



Alert: Guidance for Providers Caring for Newcomers Arriving from Cuba, Haiti, Nicaragua, and Venezuela

April 5, 2023

Dear State Refugee Health Coordinators and Refugee Health Partners:

Processes for Cubans, Haitians, Nicaraguans, and Venezuelans

The Centers for Disease Control and Prevention (CDC) is supporting the arrival of newcomers from Cuba, Haiti, Nicaragua, and Venezuela by working closely with federal, state, and local partners, non-governmental organizations, and the private sector. The [U.S. Department of Homeland Security, U.S. Citizenship and Immigration Services \(USCIS\)](#) has announced processes through which nationals of Cuba, Haiti, Nicaragua, and Venezuela, and their immediate family members, may request to come to the United States in a safe and orderly way. Qualified beneficiaries who are outside the United States and lack U.S. entry documents may be considered, on a case-by-case basis, for advance authorization to travel and a temporary period of parole for up to two years for urgent humanitarian reasons or significant public benefit. As a requirement of their parole, individuals must attest to receiving select vaccinations prior to travel, and must attest to completing tuberculosis (TB) screening within 90 days after arrival to the United States (see [USCIS Vaccine and TB Attestation](#) for additional information).

For general information on the Process for Cubans, Haitians, Nicaraguans, and Venezuelans, including processes and country specific eligibility requirements, refer to [USCIS](#).

Benefits

Cuban and Haitian entrants are eligible for select benefits through the Office of Refugee Resettlement (ORR). See [ORR](#) for a detailed description of benefits for Cuban and Haitian entrants (also available in [Haitian Creole](#), [French](#), [Spanish](#), and [Portuguese](#)). As of April 5, 2023, those arriving from Nicaragua and Venezuela are **not** eligible for ORR benefits, including resettlement assistance, a domestic medical screening, or refugee social services.

Health Considerations

Individuals arriving from Latin America and the Caribbean have unique health profiles, and may be different from other refugee, parolee, and migrant groups. People from Cuba and Haiti are eligible for an ORR-supported domestic medical screening (in accordance with [CDC Domestic Screening Guidance](#)), and may have care needs identified in this context. Newcomers from Nicaragua and Venezuela are not eligible for domestic medical screening; however, they might present for care in community health centers, hospitals, or other settings. Below are some conditions that clinicians may want to consider should an individual from any of the countries listed above seek care.

Tuberculosis

Haiti, Nicaragua, and Venezuela have a high burden of TB, while Cuba has a low burden of TB compared to other countries in the region. All four countries have higher rates of TB than the US general population. The table below describes TB incidence per 100,000 population, as well as multi-drug resistant (MDR) and rifampicin-resistant (RR) TB incidence per 100,000 population.

Clinicians should maintain a high index of suspicion for TB disease, especially in those from Haiti, Nicaragua, and Venezuela presenting with signs or symptoms of TB. **Of note, these newcomers are not screened for TB prior to arrival in the United States, and must attest to screening with an interferon gamma release assay**

(IGRA) result within 90 days after arrival. This TB screening attestation is a condition of parolee, and differs from the domestic screening recommendations that apply to refugees and other humanitarian newcomers. TB is spread from one person to another when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. Symptoms of TB disease can include cough lasting longer than 3 weeks, hemoptysis, chest pain, fever, chills, night sweats, weight loss, loss of appetite, weakness, or fatigue. However, many of those diagnosed with TB disease through screening are asymptomatic. Any person with possible or confirmed TB disease should be reported to your local or state health department’s [TB control office](#). Additional information on the diagnosis and treatment of tuberculosis is available from the [CDC Division of Tuberculosis Elimination](#) (DTBE) and from state and local health departments. Lastly, DTBE published a ‘Dear Colleague’ letter ([Venezuelan humanitarian relief program and TB testing](#)), which provides additional information on TB in Venezuela as well as information on drug susceptibility testing.

Table. Tuberculosis incidence rates, 2021*

| Country | TB Incidence (per 100,000) | MDR/RR-TB Incidence [†] (per 100,000) |
|---------------|----------------------------|------------------------------------------------|
| Cuba | 6.8 | 0.4 |
| Haiti | 159 | 8 |
| Nicaragua | 45 | 0.78 |
| Venezuela | 47 | 2 |
| United States | 2.6 | 0.05 |

*[WHO Global Tuberculosis Programme](#), 2021

[†]RR is TB resistant to rifampicin (R); MDR is TB resistant to R + isoniazid

Below are additional informational materials for patients and their families available in Spanish:

- [TB: General Information](#) fact sheet
- [Q&A about TB](#) patient pamphlet

Dengue

On August 30, 2022, the US Embassy in Havana, Cuba issued a [health alert](#) due to a surge of confirmed dengue fever cases. [Dengue](#) viruses are spread through the bite of an infected *Aedes species* mosquito. Symptoms can be mild to severe. Common symptoms include high fever with nausea and/or vomiting, rash, or aches and pain (eye pain, muscle, joint, or bone pain). Symptoms typically last 2-7 days and most people will recover within a week. Severe dengue can be life-threatening within a few hours, and often requires hospitalization. Severe dengue usually begins in the 24-48 hours after the fever has gone away. Warning signs for severe dengue include belly pain or tenderness, vomiting, bleeding from nose or gums, vomiting blood or blood in stool, or feeling tired, restless, or irritable. Emergency treatment should be sought if an individual experiences signs of severe dengue.

Zika Virus

Cuba, Haiti, Nicaragua, and Venezuela are [listed](#) as areas with current or past transmission of Zika virus. Zika virus is spread primarily to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon. If a pregnant person becomes infected with Zika virus it is possible that infection can cause severe birth defects. [Additional information](#) including clinical guidance can be found on the CDC website.

Chagas

[Chagas disease](#) (also known as American trypanosomiasis) is endemic in 21 continental Latin American countries (including Nicaragua and Venezuela). Large-scale population movements from rural to urban areas of Latin America and to other regions of the world have increased the geographic distribution and changed the epidemiology of Chagas disease. Chagas disease is caused by the parasite *Trypanosoma cruzi*. The severity and course of an individual infection can vary depending on the age at which a person became infected, the way in which a person acquired the infection, or the particular strain of the *T. cruzi* parasite. There are two phases of Chagas disease: the acute phase and the chronic phase. Both phases can be symptom-free or life-threatening. In the acute phase, which lasts for the first few weeks or months, a person may have no symptoms or mild ones (including fever, body aches, headache). Some may also have swelling of the eyelids on the side of the face near

the bite wound or where the insect feces were accidentally rubbed into the eye, called Romana's sign. The chronic phase, which can last for decades or be lifelong, can be asymptomatic. Approximately 20-30% of infected people develop cardiac complications (cardiomegaly, heart failure, arrhythmia, cardiac arrest); gastrointestinal complications (megaesophagus, megacolon, difficulty eating and defecating) also may develop but much less frequently. If left untreated, infection is lifelong and can be life threatening. For more information regarding treatment of Chagas disease see the [CDC Division of Parasitic Disease and Malaria](#).

Cholera

There was a major cholera outbreak in Haiti in 2022 (As of November 7, 2022, over 600 confirmed cholera cases and over 6,500 suspected cases in the greater Port-au-Prince area) [reported to the World Health Organization](#). Haiti is still considered as an area of "active transmission" of cholera. Cholera is an acute diarrheal illness caused by toxigenic *Vibrio cholerae* serogroup O1 or O139. It is spread through ingestion of water contaminated with feces that contains cholera bacteria, or by ingestion of food or beverages that have been handled by a person who is shedding cholera bacteria. Meticulous hand hygiene after toileting and before handling food or beverages is a cornerstone of prevention along with safe sanitation practices. With current sewage and water treatment systems in the U.S., the risk of cholera transmission is minimal. Additional information on cholera is available from the [Division of Foodborne, Waterborne, and Environmental Diseases](#), and [PAHO](#).

Vaccine Preventable Diseases

Cubans, Haitians, Nicaraguans, and Venezuelans must attest to having received at least one dose of a measles, polio, and FDA-approved COVID-19 vaccines. They are not required to be vaccinated against other diseases (as a condition of their parole).

Clinicians who see Cuban and Haitian entrants for a domestic medical screening are encouraged to review historical vaccine records and offer age-appropriate vaccines in accordance with [CDC Guidance for Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees](#), [ACIP Recommendations](#), and [Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind](#). It is important that all newcomer children meet vaccination requirements for school enrollment. Clinicians should refer to their respective state vaccination requirements for enrollment.

Chronic Health Conditions

Clinicians providing care to parolees from Latin America and the Caribbean (regardless of visa class or refugee status) should be aware that newcomers may require management of chronic conditions, referrals for specialty care, refills on prescription medications, and/or optometry services. Clinicians who are providing medical care to newcomers from Latin America and Caribbean should be aware that patients may have undiagnosed chronic health conditions, and should conduct a complete review of systems and not immediately rule out chronic diseases in a differential diagnosis.

Mental Health Issues

There are growing mental health needs among those displaced from Latin America and the Caribbean. Long-term socio-political instability and escalating violence, the COVID-19 pandemic, and recent natural disasters have had detrimental effects upon the personal, professional, and social lives of newcomers. Additionally, violence toward women, often perpetuated by gangs and armed criminal groups, has been widely documented. Those with existing mental health conditions, or intellectual, cognitive, or psychosocial disabilities may be particularly vulnerable and may be victims of prior violence.

Additional Pediatric Considerations

Children are at risk for the infectious disease, chronic conditions, and mental health concerns outlined above. Due to protracted conflicts in the countries of origin, children are at risk for severe acute malnutrition (wasting) and stunting (chronic malnutrition). Malnourished children are at higher risk of developing infection and having poor health outcomes. Treatment and additional testing for severe acute malnutrition should be guided by a primary care provider after arrival. Additionally, developmental assessments, particularly for children whose education and learning has been interrupted by conflict, should also be ascertained.

Additional Resources

- General Resources
 - [CDC Resources in Languages Other than English](#)
 - [Communication Toolkit | Immigrant and Refugee Health | CDC](#)
 - [U.S. Immigrant Population by State and County | Migration Policy Institute](#)
- Mental Health
 - [International Trauma Consortium: Mental Health Resources for Clinicians and Researchers](#)
 - [National Child Traumatic Stress Network \(NCTSN\) Resources](#)
NCTSN is a unique network of frontline providers, family members, researchers, and national partners committed to changing the course of children's lives by improving their care. Many resources are available at their website, including tips for parents, educational materials surrounding trauma, and resources translated into Creole, Portuguese, and Spanish.
- Vaccinations: [Vaccine Information Statements](#)
- Peer-reviewed Literature
 - Page KR, Doocy S, Reyna Ganteaume F, Castro JS, Spiegel P, Beyrer C. [Venezuela's public health crisis: a regional emergency](#). Lancet. 2019 Mar 23;393(10177):1254-1260. doi: 10.1016/S0140-6736(19)30344-7. Epub 2019 Mar 11. PMID: 30871722.
- Child Development: [The Survey of Wellbeing of Young Children](#)

The Domestic Team will continue to provide further guidance for these populations as new information becomes available.

Sincerely,

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