

Division of Global Migration and Quarantine Accomplishments

October 2013 – September 2015

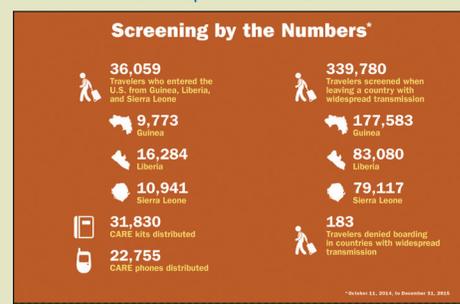
The U.S. Centers for Disease Control and Prevention's (CDC) Division of Global Migration and Quarantine (DGMQ) focuses on improving the health of globally mobile populations by preventing the introduction and spread of communicable disease. From October 2013 through September 2015, DGMQ responded to public health emergencies; modernized regulations, policy, and guidance; conducted communication, education, and training activities; provided support to state and local health departments and partners; and began outbreak response and surveillance activities. To learn more about how DGMQ saves lives and protects the health of our communities in a globally mobile world, visit www.cdc.gov/migrationhealth.

DGMQ Responds to Public Health Emergencies

Ebola in West Africa

- DGMQ provided guidance on monitoring and movement of persons who might have been exposed to the Ebola virus. The purpose was to clarify recommendations for those considered at some risk and prevent the unneeded use of healthcare services for those with very low risk of exposure.
- DGMQ developed the CARE program (Check and Report Ebola) to help travelers monitor and report health concerns for the first 21 days upon arrival from countries with Ebola outbreaks. Team members distributed CARE Kits to travelers entering the United States through five international airports.
- DGMQ collaborated with officials in West Africa to provide assistance for exit screenings and travel restrictions in countries with Ebola outbreaks.

The Road to Zero: CDC's Response to the West African Ebola Epidemic 2014-2015



Statistics on travelers screened when leaving Ebola-affected countries in West Africa (right column), and when entering the United States (left column), between October 11, 2014, and December 31, 2015.

Middle East Respiratory Syndrome (MERS) in Arabian Peninsula and South Korea

- DGMQ communication teams developed materials to educate travelers on how to protect themselves and prevent further introduction of MERS into the United States.
- DGMQ collaborated with partners to display electronic messages in English and Arabic on U.S. Customs and Border Protection and CDC monitors at 13 international airports for travelers arriving from MERS-affected countries.
- DGMQ's Travelers' Health team provided MERS travel health notices on the CDC Travelers' Health website specifically for persons making the Hajj pilgrimage to Mecca.

HEALTH ADVISORY: MERS
Middle East Respiratory Syndrome

Were you in the Middle East recently?

- Watch for fever with cough or difficulty breathing.
- If you get sick within 14 days of leaving, call a doctor.
- Tell the doctor you traveled.

www.cdc.gov/travel



Chikungunya and Dengue in the United States-Mexico

- DGMQ created a chikungunya awareness campaign and coordinated surveillance and communication strategies with state health departments.
- DGMQ developed culturally appropriate print materials to help border residents and border crossers take precautions to avoid the mosquito-borne disease.

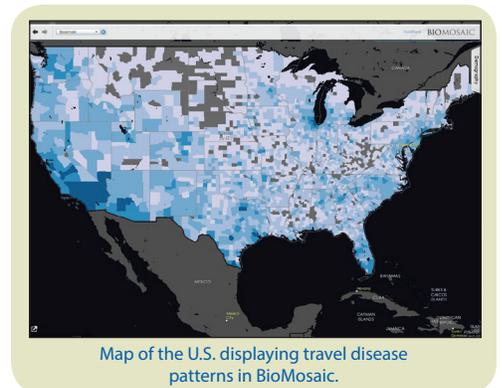
Unaccompanied Children from Central America Crossing into the United States

- DGMQ provided consultation in collaboration with other CDC partners on medical screenings, disease surveillance, vaccinations, and other public health issues.
- DGMQ communication teams developed health screening posters in Spanish to help children follow health and hygiene practices.



DGMQ Applies Innovative Outbreak Response and Surveillance

- DGMQ developed BioMosaic, a web application using epidemiologic and aviation data to help forecast the next cases of Middle East Respiratory Syndrome and Ebola. The tool combines information about travel, disease patterns, and where groups of people from other countries settle in the United States, to help public health agencies direct information and services where they are needed most.



DGMQ Maintains Regulations, Policy, and Guidance

- DGMQ updated the Tuberculosis Screening and Treatment Technical Instructions using Cultures and Directly Observed Therapy for Panel Physicians (CDOT TB TIs) in 2014 (<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/tuberculosis-panel-technical-instructions.html>), to require digital images for any applicant having a chest X-ray overseas. These include persons applying for U.S. immigration status and nonimmigrants who are required to have an overseas medical examination. The requirements help physicians overseas identify more than 600 additional cases of TB each year. Research has shown a decrease in TB diagnoses after U.S. arrival.
- DGMQ staff made three visits to Cuba in 2014 and 2015 to assess required medical screenings for 20,000 U.S.-bound immigrants, refugees, and parolees a year. Re-established relations between DGMQ and the Cuban Ministry of Public Health, which oversees the panel physician program.

www.cdc.gov/migrationhealth
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- DGMQ published Tuberculosis Incidence in Immigrants and Refugees (<http://annals.org/article.aspx?articleid=2397709&resultClick=3>) in Annals of Internal Medicine showing the positive effect of improved diagnostic procedures on reducing the number of U.S. immigrants with tuberculosis (TB). With the new TB screening requirements issued in 2007, there was a one-third decrease in TB cases among foreign-born persons during their first year in the United States. Also, physicians overseas identified 629 additional cases of TB in 2012 among immigrants and refugees (<http://www.cdc.gov/immigrantrefugeehealth/index.html>) bound for the United States.



- DGMQ published an interim final rule in the federal register revising medical examination of aliens (<http://www.cdc.gov/immigrantrefugeehealth/laws-regs/ifr/final-rule.html>), including the removal of three sexually transmitted infections, and an update to reflect current medical standards and terms commonly used by public health partners.
- DGMQ published a federal register notice (<https://www.federalregister.gov/articles/2015/03/27/2015-07118/criteria-for-requesting-federal-travel-restrictions-for-public-health-purposes-including-for-viral>) recommending federal travel restrictions for public health purposes. The notice describes the federal government’s tools to ensure that people with serious contagious diseases don’t board commercial flights or enter the United States without a public health evaluation.

DGMQ Offers Communication, Education, and Training to Protect the Public’s Health

- The DGMQ teams expanded electronic communication at U.S. points of entry to capture the attention of 51 million travelers arriving annually. Posted health messages visible to 139,000 international travelers per day.
- DGMQ posted 96 travel notices on the Travelers’ Health website (<http://www.cdc.gov/travel>), with 65.5 million page views and 25.4 million visits from October 1, 2013, through September 30, 2015.
- DGMQ launched two mobile apps (<http://wwwnc.cdc.gov/travel/page/apps-about>) to help travelers plan safe and healthy international trips.
- DGMQ published the 2016 edition of CDC Health Information for International Travel: The Yellow Book (<http://wwwnc.cdc.gov/travel/page/yellowbook-home-2014>), featuring the latest health recommendations for international travel.



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- DGMQ won the ClearMark Awards of Distinction from the Center for Plain Language for Health Advisory: Ebola Outbreak (<http://wwwnc.cdc.gov/travel/diseases/ebola>) and CDC Check and Report Ebola (CARE) Kit Materials.
- DGMQ co-sponsored Intergovernmental Panel Physicians Training Summits in Cape Town, South Africa (2014) and Hong Kong SAR, China (2015), which attracted 146 and 260 attendees, respectively, and presented multiple opportunities to increase panel physicians' knowledge of the Technical Instructions that govern the overseas medical examination.



DGMQ Provides Support to International and Domestic Partners

- DGMQ conducted a large contact investigation related to a U.S. healthcare worker diagnosed with Ebola who traveled domestically on two commercial flights from Dallas to Cleveland and back. Interviewed all 268 contacts (passengers, flight crew, and cleaning crew) to determine their risk. No secondary cases were identified.
- DGMQ conducted two large contact investigations involving four international and domestic flights and one commercial bus for travelers possibly exposed to Middle East Respiratory Syndrome. No evidence of transmission was identified among the 655 passengers and crew members.
- DGMQ founded the Zoonoses Education Coalition with the American Veterinary Medical Association, U.S. Food and Drug Administration, National Association of State Public Health Veterinarians, Pet Industry Joint Advisory Council, and other representatives from the pet industry. The Coalition develops evidence-based recommendations for safe pet handling to prevent human illness.
- DGMQ developed U.S. guidance on Ebola for airport and airlines personnel, businesses, families, healthcare workers, humanitarian aid workers, K-12 schools, laboratory workers, law enforcement professionals, responders and their loved ones, ship crew members, travelers, U.S. and other countries' port-of-entry partners, and West African audiences.
- DGMQ researched the causes, frequency, and characteristics of unplanned school closures during a flu epidemic. This study (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4252039/>) helps communities, educators, and public health officials prepare for similar emergencies.
- DGMQ updated the Nonpharmaceutical Interventions (NPI) website (<http://www.cdc.gov/nonpharmaceutical-interventions/>) with materials such as fact sheets and checklists to assist in planning for pandemic flu.
- DGMQ strengthened collaborations with Mexico City through a binational meeting to discuss binational issues such as Rocky Mountain spotted fever, dengue, and Ebola.
- DGMQ collaborated with states receiving refugees from countries with Ebola outbreaks to ensure culturally appropriate follow-up upon arrival.

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