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- Drs. Luis Todd & Roberto Assael have no financial relationship with companies who have provided support to this meeting that suggests a personal conflict of interest in relations to the planning for the above captioned CME Event.

Forming Partnerships Against TB

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Immigration and Health Assessment

- Developed countries in the world receive masses of immigrants and refugees from various parts of the globe
- There are logistics that must be worked out in the relocation of these populations (public safety/identity issues, health assessment)
- Various organizations provide services for the orderly screening of immigrant and refugee populations
- Health Assessments are carried out overseas by “Panel Physicians” Doctors who are selected, designated and continuously monitored and certified by the U.S. State Department in consultation with the Division of Global Migration and Quarantine at the Centers for Disease Control
- Two private clinics conduct these examinations for immigrants from Mexico for the Ciudad Juarez U.S. Consulate

1991-2007 Technical Instructions

- The USPHS/CDC/DGMQ publish a set of guidelines to be followed in the health assessment of immigrants and refugees
- The guidelines provide specific instructions on the components that must be included in the assessment (fraud prevention, serology, radiology, mental health assessments and TB screening among others)
- The TB component of the guidelines was revised in 2007 and changed the previous screening algorithms that were issued in 1991, to include comprehensive screening through the implementation of mycobacterial cultures and drug susceptibility testing for applicants with chest radiographs suggestive of TB disease, where the 1991 system relied on chest radiograph findings and sputum smears only
- The new TB TI's have been implemented first in priority countries as determined by immigration patterns and tuberculosis burden
- Panel Physician sites in Mexico, Philippines, Thailand and Nepal have implemented the new guidelines in 2007

2007 Technical Instructions

- Mycobacterial cultures for applicants with chest radiographs suggestive of Tuberculosis disease (all applicants >15 years of age are required to have a chest radiograph)
- Treatment under a directly observed therapy (DOT) program
- Completion of treatment prior to immigrating to the United States, according to American Thoracic Society/CDC/Infectious Diseases Society of America guidelines
- Tuberculin skin tests (TST) for applicants <15 years of age
- All applicants <15 years of age with TST \geq 5mm will be required to have a chest radiograph
- New TB classifications for all applicants with suspected latent *Mycobacterium tuberculosis* infection and for contacts for cases of tuberculosis disease

Goals of the 2007 TI's

1. Increase detection of tuberculosis overseas
2. Decrease importation of tuberculosis into the United States
3. Prevent development of drug resistance overseas
4. Contribute to global tuberculosis control efforts

Process for the implementation of the 2007 TI's

- Develop mycobacterial laboratory infrastructure to include rapid growth media, drug susceptibility testing and genetic identification capabilities
- Develop a directly observed therapy treatment center
- Develop a systematic process to ensure US standards quality treatment and documentation

