



November 17, 2022

Dear Colleagues:

This letter is to inform you of recent changes to how Venezuelans can legally enter the United States and the health requirements under the new migration enforcement program that went into effect last month.

The Humanitarian Relief Program for Venezuelans

On October 12, 2022, the U.S. Department of Homeland Security (DHS) announced [Announcement | DHS](#) a new process allowing Venezuelan nationals and their immediate family members to come to the United States. The process offers a way for Venezuelan nationals who are outside the United States and lack U.S. entry documents to be considered, on a case-by-case basis, for advance authorization to travel to the United States and a temporary period of parole for up to 2 years for urgent humanitarian reasons and significant public benefit. To participate in this process, Venezuelan nationals must have a sponsor in the United States and meet other requirements. The sponsors must apply to U.S. Citizenship and Immigration Services (USCIS), [Process for Venezuelans | USCIS](#), and agree to provide the parole applicants with financial support for the duration of the parole. The program has a ceiling of 24,000 parolees.

Attestation of Tuberculosis Testing and Vaccination under the Program

The medical requirements are the same as they are for the Uniting for Ukraine Program and are available at [Vaccine Attestation for Venezuelan Process | USCIS](#). Within 90 days of arrival, parolees who are aged 2 years and older must be tested for tuberculosis with an interferon-gamma release assay (IGRA) blood test and report the results to their "MyUSCIS" online accounts that they created while applying to the Humanitarian Relief Program for Venezuelans. In addition, all medically eligible applicants must receive at least one dose of a measles-containing vaccine, at least one dose of oral or intramuscular polio vaccine, and at least one dose of a COVID-19 vaccine prior to travel to the United States. After arriving in the United States, parolees must complete their primary COVID-19 series, if not done prior to arrival.

Venezuelan parolees may be referred to health departments for an IGRA test. If the health department cannot provide this test, please refer them to other resources. A tuberculin skin test will not be accepted in place of an IGRA.

Tuberculosis in Venezuela

Summarized in the World Health Organization's [Global Tuberculosis Report 2022 | WHO](#), the estimated national tuberculosis incidence rate in Venezuela in 2021 was 47/100,000 person-years, which incorporated an estimated case notification rate of 70%. The estimated proportion of cases with multidrug resistance was 3.4% among new cases and 15% among previously treated cases. These data might not be representative for Venezuelan parolees who are entering the United States under the new process.

Drug Susceptibility Test Results for Venezuelans with Tuberculosis Reported in the United States

For 2014–2021 in CDC's National Tuberculosis Surveillance System, 119 cases of tuberculosis were reported in non–U.S.-born persons with Venezuela as the place of birth. Of these cases, 95 (80%) were culture confirmed, and 93 had susceptibility results for at least isoniazid and rifampin. Any isoniazid resistance was reported for 5 (5%), any rifampin resistance for 1 (1%), and multidrug resistance for none.

Electronic Disease Notification System

CDC's Electronic Disease Notification System, [EDN | CDC](#), does not have information about the Venezuelan parolees because they have not undergone the overseas immigration medical examination. Data from the attestation cannot be entered into EDN. The health requirements for parolees are not the same as those for the immigration medical examination for persons who are applying for adjustment of status, [Technical Instructions for Civil Surgeons | CDC](#).

Funding for Tuberculosis Testing and Other Health Services

To date, the Office of Refugee Resettlement (ORR) in the Administration for Children and Families (ACF) and the Centers for Disease Control and Prevention (CDC) have not received funding designated for support of this program. The supplemental funds designated for Uniting for Ukraine under the CDC tuberculosis cooperative agreements may not be diverted for Venezuelan parolees. However, surplus supplies such as IGRA test kits may be used for the care of Venezuelan parolees if these supplies are not needed for Ukrainian parolees. Consult with your CDC project officer for the tuberculosis cooperative agreement before redirecting surplus supplies.

At this time, Venezuelan humanitarian parolees are not eligible for mainstream health benefits (Medicaid/CHIP) or benefits through ORR, including Refugee Medical Assistance (RMA) or the Domestic Medical Examination that would be recommended by CDC for ORR-eligible populations. For more information from ORR, see [DCL 23-07: New USCIS Process for Venezuelans \(hhs.gov\)](#). Health department personnel who provide tuberculosis testing may be the first point of contact with the U.S. healthcare system for Venezuelan parolees, and providers are encouraged to refer them to Federally Qualified Health Clinics or other local healthcare providers serving uninsured populations for basic healthcare. CDC is not collecting data from the health attestations or the IGRA results. We encourage you to collect information from tuberculosis testing and screening, consistent with your routine systems for migrant health, surveillance, and program management.

Venezuelans Who Entered the United States before October 12, 2022

Thousands of Venezuelans entered the United States this year before the parole program was started or were in the United States already under various visas. They presently do not have to meet the health requirements that apply to the parolees. Venezuelan nationals apprehended while attempting unauthorized entry across the southern land border into the United States after October 12, 2022 are being returned to Mexico, [Announcement | DHS](#).

Questions?

If you have questions about the content of this letter, please contact Dr. John Jereb, jxj4@cdc.gov. For questions about your program operations and tuberculosis cooperative agreement, contact your project officer at the Division of Tuberculosis Elimination. For links to the network of refugee health, see [State Refugee Health Coordinators](#).

Sincerely,
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