



Jim Doyle
Governor

Karen E. Timberlake
Secretary

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

State of Wisconsin
Department of Health Services

Date: January 28, 2010

To: Health Care Providers

From: Lorna Will, RN, MA
Director, Wisconsin Tuberculosis Program

Re: Haitian Orphans

We are writing to you because you may be asked to care for Haitian adoptees. Due to the earthquake, many of these children may not be officially adopted and thus not yet covered by their parents' health insurance. We want to assure you that the children are covered by Medical Assistance, give you information on how the parents should apply for these benefits, and provide screening and medical information for all children coming from Haiti.

The adoption of children from Haiti who were awaiting adoption by US citizens prior to the Haitian earthquake on January 12 is being expedited by the US and Haitian governments. For some children, the adoption paperwork and related processes are not complete, so these children are being released to their prospective parents under the supervision of the Office of Refugee Resettlement's Division of Unaccompanied Alien Children. Their prospective parents are considered "sponsors" until all paperwork and adoption processes are complete (more information at http://www.acf.hhs.gov/programs/orr/whatsnew/info_pap.htm). Children released to "sponsors" are given the immigration status of "Cuban/Haitian Entrant" and are therefore eligible for public benefits, including health insurance coverage under Medical Assistance. Parents functioning as sponsors need to go to their local human service agency to apply for these benefits. We have attached several documents to help parents and the human services agencies access these benefits, and a summary can be found at <http://www.acf.hhs.gov/programs/orr/policy/sl10-03.htm>.

Haitian children being brought in for US adoption at this time were NOT medically evaluated prior to departure. Upon their US arrival they should receive a thorough medical evaluation. Health screening recommendations for these children developed by the Centers for Disease Control and Prevention are attached.

The Wisconsin Tuberculosis Program would like to add to the CDC screening recommendations regarding tuberculosis:

- a) It may be impossible to get sputum samples from children, and gastric aspirates are negative up to 90% of the time even in children with active TB disease.

- b) A good quality chest radiograph is the best method for diagnosis of pulmonary TB in children; children can have active TB disease with extensive lung involvement and show no other signs and symptoms.
- c) Extrapulmonary TB is common, and TB can occur in any organ of the body.
- d) BCG vaccine protects against meningeal TB, but does not protect the child from extrapulmonary or pulmonary TB.
- e) An interferon-gamma release assay (such as Quantiferon™) blood test will be more accurate than a TB skin test in children who have received a BCG vaccination. The Red Book (Red Book®: 2009 Report of the Committee on Infectious Diseases - 28th Ed. (2009) recommends IGRA testing for children aged 5 and older. Your local public health department can assist you if you do not know where this testing is available.