH and state/local or host nation officials, as appropriate (applies to Reserve Medical Unit). (T-0).
- 1.8.4.7. Ensures contracts for healthcare employees clearly specify appropriate prophylaxis and vaccination requirements and delineates the support provided by the contractor and the MTF. (T-2).
- 1.8.4.8. Ensures that health care providers and clinical laboratory personnel notify PH of those patients with reportable diseases or other unusual diseases/conditions. (T-0).
- 1.8.4.9. Ensures reportable diseases diagnosed at clinical visits are correctly coded, using the International Classification of Disease (ICD), and entered into current information systems. ICD Codes for reportable events are listed in the *Armed Forces Medical Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). (T-0).
- 1.8.4.10. Ensures adequate resources and training provided for surveillance, prevention and control of diseases and conditions of public health or military significance. **Note:** PH personnel should have the appropriate mobile capability (e.g. laptop, tablet) to perform real-time epidemiologic data collection during emergency events such as disease outbreaks or disaster investigations in-garrison and in the deployed environment. (T-2).
- 1.8.4.11. Ensures providers are aware of current clinical management guidelines when treating patients. (T-1).

1.8.4.12. Ensures compliance with the requirements of the DoD Influenza Surveillance Program (applies to ARC). (T-0).

1.8.4.13. Ensures MTF implements an effective Childhood Blood Lead Screening program IAW most current CDC guidelines and state/local regulations (see [Attachment 2](#) for Childhood Blood Lead Screening). (T-0).

1.8.4.14. Ensures MTF implements an effective TB control program IAW most current CDC guidelines (see [Attachment 3](#) for Tuberculosis Detection and Control Program) (applies to ARC). (T-0).

1.8.4.15. Ensures MTF complies with rabies prevention and control program requirements IAW most current state/local, CDC guidelines, and AFI 48-131 *Veterinary Health Services* (see [Attachment 4](#) for Animal Bite – Rabies Prevention Program). (T-0).

1.8.5. **Chief of Medical Staff (SGH) and Chief of Aerospace Medicine (SGP).**

1.8.5.1. Assist PH in developing MTF instructions and procedures to implement the surveillance and control of diseases, injuries, and conditions that adversely impact the health of the base population. (T-2).

1.8.5.2. Provide clinical guidance to the MTF medical professional staff for the prevention, control, surveillance, treatment, and reporting of diseases and conditions of public health or military significance. (T-2).

1.8.5.3. At training installations, oversee trainee population health. Collaborate with Line of Air Force (LAF) at wing and installation forums for preventing and controlling diseases and injuries in the trainee population. (T-2).

1.8.5.4. The SGH will ensure that all credentialed and licensed health care professionals are briefed annually on communicable/infectious disease reporting and animal bite treatment/reporting requirements. (T-2).

1.8.6. **PH (Active Component Only).**

1.8.6.1. Conducts community or location-specific public health surveillance, which includes chemical, biological, radiological, and nuclear (CBRN) terrorism and syndromic surveillance as directed by DoDI 6200.03 *Public Health Emergency Management* and DoDI 6490.02E *Comprehensive Health Surveillance*. Provides information to the MTF commander and medical staff as necessary. (T-0).

1.8.6.2. Conducts and manages epidemiological surveillance and contact interviews, and serves as a non-clinical consultant on disease prevention, education and control programs. In the event of a suspected or declared public health emergency, these activities (including reporting) shall be conducted in coordination with the Public Health Emergency Officer (PHEO) and state and/or local health departments, as appropriate. **Note:** In the event of outbreaks in training populations coordinate with Preventive Medicine Physician, if available. (T-1).

1.8.6.3. Informs the MTF Commander, providers, the PHEO, MAJCOM/PH, USAFSAM/PH, and, if deployed, the Joint Task Force/Theater Surgeon of the incidence, prevalence, modes of transmission, and recommended control measures for diseases/conditions of PH or military significance, as necessary. (T-2).

1.8.6.4. Ensures appropriate syndromic surveillance is being conducted to assess threats to public health through the use of the Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) or other established surveillance systems. **Note:** MTF should have, at least, two active ESSENCE account holders. (T-0).

1.8.6.4.1. Reviews MTF surveillance data and conducts investigations as appropriate. At a minimum, this syndromic surveillance will include respiratory (influenza-like illness), gastrointestinal, febrile illness (fever), and dermatologic conditions. (T-1)

1.8.6.4.2. Conducts special surveillance not specified by this directive, as appropriate. Conditions not identified as reportable in the *Armed Forces Reportable Medical Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL) may require special surveillance activities when the local risk is significant. Such decisions are based on the local threat assessment from civilian and installation morbidity and mortality reports and military medical intelligence. (T-1).

1.8.6.4.2.1. Provides health surveillance, disease and injury prevention (including immunization recommendations and screening) for recruits and training populations based on the unique population risk characteristics (e.g., age, challenging physical activities, and close living quarters) IAW national recommendations, AF and DoD policies. (T-1).

1.8.6.4.3. Performs active and passive surveillance to detect, track, and trend the incidence of reportable diseases/conditions of PH significance. Surveillance programs to identify, describe, and report diseases and conditions of PH significance should be conducted and reviewed at a frequency determined by the Aerospace Medicine Council (AMC). (T-2).

1.8.6.5. Evaluates risk of vector-borne and zoonotic disease in the local geographical area. (T-2).

1.8.6.6. Collaborates with the local military installations as well as state/local or host nation public health officials. Maintains awareness of local epidemiological activities, including local surveillance, prevention, and control capabilities. (T-2).

1.8.6.7. Completes disease-specific case investigation forms as mandated by federal/state/local or host nation health officials. Ensures reportable diseases (including conditions of public health or military significance), are reported to appropriate authorities and entered into AFDRSi. (T-0).

1.8.6.8. Reviews test results provided by the laboratory and other electronic data sources to ensure timely identification and investigation of reportable and communicable infections, including disease/conditions of PH or military significance not identified in the *Armed Forces Medical Events Guidelines and Case Definitions* document (See [Attachment 1](#) for URL). (e.g. Sexually Transmitted Infections, Childhood Blood Lead as outlined in [Attachment 2](#)). (T-1).

1.8.6.9. Disseminates information derived from PH surveillance in a timely manner. This includes periodic feedback to health care providers and to appropriate MTF committees (e.g., AMC, Population Health Working Group, Professional Staff,

Occupational Health Working Group, and Infection Control) regarding incidence or prevalence of diseases and conditions of interest or importance. (T-2).

1.8.6.10. Transmits all AF Reportable Medical Events to USAFSAM/PH via the AFDRSi. **Note:** the website to report Reportable Medical Events (referred to as Medical Event Reports in AFDRSi) can be found here: <https://data.nmcphe.med.navy.mil/afdrsi/Login.aspx>. (T-1).

1.8.6.10.1. Armed Forces medical events guidelines and case definitions for Reportable and Urgently Reportable Conditions are available at the following AFHSC website: <http://www.afhsc.mil/reportableEvents>. (T-1).

1.8.6.10.2. PH should report disease information as required by their state/ local public health officials, to include conditions determined to be *Urgently Reportable*. (T-0).

1.8.6.11. At sentinel influenza surveillance sites, provides the Primary Care Manager (PCM) team with program instructions and updates, including the case definition for influenza-like illness. Coordinates with the PCM to ensure the influenza questionnaire is sent to USAFSAM/PH using the prescribed mechanism. (T-2).

1.8.6.12. Interviews individuals with communicable infections that require contact tracing IAW CDC guidelines (see **Attachment 3** for specifics on Tuberculosis Detection and Control). (T-0).

1.8.6.13. Refers contacts of patients with reportable diseases or diseases/conditions of PH or military significance, if eligible, for medical care and counseling within the MTF; refers non-beneficiaries to the health department in their area of residence. ARC PH will submit information to local and state health authorities as required. (T-1).

1.8.6.14. Performs disease outbreak investigations and works with the SGP and PHEO to advise the MTF Commander on the management and control of disease outbreaks. (T-2).

1.8.7. **Clinical Laboratory.**

1.8.7.1. Notifies providers and PH of reportable diseases/conditions meeting laboratory criteria for diagnosis as listed in the *Armed Forces Reportable Medical Events Guidelines and Case Definitions* document (see **Attachment 1** for URL). Notifies PH of any unusual pattern of laboratory testing results or significant increase in incidence of a disease. (T-1).

1.8.7.2. Participates in the CDC Laboratory Response Network for Bioterrorism and Chemical Terrorism. Reports identification of potential offensive biological and chemical agents IAW CDC-DoD notification protocols. Facilitates process for forwarding clinical, environmental, and food specimens (e.g., unusual pathogens, antibiotic-resistant strains, chemical and radiological exposures), where appropriate or required, to DoD or civilian reference labs. (T-0).

1.8.7.3. During epidemiological and outbreak investigations, coordinates with PH on appropriate sample collection protocols, test availability, and result reporting. (T-2).

1.8.7.4. For influenza surveillance, sentinel MTFs will send respiratory specimens to USAFSAM weekly during influenza season (usually October to May or year-round if indicated), as directed by USAFSAM/PH. (T-2).

1.8.8. MTF Information Management Officer. Maintains systems to support reporting and surveillance activities, including training population, and immunization tracking databases. (T-2).

1.8.9. MTF Medical and Dental Providers.

1.8.9.1. Counsel individuals on communicable diseases, risk factor reduction, and early recognition of symptoms. (T-1).

1.8.9.2. Refer patients to PH with reportable conditions listed in the *Armed Force Reportable Medical Events Guidelines and Case Definitions* (see [Attachment 1](#) for URL), AF-specific reportable diseases (listed on the USAFSAM/PH website, see [Attachment 1](#) for URL), diseases that require contact tracing, or those required by state/local, or host nation directives. Diseases/ conditions that have PH impact or military significance are also reported to PH. (T-1).

1.8.9.3. Use case definitions and ICD Codes for reportable events outlined in the *Armed Forces Reportable Medical Events Guidelines and Case Definitions* document (see [Attachment 1](#) for URL). If a case definition is not available in the Armed Forces Guidelines, use CDC guidelines and case definitions. (T-0).

1.8.9.4. Report to PH, within 24 hours, conditions determined to be *Urgently Reportable* (list of *Urgently Reportable* conditions available at USAFSAM website, see [Attachment 1](#) for URL), any unusual disease activity, disease clusters or indications of a possible outbreak. Ensure appropriate reporting through chain of command. (T-1).

1.8.9.5. At sentinel influenza surveillance sites, identify patients meeting the case definition for influenza, collect respiratory specimens, and ensure completion of the influenza questionnaire. (T-1).

1.8.9.6. Prescribe pre- and post-exposure prophylaxis, including vaccines, IAW AF, DoD, Combatant Command (CCMD) policies and CDC or the Advisory Committee on Immunization Practices (ACIP) recommendations and any applicable attachments to this instruction. (T-0).

1.8.9.7. Screen, treat, and follow up with personnel with communicable infections IAW AF, DoD, CDC and the US Preventive Services Task Force recommendations, taking into account the local epidemiology and high-risk groups (such as basic military trainees), as necessary. (T-0).

1.8.10. Air Reserve Component Medical Units. Report cases of Armed Forces Reportable Medical Events (see [Attachment 1](#) for URL) detected while the member is on military status on federal installations to Air National Guard Surgeon General or Headquarters Air Force Reserve Command Surgeon General; and to USAFSAM/PH; and their respective local PH authorities.

Chapter 2

SPECIFIC PROGRAM ATTACHMENTS

- 2.1. Childhood Blood Lead Screening.** Instructions for MTFs to identify children who are at risk for lead exposure are found in [Attachment 2](#).
- 2.2. Tuberculosis (TB) Prevention and Control Program.** Specific components for effective TB prevention and control are in [Attachment 3](#).
- 2.3. Animal Bite – Rabies Prevention Program.** Guidance for MTFs on managing the risk and exposure to rabies are in [Attachment 4](#).

THOMAS W. TRAVIS
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Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Prescribed Forms

AF Form 2453, *Tuberculosis Detection and Control Data*

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*

Abbreviations and Acronyms

AETC—Air Education and Training Command

AF-JLLIS—Air Force Joint Lessons Learned Information System

AFFOR—Air Force forces

AFHSC—Armed Forces Health Surveillance Center

AFI—Air Force Instruction

AFMC—Air Force Materiel Command

AFMSA—Air Force Medical Support Agency

AFPD—Air Force Policy directive

AFR—Air Force Reserve

ANG—Air National Guard

ARC—Air Reserve Component

ASIMS—Aeromedical Services Information Management System
BE—Bioenvironmental Engineering
BEE—Bioenvironmental Engineer
BLLS—blood lead levels
CBRN—chemical, biological, radiological, and nuclear
CDC—Centers for Disease Control and Prevention
DMSS—Defense Medical Surveillance System
DOD—Department of Defense
DODD—Department of Defense Directive
DOD-GEIS—DoD Global Emerging Infections Surveillance and Response System
DODI—Department of Defense Instruction
DRSi—Disease Reporting System Internet
ESSENCE—Electronic System for Early Notification of Community-based Epidemics
FRI—Febrile Respiratory Illness
FHPPP—Force Health Protection Prescription Products
HIPAA—Health Insurance Portability and Accountability Act
HIV—Human Immunodeficiency Virus
ICD—International Classification of Disease
IGRA—Interferon-Gamma Release Assay
INH—Isoniazid
JLLIS—Joint Lessons Learned Information System (AF-JLLIS)
LTBI—latent tuberculosis infection
MDO—medical defense officer
MAJCOM—major command
MMWR—Morbidity and Mortality Weekly Report
MTF—Medical Treatment Facility
NCMI—National Center for Medical Intelligence
OSHA—Occupational Safety and Health Administration
PB—Pyridostigmine Bromide
PCS—Permanent Change of Station
PEP—Post-exposure Prophylaxis
PH—Public Health

PHEO—Public Health Emergency Officer

RAB—Rabies Advisory Board

RAC—Rabies Advisory Council

SG—Surgeon General

SGH—Chief of Medical Staff

STI—Sexually Transmitted Infection

TB—Tuberculosis

THMP—Trainee Health Management Program

THWG—Trainee Health Working Group

TST—Tuberculin Skin Test

URL—Universal Resource Locate

USAFA—United States Air Force Academy

USAFSAM—United States Air Force School of Aerospace Medicine

USAFSAM/PH—United States Air Force School of Aerospace Medicine/Public Health and Preventive Medicine Department

WHO—World Health Organization

Terms

Accessions—Service accessions include service members in recruit training, Officer Candidate School, Service Academy preparatory school, Service academy, Officer-indoctrination school, other officer accession programs, and officers that are directly commissioned.

Active Surveillance—Requires direct action to collect disease information. For example, active surveillance includes —contacting physicians, hospitals, laboratories, or other health entities to actively search for disease cases.

Air Force Reserve Component (ARC)—Reserve forces that include the Air National Guard and the Air Force Reserve Command

Diseases and conditions of public health or military significance—These are diseases or health conditions that impact the health or readiness of Air Force personnel, their dependents, or other eligible personnel and which have a potential for substantial mission degradation, widespread morbidity, or significant adverse sequelae or mortality.

High—risk TB prevalence country/area—A country or geographical area with a high prevalence of tuberculosis as determined by the USAFSAM/PH in conjunction with the National Center for Medical Intelligence (NCMI), World Health Organization (WHO) and other health agencies. See USAFSAM site <https://gumbo2.wpafb.af.mil/epi-consult/tb/> and/or NCMI site <https://www.intelink.gov/ncmi/index.php> for country risk profile.

Nonreportable STIs—STIs that are not included on the list of *Armed Forces Reportable Medical Events Guidelines and Case Definitions*. Patients with these diseases may be referred to PH for education, sexual contact identification, and follow-up, as appropriate.

Disease Outbreak—The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. An outbreak may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years. A single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated.

Passive Surveillance—The reliance on health care providers or laboratories to report cases of disease.

Public Health Surveillance—The regular or repeated collection, analysis, and dissemination of uniform health information for monitoring the health of a population, and intervening in a timely manner when necessary.

Public Health Emergency Officer (PHEO)—A senior health professions military officer or DoD civilian employee, designated by the installation commander, with experience in preventive medicine/ emergency response who is responsible for advising the installation commander in the exercising of emergency health powers (as outlined in DoDI 6200.3 and AFI 10-2604) in the event of a suspected or confirmed public health emergency.

Rabies Virus Exposure—Rabies virus is transmitted when the virus is introduced into bite wounds, into open cuts in skin, or onto mucous membranes from saliva or other potentially infectious material such as neural tissue.

Reportable STIs—Patients with STIs identified as reportable in the *Armed Forces Medical Events Guidelines and Case Definitions*. These patients should be referred to PH by the provider for sexual contact identification, evaluation, education, and annual reporting.

Screening—A method for early detection of disease or health problem before an individual would normally seek medical care. Screening tests are usually administered to individuals without current symptoms, but who may be at high-risk for certain adverse health outcomes.

Sexually Transmitted Infection—An infection that can be transferred from one person to another through sexual contact.

Syndromic Surveillance—The surveillance of disease syndromes (groups of signs and symptoms), rather than specific, clinical, or laboratory-defined diseases. Surveillance of syndromes recorded at the time of patient visit, instead of specific diagnoses reported after laboratory or other diagnostic procedures, can greatly lessen the time it takes to determine that an outbreak is occurring (ESSENCE is an example of a syndromic surveillance system).

Attachment 2

CHILDHOOD BLOOD LEAD SCREENING

A2.1. The objective of this program is to identify children living on and off base who are at risk for environmental lead exposure IAW CDC guidelines and state/local regulations.

A2.1.1. Military Treatment Facility Commander ensures MTFs implement an effective Childhood Blood Lead Screening program IAW guidelines outlined by the CDC and state/local regulations for screening, investigation, treatment and follow-up. (T-0).

A2.1.2. Chief of Medical Staff (SGH) coordinates with PH to ensure the development of a local risk assessment questionnaire for targeted lead screening. This questionnaire supplements the CDC's standard lead exposure screening questions and reflects the community-specific lead exposure risk. (T-1).

A2.1.3. MTF Medical Provider

A2.1.3.1. Ensures parents receive educational materials about prevention and risk of childhood lead exposure. (T-2).

A2.1.3.2. Conducts universal childhood blood lead testing when required by state/local regulations. Otherwise, medical providers will conduct targeted or risk-based screening IAW CDC guidelines. (T-1).

A2.1.3.3. Conducts targeted screening through risk assessment questionnaire beginning at 9-12 months of age and periodically between 24 months to 6 years of age. Ensures completed questionnaires are placed in the electronic medical record (e.g. AHLTA). (T-1).

A2.1.3.3.1. Test children with one or more lead-exposure risk factors for blood lead levels. Uses CDC guidelines for instructions on blood lead sampling technique, treatment and follow-up of elevated blood lead levels (BLLs). (T-0).

A2.1.3.3.2. Refers all children with BLLs above current CDC reference value to PH. (T-2).

A2.1.4. Public Health

A2.1.4.1. Initiates a lead toxicity investigation for any confirmed pediatric BLLs above the current CDC reference value. Coordinates with BE or local PH department for lead sampling of the facility based on epidemiological data IAW CDC and OSHA guidelines. **Note:** Ensure BE reviews the local lease agreement prior to initiating any sampling in Privatized Housing Areas to determine if the base or state has jurisdiction. (T-0).

A2.1.4.1.1. Reports all BLLs above the current CDC reference value to USAFSAM/PH using AFDRSi. (T-2).

A2.1.4.1.2. Submits periodic reports of blood-lead laboratory results to USAFSAM/PH via AFDRSi. Reports an elevated venous blood test once per patient (follow-up test results on the same patient are not counted again). (T-2).

A2.1.4.1.3. Provides findings from lead toxicity investigation to the patient's medical provider. (T-1).

A2.1.4.1.4. Track and follow-up on elevated blood lead results for children younger than 6 years of age. (T-3).

A2.1.5. USAFSAM/PH

A2.1.5.1. Provides surveillance and maintains a historical database of past pediatric blood lead screening results from each installation. (T-3).

A2.1.5.2. Reports significant findings or unusual trends on blood lead results to AFMOA and submits an annual fiscal year summary of the Childhood Blood Lead Screening Program. (T-2).

Attachment 3

TUBERCULOSIS (TB) DETECTION AND CONTROL PROGRAM

A3.1. The objective of this program is to align the AF TB program with the national program to eliminate tuberculosis. The AFMS follows current CDC guidelines for TB prevention and control. The following guidance is intended to cover areas where CDC guidance is vague or does not exist.

A3.2. The AF TB screening program will be a targeted program based on environmental and operational mission requirements. The TB testing program for Air Force personnel will be limited to individuals with high-risk TB exposure histories or those with clinical indications for testing.

A3.2.1. TB screening for recruits and new accessions will be based on current clinical recommendations and guidance from trainee health medical leadership.

A3.3. Military Treatment Facility Commanders.

A3.3.1. Ensure MTFs and Reserve Medical Units implement an effective TB control program IAW current CDC guidelines as outlined per paragraph 1.9.4.14. (T-0).

A3.3.2. Ensure a written plan on prevention of transmission and treatment of TB for the MTF and Reserve Medical Unit is completed and reviewed annually. The plan will include a multi-disciplinary healthcare team (e.g., SGH, Infection Control, PH, BEE) evaluation and a written TB risk assessment IAW CDC guidelines. The plan will also include appropriate respiratory protection for potentially exposed health-care workers, effective engineering controls, education, counseling and evaluation of healthcare workers, and identification and treatment of individuals with active disease or latent tuberculosis infection (LTBI). (T-1).

A3.4. Public Health.

A3.4.1. Coordinates with the Infection Control Committee and Bioenvironmental Engineering to ensure compliance with relevant Occupational Safety and Health Administration guidelines for the control of occupational exposure to tuberculosis. (T-3).

A3.4.2. Implements MTF TB exposure control plan for prevention of transmission and treatment of TB if necessary. Reviews plan annually recommending risk-based procedures for screening, control, and protection against TB IAW CDC guidelines. Coordinates the review with Infection Control Committee and Bioenvironmental Engineering. (T-0).

A3.4.3. Conducts risk assessment of personnel, including re-deployers and beneficiaries returning from high-risk TB endemic locations and countries to determine the frequency of TB testing. Follow local city, county, and/or state recommendations if their guidance requires more frequent testing or inclusion of other individuals. (T-1).

A3.4.4. Performs the initial LTBI patient interview IAW CDC guidelines and refers patient to PCM. (T-0).

A3.4.5. Performs contact tracing IAW CDC guidelines and ensures the proper screening, and treatment as indicated, for personnel who may have become infected from persons with active TB disease. (T-0).

A3.4.6. Monitors local TB risk and provides prevention and education messages for the installation population. (T-3).

A3.4.7. Reports active TB cases within 24 hours to USAFSAM/PH via AFDRSi. (T-0).

A3.5. Primary Care Management (PCM) team.

A3.5.1. Evaluates all individuals with non-negative tuberculosis tests. Non-negative tests include:

A3.5.1.1. Tuberculin skin test (TST) indurations greater than or equal to 5mm. (T-0).

A3.5.1.2. Indeterminate or positive blood assays for *M. tuberculosis* Interferon-Gamma Release Assay (IGRA). (T-0).

A3.5.2. Records positive reactions, initial and follow-up care on AF Form 2453, *Tuberculosis Detection and Control Data*. Places AF Form 2453 in the patient's medical record upon completion of medical treatment. PCM will document all patient interventions, including attempts to contact member, in the medical record (e.g., the DoD electronic medical record, currently the Armed Forces Health Longitudinal Technology Application). (T-1).

A3.5.3. Ensures all patients with LTBI or active TB are referred to PH for contact tracing, education, and reporting. (T-2).

A3.5.3.1. ARC providers in collaboration with ARC PH equivalent will refer patients for initial LTBI patient interview and contact investigation IAW CDC guidelines to respective AD servicing MTF/state/local public health departments/private practice physicians. (T-2).

A3.5.3.2. ARC PH equivalent will obtain medical documentation on the status of patients requiring X-Ray clearance and INH treatment determination from start to completion, deferment, and exemption. (T-2).

A3.5.4. Evaluates patients for active disease. Provides clinical management and follow-up of patients with LTBI or active TB IAW CDC guidelines. (T-0).

A3.5.5. Ensures recent converters who do not have active TB but who are on flying status, have flying status handled IAW current AFMSA LTBI prophylaxis policy. If the services of the flyer are of a critical nature, (e.g., in a combat zone or for alert force manning and unable to be in DNIF status for three days) and active TB has been ruled out, INH therapy can be delayed for up to 18 months with the approval of the base SGP documented in the clinical record. During this time the flight surgeon will continue to monitor the flyer closely until his/her services are no longer critical and INH can be initiated. (T-1).

A3.6. Immunization Technician or Personnel Administering Tuberculosis Testing.

A3.6.1. Follow current CDC guidance on testing procedures and interpretation of tests. (T-0).

A3.6.2. Trained Immunization clinic personnel and other clinicians with experience or formal training can place, read, and record Purified Protein Derivative (PPD) skin tests. (T-3).

A3.7. Tuberculosis Testing Programs.

A3.7.1. The AF TB testing program is a targeted program. AF personnel (including deployers and other forward-based personnel) are only to be tested when they have high-risk exposures, high-risk occupations (e.g. Healthcare Workers), or are employees with clinical indications for testing as per local Aerospace Medicine Council recommendation.

A3.7.1.1. Persons at risk for developing TB disease fall into two categories: those who have been recently infected, and those with clinical conditions that increase the risk of progression from LTBI to TB disease.

A3.7.1.1.1. Recent infection should be suspected in close contacts of a person with active TB, persons who have immigrated from or visit areas of the world with high rates of TB, residents or employees of congregate settings (homeless shelters, correctional facilities, and nursing homes), health care workers caring for patients who are at increased risk of TB and children exposed to adults who are at increased risk for TB.

A3.7.1.1.2. Clinical conditions that increase the risk of progression from LTBI to TB disease include HIV infection, age less than 5 years, persons who are receiving immunosuppressive therapy such as tumor necrosis factor- α (TNF- α) antagonists, systemic corticosteroids equivalent to ≥ 15 mg of prednisone per day, or immune suppressive drug therapy following organ transplantation, persons who were infected with TB within the past 2 years, persons with a history of untreated or inadequately treated LTBI, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or being on hemodialysis, gastrectomy, jejunal bypass, history of cancer of the head, neck or lung.

A3.8. Testing Methods for Tuberculosis.

A3.8.1. The Mantoux tuberculin skin test (TST) uses Intermediate-strength Purified Protein Derivative (IPPD) injected under the skin. Most people who have been infected with TB will have a T-cell mediated delayed-type hypersensitivity reaction at the injection site, peaking at 48-72 hours after the injection. The TST is the preferred test in children younger than 5 years of age.

A3.8.1.1. Delay the TST at least four weeks *after* live-virus vaccine administration, unless operational or clinical circumstances require administration of TST on the same day.

A3.8.1.2. Measure TST reactions in millimeters of induration and record the results in ASIMS and the DoD electronic medical record (e.g. AHLTA). Do not delete results of previous TB tests in the AF automated immunization tracking system.

A3.8.1.3. Refer all individuals with TST indurations greater than or equal to 5 mm to PH. If active TB is suspected, alert the infection Control Officer, the PCM team, and PH to ensure that appropriate precautionary infection control measures are applied.

A3.8.2. IGRAs – Detect the presence of *M. tuberculosis* infection by measuring the immune response to TB proteins in a blood sample. IGRAs can be used in all circumstances in which the TST is used, including contact investigations, evaluation of recent immigrants who have had Bacille Calmette-Guerin (BCG) vaccination, and TB screening of healthcare workers and others undergoing serial evaluation for *M. tuberculosis* infection. An IGRA is the preferred

test in persons who may be unlikely to return for TST reading, and persons who have received BCG.

A3.9. Indications for TB Screening Tests.

A3.9.1. Screen AD and ARC members during initial processing at officer or enlisted accession centers or at their first duty station. (T-1).

A3.9.2. Perform annual testing for all individuals stationed in a high-prevalence overseas area and who have direct and prolonged contact with high-risk populations or have high-risk exposure. Perform another tuberculosis test at 3 months (no later than 6 months) after returning to CONUS or a low TB prevalence OCONUS location. (T-1).

A3.9.3. Combatant Command may direct additional TB testing. When the Combatant Command defers to Service policy for TB testing, then the following applies:

A3.9.3.1. Individuals who deployed to high-prevalence areas for greater than or equal to 30 consecutive days and who had direct and prolonged contact with the locals population or had high-risk or known exposure to an active TB case should receive a TB test at 3 months (no later than 6 months) post-deployment. (T-1).

A3.9.3.2. Testing more frequently than every 12 months is not necessary for personnel who deploy regularly to high prevalence areas unless they have other risk factors for TB. (T-1).

A3.9.4. Perform baseline two-step TST or one IGRA for healthcare workers (including civilians, contractors, and volunteers) upon employment/volunteer service if there is no verifiable history of being tested within the previous 12 months. A documented, initial TB test done on accession (baseline test) for Air Force personnel is considered the first step of the two-step TST. The second step should be completed within twelve months at either the first duty assignment or subsequent training program. Repeat or interval testing for healthcare workers is based on risk assessment for the setting IAW CDC guidelines or in consultation with USAFSAM/PH. Healthcare workers transferring between healthcare settings or AFMS medical treatment facilities that are classified as low risk are not retested. Healthcare workers transferring from low to medium risk settings should be tested within 30 days of transfer to the medium risk setting location. (T-1).

A3.9.5. Perform baseline and subsequent TB testing for family members and other beneficiaries IAW CDC guidelines. (T-0: IAW current CDC guidelines).

A3.9.5.1. Baseline TB testing is indicated for individuals who are PCSing to a high TB prevalence country and who have no verification of having been previously tested. Testing should be completed prior to departure. (T-1).

A3.9.5.2. Baseline TB testing is indicated prior to overseas travel if individuals anticipate prolonged contact with populations in settings at high-risk for transmission of infectious TB (e.g., hospital, prison, homeless shelters) and 3 months after returning. (T-1).

ATTACHMENT 4

ANIMAL BITE – RABIES PREVENTION PROGRAM

A4.1. The purpose of this attachment is to provide policies and procedures for rabies prevention and control across AF installations. It is intended primarily for use by PH, MTF medical providers and others with related responsibilities or interests. AFI 48-131 *Veterinary Health Services* is the guiding document that provides specifics regarding rabies prevention and control in animals.

A4.2. Reporting.

A4.2.1. Military and Tricare beneficiaries who are exposed to rabies or potentially exposed to rabies shall promptly report their animal exposure and seek medical treatment from a health care provider as soon as possible, preferably within 24 hours. Potential exposure events from an animal capable of spreading rabies include a bite or salivary contact with an open wound or mucous membrane. **Note:** Potential exposure to rabies virus includes: any bite, scratch or other situation in which saliva or central nervous system (CNS) tissue of a potentially rabid animal enters an open wound, fresh wound, or comes in contact with a mucous membrane by entering the eye, mouth or nose. Inadvertent bat contact will also be considered a potential rabies exposure event. (T-1).

A4.2.2. MTF medical providers shall initiate and complete all relevant portions of the DD Form 2341, *Report of Animal Bite – Potential Rabies Exposure*, for each patient with possible exposure to rabies and include the DD 2341 in medical record documentation (to include patients evaluated/treated at off-base medical facilities). (Ref: AFI 48-131, *Veterinary Health Services*). (T-0).

A4.2.3. Individuals in deployed settings should be encouraged to report any possible rabies exposures on their Post-Deployment Health Assessment (DD Form 2796) as “animal bite” or in free-text sections of the forms. (T-3).

A4.3. Public Health.

A4.3.1. Epidemiologically monitors and communicates rabies risk in the local area to MTF providers and reports exposures (potential or confirmed cases) IAW state/local, Federal, or AF guidelines. **Note:** PH should routinely review MTF surveillance data (e.g. Emergency Room reports) and conduct investigations as appropriate. (T-2).

A4.3.2. Tracks animal bite cases, tracks completion of post-exposure prophylaxis and reports to the AMC as necessary. (T-2).

A4.3.3. The Public Health Officer (PHO) (or SGP/senior flight surgeon when PHO is unavailable) will review all animal bite case reports in order to verify appropriateness of case-specific risk assessment. As needed, the PHO, SGP/senior flight surgeon (or SGH) and the treating physician will meet to discuss cases when appropriateness of risk assessment/PEP tx decision is in question. (T-2).

A4.4. Immunizations Clinic.

A4.4.1. Ensures administration of post-exposure prophylaxis is documented in the patient immunization record. (T-2).

A4.4.2. Notifies individuals of required post-exposure prophylaxis and immunization schedule. (T-2).

A4.5. MTF Medical Providers.

A4.5.1. Initiate and complete DD Form 2341, *Report of Animal Bite—Potential Rabies Exposure*, for each patient with possible exposure to rabies and ensure the DD Form 2341 is included in medical record documentation. (T-2).

A4.5.2. Ensure patients are assessed, treated (to include tracking patients for completion of rabies prophylaxis when necessary), and educated IAW current CDC guidelines. PCM team will document all patient interventions, including attempts to contact member, in the medical record (e.g., the DoD electronic medical record, AHLTA). **Note:** The need for post-exposure prophylaxis is to be based on a case-specific risk assessment by the treating MTF provider. The treating MTF provider should contact the PHO for assistance in determining rabies risk from an animal bite/exposure. (T-0).

A4.5.3. When rabies prophylaxis is initiated; measures will be in place to ensure the completion of the protocol without deviations (for most current treatment requirements and rabies risk assessment reference www.cdc.gov/rabies/resources/index.html). (T-1).

A4.5.4. Consult with PH for local rabies prevalence and most current rabies prophylaxis recommendations/guidelines. (T-3).

A4.6. Rabies Advisory Board (RAB).

A4.6.1. The RAB provides case-by-case medical consultation regarding rabies risk, prophylaxis, and prevention measures. The RAB shall be chaired by a credentialed and privileged medical corps officer and should be convened as needed to review high-risk cases. (T-2).

A4.6.2. The RAB will be comprised of an AF Public Health officer (or US military veterinarian) and at least two MTF medical providers trained in rabies risk assessment or in preventive medicine (e.g. SGP, treating provider). (T-2).

A4.7. AMC.

A4.7.1. Review all reported animal bite/exposure cases, post-exposure prophylaxis administration, regional prophylaxis supply, documentation, supporting surveillance efforts, and other zoonotic diseases at least annually, or at frequency informed by local risk. (T-2).

A4.7.2. Annually the AMC should invite representatives from the major agencies and organizations involved with rabies prevention and control across the military installation (e.g. Security Forces, US military veterinarian, local/state health officials) in order to review aspects of the animal bite/rabies prevention program. (T-3).

A4.7.3. The AMC shall convene on a frequency determined by local MTF leadership in an appropriate epidemiological context informed by rabies risk to review and make recommendations on the Animal Bite – Rabies Prevention Program. (T-3).