

Summary Report

A Briefing on the CDC's TB Protocols and Their Impact on Adoption

Background

- In 2007 the Center for Disease Control and Prevention (CDC) issued their **2007 Technical Instructions for Tuberculosis Screening and Treatment for Panel Physicians**.
- These instructions are intended to reduce the potential for immigrants with Tuberculosis (TB) from entering the U.S.
- The implementation of the CDC instructions are rolling out on a country by country basis.
- In May and June of 2009, it was announced that immigrants from Ethiopia and China would be subject to the new TB protocols. This includes children adopted by U.S. citizens. Ethiopia and China are countries of birth for over 5,600 adopted children.
- As with virtually all CDC instructions, the Department of State is following the TB protocols and will not issue a visa until all testing and/or treatment is completed.
- The new protocols require a series of tests for all immigrants, including adopted children 2 years of age or older (<12). The tests have a likelihood of delaying the issuance of the child's visa by up to seven days. For certain children, there could be delays varying between eight (8) weeks and twelve (12) months or more, depending on the outcome of the testing.
- For children adopted from China and Ethiopia, the **adoption is finalized** prior to the initiation of testing. Meaning that these children are legally the children of U.S. citizens and are being refused access to U.S. medical care.



Unwarranted and Harmful to Children & U.S. Families

While understanding the rationale of the CDC's Technical Instructions for Tuberculosis Screening and Treatment, Joint Council on International Children's Services, along with leading pediatric infectious disease specialists, have significant concerns regarding the new TB protocols. The primary concern is the effect on children adopted abroad by U.S. citizens.

The concern regarding the new protocols is threefold. One, **children under 12 years of age are rarely contagious**. Two, children infected with TB have often lived in large institutional care facilities, and are often malnourished and underdeveloped. The new protocols would further affect these vulnerable children. And three, the children are legally the children of U.S. citizens and are being denied access to U.S. based health care.

The new CDC TB protocols are unwarranted for this population from a medical perspective. "Adopted children of American citizens, much like children born to American citizens abroad, pose a negligible threat to the public health of the United States," stated Dr. Dana Johnson M.D., Ph.D.

The intent of the new protocols is to minimize the number of immigrants entering the U.S. with multi-drug resistant TB; thereby curtailing the spread of this infectious disease among the U.S. citizenry. As noted by Dr. Johnson above, adopted children of American citizens are generally not a threat to the public health of the United States. In fact, as reported by the Texas Department of Health Blue Ribbon Committee on Child-

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Why the CDC Instructions Should Be Reversed

Medical Rationale

Infectious disease specialists from around the country report that children under 12 years of age are considered a nominal risk for spreading TB.

Concerns regarding adult immigrants including a lack of treatment upon entrance into the United States, do not exist for internationally adopted children. Adopted children, will without question, receive immediate treatment.

The CDC reports that only "a few" cases of adopted Ethiopian children were found to have multi-drug resistant TB upon their entry into the U.S. These 'few' cases are from a base of over 2,500 Ethiopian children adopted by U.S. citizens.

The extended delays imposed by the CDC instructions will result in further developmental and physical delays for the children in question.

The instructions also pose a potentially life threatening delay for children in need of immediate medical care.

Public Policy

The CDC instructions deny U.S. based medical treatment for children adopted by U.S. citizens. The instructions do not apply to American citizens living abroad or their children, and neither should they apply to children adopted by U.S. citizens.

hood Tuberculosis, **children under 12 years of age are rarely considered contagious. Further, after two weeks of treatment, most infected individuals are no longer contagious.** Finally, adopted children of American citizens are immigrating into a permanent, safe and loving family who will ensure that their child will receive proper and immediate medical treatment. **Therefore, the CDC instructions are unnecessary when applied to adopted children of American citizens.**

Perhaps the most vulnerable of all children are those who are older and those with special needs. These children have survived the hardship of living outside of parental care. More than anything, these children deserve a family as quickly as possible and often U.S. citizens are willing to be that family. Based on a Joint Council survey of internationally adopted children, over 50% of China adoptions are for children with special needs. **The new protocols are a significant and unnecessary roadblock which will essentially deny these children access to their permanent family.**

The following should be considered in evaluating the affects of the TB protocols on the adoptive population:

- The TB protocols are far too extensive for this population and should be re-evaluated and altered to more appropriately address the needs of the public and these vulnerable children.
- The additional delays imposed by the TB protocols will have significant and lifelong consequences due to the trauma, emotional harm and the developmental delays associated with institutional care.
- The unknown reaction of foreign governments to the protocols, temporary foster care, and the invasive nature of the extensive testing of the children of their country.
- The unnecessary delay on American families and their adopted children who are "only one plane ride away" from U.S. citizenship.
- Children are rarely contagious! Once a child arrives in the U.S., he/she will have access to U.S. Healthcare.