

Unaccompanied Children: Health Information for Public Health Partners

The U.S. Department of Health and Human Services (HHS) and Department of Homeland Security (DHS) are leading the humanitarian response for unaccompanied children arriving at U.S. borders, which includes housing, feeding, and providing necessary medical evaluation and treatment to protect public health. In support of HHS and DHS activities, the Centers for Disease Control and Prevention (CDC) is providing consultation on medical screening, surveillance, and public health response when requested.

CDC believes the unaccompanied children arriving from Central America pose little risk of spreading infectious diseases to the general public. While this is generally the case, certain people providing direct care to these vulnerable children should take proper precautions. The majority of health issues being reported from DHS at the border stations are associated with the difficult journey or the crowded, unsanitary, and environmental conditions the children endured before they arrived. The illnesses associated with this population in these conditions include scabies, lice, rash illness, respiratory infections, and diarrhea.

Primary Health Issues

HHS's Office of Refugee Resettlement (ORR) manages the routine medical screening and data collected on illnesses from the unaccompanied children. The following list includes some of the interventions, illnesses, and relevant websites that have been identified for the unaccompanied children arriving from Central America.

Vaccinations

Children from Central America often participate in childhood vaccination programs, similar to those in the United States, and many will have received vaccines against vaccine-preventable diseases. However, a few vaccines are not offered, have not been available for very long, or are not widely used, such as chickenpox, influenza, and pneumococcal vaccines. To be cautious, ORR recommends children without vaccine documents receive vaccinations according to the Advisory Committee on Immunization Practices (ACIP) catch-up immunization schedule. Children are vaccinated with multiple vaccines before they are released from the ORR-funded program into a community. Typically, these include:

- Tdap or DTaP (tetanus, diphtheria, pertussis)
- MCV4 (meningococcal disease)
- MMR or MMRV (measles, mumps, rubella)
- Varicella (chickenpox)
- Influenza (routinely during flu season, and since July 11 in CBP processing centers and in the ORR temporary shelters)
- PCV13 (pneumococcal conjugate vaccine, since July 18)
- IPV (inactivated polio vaccine)
- Hepatitis A
- Hepatitis B

Lice and Scabies

DHS has been reporting head lice and scabies in unaccompanied children during the visual screening at border stations. Any child found to have lice or scabies is treated right away, before going to a shelter. Scabies and head lice can spread rapidly in crowded conditions where close body and skin contact is frequent. Institutions such as nursing homes, extended-care facilities, and prisons are often sites of scabies outbreaks. Children living in shelters very close to one another can easily transmit scabies and lice to each other. Scabies and lice are easily treated, and DHS staff have been treating both when identified in the children.

For more information about head lice, visit www.cdc.gov/parasites/lice/head.

For more information about scabies, visit www.cdc.gov/parasites/scabies.

Chickenpox

Cases of chickenpox have been identified (varicella vaccine is not routinely offered in Central America). DHS and HHS's ORR have protocols in place for responding to chickenpox to limit spread.

For more information about chickenpox, visit www.cdc.gov/chickenpox.

Influenza (flu)

There have been some confirmed infections caused by seasonal influenza B and H1N1 viruses among the children arriving from Central America. These are common human seasonal flu viruses. No novel or variant ("swine flu") viruses have been detected.

In Central America, the flu season has already started and CDC expects that flu activity will increase in these countries, probably peaking in late summer.

- Seasonal influenza A (H3N2) and influenza B viruses are the primary flu viruses circulating in Central America at this time.
- CDC expects to see some children in the shelters sick with H3N2 flu as well.
- Information about flu activity levels in the Southern Hemisphere is available through the [Pan American Health Organization](#).

The U.S. flu season begins in the fall, but flu viruses circulate year-round, though at low levels in the summer. Seasonal flu vaccine is usually available from July or August of one year to June of the following year. The current seasonal flu vaccine given in the United States includes components to protect against H1N1, H3N2, and flu B viruses. To help provide flu vaccines for the unaccompanied children in between U.S. flu seasons, CDC worked with the U.S. Food and Drug Administration to obtain approval to use CDC's remaining supply of the 2013-14 flu vaccine to vaccinate the children in large crowded settings until the 2014-15 vaccine is available. The extended expiration date has been given to IIV formulations for which 12- or 18-month stability data are available. Use of this 2013-2014 vaccine does not pose any added safety concerns.

CDC also has recommended that staff working closely with the children remain up-to-date on their seasonal flu vaccination. This is consistent with longstanding CDC recommendations for flu vaccination.

For more information about flu, visit www.cdc.gov/flu.

Tuberculosis

During the screening conducted by ORR, (i.e., tuberculin skin test, Interferon-Gamma Release Assays, chest X-ray, and follow-up) a small number of cases of TB have been identified. Given that the children are from countries with higher rates of TB (about 25-60 cases of TB per 100,000 people) than the United States, public health officials would expect to find TB in some of these children. This is why TB screening is a part of ORR's routine medical screening process.

Children found to have TB disease are sent to shelters that have the capacity to care for them. They are separated from other children and appropriately treated until they are no longer considered to be infectious. The appropriate state and local health departments are notified. Once a child is no longer considered infectious, she or he may be released to a sponsor, and will be referred to health departments to continue their TB treatment.

Children found to have latent TB infection (LTBI) receive treatment if they will be in custody with ORR long enough to complete their treatment. When a child who has been diagnosed with LTBI but not given LTBI treatment is released to a sponsor, the sponsor is notified and the child is referred to the health department in the sponsor's community for LTBI follow-up.

For more information about tuberculosis, visit www.cdc.gov/tb.

Pneumonia and Pneumococcal disease

Pneumonia and pneumococcal disease have been found in some of the children in the shelters, and CDC is currently investigating these clusters of cases. CDC recently issued interim guidance to ORR recommending that all unaccompanied children receive a single dose of pneumococcal conjugate vaccine (PCV13).

Although vaccines to protect against pneumococcal disease have been part of routine immunization in Central America for several years, many of the older children arriving in the United States may not have been vaccinated for pneumococcal disease in their home countries.

For more information about pneumonia, visit www.cdc.gov/pneumonia.

For more information about pneumococcal disease, visit www.cdc.gov/pneumococcal.