

**Technical Instructions for
Cholera**

**Screening and Treatment among Burmese
refugees resettling to the United States
from the Mae La Refugee Camp,
near Mae Sot, Thailand**

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Preface

The medical screening of persons overseas applying for U.S. immigration status and non-immigrants who are required to have an overseas medical examination, heretofore referred to as applicants, is an essential component of the immigration process. The Division of Global Migration and Quarantine (DGMQ) has regulatory authority to stipulate medical screening requirements for infectious diseases that can potentially impact the health of the United States.

The United States is currently resettling a large group of Burmese refugees from Thailand. During fiscal year 2009, the United States aims to resettle approximately 15,000 such refugees. The Mae La Refugee Camp, near Mae Sot, Thailand, is the largest Burmese refugee camp in Thailand and has a population of approximately 45,000. The International Organization for Migration (IOM) is a member-state organization contracted by the Department of State to perform the required medical examination of these refugees and manage logistical aspects of their resettlement.

During the past few years, Burmese refugees in this camp have experienced outbreaks of cholera, which have impacted refugee resettlements. On October 23, 2008, Aide Médicale Internationale (AMI), a nongovernmental organization providing medical care to refugees in the Mae La Refugee Camp, informed CDC personnel in Thailand about persons in the refugee camp with cholera; as of October 24, 2008, three cases have been laboratory confirmed. These Technical Instructions provide requirements for IOM to screen for cholera in these refugees and prevent importation of cholera into the United States.

The instructions in this document are to be followed for cholera screening and treatment among all Burmese refugees resettling to the United States from the Mae La Refugee Camp, near Mae Sot, Thailand. The instructions in this document supersede all previous recommendations regarding cholera made to IOM in Thailand managing the resettlement of Burmese refugees from the Mae La Refugee Camp. These Technical Instructions are effective from the date of issuance until resolution of the outbreak as determined by CDC surveillance in the Mae La Refugee Camp; discontinuation of these instructions will be communicated to the Department of State and IOM by CDC.

For inquiries about these Technical Instructions, please contact the Immigrant, Refugee, and Migrant Health Branch, DGMQ at cdcqap@cdc.gov. Further information and updates on these cholera Technical Instructions are available at <http://www.cdc.gov/ncidod/dq/health.htm>.

Background

Cholera, an acute intestinal infection, is caused by toxigenic *Vibrio cholerae* O-group 1 or O-group 139. While the infection is often mild or asymptomatic, more severe cases can occur associated with profuse watery diarrhea, which may result in death through dehydration from volume loss. Cholera is transmitted via contaminated water or food; it has an incubation period of up to 5 days. Cholera is endemic in much of the developing world; Thailand has had outbreaks during the past several years.

Cholera is a Quarantinable Disease, per Executive Order. Refugees coming from a region affected by an outbreak who are ill do have the potential to transmit the disease to others, either on conveyances during a trip to the United States or after arrival to the United States. For this reason, these Technical Instructions are being issued to prevent importation of cholera into the United States.

Cholera Screening

IOM physicians should screen for cholera among Burmese refugees from the Mae La Refugee Camp.

Refugees suspected of having cholera should undergo laboratory testing.

Burmese refugees in the Mae La Refugee Camp in Thailand should be screened for cholera.

Description of each component of the examination (Figure 1):

Medical History

- The medical history should focus on signs and symptoms of cholera, such as watery diarrhea, vomiting, and dehydration.
- Physicians should inquire about recent diarrheal illness, previous diagnostic evaluation and treatment, contact with any person who has/had the disease, and other relevant information (e.g., travel history, ingestion of undercooked food).

Physical Examination

- Pertinent elements of the physical examination should include pulse, respiratory rate, and weight.

Laboratory Testing

- Refugees suspected of having cholera based on report of symptoms or physical examination findings should have one stool sample obtained for laboratory confirmation of cholera at an accredited laboratory performing cholera testing per standards of care in Thailand.

Pre-Departure Evaluation

Burmese refugees departing for United States from Mae La Refugee Camp should be moved to a transit facility outside the Mae La Refugee Camp and reside in the transit center for a 5-day period before departure.

At the transit center, the refugees should be provided safe water and food, ample access to latrines or toilets, and adequate soap to ensure appropriate handwashing and sanitation.

IOM should conduct daily active surveillance for symptoms of cholera among all Burmese refugees housed at the transit center.

When Burmese refugees from the Mae La Refugee Camp are ready to depart for the United States, they should be moved to a “transit center,” a facility separate from the population of the Mae La Refugee Camp that is not resettling to the United States. The refugees to be resettled should remain in the transit center for 5 days, which is one incubation period for cholera.

While IOM is conducting surveillance on the refugees housed in the transit center, if a Burmese refugee is noted to have diarrhea or other signs or symptoms of cholera, the following should be performed:

- The refugee should be examined by an IOM physician.
- One stool sample should be obtained for laboratory confirmation of cholera at an accredited laboratory performing cholera testing per standards of care in Thailand.
- CDC (both CDC Thailand [Dr. Luis Ortega; LuisO@th.cdc.gov] and CDC Atlanta [Dr. John Painter; jpainter@cdc.gov]) should be informed of any symptomatic cases.

Cholera Screening Results and Travel Clearance

Burmese refugees who have completed the 5-day period in the transit center can proceed with their travel to the United States.

Prior to entering the transit center, Burmese refugees would already have a valid medical examination and be otherwise cleared for travel to the United States. Burmese refugees who complete the 5-day period in the transit center without signs or symptoms of cholera can proceed with resettlement to the United States.

Cholera Treatment

Burmese refugees diagnosed with cholera should be referred to the Mae La Refugee Camp medical facility for further evaluation.

After referral to the Mae La Refugee Camp medical facility, those physicians will manage the refugee's cholera.

Cholera Treatment Monitoring

The Mae La Refugee Camp medical facility staff will perform treatment monitoring they deem appropriate for cases of cholera referred to them.

After Burmese refugees with cholera are referred to the Mae La Refugee Camp medical facility, the medical facility staff will be responsible for any treatment monitoring.

Contacts of Cholera Cases

No contact tracing of Burmese refugees with cholera is required of IOM.

Because cholera is a self-limited illness and public health measures needed to control an outbreak are population wide, such as improving drinking water quality, hygiene, and sanitation, no contact tracing is required.

- For surveillance purposes, CDC (both CDC Thailand [Dr. Luis Ortega; LuisO@th.cdc.gov] and CDC Atlanta [Dr. John Painter; jpainter@cdc.gov]) should be informed of any symptomatic cases.

Cholera Classification

Burmese refugees diagnosed with cholera are Class A for cholera until their illness resolves.

Definition of classifications

Class A Cholera

- Burmese refugees diagnosed with cholera are Class A for cholera until their illness successfully resolves.

No Classification

- Burmese refugees not diagnosed with cholera or refugees whose cholera has successfully resolved receive no classification for cholera.

Documentation

Burmese refugees who are Class A for cholera must have that classification documented on the Department of State forms (DS-2053).

Burmese refugees diagnosed with cholera should have pertinent laboratory test results and treatment information documented on the remarks section of the DS-2053 form.

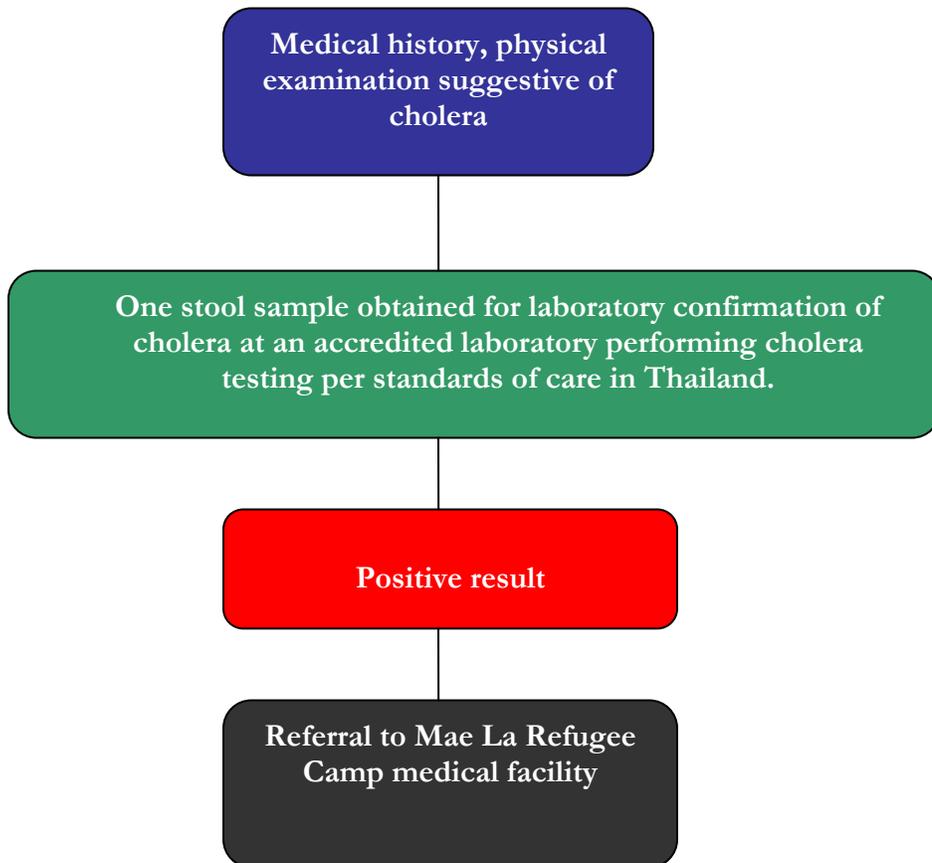
Burmese refugees who are Class A for cholera must have that classification documented on the Department of State forms (DS-2053). Cholera can be written in anywhere under the Class A Conditions heading. Once the illness has successfully resolved (and the refugee is No Classification for cholera), results of the stool test, if performed, and treatment, if given, must be documented on the remarks section of the DS-2053 and include the following information:

- Name of screening test
- Date(s) of test(s): month, day, and year, as numbers corresponding to mm/dd/yyyy
- Result(s) of test(s)
- If treated, therapy given and doses, date(s) of therapy

The medical history and findings of the physical examination must be recorded on the DS-3026 form (Medical History and Physical Examination Worksheet).

Incomplete documentation may result in refusal to grant a visa or result in a medical hold status upon arrival at the U.S. port of entry. Therefore, it is essential that the panel physician thoroughly complete the DS forms.

Figure 1: Cholera screening medical examination



APPENDIX A: GLOSSARY OF ABBREVIATIONS

AMI	Aide Médicale Internationale
CDC	Centers for Disease Control and Prevention
DGMQ	Division of Global Migration and Quarantine
DS	Department of State
HHS	Department of Health and Human Services
IOM	International Organization for Migration

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