Immigration and Class B Arrivals

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Learning Objectives

• Recognize the populations screened through U.S. immigration processes
• Describe the strengths and weaknesses of the available methods for screening for TB in immigrants and refugees
• Define the role of local public health in this process
World Health Organization – 2016

- 10.4 million new cases of TB
  - 6.2 million men, 3.2 million women, 1 million children
  - People Living with HIV (PLWH) accounted for 10% of total cases
- 7 countries accounted for 64% of the new cases
  - India, Indonesia, China, Philippines, Pakistan, Nigeria, and South Africa
- 1.7 million people died from TB
- 490,000 MDR-TB cases
  - 6.2% of people with MDR-TB had XDR-TB

The U.S. Immigration Medical Exam
The U.S. Immigration Medical Exam

• 2016 Non-citizen Admissions to the U.S.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immigrants</td>
<td>1,183,505</td>
</tr>
<tr>
<td>New arrivals</td>
<td>618,078</td>
</tr>
<tr>
<td>Adjustment of status</td>
<td>565,427</td>
</tr>
<tr>
<td>Refugees</td>
<td>84,989</td>
</tr>
<tr>
<td>Asylees</td>
<td>20,455</td>
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<tr>
<td>Nonimmigrants/Temporary visa</td>
<td>178,700,000</td>
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<tr>
<td>Pleasure</td>
<td>60,834,687</td>
</tr>
<tr>
<td>Business</td>
<td>8,293,746</td>
</tr>
<tr>
<td>Workers and families</td>
<td>3,896,674</td>
</tr>
<tr>
<td>Students</td>
<td>1,954,373</td>
</tr>
</tbody>
</table>

2016 Yearbook of Immigration Statistics, Department of Homeland Security

The U.S. Immigration Medical Exam

• All persons applying for immigrant visas MUST have a medical exam done overseas as part of their application process. This includes:

1. Lawful permanent residents (LPR) “green card”:
   • Relatives of U.S. citizens or LPRs
   • Fiancées
   • Adoptees
   • Employees and investors
   • Special immigrant visas
   • Diversity program
The U.S. Immigration Medical Exam

• All persons applying for *immigrant* visas MUST have a medical exam done overseas as part of their application process. This includes:

2. Lawful temporary residents (LTR) – Must adjust their status to LPR after one year.
   • Refugees
   • Asylees
   • Parolees

The U.S. Immigration Medical Exam

• Persons who wish to enter the U.S. temporarily apply for *non-immigrant* visas and **do not need** a medical exam. This includes:
  • Students
  • Tourists
  • Temporary employment
  • Business visitors
  • Diplomats, athletes, entertainers
The U.S. Immigration Medical Exam
Medical Examination for Entry into the U.S.
Pre-immigration or Overseas Exam

Purpose: To screen for certain medical conditions relevant to U.S. law

- Required for entry into the U.S. as an immigrant
- Administered by Panel Physicians (training and guidelines provided by CDC)
- NOT a comprehensive medical exam; expires in 3-6 months

The U.S. Immigration Medical Exam
Medical Examination for Entry into the U.S.
Pre-immigration or Overseas Exam

- Screening for “excludable conditions”:
  - Communicable diseases of public health significance (including TB)
  - Physical and mental disorders with associated harmful behaviors
  - Psychoactive substance abuse and dependence
  - Other physical or mental abnormalities, disorders, or disabilities
The U.S. Immigration Medical Exam

- Screening for “excludable conditions”:

  1. **Classification** (Check boxes that apply)
     - No apparent defect, disease, or disability (See Worksheets DS-3023, DS-3024, DS-3026)

  2. **Class A Conditions** (See Worksheets DS-3023, DS-3024, DS-3026)
     - Tuberculosis disease
     - Syphilis, untreated
     - Chancroid, untreated
     - Gonorrhea, untreated
     - Granuloma inguinale, untreated
     - Lymphogranuloma venereum, untreated

  3. **Class B Conditions** (See Worksheets DS-3023, DS-3024, DS-3026)
     - Tubercolosis
     - B1 TB, Pulmonary
     - B1 TB, Extrapulmonary
     - B2 TB, LTBI Evaluation
     - B3 TB, Contact Evaluation

     - Hansen’s Disease
     - Multibacillary, treated
     - Paucibacillary, treated

   - If abnormal:
     - Sputum smears & cultures
     - Drug susceptibility testing on positive cultures
     - Treatment for active disease
     - Identify contacts to cases of TB disease

*Does not apply in countries where TB incidence is <20 cases per 100,000


http://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/tbradlibrary/detail18.html
TB Classifications

- **Class A TB** – active TB disease, sputum smear and/or culture positive; requires a waiver (i.e., on treatment and smear negative prior to travel).
- **Class B1 TB, Pulmonary** – CXR abnormal suggestive of TB with negative sputum smears and cultures; includes previously treated TB.
- **Class B1 TB, Extrapulmonary** – evidence of extrapulmonary TB
- **Class B2 TB** – LTBI (TST > 10 mm or IGRA +) and normal CXR
- **Class B3 TB** – recent contact of a known infectious TB case

Domestic TB Class Follow-up

- **Electronic Disease Notification (EDN)**
  - Electronic notification system for all refugee and TB Class arrivals
  - Housed at CDC – DGMQ
- Provides overseas exam information for arrivals
- Database for outcomes of TB Class arrivals
- Enables jurisdictions to transfer records to other jurisdictions
- ALL states participating
Domestic TB Class Follow-up

Flow of information:

- Overseas exam → DGMQ Quarantine Station → EDN
- Provider/clinic
- Local health jurisdiction → State Dept of Health

Domestic TB Class Follow-up – The Evaluation

• Why is this follow-up evaluation important?
  • The overseas exam only clears the person for travel to the U.S. It rules out active, pulmonary, infectious TB at time of exam. It is not meant to be diagnostic of other TB conditions.

• What is the purpose of the follow-up evaluation?
  • To evaluate the person for active pulmonary TB, extrapulmonary TB, and LTBI, and to treat these conditions, if found.
Domestic TB Class Follow-up – The Evaluation

TB Screening Recommendations:

• Vary slightly by TB Class
• Evaluate all for signs and symptoms of TB disease.
• Screen all with a TST or IGRA, unless they have:
  • Reliable documentation of a previous positive result
  or
  • Reliable history of TB disease
• Detailed recommendations are available from the WDH TB Program

Domestic TB Class Follow-up – The Evaluation

• IGRA use in persons born in TB endemic countries:
  • Preferred due to better specificity than the TST
    • Specific to *Mycobacterium tuberculosis*
    • Does not detect BCG
  • Important for persons born outside the U.S.
    • May have been exposed to non-TB mycobacteria
    • Many come from countries where BCG vaccination is common
• Not recommended for children <5 years old
Next Steps – Local Public Health

1. Screen arrival for TB according to recommendations.

2. Report all patients with probable or confirmed TB disease to WDH.

3. Encourage treatment for LTBI, if found. Provide education and ensure monitoring while on treatment.

4. Fill out the EDN TB Follow-up Worksheet and return to WDH.
Challenges with EDN Follow-up

- Invalid contact information
- Lack of insurance
- Stigma of TB
- Beliefs of origin of disease/preventive care
- Culture and trust of healthcare system
- Transportation
- Language barriers

Final Thoughts – TB Class Arrival Process

**Strengths**

- Greater lab and treatment capacity globally
- Catches active TB before immigration, reduced # of cases of imported TB
- Identifies highest-risk for domestic follow-up
- States can design their own processes
- Can monitor TB trends in this population

**Weaknesses**

- Does not capture people on non-immigrant visas
- Widespread use of TST for overseas testing
- No $$ or mandate for domestic exams
- Locating information isn’t always good
- Additional burden on local health departments
Final thoughts - Outcomes

Why is this worth the effort?

- For public health:
  - Identify and treat cases of TB
  - Prevent future cases of TB
  - Greater understanding of TB trends in mobile populations
  - Targeted resources to those most at risk
  - Development of systems and tools to serve diverse populations

- For the patient:
  - Access to health care system
  - Greater empowerment and understanding of health care system
  - Treatment for their condition
  - Improved health and wellbeing