

# Centers for Disease Control and Prevention- Quarantine Program Update

Vessel Sanitation Program Annual Meeting  
April 15, 2008

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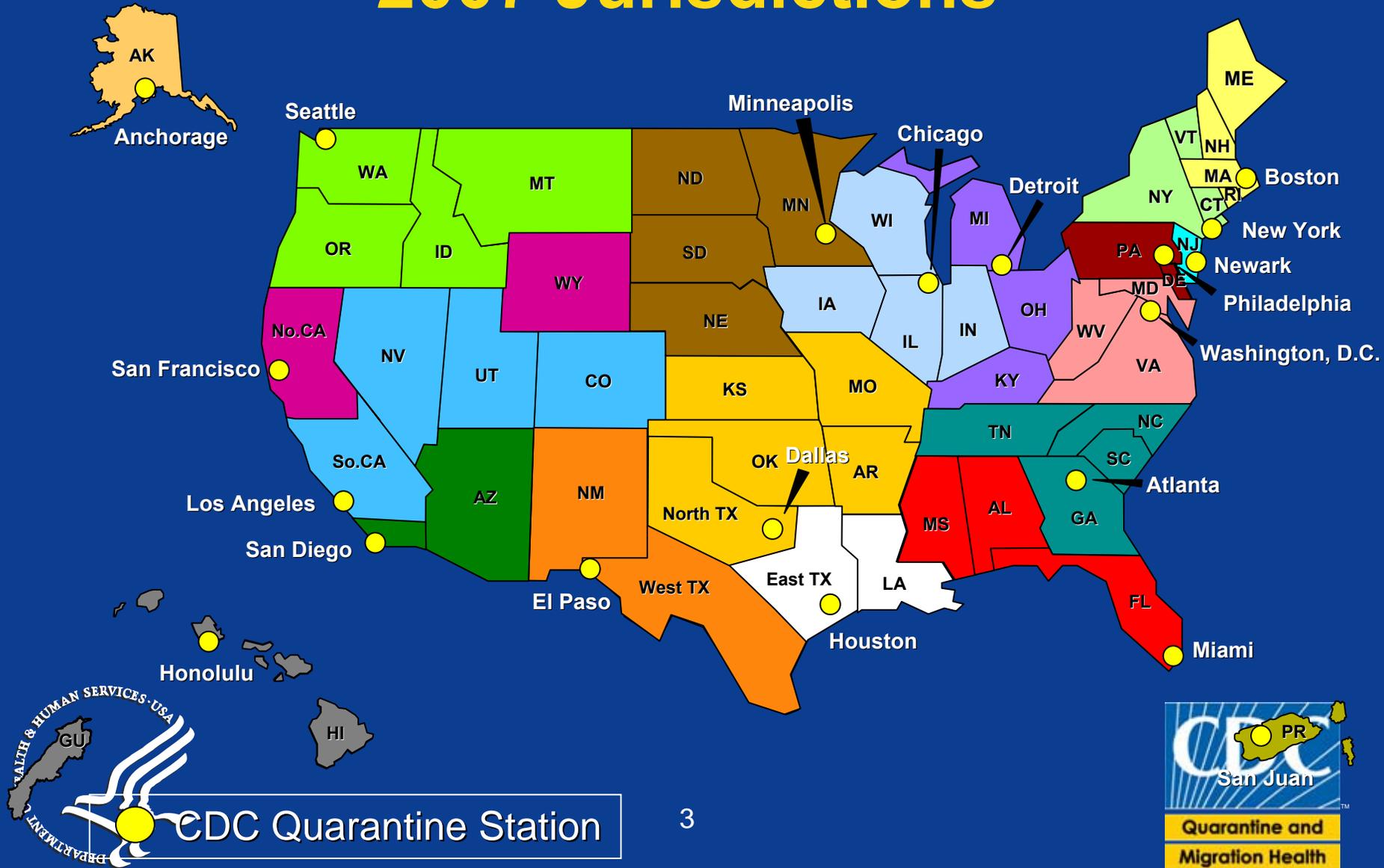


# Outline

- Quarantine Stations and functions
- Conditions reportable to CDC- Quarantine Stations (QS)
- QS response to reports



# CDC Quarantine Stations 2007 Jurisdictions



# Mission

## Division of Global Migration and Quarantine Quarantine and Border Health Services Branch

To protect the health of the public  
from communicable diseases  
through science, partnerships,  
and response at U.S. ports



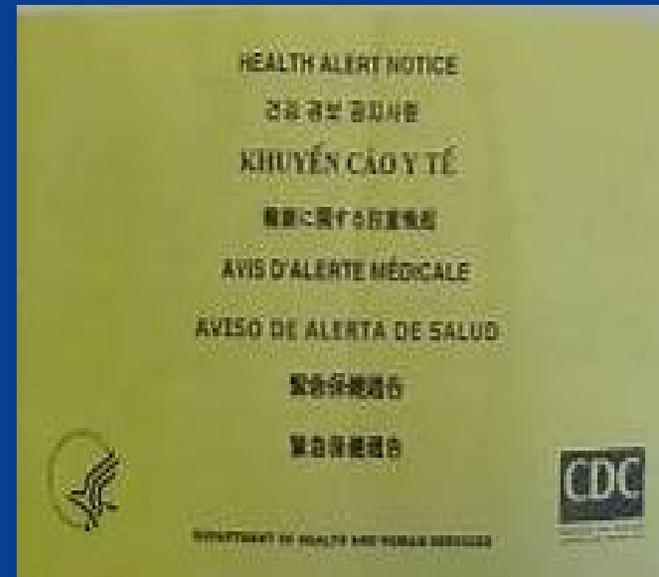
# Quarantine Station Functions

- Responding to reports of illnesses on maritime vessels (cruise, cargo), airplanes, and at land crossings
- Emergency response planning & preparedness
- Performing inspections of cargo and hand-carried items for potential vectors of human infectious diseases



# Quarantine Station Functions (cont.)

- Monitoring health, and collecting, distributing, and managing medical information of new immigrants, refugees, and parolees
- Providing travelers with essential health information
- Forming partnerships for disease surveillance & control



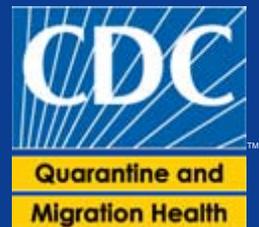
# Quarantine Station Functions (cont.)

- Inspecting animal and human products posing threat to human health
- Distributing immunobiologics and investigational drugs
- Responding to mass migration emergencies



# Reportable Illnesses: 42 Code of Federal Regulations (CFR) Part 71

- Master of a vessel destined for a U.S. port shall report immediately to the quarantine station **any death or “ill person,”** defined by
  - Fever ( $\geq 100^{\circ}$  F or  $37.8^{\circ}$  C) persisting  $\geq 48$  hours
  - Fever ( $\geq 100^{\circ}$  F or  $37.8^{\circ}$  C) AND rash, glandular swelling, or jaundice
- Diarrhea ( $\geq 3$  stools in 24 hours or greater than normal amount): cruise ships with 13 or more passengers report to CDC’s Vessel Sanitation Program (VSP)



# Additional Reportable Syndromes

- Current regulations being revised
- Proposed regulations will have additional reportable syndromes (“requested” reporting for now)
- Fever and any one of the following:
  - Difficulty breathing or suspected/confirmed pneumonia
  - Cough of more than 2 weeks’ duration or cough plus bloody sputum
  - Headache with neck stiffness
  - Reduced level of consciousness
  - Unexplained bleeding



# Reporting process

- Report illness and deaths to the QS at or nearest arrival port
- Phone, fax, email (future web-based)
- QS also receive reports from CBP, USCG, States/local health departments, healthcare providers



# Quarantine Stations' (QS) Response

- Obtain clinical, medical, & epidemiologic information
- Determine public health risk
  - No risk
  - **Illness of potential public health importance but not a quarantinable disease**
  - **Quarantinable disease**



# Revised List of Quarantinable Communicable Diseases Executive Order 13295

- Cholera
- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Viral hemorrhagic fevers (Lassa, Marburg, Ebola, Crimean-Congo, and others not yet isolated or named)
- Yellow fever
- Severe acute respiratory syndrome (SARS)
- Influenza caused by novel or reemergent viruses that are causing, or have potential to cause, pandemic



*President George W. Bush*  
April 1, 2005



# QS Response (con't)

- Case investigation and confirm diagnosis
- QS provides recommendation on contact investigation/ management and control measures

## Considerations:

- Mode of transmission
- Communicability
- Susceptible populations and risk of infection
- Conveyance environment



# QS Recommendations- components (1)

- **Case management**
  - Case definition
  - Identify cases
  - Isolate (during communicable period)
  - Practice appropriate infection control (depending on mode of transmission)



# QS Recommendations- components (2)

- **Contact management**
  - Define/identify contacts
  - Notification of exposed passengers (previous, current and future sailings) if warranted
  - Quarantine or furlough from work if warranted
  - Provide post-exposure prophylaxis (e.g., vaccination) if warranted



# QS Recommendations- components (3)

- **Surveillance:** goal is to detect cases rapidly
  - Duration: 1 incubation period after end of infectious period (or isolation) of last case
- **Active surveillance**
  - Medical log review (2 incubation period before illness onset date of first case)
  - Crew contacts monitored by supervisor
  - Passenger contact monitored by clinic



# QS Recommendations- components (4)

- **Passive surveillance**
  - Ship clinic monitors all illnesses
  - State/local health departments monitor
    - » CDC notification via Epi-X
    - » Cruise line notification of passengers- sailed during contagious period or will sail during surveillance period



# QS Recommendations- components (5)

- **Follow-up**

- Ensure no disease spread on ship at end of surveillance period
- Assess effectiveness of control measures
  - Report to QS
    - Final diagnosis of case
    - Total # of new cases & relationship to case
    - Total # of susceptible contacts & control measures



# QS Response Site

- Control measures initiated while ship at sea
- Quarantine staff may meet ship to assist with surveillance & control measures
  - On-site response usually done for
    - Outbreaks or clusters
    - Quarantinable disease
    - Some vaccine-preventable diseases (e.g., measles, rubella)



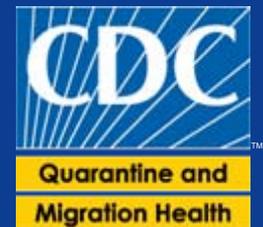
# Key Collaborators in QS Response

- Cruise or cargo ships
- State and local health departments
- EMS and local health care facilities
- USCG and CBP



# Contact information

- CDC Miami Quarantine Station
- Phone (24/7): 305-526-2910
- Emails:
- [awd1@cdc.gov](mailto:awd1@cdc.gov) (Tony Drew: Officer in Charge)
- [dot5@cdc.gov](mailto:dot5@cdc.gov) (Danitza Tomianovic, Assistant Officer in Charge)



# DGMQ Public Health Training and Education Needs Assessment

## Vessel Sanitation Program Annual Meeting

April 15, 2008

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# Training & Education Needs Assessment Project Goals

- Build and strengthen relationships with key partners at U.S. ports of entry
- Develop appropriate training and education content and communication messages
- Deliver content and messages through preferred and effective formats



# Key Partners

- U.S. Customs and Border Protection (CBP)
- Airlines
- **Cruise lines**
- EMS
- Customs Brokers
- Border Patrol
- U.S. Department of Agriculture (USDA)
- U.S. Fish & Wildlife
- U.S. Transportation Security Admin. (TSA)



# Needs Assessment Topics

- Knowledge, attitudes, and beliefs related to
  - Health issues
  - Public health roles
- Barriers to fulfilling public health role
- Current training related to public health issues
- Topics in which staff want public health training



# Needs Assessment Topics, *cont.*

- Preferred formats for timely and effective communications
- Preferred formats for training
  - Methods used
  - Frequency
- Opportunities to work together



# Parts of the Needs Assessment

1. Formation of stakeholder workgroup
2. Monthly teleconference meetings
3. Interviews with people involved in training and education (key informants)
4. Meetings and discussions with frontline personnel
  - ✓ Corporate Management
  - Medical Officers
  - Captain/Ship Officers
  - Shore/Port Operations



# Thank you. Any Questions?

Please contact Rebecca Myers at:  
404.639.7151 or [rmyers@cdc.gov](mailto:rmyers@cdc.gov)



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