

Interim Guidance 11/15/07

Placing a Potentially Infectious TB Patient on the Customs and Border Protection “Look Out” or “Do Not Board” List

Background:

This document provides provisional instructions from the California Department of Public Health, Tuberculosis Control Branch (TBCB) on actions to restrict movement of infectious TB patients who intend to travel across interstate or international borders and who pose a risk of tuberculosis transmission to the public. These measures are typically pursued after a request has been made by public health officials to the patient to defer travel but failed. These instructions provide interim guidance until standard operating procedures are published by the Centers for Disease Control (CDC) and state and local procedures are further developed.

Look Out and No Board Terminology:

“**Do not Board**” refers to a process that restricts travel by flight for those identified as having an infectious disease of public health significance or quarantinable disease.

“**Look-out** “ is a process used to restrict those who have an infectious disease of public health significance or quarantinable disease from crossing borders (not by flight) or to detain a person until public health or quarantine officials are notified.

The United States Customs and Border Protection (CBP) maintains an electronic “**Look Out List**” of persons of interest. When a CBP officer reviews entry documents and information, an electronic notification appears on the computer screen. Depending on the information contained in the notification, the person is then processed specially. The Look Out List can be used to flag persons with communicable diseases that need treatment and/or immediate medical follow-up, including potentially infectious tuberculosis (TB). Those put on a look out list when identified at a border will be detained and unable to travel further. Individuals whose name appears on a “**Do Not Board**” list, will not be allowed to board an airplane that is inbound to the United States, outbound from the United States, or any domestic flight inside of the United States.

What patients may be appropriate for this measure?

Patients who have indicated they intend to travel and have inadequately treated active pulmonary tuberculosis with a high likelihood of being infectious.

Examples

- Patients with smear positive disease, extensive TB or drug resistant TB who did not start therapy, started therapy but smear conversion has not yet occurred or patient defaulted prior to smear conversion
- Patients who have drug resistant TB with extensive disease who had smear conversion but have not converted cultures, or
- Patients who have started therapy but have incomplete treatment and a high likelihood of relapse into an infectious state.

Questions to guide the decision to initiate a No Board or Look Out request:

1. Does the person have active, infectious TB which would put other passengers on the same aircraft at risk?
2. Has the person given anyone in the medical or law enforcement communities any reason to believe that he/she would not be compliant with instructions regarding his/her treatment (this would include if he/she can not be located to receive instructions despite due diligence)?
3. Has the person given anyone a reason to believe they have considered flying on a commercial airliner on a flight of at least 8 continuous hours while infectious?
4. Has the person purchased a ticket for commercial air travel or have the capability of obtaining passage on a commercial airliner?
5. Has the local jurisdiction issue an isolation order? If not, why?
6. What criteria should be met to remove this person from the do not board /look out list?

How to Put a Person on the CBP Look Out or No Board List:

1. To have a patient put on the Look Out List, call and submit a written request to the closest Quarantine Station:
 - CDC Los Angeles Quarantine Station 310-215-2365
 - CDC San Diego Quarantine Station 619-692-5665
 - CDC San Francisco Quarantine Station 650-876-2872
2. Provide the Quarantine Station with as much information about the patient as possible:
 - First Name, Last Name and any known aliases
 - Date of Birth
 - Sex
 - Alien Number and/or Passport Number
 - Driver's license (if applicable) and car license plate (if known)
 - Nationality (Is the patient a resident alien, US citizen, refugee?)
 - Last known address
 - Phone number
 - How are they likely to cross a border (plane, land border, boat)
 - Who you would like contacted when the patient is located (state or local TB program official , including after hours phone numbers)
 - A description of why the person is being placed on the CBP Look Out List
 - Clinical details: CXR results, on smear and culture status, including specimen dates, drug susceptibility results, PCR and molecular beacons (if done), treatment status including length of treatment and response to treatment and risk of relapse
 - If a ticket has been purchased, name of airline, date and time of travel
3. Notify California TB Control Branch of request (Contact your TBCB program liaison, 510-620-3000) and indicate if you need assistance from TBCB with the request.
4. If a program believes an infectious patient is a flight risk, proactive collection of the information above is important including patient's real name and DOB, copies of green card, license plate numbers etc.

Follow-up steps by CDC's Division of Migration and Quarantine (DGMQ):

- The Quarantine station will first request that the local TB controller (and somebody very familiar with the clinical status, if not the controller) participate in a conference call with CDC headquarters.
- The conference call will typically include local and central DGMQ representatives, CDC Division of TB Elimination (DTBE) representative and a representative from the state TB program.
- A discussion of the request will occur to generate consensus.
- Criteria for removing patient from the list is determined.
- If agreed to move forward, the Quarantine Station will work with CDC Headquarters and CBP to place the person on the Look Out List/No board list.
- Once the patient is located/ identified at a border or quarantine station, CBP, CDC, and local authorities work together to formulate a disposition. This might include transporting the patient to a hospital for evaluation and isolation and include serving orders of evaluation and isolation.

To remove a patient from the list:

The TB controller should submit in writing to the local quarantine station the request for removing the patient from the list and information that communicates that this patient is no longer thought to be an infectious risk to the public.

What legal authority supports the action of providing a TB patient's name for this procedure?

Title 42 United States Code Section 264 (Section 361 of the Public Health Service [PHS] Act) gives the Secretary of the Department of Health and Human Services (HHS) responsibility for preventing the introduction, transmission, and spread of communicable diseases from foreign countries into the United States and within the United States and its territories/possessions. This statute is implemented through regulations found at 42 CFR Parts 70 and 71. Under its delegated authority, CDC, through the Division of Global Migration and Quarantine, is empowered to detain, medically examine, or conditionally release persons suspected of carrying a communicable disease.

California: The California Health and Safety Code (§121365, 121366) provides a local health officer with the authority to issue any order he or she deems necessary to protect the public health, to make an application to a court to enforce those orders, and to detain a persistently non-adherent patient in a hospital or other appropriate place for examination or treatment.

It is recognized that due process in serving orders and restricting travel is essential in this process.