



## **CCT TG BTM**

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10<sup>th</sup> International Temperature Symposium (ITS-10)

CCT WG NCTherm

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# OVERVIEW OF CCT TG BTM

# International action: global Task Group on Body Temperature Measurement

- The Consultative Committee for Thermometry (CCT) is the highest global authority for temperature measurement
- <https://www.bipm.org/en/committees/cc/cct>
- In June 2020 CCT established a Task Group for body temperature measurement (TG BTM)
- Focus was to improve non-contact body temperature measurement (ear, forehead, thermal imaging) to establish reliable clinical thermometry on a global basis

# International action: global Task Group on Body Temperature Measurement

- Its objectives are:
- Lead global comparison of calibration systems for body temperature thermometers (ear/forehead/thermal imagers) – reliable foundation – Spring '23
- Collect current best practice for body temperature scanning in a) health services b) airport and other screening around the world
  - develop definitive best practice for fever screening – published
- Collect current best practice of body temperature measurement by IR methods - develop definitive best practice for body temperature measurement – published
- Review standards and work with appropriate standardisation bodies (e.g. ISO/IEC) - produce fit for purpose standards for body temperature measurement devices – ensure reliable metrology input into relevant standards

# International action: Global Task Group on Body Temperature Measurement - Guides

- CCT TG BTM best practice guides on body temperature measurement ear and forehead thermometry published and freely available for download and distribution @ (Section 4):

<https://www.bipm.org/en/committees/cc/cct/guides-to-thermometry>

- Two versions (in English and Spanish):
  - Long guides – full metrology details
  - Short (1 page) guides – for user community

- **Best likely uncertainties ( $k=2$  [~95% confidence])**

**Ear:  $\pm 0.5$  °C**

**Forehead:  $\pm 0.9$  °C**

Assuming: (among other things) that forehead is a good measurement site, that both it and the thermometer are thermalised with the environment, there are no sources of extraneous thermal radiation (hot or cold) and that the correction of surface skin temperature to core body temperature has been established in a traceable way and implemented correctly in the device

## GUÍA DE BUENAS PRÁCTICAS

### USO DE TERMÓMETROS DE FRENTE DE INFRARROJO PARA LA MEDIDA TRAZABLE SIN CONTACTO DE LA TEMPERATURA DEL CUERPO HUMANO

M. J. Martin (CEM, España), L. Knazovicka (CMI, República Checa), H. McEvoy (NPL, Reino Unido), G. Machin (NPL, Reino Unido), I. Pusnik (UL, Eslovenia), D. Cardenas (CENAM, México), M. Sadli (LNE-CNAM, Francia), B. Chengdu (NIM, China), W. Li (SPRING, Singapur), P. Saunders (MSL, Nueva Zelanda), F. Girard (INRiM, Italia)

Traducido por: M. J. Martin (CEM, España) y D. Cardenas (CENAM, México)

3ª versión. Mayo 2021

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**“Short” BEST PRACTICE GUIDE**

**USE OF THERMAL IMAGERS TO PERFORM TRACEABLE NON-CONTACT SCREENING OF HUMAN BODY TEMPERATURE**

*Based on the CCT-TG-BTM best practice guide: “Use of thermal imagers to perform traceable non-contact screening of human body temperature”*

4<sup>th</sup> version: 3 March 2022

- **Best likely uncertainties ( $k=2$  [~95% confidence])**  
Thermal imaging (inner canthus):  $\pm 0.6$  °C

Assuming: (among other things) measurements are taken in a well controlled environment AND inner canthus is a good location for determining body temperature

# International action: Global Task Group on Body Temperature Measurement – engagement with standards



- Three main standards:

- ASTM E1965 – 98 (2016) “Standard Specification for Infrared Thermometers for Intermittent Determination of Patient Temperature”

- JIS T 4207:2005 (E) “Infrared ear thermometers”

- ISO 806001-2-56:2017 “Medical electrical equipment – Part 2-56: Particular requirements for basic safety and essential performance of clinical thermometers for body temperature measurement”

- JIS standard does not cover forehead thermometers at all
- ASTM and ISO standards treat forehead thermometers differently with the ASTM standard treating them (it seems) as only skin thermometers (i.e. no correction to core body temperature), the ISO standard allows such a correction
- Allowable temperature ranges and uncertainties are different in the documents
- Evidence seems that the correction to core body temperature (even if possible) appears quite different depending on the manufacturer

# International action: Global Task Group on Body Temperature Measurement – engagement with standards



- We would recommend:
- Standards bodies cooperate globally to prepare one unambiguous standard for clinical thermometers
- That standards for ear thermometers and forehead thermometers are completely separated to avoid ambiguity in terminology
- That manufacturers engage with metrology specialists to ensure their background measurements for any corrections to core body temperature are traceable to national temperature standards through ISO17025 – ideally determined by objective 3<sup>rd</sup> parties



# International action: Global Task Group on Body Temperature Measurement – key comparison of calibrators



- Key comparison of blackbodies for calibrating ear and forehead thermometers
- Purpose: Ensure a robust metrological framework in place for calibration of such thermometers
- Pilot: NIM (China) with two loops
  - PTB (Germany) co-pilot for EURAMET loop
  - NIM (China) co-pilot for APMP loop
- Temperature range 34.0 – 43.0 °C
- Protocol agreed with CCT WG on Key Comparisons
- Measurements to begin Spring 2023
- Target Key Comparison Draft A by end 2024

# International action: Global Task Group on Body Temperature Measurement – key comparison of calibrators

- Comparison mechanism

Co-pilots prepare ear thermometer and forehead thermometer blackbody calibrators

Co-pilots send blackbodies to pilot

Pilots determines level of equivalence between the blackbodies

Pilot returns blackbodies to co-pilot

Co-pilots initiate and coordinate regional comparison loop where transfer blackbodies compared with local NMI blackbodies

EURAMET loop  
PTB, Germany  
INRIM, Italy  
TUBITAK, Turkey  
CEM, Spain  
LNE-Cnam, France

APMP loop  
NIM, China  
NMC, A\*STAR, Singapore  
NMIA, Australia  
KRISS, South Korea  
NMISA, South Africa

On completion of comparison the co-pilots assess the post-comparison performance (stability) of the blackbodies

# OVERVIEW OF UK NATIONAL BTM GROUP

# The National Body Temperature Measurement Group (NBTMG)

**Inaugural meeting 26<sup>th</sup> April 2019, NPL**

Current members:

- Professor Graham Machin FEng, Head, Temperature Standards, NPL (Current chair)
- Professor Mark Tooley FEng, Digital clinical advisor, West of England Academic HSN
- Professor David Brett, Chief Scientific Officer, Leeds teaching hospitals NHS trust
- Dr Rob Simpson, Head of Thermal Imaging, NPL and Technical Director Celsius Health
- Associate Professor Richard Stevens, Deputy Director, Statistics Group & Dr Susannah Fleming, Senior Quantitative Researcher, Nuffield Department of Primary Care Health Sciences, Oxford
- Dr Chris Hacking, Clinical Applications Engineer, United Lincolnshire Hospitals NHS Trust
- Hannah Leonard, Consultant Midwife University Hospitals Southampton NHS Foundation Trust



# The NBTMG mission is to...

- To ensure robust and reliable body temperature measurement throughout the NHS and wider community
- To gather case studies, share stories and study data
- To tell the community; GPs, nurses, doctors
- To propose and implement what needs to be done to solve the problem
- In essence to: Reinstate reliable body temperature measurement in health care settings

# NBTMG – current activities

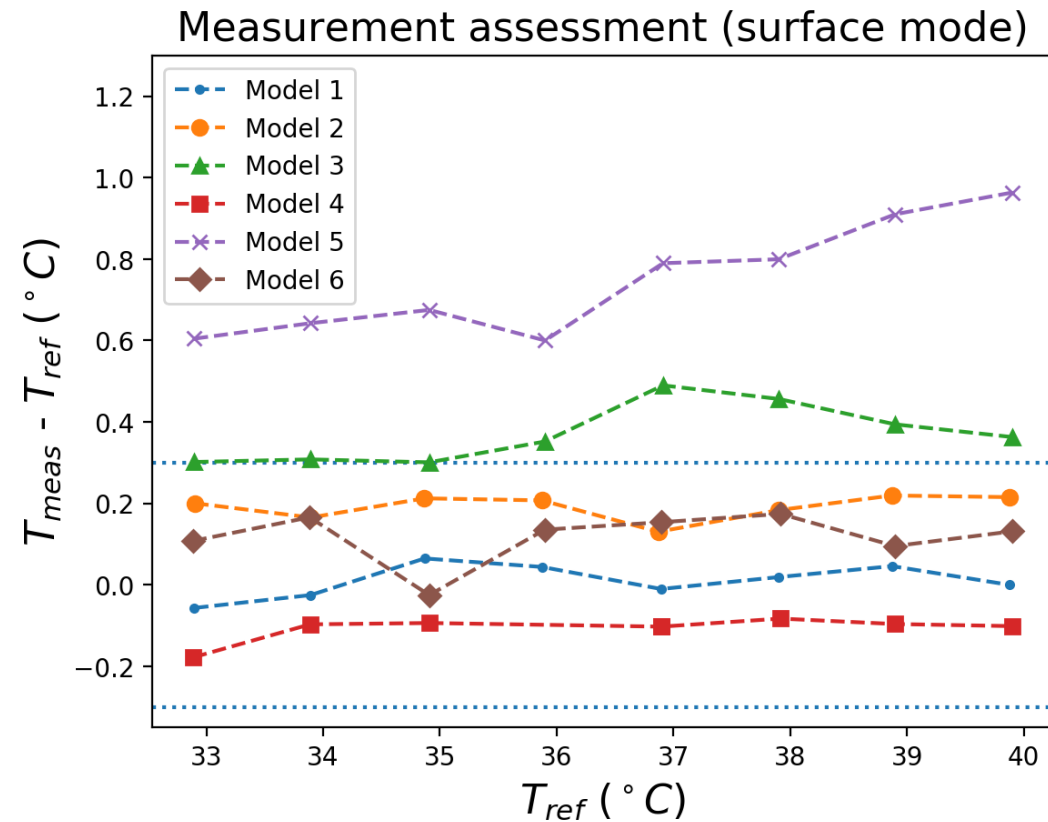
- Gathering objective evidence of poor clinical thermometer performance in use (even when precautions taken – i.e. before/after use calibration – suitable user training)
- Gathering evidence of thermometry practice and experience in the community (PPI initiative - Oxford)
- Clinical thermometry audit in oncology and sepsis (proposal for July 2023)

NBTMG sponsored study

# **BATH UNIVERSITY AND NPL CLINICAL THERMOMETER STUDY**

# Laboratory assessment of forehead thermometers

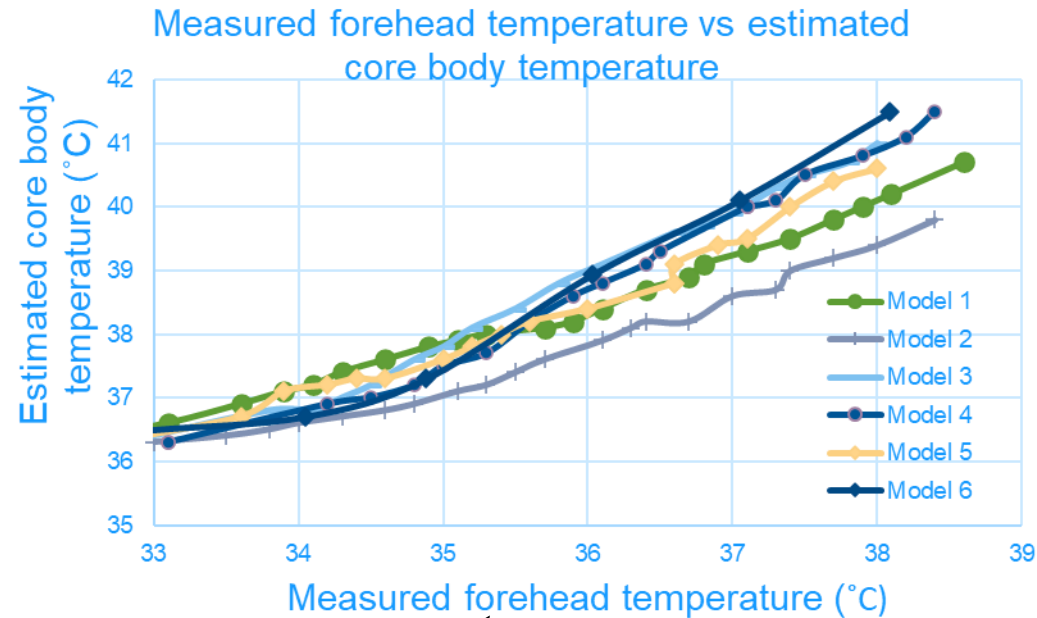
- Six forehead thermometers typical of those in NHS trusts
- Devices assessed against national reference sources of temperature to determine measurement performance
- Only 4 of 6 forehead thermometers met their stated accuracy ( $\pm 0.2$  °C) when measuring reference source





# Laboratory assessment of forehead thermometers

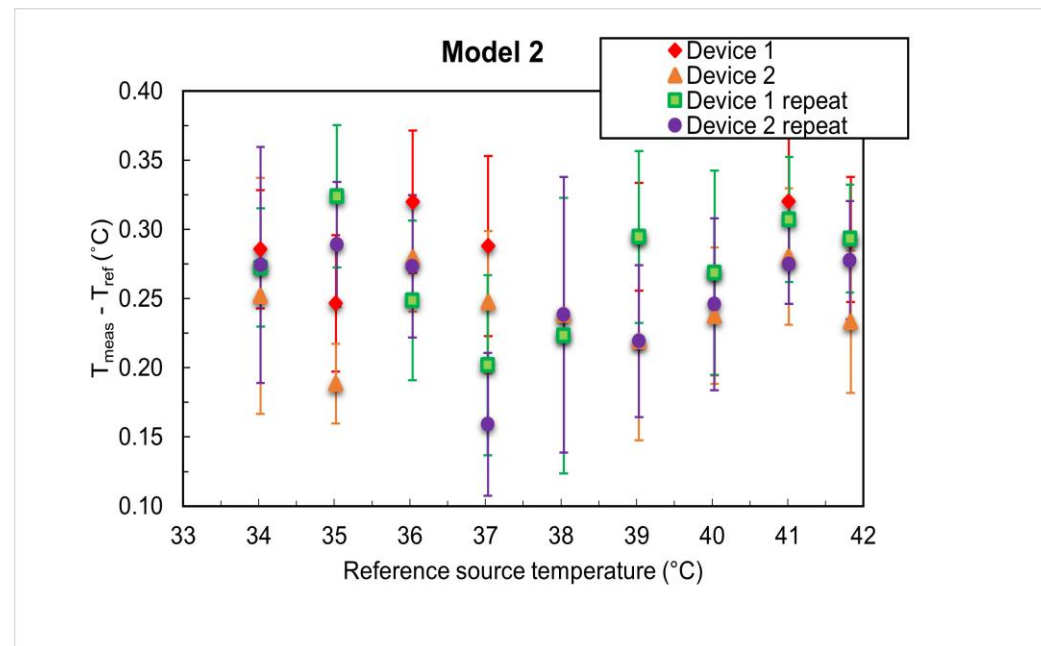
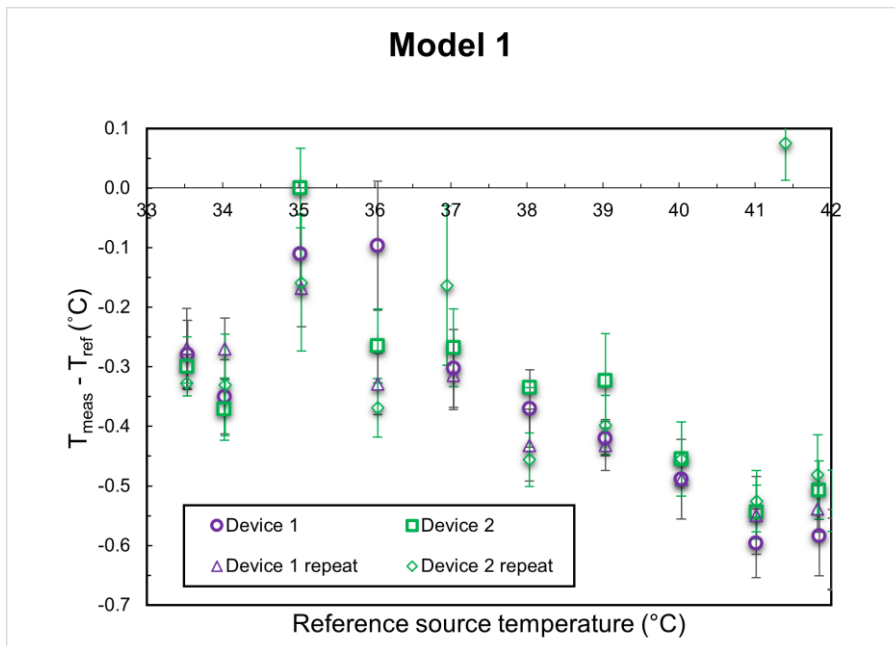
- Forehead thermometers estimate patient core temperature by applying a correction factors which appear different for every device type - often based on some small sample set by manufacturer, no peer review or external scrutiny
  - Different models measuring the same forehead may report drastically different core temperatures



That is when viewing a blackbody reference – to provide uniform test surface of known radiance temperature (optimum conditions)

# Laboratory assessment of tympanic thermometers

- 2 tympanic thermometer models commonly used in hospitals were compared to the national temperature reference source for calibrating tympanic thermometers
- Model 1 demonstrated substantially worse measurement error (and reported low values which would miss fevers)

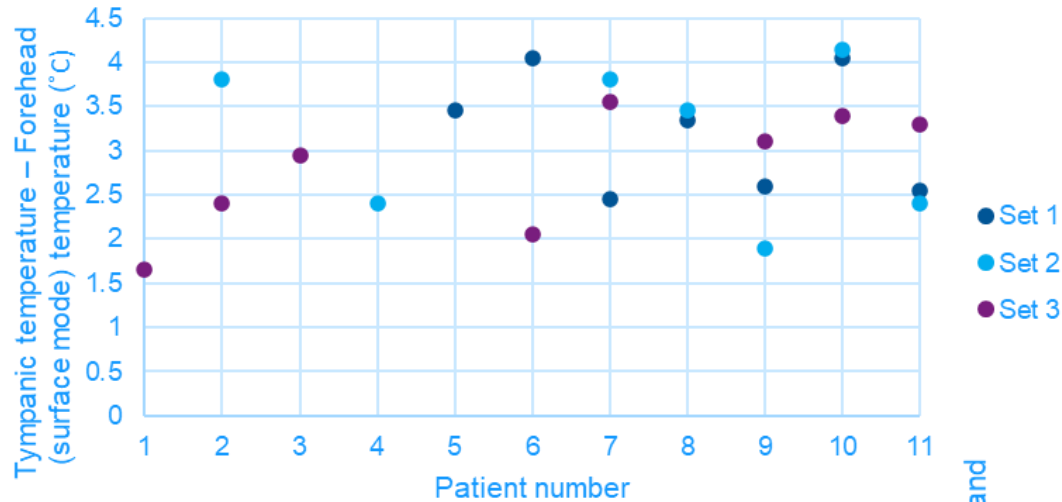


# Field trial at the University of Bath

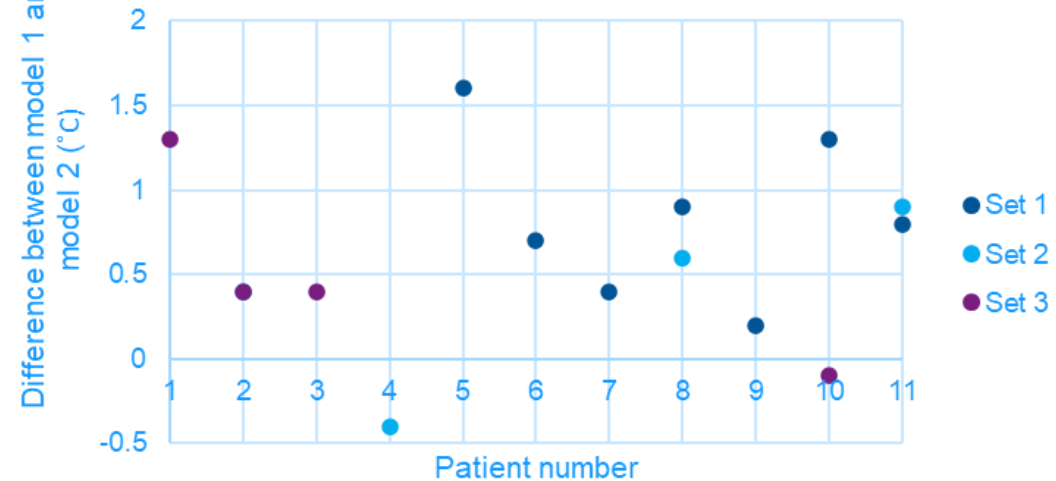
- Colleagues at the University of Bath have used these calibrated thermometers on a cohort of healthy subjects
- Subject forehead and tympanic temperature measured with selection of devices
- Preliminary data indicates substantial variation in difference between forehead (surface) and tympanic temperature as well as between different models of tympanic thermometer

# Field trial at the University of Bath

Preliminary data- difference between tympanic and forehead (surface) temperature



Preliminary data- difference between tympanic temperature for different models



# Summary

- CCT TG BTM
- UK BTMG
  
- Salutory to think
  - a) that current uncertainties  $\geq 0.5$  °C **are too high** when treatment thresholds fix decision boundaries at 0.1-0.2 °C and
  - b) previous liquid-in-glass technology was more reliable

# Papers arising from BTMG activities

Machin, G., *et al* “Is current body temperature measurement practice fit-for-purpose?”, *J. Med. Eng. Technol.*, (2021) <https://doi.org/10.1080/03091902.2021.1873441> (Open Access)

Machin, G., *et al* “Improving body temperature measurement on a global basis”, *Thermology International* **31** 5-10 (2021)

Machin, G., Xiaofeng Lu, del Campo, D., Martin, M-J., Pusnik, I., Wang Li, “Progress in improving body temperature measurement on a global basis”, *Thermology International* **31(3)** 79 (2021)

Castro, P., Machin, G., “Body temperature measurement uncertainty arising from ear canal geometry and temperature gradients”, *Measurement: Sensors*, **24** 111725 (2022),  
<https://doi.org/10.1016/j.measen.2022.100417>

Simpson, R. *et al* “**A comparative study of forehead and ear thermometers on healthy subjects using traceably calibrated clinical thermometers**” *In preparation* (2023)