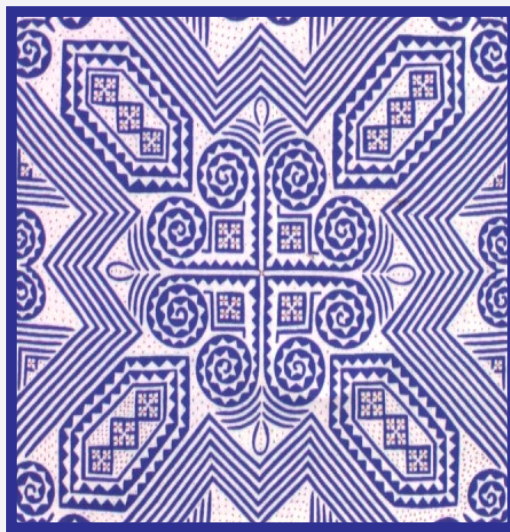


Archived Document

Tuberculosis Questions and Answers for Hmong Community Leaders and Service Providers



Tuberculosis Questions and Answers for Hmong Community Leaders and Service Providers

March 2005

Are refugees tested for infectious diseases, such as tuberculosis, prior to coming to the United States?

U.S. migrant health screening policy focuses on migrants planning to establish permanent U.S. residence, namely immigrants and refugees. All immigrants and refugees migrating to the United States are required to have a medical screening examination overseas, which is performed by physicians or physician groups appointed by the local U.S. embassy. The mandated medical examination focuses primarily on detecting diseases determined to be inadmissible conditions for the purposes of visa eligibility. These diseases include certain serious infectious diseases such as infectious tuberculosis, human immunodeficiency virus infection, syphilis and other sexually transmitted infections, and infectious Hansen's disease (leprosy).

The objectives of the screening are to identify and treat diseases of public health importance, both to improve the health of newly arriving citizens and to prevent potential disease transmission in both host and receiving communities. The screening process also includes notification of state and local U.S. health departments about refugees arriving to their jurisdiction to ensure appropriate follow-up evaluation and treatment. Early investment in the health needs of refugees and other migrants facilitates the migration process, improves migrant health and decreases associated morbidity and mortality, avoids long-term health resource and social costs, and protects global public health. Over 400,000 immigrants and refugees are medically screened before arrival in the United States annually; immigrants comprise approximately 90% of arrivals, and refugees close to 10%.

Is tuberculosis an infectious and contagious disease that can be treated?

Tuberculosis (also known as "TB") is an infectious disease caused by germs that are spread from person to person through the air. Tuberculosis usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with tuberculosis can die if they do not get treatment.

Tuberculosis disease can be cured by taking several drugs for 6 to 12 months. It is very important that people who have tuberculosis disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs.

Tuberculosis that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have tuberculosis to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

What is drug-resistant tuberculosis? Can people with drug-resistant tuberculosis be treated?

Multidrug-resistant tuberculosis (MDR TB) (i.e., tuberculosis resistant to at least isoniazid and rifampin the two most important drugs used to treat tuberculosis) presents difficult treatment problems. Treatment must be individualized and based on the patient's medication history and drug resistance studies. Unfortunately, adequate data are not available on the effectiveness of various regimens and the necessary duration of treatment for patients with organisms resistant to both isoniazid and rifampin. Moreover, many of these patients also have resistance to other first-line drugs (e.g., ethambutol and streptomycin). Because of the poor outcome in such cases, it is preferable to give at least three, but often as many as four to six new drugs to which the organism is susceptible. This regimen should be continued for a total of 18 to 24 months. MDR TB drugs should be given using a daily regimen under directly observed therapy (DOT). Intermittent administration of medications is generally not possible in treatment of MDR TB.

Can people be vaccinated against tuberculosis?

BCG is a vaccine for tuberculosis disease that is used in many countries to prevent deaths and severe TB in children. In places where TB is not common, such as the United States, BCG use is not generally recommended. BCG vaccination does not completely prevent people from getting tuberculosis. It may also cause a positive tuberculin skin test and make it difficult to diagnose latent TB infection. However, persons who have been vaccinated with BCG can be given a tuberculin skin test if they need an evaluation because of risk of TB.

What is the difference between tuberculosis disease and latent tuberculosis infection?

There are two common forms of tuberculosis – *latent tuberculosis infection* and *tuberculosis disease*. People with *latent tuberculosis infection* have tuberculosis germs in their bodies, but they are not sick because the germs are not active. These persons do not have symptoms of tuberculosis disease, and they cannot spread the germs to others. However, they may develop tuberculosis disease in the future. They are often prescribed treatment to prevent the disease from developing.

People with *tuberculosis disease* are sick from tuberculosis germs that are active, meaning that they are multiplying and damaging organs or other areas of their body. These persons usually have symptoms of tuberculosis disease. People with tuberculosis disease of the lungs or throat are capable of spreading germs to others. Drugs are prescribed to cure tuberculosis disease in these persons.

What is the U.S. policy regarding tuberculosis testing for people who are coming to the United States?

All refugees who are 15 years of age and older are required to have a chest radiograph (also known as chest x-ray). Persons with a chest radiograph that is suggestive of active tuberculosis disease are required to submit three sputum specimens on separate days to have acid-fast bacilli (AFB) smear evaluation. Refugees with infectious pulmonary tuberculosis disease (as defined by the presence of acid-fast bacilli on sputum smear) receive treatment before resettlement; they are not allowed to travel until treated and no longer infectious. In addition to the required standard overseas screening, CDC has in the past recommended enhanced screening for tuberculosis (and other diseases) for migrants who have lived in or are migrating from areas of the world with high tuberculosis prevalence, including parts of Asia, Africa, and the Central Asian republics.

In June 2004, CDC recommended that U.S.-bound Hmong refugees in Thailand undergo enhanced overseas screening and treatment for tuberculosis. To improve clinical diagnosis and management of tuberculosis, culture with drug-resistance testing was recommended for refugees whose screening examination suggested the presence of active pulmonary tuberculosis disease.

Should anyone who comes in contact with refugees be tested for tuberculosis?

A person with latent tuberculosis infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent tuberculosis infection. However, if you have spent time with someone with tuberculosis disease or someone with symptoms of tuberculosis, you should be tested.

People with tuberculosis disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has tuberculosis disease, you should go to your doctor or your local health department for testing.

The general symptoms of tuberculosis disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of tuberculosis disease of the lungs also include coughing, chest pain, and coughing up blood. Symptoms of tuberculosis disease in other parts of the body depend on the area affected.

Should people who have been living in substandard housing for several years be tested or retested for tuberculosis?

You should get tested for tuberculosis if:

- you have spent time with a person who is known or suspected to have tuberculosis disease
- you have HIV infection or another condition that puts you at high risk for tuberculosis disease

- you think you might have tuberculosis disease
- you are from a country where tuberculosis disease is very common (most countries in Latin America and the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- you inject drugs
- you live somewhere in the U.S. under conditions where tuberculosis disease is more common (homeless shelters, migrant farm camps, prisons and jails, and some nursing homes)

A few years ago, CDC established a National Action Plan to Combat Multidrug-Resistant Tuberculosis. Is this program still active? Are there funds available to treat refugees who are no longer eligible for medical assistance? Are there efforts to educate the Hmong community or to enlist their support in assisting their relatives in following drug treatment regimens?

The National Action Plan to Combat Multidrug-Resistant Tuberculosis was a critical component to our nation's response to a resurgence of tuberculosis that peaked in 1992. Concerted Federal and local efforts and substantial increase in resources resulted in improved tuberculosis control. The original plan has been revised into subsequent strategic plans and linked to many guidelines. Although CDC reported 12 years of decline in the number of tuberculosis cases since 1992, the decline is slowing and the portion of cases among those born in countries outside the United States is increasing. There are efforts in collaboration with immigrant and refugees groups to educate the Hmong community about the signs and symptoms of tuberculosis, its prevention, diagnosis, and treatment. Local public health departments usually provide free diagnosis and treatment of tuberculosis.

The National Action Plan to Combat Multidrug-Resistant Tuberculosis has been revised and incorporated into a number of guidelines, including Treatment of Tuberculosis:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm>

Other guidelines and recommendations can be accessed via the CDC Division of Tuberculosis Elimination website: www.cdc.gov/nchstp/tb/

A number of TB educational materials are available in the Hmong language. These materials, along with other TB educational materials, can be accessed at the TB Education & Training Resources Website: www.findtbresources.org

How has the Federal Government organized itself to respond to the problem of tuberculosis in the Hmong refugees?

The Department of State and the Department of Health and Human Services (including the Centers for Disease Control and Prevention) have organized a task force to organize and coordinate the United States Government's response, which pulls together efforts in Thailand and by U.S. State and local health departments. A critical component is community outreach through the refugee health networks.

Please describe the current CDC tuberculosis prevention program available through the United States.

State and local health departments have the primary responsibility for preventing and controlling tuberculosis. However, other health care providers who provide tuberculosis services in settings such as private clinics, managed care organizations, HIV clinics, correctional facilities, and hospitals also have responsibility for preventing and controlling tuberculosis in communities.

Prevention and control efforts should be conducted through the coordination of health care providers in a variety of settings to ensure the provision of direct services for tuberculosis patients. Prevention and control efforts should include three priority strategies:

- Identifying and treating all persons who have tuberculosis disease. This means finding persons with tuberculosis and ensuring that these patients complete appropriate therapy;
- Finding and evaluating persons who have been in contact with tuberculosis patients to determine whether they have tuberculosis infection or disease, and treating them appropriately; and
- Testing high-risk groups for tuberculosis infection to identify candidates for treatment of latent infection and to ensure the completion of treatment.

Although tuberculosis care and treatment are often provided by other medical care providers, the health department has the ultimate responsibility for ensuring that tuberculosis patients do not transmit *M. tuberculosis* to others. Health departments must ensure that medical services are available, accessible, and acceptable for tuberculosis patients, suspects, contacts, and others at high risk, without regard to the patients' ability to pay for such services.