

Response to a Bus Traveler with Tuberculosis at the Detroit/Windsor Border

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Presentation Outline

- Federal Quarantine Program
 - Modern Quarantine Authority
- Detroit Quarantine Station
 - Primary Functions and Responsibilities
- Do Not Board/Lookout Lists
- TB Case Study
 - Port Response
 - Public Health Response
 - Contact Investigation
 - Lessons learned

Modern Quarantine Authority

- Foreign Quarantine Regulations
 - Title 42 CFR Part 71
- Revised List of Quarantinable Communicable Diseases
 - Executive Order 13295
- Interstate Quarantine Regulations
 - Title 42 CFR Part 70

CDC Quarantine Stations 2007 Jurisdictions



Revised List of Quarantinable Communicable Diseases

- Cholera
- Diphtheria
- Infectious tuberculosis
- Plague
- Smallpox
- Yellow fever
- Viral hemorrhagic fevers
- Severe acute respiratory syndrome
- Novel or re-emergent influenza virus with potential to cause a pandemic

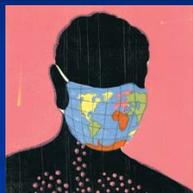


Photo from: <http://www.northeastern.edu/magazine/winter2007/images/tb2.jpg>

Functions of CDC Quarantine Stations

- Responding to reports of illnesses on cruise ships and airplanes
- Inspecting animal and human products posing threat to human health
- Monitoring health, and collecting, distributing and managing medical information of new immigrants, refugees, and parolees

Department of Homeland Security Tools Available to Public Health Authorities

- Do Not Board (DNB)
- Border Lookout (LO)



Source: Robbi Behr, New York Times, May 2006

Do Not Board: Description

- The Department of Homeland Security places individuals on the Do Not Board (DNB) list at CDC's request
 - Health departments contact their CDC Quarantine Stations for DNB
- Does not allow travelers to board a plane inbound to, outbound from, or any domestic flight within the United States
- Applies to everyone, both foreign nationals and U.S. citizens
- International notifications
 - Canada and Mexico are notified of every Do Not Board action
 - Other countries are notified per protocol
- Individuals on Do Not Board list are NOT part of the No Fly List

Do Not Board: Three Criteria

- Infectious public health threat
- Noncompliant or unaware of diagnosis
- Intent to fly on commercial aircraft



[http://www.equidblog.com/uplo/ads/image/Biohazard\(2\).jpg](http://www.equidblog.com/uplo/ads/image/Biohazard(2).jpg)



<http://alignmap.com/wp-content/Graphics/bart-simpson-ncm2.jpg>

Border Lookout: Description

- Individual placed on Lookout (LO) list if on Do Not Board list
- Traveler on LO list held at port of entry pending review by a Quarantine Public Health Officer
- By itself does not prevent travel
- In effect at every port of entry

TB Case Study: Background

- 34-year-old woman from Chicago area was hospitalized in July 2008 with a fever, cough, fatigue, and weight loss
 - Recent history of self-administered tuberculosis (TB) treatment
- +4 acid fast bacilli (AFB) on sputum smear, nuclei acid amplification positive for *M. tuberculosis* complex, cavitary lesions on chest computed tomogram (CT)
 - Subsequently culture + *M. tuberculosis*, pan-sensitive
- Upon discharge from hospital, directly observed therapy (DOT) for 1 week, then lost to follow-up
 - Reportedly traveled out-of-state and the country
- Local Health Department consulted Chicago Quarantine Station on August 18, 2008; patient placed on the Do Not Board and Lookout lists

Port Response (1)

- Sunday, August 31 (4:30 pm Labor Day weekend), U.S. Customs and Border Protection (CBP) notified Detroit Quarantine Station that the patient was on a bus en-route to the Detroit-Windsor Tunnel
 - Bus to arrive within the hour
 - Bus originated in Toronto (~ 5 hour ride)
- Detroit Quarantine Station instructed CBP to isolate patient and obtain contact information for all other passengers on the bus.

Port Response (2)

- CBP informed Detroit Quarantine Station that the patient had been living illegally in the United States, was a Canadian citizen and accompanied by her 3 children
 - CBP protocol to deny entry to U.S., deport immediately back to Canada
 - Two children also Canadian citizens, third dual citizenship
- Public health implication of immediate deportation
 - Presumed infectious active TB, need to coordinate isolation with Canadian local health unit
 - Implication of separating family
- CBP paroled patient into the United States temporarily

Public Health Response (1)

- Detroit Health and Wellness Promotion (DHWP) issued emergency isolation order
 - Patient hospitalized; sputum smear +2 AFB
- Patient's children were hospitalized in pediatric hospital
 - Unable to stay with mother
 - Patient's husband could not be reached
- DHWP and Detroit Quarantine Station contacted Windsor-Essex Health Unit (WEHU) and Public Health Agency Canada (PHAC) to advise of situation
- WEHU could not issue local health order to isolate or hospitalize patient
 - Would have to come from PHAC

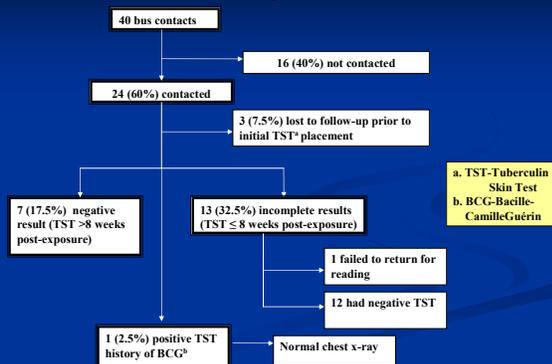
Public Health Response (2)

- Pediatric hospital discharged children back to CBP, ineligible for social services in Detroit
 - Patient refused to give contact information for any family members
- Decision to avoid separating family
- Coordinated return of patient to Canada
 - CDC, CBP, DHWP
 - PHAC, Canadian Border Service Agency (CBSA), Ontario Ministry of Health and Long-Term Care (OMH), WEHU
- Patient was hospitalized in Windsor on September 1, 2008.
 - Canadian federal detention order issued
 - WEHU coordinated hospitalization in Windsor

Referral of Contacts

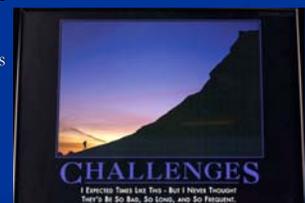
- Detroit Quarantine Station compiled list of all contacts
- Submitted to relevant local public health jurisdictions for follow-up
- Completed referrals returned to CDC Division of Global Migration and Quarantine

Contact Investigation Results



Challenges

- Children involved
- Holiday weekend
- International coordination
- Legal Issues
 - Undocumented immigrants
 - Scope of isolation orders



Successes

- Prompt notification of Detroit Quarantine Station by CBP
- Local health department rapidly issued isolation order
- Coordination with Canadian health officials to return patient to Canada under detention order for the enforcement of her hospitalization
- Bus contact investigation conducted

Lessons Learned

- Department of Homeland Security public health tools (DNB/LO lists) useful
- Effective communication essential
- Partnerships crucial
 - Local health department
 - Local hospital
 - Canadian health authorities
 - Federal, provincial, local
 - Canadian Border Services Agency (CBSA)
 - U.S. Customs and Border Protection (CBP)
 - Centers for Disease Control and Prevention (CDC)

Acknowledgments

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