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*Conflict of interest: none declared*

**Self-test questions**

*The following statements are either true or false (answers on page 151)*

11. Eczema is a contraindication to BCG vaccine.
12. With the exception of babies under six months of age, Mantoux testing is recommended before patients are given BCG vaccine.

## Tuberculosis testing and immunisation in the Australian Defence Force

*Prepared by Air Vice-Marshal Bruce Short, Surgeon General, Australian Defence Force*

In the course of peacetime service in Australia, the exposure of Australian Defence Force personnel to tuberculosis, and hence risk of infection, is similar to that of the general population. However, when operationally deployed, particularly in Australia's region of interest, personnel may be exposed to infected people. This risk is heightened during humanitarian or peace-keeping operations.

In the past, the mainstay of prevention was immunisation with BCG vaccine. In recent times the widespread use of BCG vaccination has been shown to prevent few cases in regions with low incidence rates. The vaccine may also cause false positives in Mantoux tests and this may increase the difficulty in diagnosing tuberculosis infection.

The Australian Defence Force has followed the guidelines of the US Centers for Disease Control and Prevention and, therefore, does not recommend routine BCG vaccination.<sup>1</sup>

Within the Australian Defence Force, screening for tuberculosis is undertaken by skin testing all personnel on entry, using 10 units of tuberculin purified protein derivative. Tuberculin skin testing may also be performed in two steps if the initial induration is less than 15 mm diameter. It is not performed by using multiple puncture tests (Heaf test).<sup>2</sup>

The tuberculin skin test is also used to screen personnel after

redeployment or removal from a country with a high incidence of tuberculosis, provided that the period of redeployment has been at least three months. This testing is performed three months after the personnel return to Australia. A high incidence country is one in which the annual tuberculosis incidence is at least 49 per 100 000. For people visiting and residing in such an area for at least 3-12 months, incidence rates for tuberculosis infection have been reported as 1.8%.<sup>3</sup>

Personnel who have been exposed to high risk situations are also tested. This latter group includes those people who have spent a total of eight or more hours with an infected person in a confined environment, as well as healthcare workers who have had regular close contact with an index case.

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## New drugs

Some of the views expressed in the following notes on newly approved products should be regarded as tentative, as there may have been little experience in Australia of their safety or efficacy. However, the Editorial Committee believes that comments made in good faith at an early stage may still be of value. As a result of fuller experience, initial comments may need to be modified. The Committee is prepared to do this. Before new drugs are prescribed, the Committee believes it is important that full information is obtained either from the manufacturer's approved product information, a drug information centre or some other appropriate source.

**Eptifibatide**

Integrilin (Schering Plough)

10 mL vial containing 2 mg/mL

100 mL vial containing 0.75 mg/mL

Approved indications: unstable angina, myocardial infarction, intracoronary stenting

Australian Medicines Handbook section 7.2.1

Eptifibatide is the latest of several glycoprotein IIb/IIIa receptor antagonists such as tirofiban and abciximab, to be marketed in Australia. These drugs work in acute coronary syndromes by inhibiting platelet aggregation.<sup>1</sup>

Patients with unstable angina or non-Q wave myocardial infarction are given an intravenous bolus of eptifibatide. This is followed by an infusion which continues, for up to 72 hours, until the patient has a coronary bypass or leaves hospital. In