

The Establishment of Rapid Screening, Isolation, and Treatment of Tuberculosis among Operation Allies Welcome Refugees

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Agenda

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 - b) TB in Afghanistan
2. Camp Layout
3. Screening
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4. Challenges of Screening and Isolation
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Operation Allies Welcome (OAW)

- ◆ United States military operation to airlift certain at-risk Afghan civilians, particularly interpreters, U.S. embassy employees, and other prospective Special Immigrant Visa (SIV) applicants from Afghanistan
- ◆ Approximately 84,600 Afghan nationals, American citizens, and Lawful Permanent Residents have arrived in the U.S. as part of Operation Allies Welcome (OAW)



Tuberculosis in Afghanistan

- ◆ On the WHO's "High Burden TB Country List 2022" for having TB incidence rates of $\geq 20/100,000$ population
- ◆ In 2019 women represent about 38 percent of TB infections globally, but in Afghanistan they're about 54 percent
- ◆ Data from recent years has been difficult to obtain

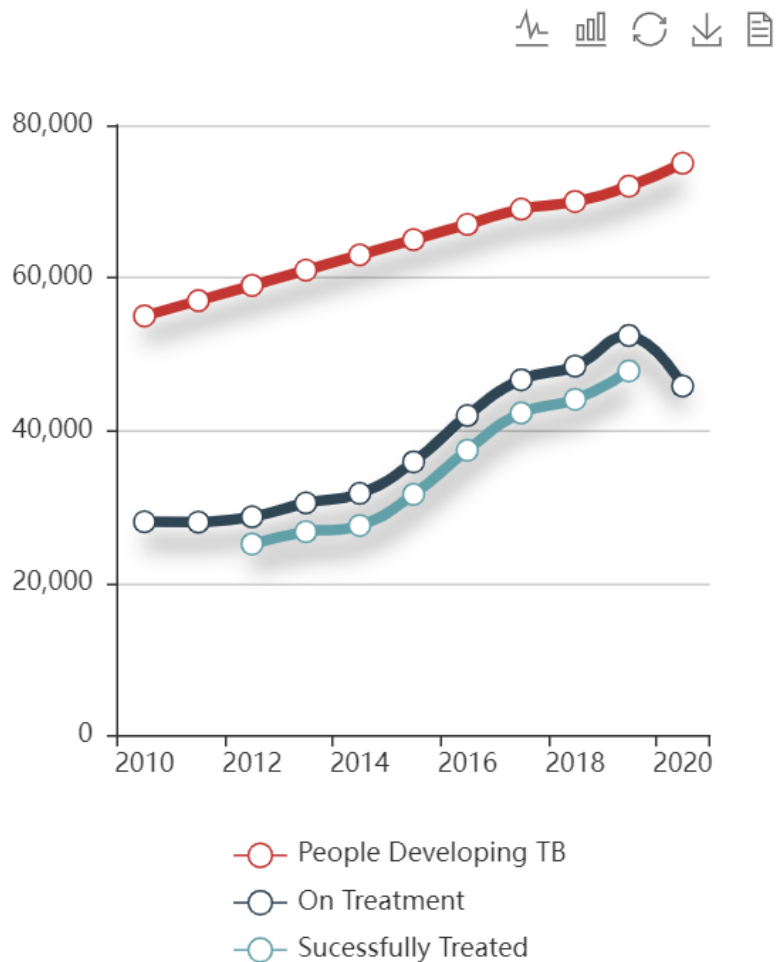
Afghanistan WHO TB Data from 2020

	Number	Rate per 100,000 population
Total TB incidence	75,000	193
HIV-negative TB mortality	11,000	27

	Percentage of Confirmed TB Cases	Rate per 100,000 population
Incidence of resistant TB in new cases	3%	6
Incidence of resistant TB in retreatment cases	12%	23

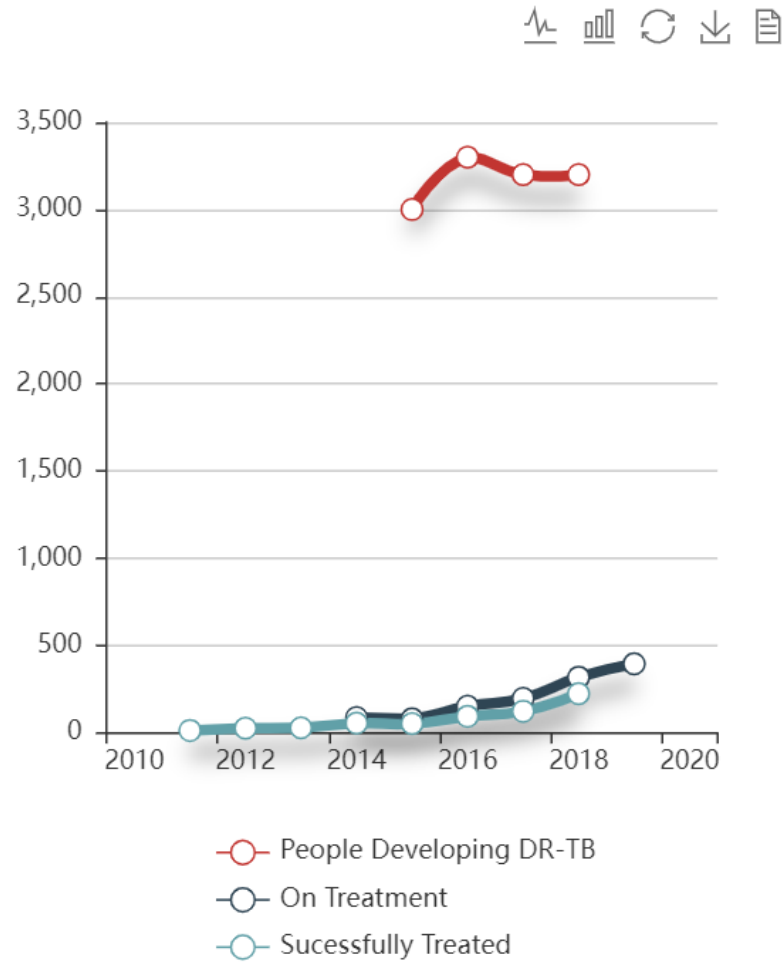
TB Trends in Afghanistan

TB, 2010-2020



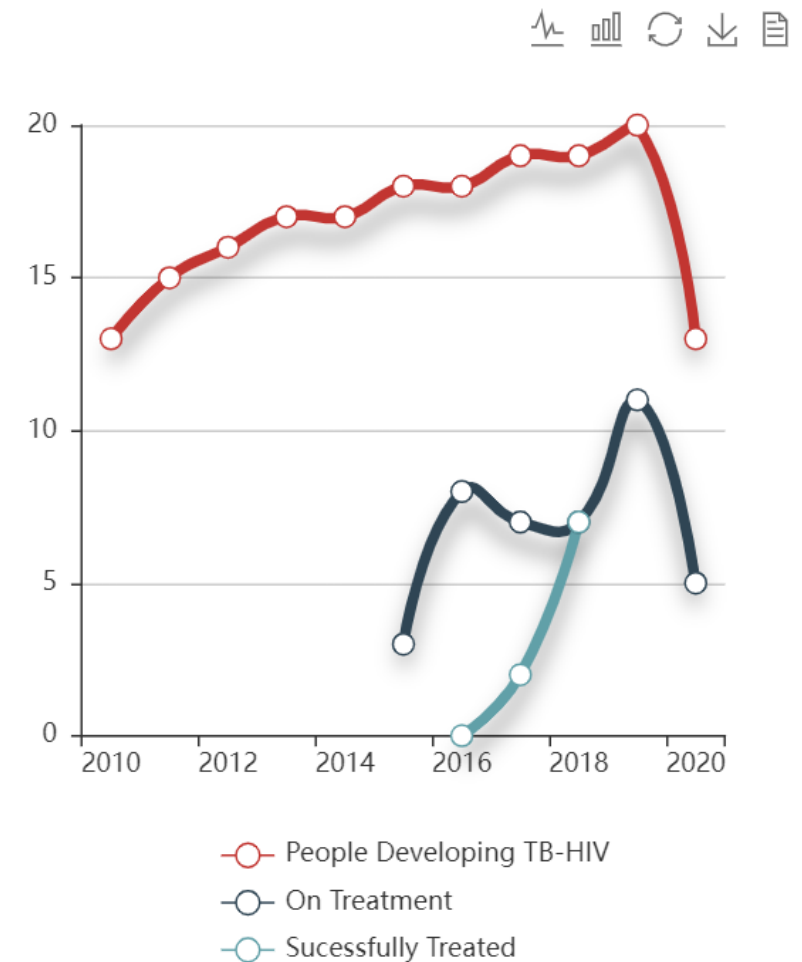
Source: WHO

Drug Resistant TB, 2010-2020



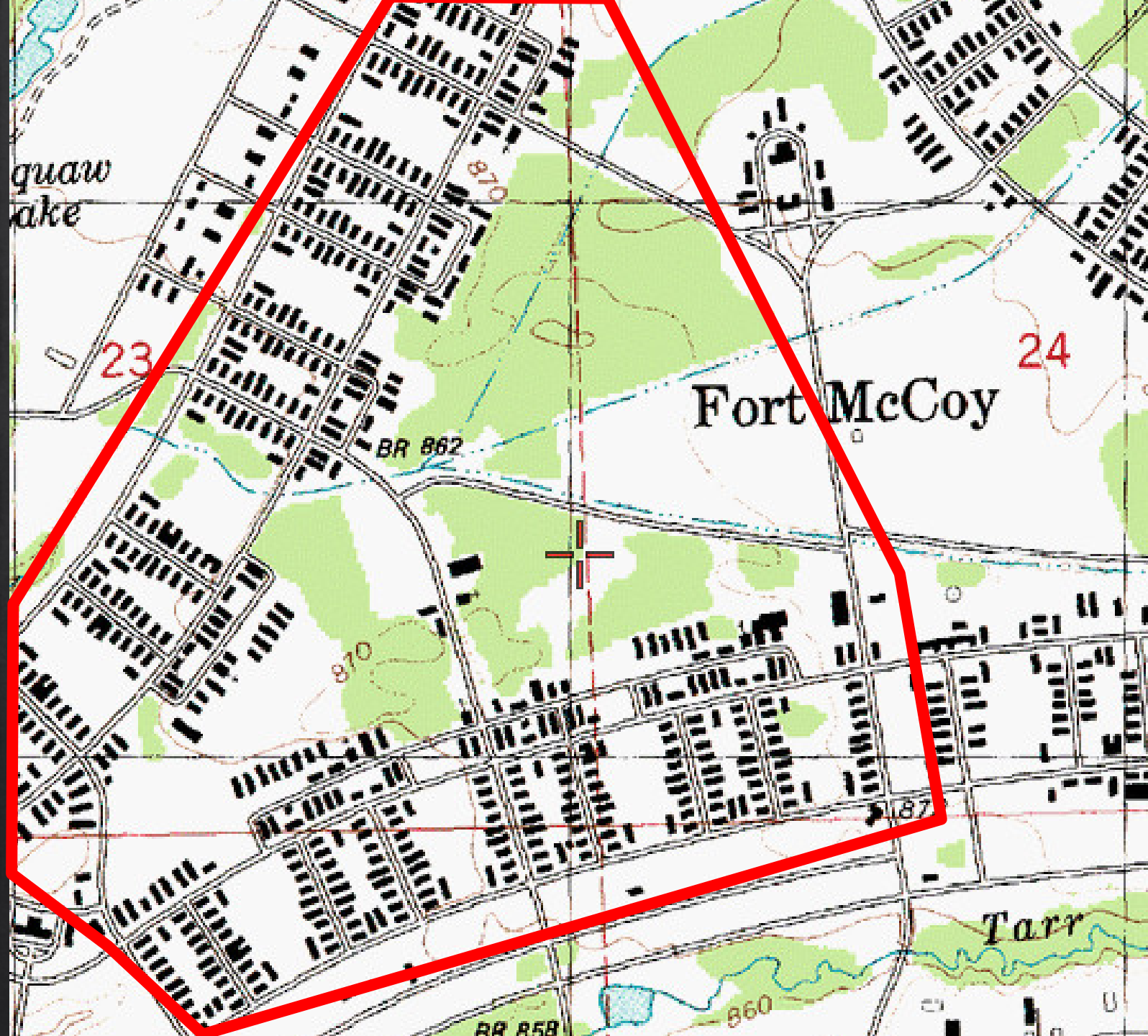
Source: WHO

TB-HIV Co-infection, 2010-2020



Source: WHO

Fort McCoy





Camp Layout

Barracks

- ◇ 50-70 people in open bays
- ◇ 2 floors with shared air flows
- ◇ Multiple families
- ◇ Single males and single females
- ◇ Shared bathrooms
- ◇ To-Go meals in cafeteria
- ◇ Group gathering areas including schools, women/men centers, and immigration centers

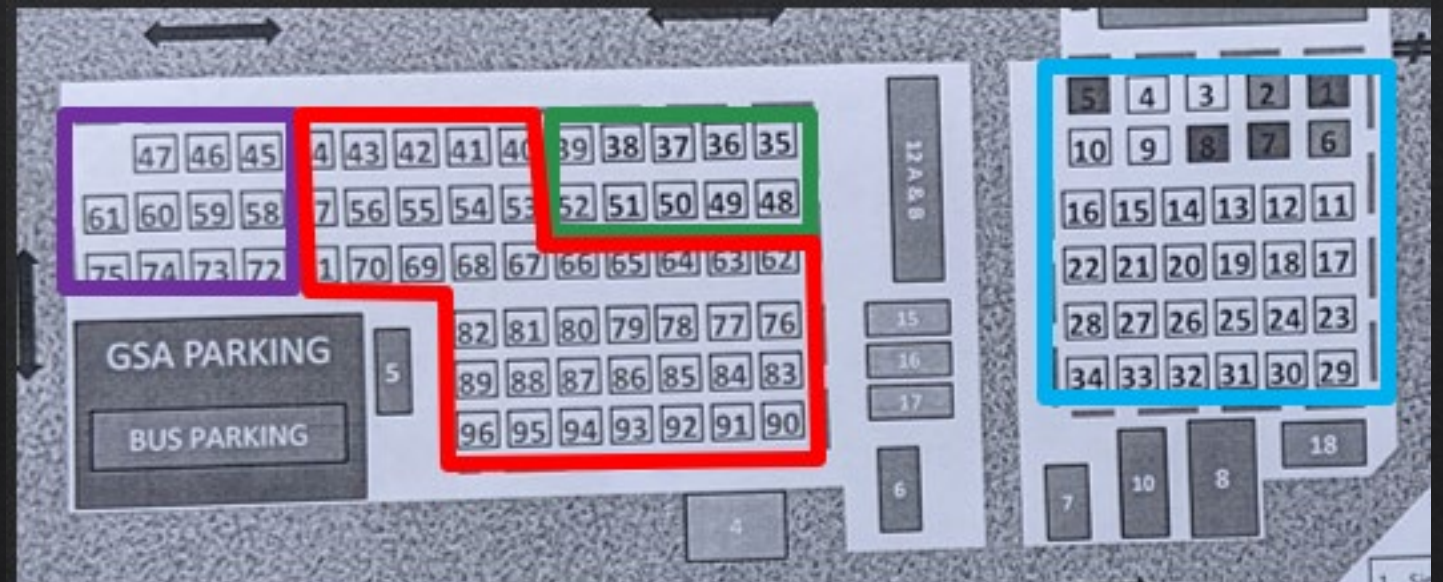


Camp Layout

Camp Liberty

- ◇ 12 person tents
- ◇ One shared shower
- ◇ Port-a-potties and pump hand-washing
- ◇ Multiple diseases in proximity

■ TB ■ Measles ■ Varicella ■ COVID-19



I-693 Immigration Screening

- ◆ Form I-693 reports results of a medical examination to U.S. Citizenship and Immigration Services (USCIS). USCIS requires the examination to establish that applicants who are seeking immigration benefits are not inadmissible to the United States on public health grounds.

1. Communicable Disease of Public Health Significance

A. Tuberculosis (TB): An initial screening test, an interferon gamma release assay (IGRA), is required for all applicants 2 years of age and older; for children under 2 years of age, see the *Technical Instructions*. The civil surgeon will perform further evaluation if needed (chest X-ray).

(1) Interferon Gamma Release Assay (for acceptable IGRAs, consult the *Technical Instructions* and any updates posted on the CDC's website):

☐ Not administered (IGRA exception; please explain in Remarks section below)

Select **only one** box.

☐ QuantiFERON

☐ T-Spot

Date Blood Sample Drawn (mm/dd/yyyy)

Date Blood Sample Drawn (mm/dd/yyyy)

Result: ☐ Negative (no chest X-ray required)

☐ Positive (chest X-ray required)

☐ Indeterminate (including borderline/equivocal) (no chest X-ray required)

(2) Initial Screening Test Result and Chest X-Ray Determinations:

☐ Chest X-ray not required (medically cleared for TB)

☐ Chest X-ray required due to initial screening test results

☐ Chest X-ray required due to TB signs or symptoms, or due to immunosuppression (such as HIV)

☐ Chest X-ray required due to IGRA exception (Clearly specify the IGRA exception in the Remarks section below.)

(3) Chest X-Ray: Required based on IGRA result, or if specific IGRA exceptions apply, or for an applicant with TB signs or symptoms or immunosuppression (such as HIV).

Date Chest X-Ray Taken (mm/dd/yyyy)

Date Chest X-Ray Read (mm/dd/yyyy)

Result: ☐ Normal ☐ Abnormal (describe results in Remarks section below.)

TB Classification/Findings (Select only if chest X-ray was performed):

☐ No Class A or Class B TB

☐ Class B1 Extra Pulmonary TB

☐ Class A Pulmonary TB Disease

☐ Class B, Latent TB Infection

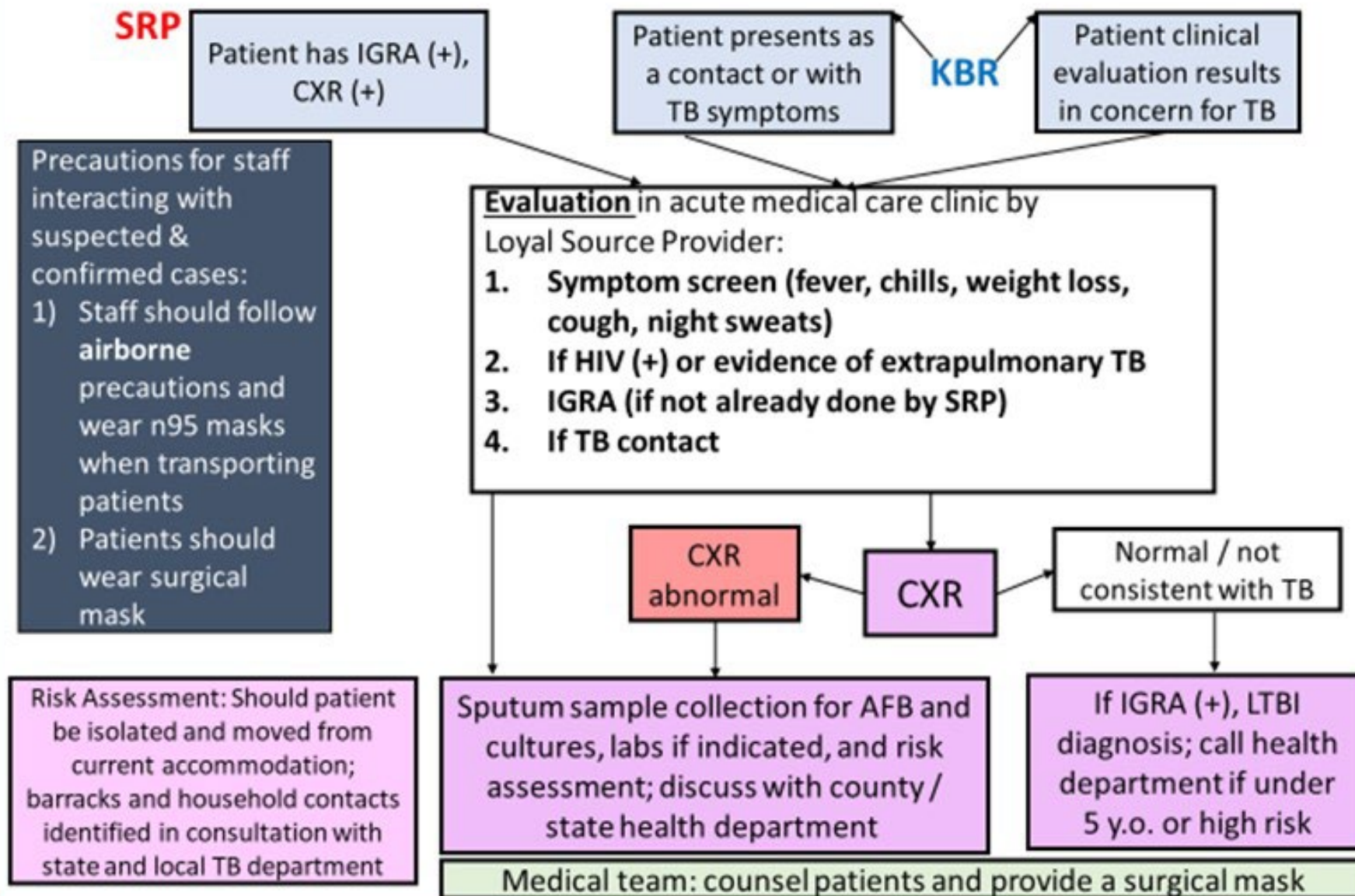
☐ Class B2 Pulmonary TB

☐ Class B1 Pulmonary TB

☐ Class B, Other Chest Condition (non-TB)

☐ Class B0 Pulmonary TB

TB Case Management Flow Diagram – Ft. McCoy, WI



In any circumstance where a person with suspected or confirmed TB is being transferred to a medical facility for care, EMS/transport and the receiving facility must be notified in advance about the potential infection and need for airborne isolation upon arrival

73,714 Medical Exams across 8 OAW sites



12,388 Medical Exams
at Fort McCoy



1,562 Positive
IGRAs and CXRs

=

14.1%
Positive IGRA rate



56 Abnormal
CXRs



17 Active TB
Patients

=

~137/100,000
Lower than the 193/100,000
Afghan national average



1 Drug Resistant
TB Patient

Challenges of Screening, Identification, and Isolation

- ◇ Other competing disease priorities
- ◇ Gender norms and treatment of females
- ◇ Lack of English speakers and interpreters
 - ◇ 2 languages
- ◇ Lack of unique identification of refugees
 - ◇ Different name spellings and name translation
 - ◇ No birthdays for many which led to issues with lab
 - ◇ No unique number

Challenges of Screening, Identification, and Isolation

- ◆ Fort McCoy is set for screening of military members
 - ◆ Availability of treatment space
 - ◆ It took time to concentrate resources for treatment
 - ◆ Population from a war-zone like environment
- ◆ Supply chain issues with medications
- ◆ Resources of the surrounding labs and medical facilities were stressed

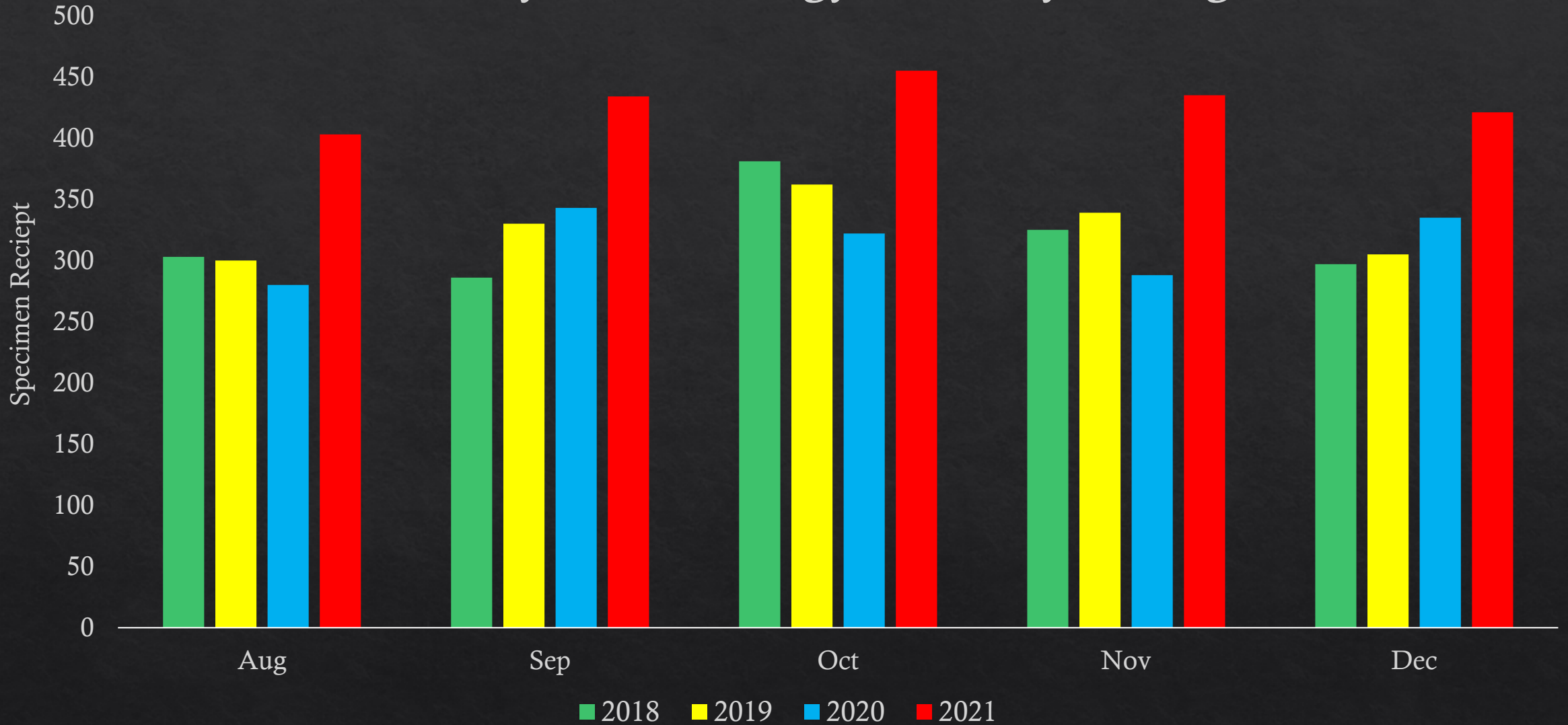


Wisconsin State Lab of Hygiene Testing

Data courtesy of WSLH's Nate Simon

2020 AFB Smear/ Culture Volume		2021 AFB Smear/ Culture Volume		Percent Increase from 2020 to 2021
20-Aug	280	21-Aug	403	44%
20-Sep	343	21-Sep	434	27%
20-Oct	322	21-Oct	455	41%
20-Nov	288	21-Nov	435	51%
20-Dec	335	21-Dec	421	26%

WSLH Mycobacteriology: Monthly Testing Volume



Data courtesy of WSLH's Nate Simon

Challenges with Testing

- ◇ Lack of unique identifiers, misspellings of names, and no birthdays
- ◇ Increase in volume of testing
 - ◇ TB, measles, chicken pox, and others
- ◇ Difficulty establishing new communication
- ◇ Availability of testing kits
- ◇ Learning curve with labeling and shipping samples

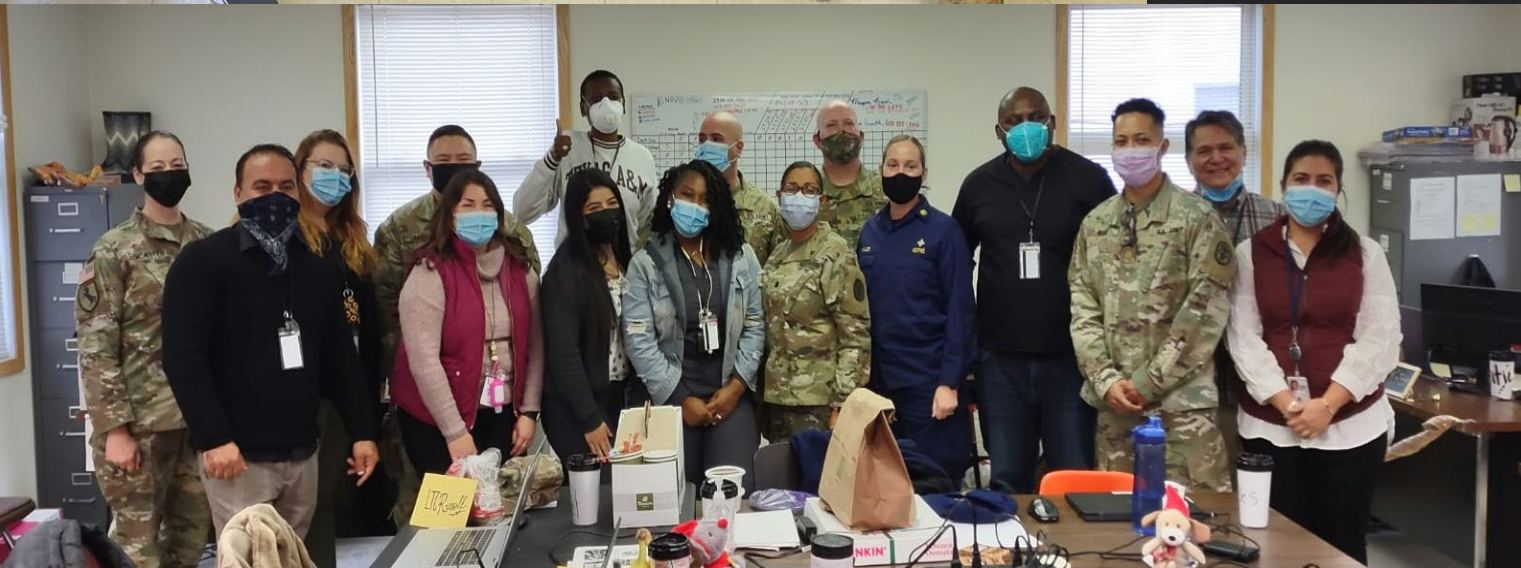
Compliance

- ◇ TB can be seen as a punishment for sins so stigma can be high
 - ◇ Individuals will deny that they have it
 - ◇ Families may ostracize individuals
- ◇ Difficulties with understanding and trust
 - ◇ Translation of medical concepts are not always available
 - ◇ Some believed that the medicine was toxic
 - ◇ Lack of trust of the military and government.

Lessons Moving Forward

- ◇ A coordinated response is a quick response
- ◇ Develop SOPs for site of operation and surrounding areas
- ◇ Prioritize Prevention
 - ◇ Vaccines
 - ◇ Screening





Acknowledgements

WSLH team members, MAJ Webb, Lucia Eloisa, Matthew Lambert, MAJ Joseph, Masum Ahmed, Russel Giese, Nina Masters, Adria Mathis, Ian Pray, Neha Metha, LTC Russel, CPT Lancaster, Katie Lelonek, Tiffany Jackson, Kim Thomas, Eze Owunna, Femi Taiwo, George Deguzman, Atullah, Kent Hughes, Mary Reed, MAJ Sons, Tiffany Giesler, Brian Thompson, Rachel Mulligan, Kim Skrobarcek, and Benjamin Jacques