

A State Perspective on Measures to Enhance the Effectiveness of CDC Quarantine Station Expansion Plan for U.S. Ports of Entry

Council of State and Territorial Epidemiologists
Gilberto F. Chavez, M.D., M.P.H.
State Epidemiologist
California Department of Health Services

February 20, 2005

Council of State and Territorial Epidemiologists

Leaders in Applied Public Health Epidemiology

- Professional association of state, territorial, and local public health epidemiologists
- Established in the early 1950's
- Fosters partnerships to detect, prevent, and control events of public health significance
- More than 850 current members



CDC Quarantine Station Expansion Plan

- Thank you for the opportunity to provide input
- The CDC DGMQ is an essential partner in our public health response to communicable disease threats
- CSTE commends CDC for recognizing the need to redesign their quarantine station program
- Key recommendations in the following areas:
 - Land travel, physical borders
 - Air and sea travel
 - Quarantine and isolation
 - Risk communications
 - Surveillance
 - Immigrant and refugee health

Recommendations

General Issues

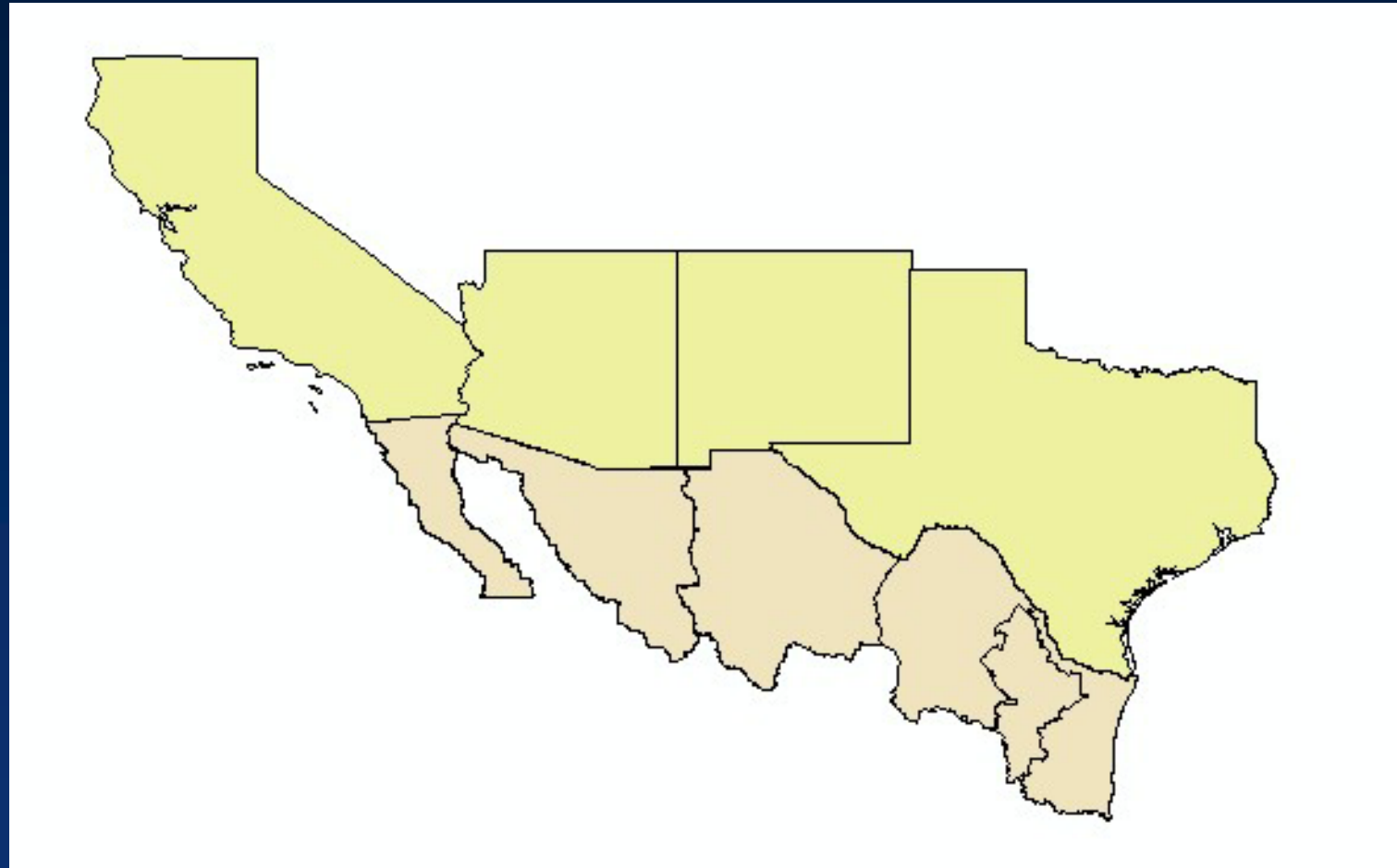
- Federal government needs to adequately fund and staff U.S. quarantine stations
- Expand proposed focus to also include more common communicable diseases
- Identify “best practices” to develop standard operating procedures for all quarantine stations
- Develop formal protocols to promptly notify state and local health departments of public health events requiring quarantine and/or isolation under federal law

Recommendations

General Issues - 2

- Inform state and local health departments
 - Communicable diseases under surveillance
 - Resources available
 - Conditions that will trigger examination and possibly quarantine of in-coming travelers
 - Role of quarantine stations in state and local response plans
- Provide disease awareness training for customs and immigration staff
- Serve as an authoritative expert and promote federal interagency coordination

U.S./Mexico Border

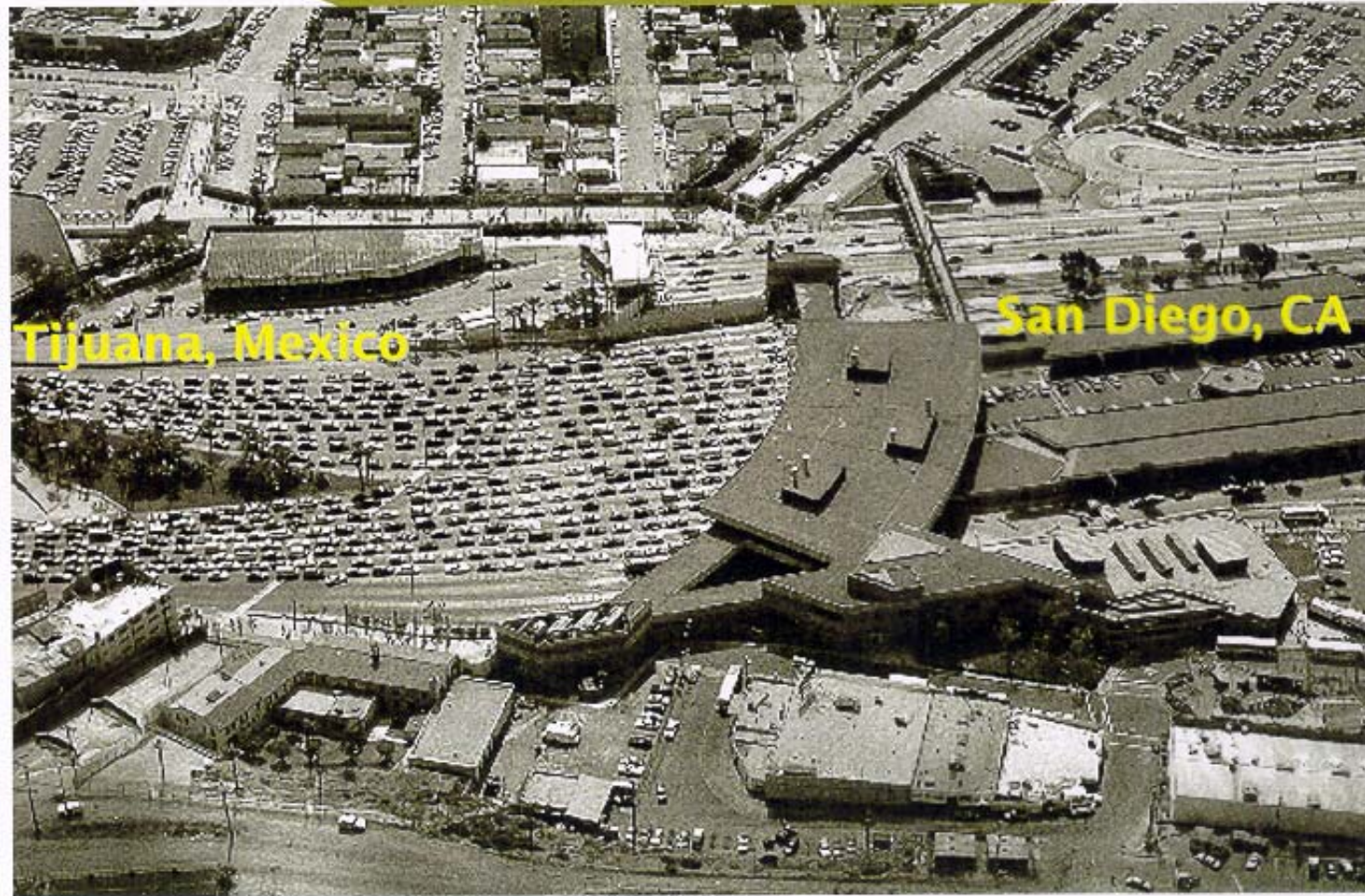


U.S./Mexico Border

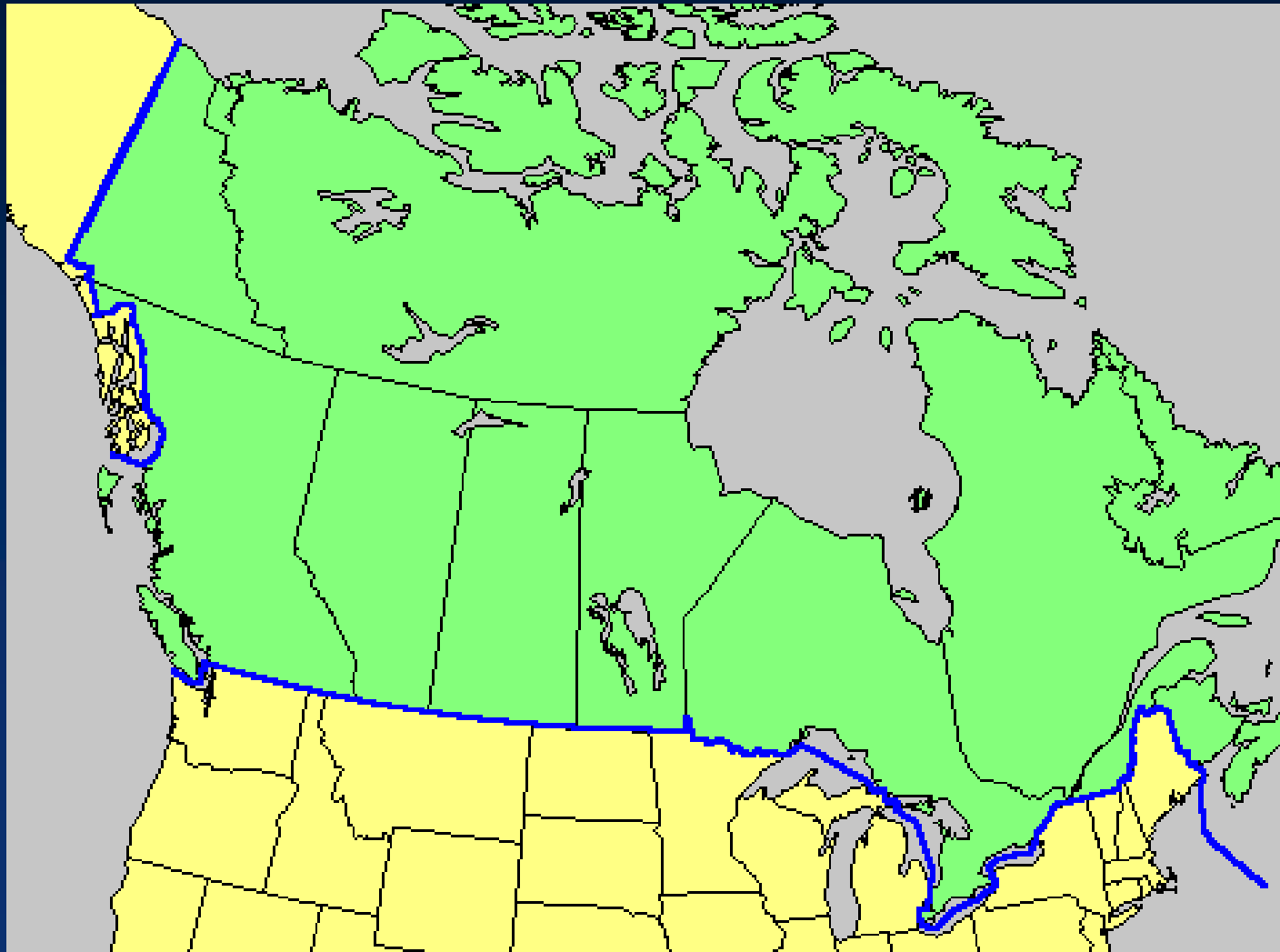
- 2,000 miles from Texas to California
- Includes two nations, ten states, 124 municipalities, 14 pairs of sister cities, and some tribal nations
- One of the busiest borders in the world
- Contains 43 points of entry into the U.S.
- Every day, 800,000 people arrive in the United States from Mexico
- In 2002, there were over 200 million border crossings into the U.S. from Mexico

San Diego-Tijuana is the busiest point of entry in the U.S. (maybe the world!)

US Port of Entry - USA/Mexico Border



U.S./Canada Border



U.S./Canada Border

- 4,000-mile division line between the two countries
- Includes two countries, 22 states/provinces, and some tribal nations
- Nearly 90% of the Canadian population lives within 60 miles of the U.S. border
- Contains 130 points of entry into the U.S.
- In 2002, there were nearly 90 million border crossings into the U.S. from Canada
- The four Ontario-Michigan points of entry accounted for 36% of all border crossings

Recommendations

Land Travel - Physical Borders

- Make land arrivals into US a new priority
- Add fully staffed quarantine stations at each city with a major border crossing
- Develop joint bi-national plans for outbreak disease containment
- Consider developing cross-border bi-national mutual aid agreements
- Increase coordination with federal agencies responsible for border oversight
- Carry out regular cross-border disease containment exercises

Recommendations

International Air and Sea Travel

- Increase the number of quarantine stations
- Have an appropriately trained medical epidemiologist in the larger quarantine stations
- Provide epidemiologic expertise on disease investigations and infection control precautions
- Develop guidelines and protocols for handling different diseases or syndromes
- Work proactively with travel industry and DOT to rapidly obtain accurate flight manifests

Recommendations

International Air and Sea Travel - 2

- Ensure timely identification of travelers with communicable diseases
- Inform fellow passengers on arrival whenever possible
- Obtain the flight/ship manifest to follow up with passengers and directly notify them of their exposure when necessary
- Coordinate imported disease and outbreak investigations with affected state and local health departments

Recommendations

International Air and Sea Travel - 3

- Ensure that state and local health authorities are notified in a timely manner and provide them with lists of potentially contagious travelers within their jurisdiction
- Secure the services of an experienced physician with training in infectious diseases 24/7 at each station
- In coordination with airport authority and EMS, conduct rapid clinical evaluation of ill passengers
- Ensure prompt transport to hospital as needed

Plane Quarantined in San Jose for SARS (April 1, 2003)



Recommendations

International Air and Sea Travel - 4

- A priori, identify local hospitals where patients will be taken for clinical examination if needed
- Hospital selection should be carried out jointly with state and local health authorities
- During outbreaks, work with other federal agencies and international health authorities in the institution of pre-departure preventive measures

Letter to U.S. D.O.T Secretary Norman Mineta – April 10

The Honorable Norman Y. Mineta
Cabinet Secretary
U.S. Department of Transportation
400 Seventh Street, SW
Washington, DC 20590

Dear Secretary Mineta:

The California Department of Health Services has been working very closely with the Centers for Disease Control and Prevention (CDC) in the ongoing investigation and control of Severe Acute Respiratory Syndrome (SARS). The effective response to this emerging public health threat requires close collaboration of federal, state, and local governments. I believe that your Department is uniquely poised to assist in our efforts.

With 37 suspected

I would like to request that your Department work with the Centers for Disease Control and Prevention and World Health Organization as needed to develop protocols for screening passengers boarding flights originating in any of the SARS affected areas in Asia, for signs and symptoms of SARS....

Recommendations

Quarantine and Isolation

- Ensure that arriving ill passengers and their contacts are appropriately quarantined/isolated from the rest of the community
- Early on, coordinate all isolation and quarantine decisions with affected state and local health departments
- Coordinate with EMS to ensure appropriate isolation during transport
- Develop memorandums of understanding with local hospitals equipped to meet the needs of contagious patients requiring quarantine or isolation

Passenger Arriving to LAX



Recommendations

Quarantine and Isolation - 2

- Develop standard protocols to deal with the quarantine/isolation needs of passengers in-transit
- Identify local quarantine/isolation facilities for passengers not requiring hospitalization
- Provide financial support for housing, feeding, and other needs of suspected cases and their flight contacts in need of quarantine or isolation
- Quarantine or isolation should be conducted at no cost to the suspect case and/or local health jurisdiction

Recommendations

Emergency Preparedness

- Close collaboration with state and local health departments
- In advance, delineate roles and responsibilities
- Hold joint planning meetings and exercises
- Form ongoing organizational relationships with state and local counterparts
- Keep an up-to-date list of state and local emergency contact numbers
- Participate in state health alert network
- Help coordinate emergency response planning with airport authorities
- Provide surge capacity support during state emergencies

**SFDPH
PUBLIC HEALTH DISASTER DRILL
JUNE 17 2003**



Recommendations

Risk Communications

- In collaboration with state and local health authorities develop communication messages for different imported diseases and for different situations in advance
- Coordinate with state and local officials during health emergencies
 - Identify target audiences and appropriate spokesperson
 - Jointly develop message content
- Provide training to quarantine officers on effective media interactions

Recommendations

Surveillance

- New data systems should be built using same standards, i.e. PHIN
- Fully fund the implementation of the Electronic Disease Notification system
- Build the needed interfaces with state communicable disease information systems
 - Ensures use of most up-to-date and accurate information
 - Facilitates better surveillance and case follow up

Recommendations

Immigrant and Refugee Health

- Ensure timely identification of immigrants and refugees with Class A medical conditions or waivers and those with Class B medical conditions
- Develop strategies to overcome the challenges associated with new visa forms
- Conduct follow up investigations to assess the reasons for overseas screening failures
- Work with state and local infection control programs to improve the domestic follow up of B notification patients



www.sacbee.com

Arriving in America

Family lands in capital, the first of 16,000 Hmong coming to the U.S. after waiting as refugees in Thailand (6/20/04)



Recommendations

Immigrant and Refugee Health - 2

- Collaborate with Customs and Border Protection (CBP) officials
- Coordinate state and local public health actions with those of other federal agencies
- Assist in the detection of diseases of public health importance among migrants adjusting their immigration
- Provide oversight and facilitate referrals to local health departments for evaluation and treatment of diseases of public health importance

Summary

- Role is relevant and critical
- Essential public health partner
- Strengthening system is a necessary and valuable change
- Needs to provide authoritative voice
- Timely engagement of state and local health departments is essential
- Multitude of avenues for collaboration and potential improvement
- CSTE supports the redesign concept
- Questions?