

## STATEMENT OF POLICY

### **SCREENING, FOLLOW-UP, AND REIMBURSEMENT FOR IMMIGRANTS,<sup>1</sup> REFUGEES AND ASYLEES WITH COMMUNICABLE DISEASES OF PUBLIC HEALTH SIGNIFICANCE**

#### **Policy**

The National Association of County and City Health Officials supports the federal government's efforts to standardize, improve and strengthen pre-entry screening of immigrants, refugees and asylees for communicable diseases of public health significance.

In addition, the National Association of County and City Health Officials supports communication and mandatory follow-up with local health departments regarding immigrants, refugees and asylees who have been identified during screening as having either a communicable disease or a potentially communicable disease (e.g., those persons classified as Class B-1 tuberculosis status) of public health significance.

The National Association of County and City Health Officials supports reimbursement from the federal government to local health departments for all un-reimbursed services provided on behalf of immigrants, refugees and asylees with communicable diseases of public health significance.

#### **Justification**

Local health departments are often called upon determine if an immigrant, refugee or asylee needs care and treatment for a communicable disease of public health significance. Pre-entry screening of immigrants, refugees and asylees is designed to prevent persons with active, transmissible communicable diseases of public health significance from entering the United States but is not of uniform quality. The requirement that immigrants, refugees and asylees with certain communicable diseases and potentially communicable diseases of public health significance report for evaluation by local health departments is currently voluntary. This lack of consistent quality of pre-entry screening and the lack of funded, mandatory requirements for evaluation for immigrants, refugees and asylees with both communicable diseases and potentially communicable diseases of public health significance upon arrival in the U.S. places an undue burden on local health departments and threatens the health of the communities they serve.

Immigrants, refugees and asylees need care and treatment for communicable disease with public health significance in the communities in which they reside. Local health departments are often called upon to absorb the cost of such services free of cost or at no charge to the immigrant, refugee or asylee patient. Local health departments experience a financial burden in providing this care, essential to the health and well being of the immigrant, refugee or asylee patient as well as to protect the health of the local community from the spread of communicable diseases with public health significance.

## **References**

Controlling Tuberculosis in the United States Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America — *MMWR* 2005; 54 (No. RR-12)

Ending Neglect: The Elimination of Tuberculosis in the United States, Institute of Medicine, National Academy Press, 2000.

## **Record of Action**

*Proposed by the Infectious Disease Control and Prevention Workgroup*

*January 10, 2007*

*Approved by NACCHO Board of Directors*

*May 1, 2007*

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<sup>1</sup> The term “immigrants” includes both documented immigrants and undocumented immigrants (sometimes referred to as “unauthorized aliens” by the federal government).