Community Health Concepts Application
NUR 456
Spring 1998

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Based on NURP 356
Tuberculosis Among Migrant Farm Workers:
An Aroostook County Perspective

Resource ID # 7831

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Assessment

Tuberculosis Among Migrant Farm Workers: An Aroostook County Perspective is the product of an exploration of the migrant population, their lifestyle, health challenges and resources, and the risk and prevalence of tuberculosis (TB) among this population. As a communicable disease, TB is more likely to be spread in an environment of poverty, over-crowding, exposure to high-risk groups, and poor or non-existent health monitoring and follow-through (CDC, 1992).

TB infection may be identified by a screening test which allows for infected persons to be prophylactically treated before the TB infection progresses to TB disease (CDC, 1994). Vigilance in identifying and treating PPD-positive people will reduce the reservoir of potential source cases of TB disease. The six-month course of treatment typically recommended poses a challenge, in that follow-up monitoring is dependent upon the availability of healthcare providers along the migrant stream, and upon the migrant's motivation to seek such care.

TB-Net is a binational project intended to enroll and track migrant TB patients, and ensure continuity of care (Migrant Clinicians Network, 1996). We were enthused about this seemingly well-suited tracking system, and decided to redirect our group focus into promoting TB-Net to Maine providers.

Coincidentally, a representative of the Maine Immunization Control Program approached one member of the group about interest in providing adult immunizations to the migrant population (M. Sabol, personal communication, February 6, 1998). As a group, we decided that such an effort would interface nicely with a TB screening activity, and might provide added value as we sought support for our proposal.

A meeting has already been held with Martin Sabol, Maine Immunization Program, to discuss the potential inclusion of immunization in our effort. Tetanus and diphtheria combination (Td) is recommended for all adults every 10 years, and would be appropriate to offer to adult migrants. The other vaccine recommended is measles, mumps, and rubella (MMR), because of the statisics revealing that about half of rubella cases in the U.S. occur among Hispanics, and one quarter of congenital rubella syndrome cases occurred from maternal exposure in Mexico and imported to the U.S. The Centers For Disease Control (CDC) have recently warned travelers to Mexico that there is a rubella outbreak in progress. We have not yet secured a commitment for the Maine Immunization Program to provide the Td and MMR vaccine.

A meeting has been scheduled for the end of April to discuss TB-Net with Joan Blossom, RN, the Bureau of Health TB Control Program consultant. Also in attendance will be Judy White, Executive Director of Rural Health Centers of Maine. The focus of the meeting will be to convince TB Control to enroll in the network, as that is the TB

tracking entity in Maine, and to encourage Rural Health Centers of Maine to enlist, as they are the fiscal agent for the physician contracts each year.

Informal informational contacts have been made with:

Dan Crocker, Rural Health Centers of Maine - responsible for contracting with medical care providers, to staff the Rural Health van;

Diana Ledger, RN, ACAP - responsible for the health component of the children's daycare experience;

Lee Lyons, ACAP - regarding access to community service workers to inform families of the service, and interpreters to assist with education and consents.

A few migrant families begin arriving in Maine in late April, with the bulk of the crew following in June and July. One possible option for providing the adult screening would be to offer it concurrently with the well child physicals already planned for July. These are held in the evening to allow parents to accompany their children, and this would probably provide optimal access to adults who might be interested in TB tests and immunizations for themselves.

Other details to be addressed are interpreters and Spanish-language literature to inform the migrant community, availability of nurses for the activity, physician coverage of the nurses, financial reimbursements, and securing commitments to follow-up on results of the TB tests.

At the conclusion of the effort, we expect to be able to identify the level of interest local migrants have in such a clinic offering, the size of the group needing the service offered, and the potential for providing a similar health service yearly.

did you do this?

References

Centers for Disease Control (1992). Prevention and control of tuberculosis in migrant farm workers: Recommendations of the advisory council for the elimination of tuberculosis. MMWR, 41, (No. RR-10), 1-13.

Centers for Disease Control (1994). Core Curriculum on Tuberculosis: What the Clinician Should Know. U.S. Department of Health and Human Services. Atlanta, Georgia: Author.

Migrant Clinicians Network (1996). TB NET Clinic System Manual, (1st ed.) Texas Department of Health: Author.

2-6-98 Team project members met with Martin Sabol, Field Representative of Maine Immunization Program, to discuss mutual interest in providing an immunization service to the migrant population. Information discussed was summarized on NUR 456 Community Health Concepts Application document already submitted.

4-29-98 Two team members (Harpine, Smith) went to Augusta to meet with Joan Blossom, Program Manager, Maine TB Control Program, and Dan Crocker, Program Developer, Rural Health Centers of Maine. The purpose of the meeting was to create awareness of the TB-NET project, and to stimulate interest in utilizing this existing national network to consider migrant testing and tracking in Maine. Both agency representatives expressed interest in the effort, and supported continued exploration by agreeing to make personal contacts with TB-NET. Joan Blossom subsequently extended an invitation to speak at the next quarterly meeting of Tuberculosis Control Program Consultants.

May '98 Maine Immunization Program agreed to provide vaccines needed to offer Td boosters to the migrant adults, and MMR to those adults born after 1957 who had never had one.

6-3-98 Pamela Harpine went to Augusta for the TB Consultants' Meeting. Statistics and demographic data regarding migrants was shared, and the physicians were introduced to the TB-NET network, which now includes 17 states since its 1993 inception. The question of whether Maine might choose to participate in TB-NET was raised, and the teams' interest in providing a PPD/immunization clinic was described. Levels of participation considered were whether to use TB-NET only for tracking and referral, or to actually provide screening and outreach activities as well. The physicians raised questions about the numbers of migrants in Maine, age range of the adult laborers, CDC's position on screening and treatment, and the benefits/risks of chemoprophylaxis in people over age 35. Kathleen Gensheimer, MD, State Epidemiologist for Bureau of Health, was very supportive of the planned PPD/immunization clinic and provided some clarification of CDC recommendations.

June '98 Discussions with Diana Ledger, RN, and Lela Lyons, Migrant Daycare Director, resulted in a cooperative agreement to include parent immunizations into the already scheduled children's health clinics in July, since parents will be accompanying their children and interpreters will be available.

July '98 Joan Blossom initially agreed to provide PPD for the TB screening effort, pending approval of the TB Consultants. She eventually withdrew permission to do screening on the adults, because of the concern that a screening effort would then obligate Maine to commit financial and personnel resources for follow-up of an unknown number

be considered for infected migrants under the age of 35, and the benefits of chemoprophylaxis compared against the risks of hepatotoxicity for those over age 35. The group is deferring a recommendation on screening efforts until CDC publishes updated guidelines on this topic , expected within the next six months. There is some interest in doing a pilot project in a higher-risk, more poorly-served group of Spanish migrants in Turner, who have a longer residency than the 3 - 6 month stay of the Caribou migrants.

Interventions felt to be realized are:

* Although there is no commitment to provide regular screenings at this time, we believe the potential exists for that to happen in coming years. There does seem to be a consensus that utilizing the TB-Net system will provide some assurance of follow-up, although that could not be tested this year with no cases or reactors identified.
* Care providers on the Migrant Health Van will be encouraged to maintain a high index of suspicion for TB, and apply a PPD test if so indicated. PPD will be supplied to the Van, and providers will offered training in proper administration by one team member who is a certified instructor.
* Portable immunization records were provided to those adults who accepted Td or MMR vaccines, with the encouragement to show and/or record immunizations or PPD dates at each health care contact.
* The TB Consultants' endorsement of chemoprophylaxis for PPD reactors may facilitate some farm/van/public health cooperation in creating viable treatment options for the workers.
* Some local providers have begun Spanish language acquisition efforts.

The following issues will be considered in planning similar activities in the future:

* This clinic only accesses the parents of Daycare-enrolled children, and they tend to be repeat families year to year. Families with older children, or single adults should also be included.
* An alternate possibility may be to offer adult immunizations and/or PPD at the Van on a walk-in basis, on several pre-arranged dates.
* The MD who has provided the physical exams to the children the past few years has already requested that the children's clinic be held on a different night than the regularly scheduled Van night, because committing him to that time slot shortchanges the others at the camp.

When funding, availability of the Van, and agency support is arranged, it may be possible to coordinate the inclusion of adults as well.

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Project Evaluation

Team Members:

Pamela J. Harpine, Jane M. Matilla, Carol M. Mitchell, Deborah P. Smith

The purpose of this project was to screen migrant workers in Aroostook County for Tuberculosis. Our original goals were to:

1. Introduce the Binational / Migrant Tuberculosis Tracking and Referral Project (TB Net) to State of Maine.
2. Screen all migrant workers and their families within the migrant camps in Aroostook County.

After meeting with state officials, our team was given permission to administer Tuberculin (PPD) tests to the migrant workers' children, but not to the adults. – reason why

Monitoring for active Tuberculosis (TB) cases and positive PPDs found in our screening would be provided. Follow up investigation of positive PPDs in the children would include screening of the children's close contacts, including adults. – nice!

Currently Maine lacks the funding to do the full scale screening that our team had hoped for. Follow-up on an unknown number of positive PPD reactors in adults could be extremely costly, an obligation that the State of Maine is unable to commit to at this time. CDC funds

Our team was successful in making state officials aware of the existence of TB Net, and it was very well received. In addition we were able to get the State of Maine to recognize and partially implement the TB Net project. excellent!

Our team members have high hopes that sometime in the near future TB Net will be fully activated in Maine, and that all migrant workers will have access to screening and follow-up care.

We feel that our team was very successful in our project. If we were to do anything different we would continue to pursue getting permission to screen adults for TB and explore funding for that project. Good.

We also wish that the two members of our team, Carol and Jane who were not public health nurses, could have had a more active role in presenting the project and administering the PPD tests. State regulations restricted testing of the clients to the public health nurses on our team. The public health nurses, Pam and Debbie, were the primary representatives at the meetings with state officials in Southern Maine. The entire team was present when we met with Martin Sabol, Field Representative of the Maine Immunization Program.

It was extremely rewarding for our entire team to see our project actually be implemented and providing a service to the community. We also enjoyed working collaboratively on this project, and have realized and appreciated each other's talents.

Wonderful!
You have done
an excellent job
on this project!
Thank you!
Kelly.