ORIGINAL ARTICLE

The Correlation Between PPD and BCG Vaccination

by

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Abstract

During the period of October 1975-January 1976 a study on the correlation between induction size of BCG vaccination and Mantoux test using 5 TU PPD-S has been undertaken on 1.100 non-BCG vaccinated children. Good correlation between inducation size of BCG vaccination and Mantoux test performed simultaneously were observed, particularly on the third day of examination, with the correlation equation of $y=4.97+0.69\times$, and a coefficient of correlation = 0.99. Significant differences on the mean size of BCG inducation on each Mantoux test group were also observed. The mean size of BCG induration in subjects showing Mantoux test of less than 5mm., 5-9mm., and 10mm. and over were 6.07mm., ., 12.20mm., and 16.69mm. respectively, while the standard deviation were 2.71mm., 3.65mm., and 4.31mm. respectively. It seems that BCG induration of 8mm. (3rd day) could be taken as an indication for further diagnostic studies in the early case finding of tuberculosis in children, especially in rural areas. However, further study on the correlation of BCG induration and the incidence of tuberculosis is still required.

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Introduction

Based on a tuberculosis prevalence survey in the areas of Yogyakarta and Malang during the priod of 1962 - 1965, a workshop was held in Ciloto in 1969 which recommended mass BCG vaccination without prior tuberculin Mantoux test on children up to 14 years of age. In children the tuberculin test is very important for establishing the diagnosis of tuberculosis. On the other hand BCG vaccination complicates the interpretation of the tuberculin test (Pagel et al, 1964). Kendig (1972) stated that BCG vaccination generally produces tuberculin induration between 5-9 mm. If the induration exceeds 15 mm., the presence of an active infection of tuberculosis should be suspected. Hasan and Han Sik Liang (1965) found that post-BCG vaccination Mantoux test indurations were betwen 10 - 15 mm. in 65% of their subjects, while 35% gave an induration more than 15 mm.

Of considerable interest is the use of BCG as a skin test antigen. There are various ways of carrying out the test. Normal BCG vaccine may be diluted 1/100 with saline solution and the diluted BCG suspension then used instead of PPD for a Mantoux test (Heaf and Rusly, 1968). Hartston (1967) had shown that a satisfactory Heaf multiple puncture test could be carried out using BCG vaccine (undiluted) in place of concentrated PPD solution, while Sula (1962) in Czechoslovakia used killed BCG vaccine for Mantoux test. Iljas Dt. Batoeah (1962) had also used killed BCG vaccine as skin antigen in his study on 200 subjects.

It is of practical interest to prove whether the induration size of BCG vaccination can be used as an additional tool in the correlation between the PPD and the BCG induration size, and the possibility of using BCG induration as an additional tool in the early case-finding of TBC children, especially in the rural areas.

Material and method

This study was undertaken during the period of October 1975 through January 1976 on 1100 non-BCG vaccinated children (3 months-14 years old) living in the state owned plantation enterprise of PT Perkebunan XIII in the southern part of the Bandung regency. BCG vaccination and PPD Mantoux test were performed simultaneously on the subjects. Freeze dried BCG vaccine (batch + P 235) prepared by PN Bio Farma Bandung, Indonesia, was used in this study. Reconstituted BCG vaccine of 0.1 ml for children of 1 year and older, and 0.05 ml. for children below 1 year, were injected intracutaneously on the upper third of the right upper arm using special syringe and needle for BCG. The induration size was examined on the 3rd and 10th day after vaccination

Mantoux test using 0.1 ml. 5 TU PPD-S (batch \pm 44) prepared by PN Bio Farma Bandung, was performed on the volar surface of the left forearm immediately after BCG injection. The reaction was examined on the 3rd day. The BCG vaccination and Mantoux tests were done by 8 qualified para medical personnels and the whole survey was supervised by the authors.

Results

1. The induration size of Mantoux test on 1100 children is shown in Table 1.

TABLE 1: Age distribution and induration size of the subjects

	Normhan	Mantoux test reaction				
Age	Number -	< 5 mm.	5-9 mm.	≥ 10 mm		
3 mo. — 2 yr.	187	183	2	2		
2 — 4 yr.	239	228	2	9		
4 — 6 yr.	180	171	4	5		
6 — 8 yr.	151	144	2	5		
8 — 10 yr.	143	139		4		
10 — 12 yr.	119	116		3		
12 — 14 yr.	81	73		8		
Total	1100	1054	10	36		

induration is shown in Figures 1 and 2. It appeared that the distribution was unimodal and the peak on the third day

2. The frequency distribution of BCG was 6-8 followed by 4-6 and 8-10 mm., whereas in the tenth day it has shifted to 0-4 mm.

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FIG. 1 : Frequency distribution of BCG induration (third day).

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FIG. 2: Frequency distribution of BCG inducation (10th day)

3. Statistically, no correlation between BCG inducation size and age group was observed in subject with Mantoux test of less than 5 mm., mean BCG induration on the 3rd and 10th day was 6.07 mm. and 2.27 mm. sespectively (Table 2).

			BCG induration					
	Age	Number	3rd	3rd day		day		
			Mean	S.D.	Mean	S.D.		
3 n	no. — 2 yr.	123	5.61	1.47	1.37	1.64		
2	— 4 yr.	228	5.96	3.11	2.17	2.59		
4	— 6 yr.	171	6.34	2.92	2.19.	2.25		
6	8 yr.	144	6.28	2.29	2.11	1.79		
8	— 10 yr.	139	6.39	2.54	2.94	2.07.		
10	— 12 yr.	116	6.38	2.27	2.26	1.96		
12	— 14 yr.	73	6.66	2.34	2.64	1.98		
-	Fotal And Arth	1054	6.07	2.71	2.27	1.97		

TABLE 2: Mean size of BCG induration in children with negative Mantoux test

4. Statistically no correlation was observed between the induration size of BCG vaccination and age; the cofficient of correlation was only 0.19 (3rd

day). The mean size of BCG inducation on the 3rd and 10th day is presented in Table 3.

	BCG induration					
Number	3rd	3rd day		đay		
and watching successful with with place approach by the structure	Mean	S.D.	Mean	S.D.		
187	5.29	2.79	1.42	1.75		
239	6.44	2.79	2.56	3.11		
180	6.79	3.62	2.71	3.22		
151	6.73	3.23	2.57	2.78		
143	7.16	2.91	3.26	2.80		
119	6.74	3.16	2.53	2.58		
81	7.66	3.26	3.74	3.92		
	Number 187 239 180 151 143 119 81	E Number 3rd Mean 187 5.29 239 6.44 180 6.79 151 6.73 143 7.16 119 6.74 81 7.66	B C G in c Number 3rd day Mean S.D. 187 5.29 2.79 239 6.44 2.79 180 6.79 3.62 151 6.73 3.23 143 7.16 2.91 119 6.74 3.16 81 7.66 3.26	B C G indurratio Number 3rd day 10th Mean S.D. Mean 187 5.29 2.79 1.42 239 6.44 2.79 2.56 180 6.79 3.62 2.71 151 6.73 3.23 2.57 143 7.16 2.91 3.26 119 6.74 3.16 2.53 81 7.66 3.26 3.74		

TABLE 3: Mean size of BCG indurations on different age groups

5. There were statistically signifi- reaction of less than 5 mm., 5-9 mm. cant differences in the BCG inducation and 10 mm. and over (Tables 4 and 5). size between subjects with Mantoux test

BCG induration size (mm) Mantoux test reaction Number S.D. Mean S.E. < 5 MM. 1054 6.07 2.71 1.16 5 -- 9 MM. 10 12.20 3.65 1.34 \geq 10 MM. 16.69 4.31 36

TABLE 4 : Mean size of BCG induration on the 3rd day reading

TABLE 5 : Mean size of BCG induration of the 10th day reading

Mantoux test reaction	Number	BCG induration size (m				
		Mean	S.D.	S.E.		
< 5 MM.	1054	2.27	1.97	1.11		
5 — 9 MM.	10	9.50	3.50	1.28		
\geq 10 MM.	36	12.30	3.86			

6. Statistically, there was correlation di between Mantoux test reaction and the x, induration size of BCG vaccinations. r' The equation line and the coefficient of 3 correlation on the 3rd and 10th day rea-

ding were respectively y = 4.97 + 0.69x, r = 0.99 and y' = 1.36 + 0.66 x', r' = 0.63 (Tables 6 and 7 and Figures 3 and 4).

B C G (m m) P P D (m m)	0-4	5-9	10-14	15-19	20-24	Total
0 — 4	255	688	102	9	0	1054
5 — 9	0	2	4	4	0	10
10 — 14	0	1	5	5	2	13
15 — 19	0	0	4	7	2	13
20 — 24	0	0	0	1	9	10
Total	225	691	155	26	13	1100

TABLE 6 : Correlation table of PPD and induration (3rd day).

TABLE 7 : Correlation table of PPD Mantoux test and BCG inducation (10th day).

BCG (mm)	0-4	5-9	10.14	15 10	20-24	Total
PPD (mm)	· · · · ·		10-14	15-15		
0 4	935	99	20	0		1054
5 9	1	3	5	1	0	10
10 — 14	2	1	8	2	0	13
15 — 19	0	2	8	2	1	13
20 — 24	0	1	4	5	0	10
Total	938	106	45	10	1	1100



FIGURE 3: Correlation between BCG and PPD Mantoux test indurations (3rd day).





7. The cummulative chart of BCG (3rd day) in each Mantoux test reaction induration and frequency distribution are presented in Figure 5 and Table 8.

TABLE 8 :	Frequency	distribution	of	BCG	induration	on	Mantoux
	test group	(3rd day).					

BCG induration	Mantoux reaction					
(MM)	< 5 MM.	5-9 MM	≥ 10 MM	Totai		
0 — 1	52			52		
2 — 3	86	distance.		86		
4 5	296	1	Print age	297		
6 7	347		Numero approx	347		
8 9	162	1	1	164		
10 — 11	73	1	5	79		
12 — 13	24	2	3	29		
14 15	12	3	4	19		
16 — 17	2	2	7	11		
18 - 19		_	3	3		
20 — 21			8	8		
22 — 23			4	4		
24 — 25		—	1	í		
Total	1054	10	36	1100		



FIGURE 5 : The cummulative chart of BCG inducation in each group of Mantoux reaction.

Discussion

It is believed that the immunity to tuberculosis is established concurrently with the development of tuberculin allergy. The tuberculin test measures the tuberculin allergy, while the BCG test measures the antibacterial allergy (Sula, 1962). The correlation between the mean size of tuberculin test reaction and that of BCG vaccination scar has been studied by Howitz and Bunch-Christensen (1972). Sutarjo and Ibrahim in 1971 and 1973 found no difference sta tistically in the mean size of post BCG vaccination tuberculin reaction and BCG scar by decreasing the dosage of BCG vaccine (from 0.1 ml. down to 0.05 ml. in primary school children, and from 0.05 ml. to 0.025 ml. in infants).

BCG vaccine as skin antigen has been used by many authors. Collins (1965) studied the accelerated reaction to multiple puncture concurrently. He found that there was a correlation between those persons who gave a positive Heaf test and those who showed an accelerated BCG reaction. Hartston (1967), using ECG vaccine in place of PPD solution, found that there was a good correlation between a positive reaction in this test and concurrently performed Mantoux test with 10 TU of PPD. However, a proportion of subjects in both studies has been found who gave a positive BCG test and negative Mantoux reaction. Good correlation between the induration size of BCG vaccination and

Mantoux reaction was observed in our study.

The coefficient of correlation on the 3rd day was 0.99, while on the 10th day it was only 0.63. It was generally accepted that Mantoux reaction of ≥ 10 mm. indicated the presence of tuberculous infection. Watts (1974) suggested BCG inducation on the 3rd day of \geq 10 mm. as indicated for further diagnostic studies of tuberculosis. The mean induration size of BCG vaccination on subjects with Mantoux reaction of less than 5 mm., 5-9 mm., and \geq 10 mm. was respectively 6.07, 12.2, and 16.69 mm. on the 3rd day reading, while on the 10th day reading it was respectively 2.27 mm., 9.5 mm. and 12.3 mm.

There were statistically significant differences in the mean BCG induration size between the 3 groups. The number of subjects with negative Mantoux reaction showing induration size of BCG vaccination of more than 8.07 mm. (16.7 - 2 SD) was 14.5%, while those with positive Mantoux reaction (≥ 10 mm.) showing induration size of BCG vaccination of less than 8.07 mm. showed only 2.78% (3rd day reading), as seen in Figure 5 and Table 8. It seems that BCG inducation of \geq 8 mm. (3rd day) could be taken as an indication for further investigation in the early casefinding of tuberculosis in children, especially in rural areas. However, further study still needs to be undertaken. A study on the correlation between the induration size of BCG vaccination and

the incidence of tuberculosis on these subjects is already under way.

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REFERENCES

- 1. COLLINS, T.F.B., S. Afr. Med. J. 39 : 847 (1958). Cited by Heaf.
- 2. HARTSTON, W. (1967) in personal communication with Heaf (1968).
- 3. HEAF, F. and RUSKY, N.L. : Recent advance in respiratory tuberculosis. V1th Ed., pp. 23-66 (Churchill, London 1968).
- HORWITZ, O. and BUNCH-CHRISTEN-SEN, K. : Correlation between tuberculin sensitivity after 2 monhs and 5 years among BCG vaccinated subjects. Bull. WHO 47 : 1, 49 — 58 (1972).
- ILJAS Dt. RATOEAH : Perbandingan antara PPD dan BCG test. Berita Tuberculosa Indonesiensis, IX : 1, 2, 3, 4 (1962).
- KENDIG, F.L. : Pulmonary disorders. Vol. I, pp. 642 — 690 (Saunders, Philadelphia/London/Toronto 1972).
- 7. PAGEL, W.; SIMMONDS, P.A.H.; Mc. DONALD, N. and NASSAU, E. : Pul-

- monary tuberculosis. Fourth Ed., pp. 485 — 487 (Oxford University Press, New York/Toronto 1964).
- 8. SULA (1962) in personal communication with Iljas Dt. Batoeah (1962).
- SUTARJO, J. and IBRAHIM, I. : Di-BCG vaccination in Primary School children with various doses of freeze dried BCG vaccine (first communication). Bull. Bio Farma VIII : 1, 43 — 69 (1971).
- SUTARJO, J. and IBRAHIM, I.: Direct BCG vaccination in young infants with various doses of freeze dried BCG vaccine (final communication). Bull. Bio Farma 10 : 16 — 32 (1973).
- WATTS, T. : A pilot study in case *c*inding and control of tuberculosis in Uganda by giving BCG to Primary School children and using accelerates reaction as index cases. Environm. Child Health 20 : 71 73 (1974).