



U.S. Immigration
and Customs
Enforcement

MAY 14 2004

MEMORANDUM FOR: Deputy Assistant Directors
Branch Chiefs
Field Office Directors

FROM: Victor X. Cerda
Acting Director
Office of Detention and Removal Operations

SUBJECT: Continuity of Care Requirements for Adult
Detainees Diagnosed with Active
Tuberculosis

A handwritten signature in black ink, appearing to read "V. Cerda", written over a horizontal line.

I. Purpose

This memorandum provides an overview of tuberculosis disease and sets forth field notification and medical hold requirements for the continuity of care of adult U.S. Immigration and Customs Enforcement (ICE) detainees who have been diagnosed with confirmed or suspected active tuberculosis.

II. Time Table

Implementation of this policy is effective immediately.

III. Policy Abstract

On November 4, 2002, in response to epidemiological concerns raised by the Advisory Council for the Elimination of Tuberculosis, the Department of Homeland Security joined forces with the Department of State and the Department of Health and Human Services to review post-custody completion of tuberculosis treatment by ICE detainees and develop a national approach to stem the exportation of active tuberculosis across U.S. borders.

In accord with workgroup findings and recommendations, the Office of Detention and Removal Operations (DRO) will no longer remove or release from custody any alien who has been diagnosed with confirmed or suspected active tuberculosis disease *without prior consultation* with the U.S. Public Health Service (PHS) or its Headquarters Division of

Immigration Health Services (DIHS).¹ The purpose of consultation is to share preliminary medical and custody information (e.g., custody determination, date of hearing, date of removal) so that PHS may (1) advise field staff on medical matters related to the detainee's tuberculosis care and treatment, (2) complete mandatory notifications and reports, and (3) request field approval of a medical hold to arrange for continuity of the alien's medical care in the community, in ICE custody or abroad. Facilitating continuity of care is a simple process and should not result in the continued detention of an alien for more than a few days or a couple of weeks. Aliens with final orders of removal shall continue to be removed as expeditiously as possible once arrangements have been made to transfer their medical care to health authorities overseas.

IV. Overview of Tuberculosis Disease

Tuberculosis, a chronic bacterial infection, has reemerged in the United States and other industrialized nations as a serious health concern. Worldwide, two billion people – approximately one third of the globe's population – are infected with the *M. tuberculosis* bacterium, with one percent of the population acquiring new infections on an annual basis. Each year, eight million of these individuals develop active tuberculosis and between two and three million die.

An estimated ten to fifteen million persons living in the United States currently carry the *M. tuberculosis* bacterium. While ninety percent of persons infected never develop active tuberculosis, the remaining ten percent will experience active disease at some point in their lives. In 2003, nearly 15,000 active tuberculosis cases were reported in this country. For the first time in American history, more than fifty percent of reported cases were among the foreign-born. This national increase in tuberculosis incidence presents a critical challenge to DRO since ninety-five percent of all tuberculosis cases originate in developing countries.

Each year, 100 to 150 active tuberculosis cases are identified among ICE detainees. While prevention and treatment of tuberculosis rests primarily with health care professionals, an understanding of the disease and collaboration between DRO field staff, medical personnel, and relevant local, state or Federal agencies (e.g., local jails, state health departments, U.S. Marshals Service) is necessary to ensure that aliens are not inadvertently released or removed from ICE custody prior to arrangements being made for the continuity of their medical care.

A. Presenting Symptoms and Screenings

Tuberculosis is spread through the transfer of microscopic droplets when an infected sufferer coughs, sneezes, sings, or laughs. Only persons with active disease are contagious. Close

¹ For purposes of this policy, the acronym "PHS" shall hereafter be used to refer to both the U.S. Public Health Service at the field level and its Headquarters Division of Immigration Health Services in Washington, D.C. Following established field procedure, officers managing tuberculosis cases at service processing centers and contract detention facilities with PHS medical departments shall consult with PHS staff at the local level. Officers managing cases at local jails and non-service detention facilities with intergovernmental service agreements should consult with the DIHS Epidemiology Unit at (202) 616-7807.

contact with an individual who has active tuberculosis is required for transmission, and exposure for several hours a day over a period of weeks significantly increases the likelihood of infection for a healthy adult. Significantly lesser levels of exposure may be problematic for persons who have HIV, cancer, compromised immune systems, or chronic disease.

Common symptoms of active tuberculosis may include fatigue, feelings of weakness, weight loss, fever, night sweats, and loss of appetite. Symptoms of tuberculosis of the lungs include prolonged cough, chest pain, or bloody sputum. For other areas of the body, symptoms will vary depending upon the organs affected.

Conventional screening for tuberculosis consists of the Mantoux Purified Protein Derivative (PPD) skin test, followed by chest x-ray or sputum sampling if clinically indicated. Skin test results should be read 48 to 72 hours after administration of the PPD. Chest radiograph interpretations and sputum-smear results are normally available within 24 hours. Several ICE facilities are equipped with teleradiology screening, which provides an initial-screening chest x-ray and rapid interpretation, usually within four hours of being taken.

B. Treatment and Time Frames

Individuals with active tuberculosis are contagious and must complete a course of treatment that lasts between six and twenty-four months. While it takes as little as two to three weeks to render a person non-contagious in a non-complicated case, the prescribed course of therapy must be completed – whether in the United States or abroad – to prevent the possibility of relapse, increased severity of disease, multiple drug resistance, or death. Any person with active tuberculosis who does not complete the prescribed regimen of therapy must be considered a public health threat.

Persons with latent tuberculosis may also be prescribed a course of preventive therapy so that they will never develop tuberculosis disease. This usually includes taking anti-tuberculosis medication for nine months. However, because persons with latent tuberculosis do not feel sick, do not have clinical symptoms, and can not spread the bacterium, PHS does not routinely treat detainees with latent infections unless they are immunocompromised, have had a recent exposure to active tuberculosis, or are likely to remain in custody for at least nine months.

V. PHS Notifications and Medical Holds

PHS will follow the testing and treatment of any detainee suspected of having active tuberculosis until such time that (1) active tuberculosis is excluded by clinical and laboratory testing, (2) active tuberculosis is confirmed and treatment is completed by the alien while in ICE custody, or (3) active tuberculosis is confirmed and PHS has determined the availability of medical resources in the community or abroad and arranged for continuity of the alien's care upon his or her removal or release from custody.

As soon as a diagnosis of active tuberculosis is confirmed by or to PHS medical staff, PHS will submit a "Medical Hold for Continuity of Care" request (see attachment 1) to the Field Office Director, or his or her designee, having jurisdiction over the alien's place of detention.

Approval of the request by the field office will afford PHS the necessary time to complete mandatory notifications and arrange for the alien's continuity of care. During a medical hold, PHS will complete the following actions, as applicable:

- Notify local health departments in the United States of the alien's tuberculosis status.
- Notify tuberculosis control authorities in the alien's country of citizenship or return.
- Arrange for in-custody treatment or transfer of alien's medical care in accordance with his or her immigration and custody status.
- Arrange for education or counseling of the alien regarding prescribed therapy, consequences of non-compliance, and availability of international assistance and resources.
- Enroll the alien in health programs that facilitate international continuity of care (e.g., CureTB, TBNet, U.S.– Mexico Binational TB Referral and Case Management Project).
- Coordinate with DRO and foreign health authorities to arrange medical meet-and-greets or medical escorts for aliens with final orders of removal.

Once the "Medical Hold for Continuity of Care" request is received, the field office will grant or deny the request and return the completed form to PHS. If the hold is approved, PHS will initiate continuity of care arrangements and notify the field as soon as it has concluded those arrangements by completing and faxing the "Medical Status/Coordinated Removal Form" (see attachment 2). If the hold is denied, the deciding field official must check the appropriate decision box on the medical hold request and annotate the reason for the denial on the form. Following release or denial of a medical hold, field staff should proceed with removal or changes in an alien's custody condition in accordance with established field procedure.

VI. Field Report of Tuberculosis Exposure

Tuberculosis is a reportable disease in all states, provinces, and territories. The timely reporting of active tuberculosis cases in ICE custody cannot be overemphasized and is required to provide managers and supervisors the opportunity to ensure case follow-up. Any officer who knowingly comes into contact with a suspected or confirmed case of active tuberculosis should notify his or her immediate supervisor, or higher ranking official, as soon as practical. Once PHS or other facility medical staff have diagnosed confirmed or suspected active tuberculosis (i.e., *infectious* tuberculosis), a significant incident report (SIR) must be forwarded immediately through the chain of command to the Headquarters Reporting Center (HRC).

VII. Request for Stay of Removal or Deferred Action

Requests to stay or defer the removal of an alien with active or suspected active multiple drug resistant tuberculosis for the purpose of facilitating or receiving treatment shall be considered by the Field Office Director, or his or her designee, on a case-by-case basis. Factors that may be taken into account when adjudicating the request include national security interests, relevant foreign policy, availability of treatment in alien's country of return, criminal history, likelihood of removal, medical recommendations, and the possible re-importation of untreated disease. In all other tuberculosis cases with final orders of removal, where multiple drug resistance is not a primary issue, PHS will pursue continuity of care abroad so that DRO may expeditiously remove the alien to his or her homeland or designated place of return.

VIII. Point of Contact

For questions or concerns regarding the implementation of this guidance, please contact the Deputy Assistant Director, Detention Management Division, at (202) 616-(b)(6),(b)(7)(C)

Attachments (2)

MEDICAL HOLD FOR CONTINUITY OF CARE

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:		
1. Name: (Last)		(First)
2. DOB:	3. A#:	
4. Nationality:		5. Facility:

The above detainee has been diagnosed with a medical condition and is considered a public health threat. A medical hold is recommended until continuity of care for the detainee is arranged prior to transfer, release, or removal.

- Please notify the Division of Immigration Health Services (DIHS) of the date scheduled for transfer, release, or removal of this detainee.
- Please notify DIHS prior to any transfer, release, or removal of this detainee.
- Detainee may require a medical escort if transported.
- Detainee is _____ months pregnant.

Remarks:

DIHS – Printed Name _____ DIHS – Signature _____ Date _____

TO BE COMPLETED BY ICE:			
Medical hold <input type="checkbox"/> Granted or <input type="checkbox"/> Denied: Reason _____			
Scheduled immigration hearing Date: ___/___/_____			
Expected:	<input type="checkbox"/> Transfer to _____		
	<input type="checkbox"/> Release		
	<input type="checkbox"/> Removal: drop-off destination _____		
	On (date): ___/___/_____		
ICE Representative - Printed Name	ICE Representative - Signature	Phone	Date

Fax completed form to: PHS Field Medical Unit at _____.

DIHS Epidemiology Unit at (202) 514-0095.

MEDICAL STATUS / COORDINATES REMOVAL FORM

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:		
1. Name: _____ (Last)		_____ (First)
2. DOB: _____	3. A#: _____	
4. Nationality: _____		5. Facility: _____

The above detainee has been diagnosed with a medical condition that requires continuity of care but is ready for release or removal with the following recommendations:

- All appropriate referrals for continuity of care have been made. The detainee may be released or removed using customary procedures. The health department in the state of _____ has been notified.
- Arrangements have been made for a coordinated removal for this patient as follows:
 Expected: Transfer to _____
 Release
 Removal

On (date): ___ / ___ / _____

- No respiratory precautions are required at this time.

Drop-off destination _____ : _____ am/pm
Time

Health department contact (U.S.): _____
State Name

Phone _____ Fax _____ E-mail _____

Foreign Health department contact: _____
Name

Phone _____ Fax _____ E-mail _____

Other contact: _____
Name

Affiliation _____

Phone _____ Fax _____ E-mail _____

Remarks:

DIHS – Printed Name _____ DIHS – Signature _____ Date _____