

Tuberculosis and Migrant Farm Workers

No reliable figure is available for the number of migrant farm workers and their family members in the United States, but estimates developed by the Migrant Health Program¹ indicate that there may be between 3 and 5 million migrant and seasonal farm workers. And no system is in place to measure the magnitude of the tuberculosis (TB) problem in this highly mobile population, but in a 1984 to 1985 Centers for Disease Control survey of TB cases reported in 29 states, farm laborers accounted for more than 5% of all employed cases (Centers for Disease Control, unpublished data, December 1987).

See also p 1715.

In this issue of *JAMA*, Ciesielski et al² report a population-based study of TB in a random sample of migrant farm workers conducted in 1988 in North Carolina. There were several significant findings from this study, but the most striking was the discovery of active TB in 0.47% of Hispanics and in 3.6% of US-born blacks. They also found the prevalence of TB infection (ie, positive tuberculin skin tests) to be 37% in Hispanics, 62% in US-born blacks, and 76% among Haitians. Previous studies have also found a high prevalence of asymptomatic TB infection and/or current TB among migrant farm workers.^{3,4}

Ciesielski et al found an association between years spent in migrant farm work and prevalence of TB infection among US-born farm workers and noted that among these workers 41% reported previous incarceration, 31% had been homeless at some time, and a "high proportion" reported having been recruited while in homeless shelters, soup kitchens, or alcohol rehabilitation centers. Whether this profile is generalizable to other groups of US-born migrant farm workers is unknown.

Thus, TB is an important problem among migrant farm workers, and its prevention and control is a major challenge. The Health Resources and Services Administration supports a network of migrant health centers and clinics, but these are inadequate for addressing all the health needs of this population.⁵ Furthermore, migrant farm workers and their families often have linguistic, cultural, educational, and other barriers that make it difficult for them to access and/or accept traditional medical care at migrant health centers or other sites.⁷

We agree with Ciesielski et al that health departments should play a stronger role in assuring that TB services are available, accessible, and acceptable to migrant farm workers. Such services need to be provided at or near the work site and should be made available by persons with a good understanding of the cultural, ethnic, and linguistic background of the workers being served. Effective, ongoing communication between state and local health departments and migrant health care providers is essential for success. As a first priority in controlling TB, all workers with active TB must be detected and treated. The best way to ensure that these

patients complete an adequate treatment regimen is to have them receive directly observed therapy given by a well-trained nurse or outreach worker. Health departments should be able to provide this service.

Ciesielski et al found a strong link between a family history of TB and current disease. This finding emphasizes the importance of a thorough contact investigation. All close contacts of infectious or potentially infectious TB cases should be examined and provided with appropriate treatment or preventive therapy as recommended.⁸

When a migrant farm worker who is moving on requires TB services, health care providers at migrant health centers should contact their state health department regarding the probable next destination of the farm worker. Patients receiving treatment should be given medical records to take with them. Health departments, together with migrant health care providers, should ensure that methods of tracking patients between jurisdictions are as effective as possible.

Tuberculin screening and preventive therapy programs should be encouraged where resources and access to migrant farm workers permit, especially in groups in which human immunodeficiency virus infection is also prevalent.⁹ Tuberculin screening and preventive therapy may best be carried out in home-base sites.

Tuberculosis remains a major problem among migrant farm workers. Development of new technologies for TB prevention and control¹⁰ and improved access to medical care will be necessary for the elimination of TB from this population. However, even now, health care providers and public health departments can significantly contribute to the control and prevention of TB in this group. Such efforts will not only hasten the elimination of TB from the United States, but will be of great benefit to migrant farm workers whose social and economic progress is being impeded in part by the occurrence of TB.

Dixie E. Snider, Jr, MD, MPH
John J. Seggerson
Mary D. Hutton, RN, MPH

1. Migrant Health Program. *An Atlas of State Profiles Which Estimate the Number of Migrant and Seasonal Farmworkers and Their Families*. Washington, DC: Dept of Health and Human Services; 1990:1-10.
2. Ciesielski SD, Seed JR, Esposito DH, Hunter N. The epidemiology of tuberculosis among North Carolina migrant farm workers. *JAMA*. 1991;265:1715-1719.
3. Centers for Disease Control. Tuberculosis among migrant farm workers—Virginia. *MMWR*. 1986;35:467-469.
4. Jacobson ML, Mercer MA, Miller LK, Simpson TW. Tuberculosis risk among migrant farm workers on the Delmarva Peninsula. *Am J Public Health*. 1987;77:29-32.
5. Simmons JD, Hull P, Rogers E, Hart R. Tuberculosis control migrant study of 1988. *N C Med J*. 1989;50:309-310.
6. Hibbs J, Yeager S, Cochran J. Tuberculosis among migrant farm workers. *JAMA*. 1989;262:1775.
7. Goldsmith MF. As farm workers keep America healthy, illness may be their harvest. *JAMA*. 1989;261:3207-3213.
8. American Thoracic Society/Centers for Disease Control. Treatment of tuberculosis and tuberculous infection in adults and children. *Am Rev Respir Dis*. 1986;134:355-363.
9. Centers for Disease Control. Screening for tuberculosis and tuberculous infection in high-risk populations. *MMWR*. 1990;39:1-7.
10. Centers for Disease Control. A strategic plan for the elimination of tuberculosis in the United States. *MMWR*. 1989;38:1-25.

From the Division of Tuberculosis Elimination, Center for Prevention Services, Centers for Disease Control, Atlanta, Ga.

Reprint requests to Technical Information Services, Center for Prevention Services, Mailstop E06, Centers for Disease Control, Atlanta, GA 30333 (Dr Snider).