NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

07-02

STATEMENT OF POLICY

Immigrants, Refugees, and Asylees with Communicable Diseases

Policy

The National Association of County and City Health Officials (NACCHO) encourages the federal government to standardize and strengthen pre-screening processes and any necessary pre-departure treatment protocols of immigrants,[1] refugees,[2] and asylees[3] for communicable diseases of public health significance.[4]

NACCHO supports:

- Communication and mandatory follow-up by the federal government with local health departments (LHDs) regarding immigrants, refugees, and asylees who have been identified during screening as having either a communicable disease or a potentially communicable disease of public health significance (e.g., those persons classified as Class B-1 tuberculosis status)
- Reimbursement from the federal government to local health departments for services provided to immigrants, refugees, and asylees with communicable diseases of public health significance that are currently not covered by other funding sources

Justification

According to the Department of Homeland Security, approximately 75,000 refugees were admitted to the United States in 2009, 1.1 million immigrants obtained legal permanent status (of whom 460,000 come directly from overseas), and 163 million nonimmigrant visitors were admitted to the U.S.[5] A medical examination is mandatory for all refugees and immigrant applicants. U.S. immigration law mandates screening outside the U.S. for applicants designated as immigrants who are applying for permanent residence status and for applicants designated as refugees or asylees.[6] Pre-entry screening is designed to prevent persons with communicable diseases of public health significance from entering the United States, but the system is not standardized or of uniform quality.

Pre-entry screening requirements do not apply to the majority of foreign-born persons entering the U.S. because those classified as nonimmigrants and unauthorized immigrants do not undergo screening.[7] There are approximately 760 licensed local physicians worldwide, designated as "panel physicians," who perform pre-entry medical examinations.[8] Panel physicians are appointed by U.S. embassies and consulates that issue visas and the CDC is responsible for monitoring the quality of these examinations. Due to varying quality, which has led to improper disease classification, the CDC has proposed enhancing training and oversight of panel physicians outside the U.S. and of civil surgeons[9] in the U.S.[10]

If admitted with a communicable disease that does not require denial of entry or if the individual enters the U.S. as a refugee, the requirement that immigrants, refugees, and asylees report to a LHD, as well as private clinics and community health centers, for evaluation and treatment is currently voluntary. Because there is no required nationwide process for postarrival health assessments, the timing and thoroughness of postarrival health evaluations vary from state to state.[11]Additionally, local health departments are often called upon to absorb the cost of providing care and treatment to those that do report for evaluation or become ill while residing in the communities they serve. As such, local health departments experience financial burdens, which hinder their ability to continue protecting the health and well being of immigrants, refugees, and asylees, as well as the entire community.[12]

The lack of standardized, high-quality pre-entry screening and of funded, mandatory requirements for evaluation of immigrants, refugees, and asylees with both communicable diseases and potentially communicable diseases of public health significance upon arrival in the U.S. places a heavy burden on local health departments, which threatens the health of the communities they serve.[1]

References

1. For the purposes of this document, the term "immigrant" includes both documented immigrants (students, temporary workers, and non-tourist foreign-born individuals with expected stays greater than six months) and undocumented immigrants (sometimes referred to as "unauthorized aliens" because they entered the U.S. without inspection).
2. For the purpose of this document, the term "refugee" refers to people who are outside of their country of nationality and are unable or unwilling to return to their country of nationality because of persecution or fear of persecution on account of race, religion, nationality, membership of a particular social group, or political opinion.
3. For the purpose of this document, the term "asylee" refers to aliens (any person not a citizen or national of the U.S.) who are in the U.S. or at a port of entry and are unable or unwilling to return to his or her country of nationality because of persecution or fear of persecution on account of race, religion, nationality, membership of a particular social group, or political opinion.
4. Communicable diseases of public health significance include tuberculosis, syphilis, chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, and Hansen's diseases (leprosy). Definition retrieved January 11, 2012 from http://www.cdc.gov/immigrantrefugeehealth/exams/diseases-vaccines-included.html#comm.
5. United States. Department of Homeland Security. Yearbook of Immigration Statistics: 2009. Washington, D.C.: U.S. Department of Homeland Security, Office of Immigration Statistics, 2010.
6. ATS, CDC, IDSA. 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):34.
7. Ibid.
8. Dubray, C., Naughton, M. & Ortega, L. (2012). Before arrival in the United States: Panel physicians & the overseas medical examination. In Yellow Book. Retrieved January 13, 2012 from http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-9-health-considerations-newly-arrived/before-arrival-in-the-united-states-panel-physicians-and-the-overseas-medical-examination.htm.
9. Civil surgeons are licensed physicians who are certified by the U.S. Citizenship and Immigration Service (CIS) to conduct a required health screening examination on foreign-born persons living in the United States who apply for permanent residency.
10. ATS, CDC, IDSA. 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):34.
11. Walker, P., Stauffer, W., & Barnett, E. (2012). Arrival in the United States: Process, health status, & screening of refugees & immigrants. Retrieved January 13, 2012 from http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-9-health-considerations-newly-arrived/arrival-in-the-united-states-process-health-status-and-screening-of-refugees-and-immigrants.htm.

12. Footracer, Katherine. (2009). Immigrant health care in the United States: What ails our system? *JAAPA*. 22(4): 33-37
13. Cain P, Kevin, Benoit R, Stephen, Winston A, Carla, et al. Tuberculosis Among Foreign-Born Persons in the United States. *JAMA*. 2008; 300(4): 405-412.

Record of Action

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