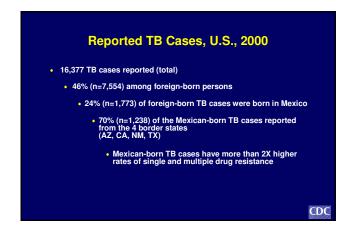


CDC

IOM's International Dialogue on Migration Co-sponsored by WHO and CDC Seminar on Health and Migration, 9-11 June 2004 Session IIB: Public Health and Migration US/Mexico tuberculosis (TB) border health card: Bilateral TB referral & treatment initiative, Dr Stephen WATERMAN







Background U.S.-Mexico border: Frequent crossings complicate case management and continuity of care Repercussions of untreated and incomplete TB treatment extend to other parts of U.S. and Mexico





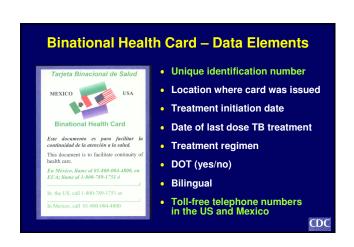
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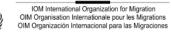




Goals of the US-Mexico Binational TB Referral and Case Management Project • Ensure continuity of care and completion of therapy • Reduce TB incidence and prevent drug resistance • Coordinate referral of patients between health systems • Provide model for other diseases

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TB Patients - Eligibility

US

- Active TB
 - Mexico-born, and/or
- Mexico-bound
- Suspect TB
 - ICE Detention Centers

Mexico

Active TB

CDC

Pilot Sites

- US-Mexico border sister cities/states
 - San Diego, CA Tijuana, BC
- El Paso, TX/Las Cruces, NM Ciudad Juarez, CHIH
- Webb/Cameron Counties, TX Matamoros, TAMAU
- Arizona Sonora
- INS / ICE Detention Centers
- Texas, California, Arizona
- Mexican states
- Coahuila, Nuevo Leon
- US States
 - Tennessee, Washington, Illinois

CDC



Training and Educational Activities

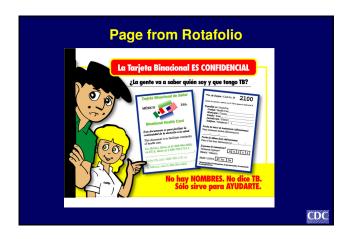
- Training
 - All sites have received training and have received all materials
 - Card Project information will be incorporated in local and national trainings/ meetings
- Educational Activities
 - Mexico has designed and distributed posters and brochures for patients describing the Project
 - A flipbook ("rotafolio") for patients is currently being completed for both US and Mexico Pilot Sites

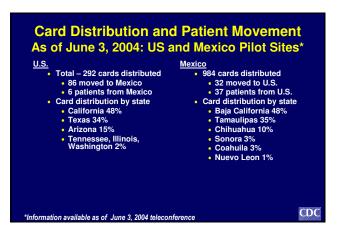
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Detail of Card Movement: US Pilot Sites* (1) 30% (n=81) of Card patients moved to Mexico • Demographic information • 90% (73/81) males • Median age = 35 (range: 1-93 years) • 48% (39/81) of patients NOT official US cases • Move destination • Patients went to 17 Mexican states • 79% (60/76) went to Mexican Pilot sites • Data up to April 30, 2004; Data from Project Database • "Using data collected by the US national TB surveillance system

Project Evaluation

- Is the binational referral system facilitating completion of therapy for patients traveling across the US-Mexico border?
- Can we improve project efficiency?
- How much does it cost?
- Is the model sufficiently effective and feasible to warrant replication in other sites and/or for other diseases?





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Evaluation Site Visit Results (1)

- High level political commitment exists for this Project in both countries
- The 800 toll-free lines are functional in both countries
- The majority of personnel in the Pilot Sites have been trained in the Card protocol
- According to providers, patients have a favorable attitude towards the Card
- People living directly at the US-Mexico border migrate less than anticipated (while on TB treatment)
- The notification loop between the US and Mexico is not completely functional yet



Project Evaluation-Design

- Phase 2
 - Priorities for assessment, determined through group consensus, include:
 - Impact of Project
 - Migration patterns/ tracking
 - Data system/ database analysis
 - Coordination with immigration authorities
 - Patient and provider experience
 - Project cost
 - Protocol in human subjects review
 - Data collection to begin in July and completed by September



Challenges - Planning and Implementation

- Establish mechanisms to safeguard patient confidentiality and legality of information exchange
- Funding and sustainability



Challenges – Pilot Operations

- Notification/ referral information flow between and within countries not completely functional
- Database management challenging
- Remains difficult to obtain treatment outcome status of patients who have moved
- Budget needs







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Funding Centers for Disease Control and Prevention (CDC) U.S. Agency for International Development (USAID), Mexico U.S.-Mexico Border Health Commission Health Resources and Services Administration (HRSA)

Project Summary Responds to identified TB needs in the region Has become an integral part of TB management in ICE detention centers Strong political commitment exists at the national, state, and local levels Represents a model for consensus for binational collaboration Should lead to improved treatment outcomes Should provide model for other similar settings or for other diseases in this setting



