

HJR

30

Alaska State Legislature



Speaker of the House of Representatives

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Official Business

RECEIVED APR 6 1993

SPONSOR STATEMENT

HJR 30

HJR 30 was introduced at the request of the Commissioner of Health and Social Services as a preventative measure. The Centers for Disease Control and Prevention has discontinued epidemiological and quarantine services at Ports of Entry in Alaska including Anchorage International Airport. Therefore there is no screening of the condition of health of persons entering Alaska from foreign countries.

With the increase in travel between Russia and other Pacific Rim countries and Alaska, the potential for an increase in communicable disease outbreaks in Alaska is significantly increased. For example, there is currently a case of drug resistant tuberculosis in Alaska that is believed to have been brought in from Korea. A health officer may not notice all illnesses being carried by travelers. However with careful scrutiny, a qualified observer should notice signs and symptoms of illnesses and hence require further investigation or examination.

HJR 30 asks the Centers for Disease Control and Prevention to support additional epidemiological staff to increase Alaska's capability to monitor potential outbreaks of communicable diseases carried by travelers.

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. HJR 30

Revision Date: _____ Dept. Affected: Health and Social Services
 Title: Relating to epidemiological and quarantine BRU: State Health Services
services in ports of entry in the state. Component: Epidemiology
 Sponsor: Barnes, Toohy
 Requestor: House HE&SS COMPONENT SERIAL NO. #296

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL

REVENUE FUND SOURCE

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

HJR 30 urges Congress and the Centers of Disease Control and Prevention to support additional staff in Alaska. Placement of this staff would be a federal expense and the department would not be obligated to fund these, or other associated services.

Prepared by: Peter M. Nakamura, M.D. MPH, Director Phone: 465-3090
 Division: Public Health Date: 3/1/93
 Approved by Commissioner: [Signature] Date: 3/2/93
 Agency: Department of Health and Social Services

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Fiscal Note - H+SS

POSITION PAPER

HOUSE JOINT RESOLUTION NO. 30

A Resolution relating to epidemiological and quarantine services in ports of entry in the state.

BACKGROUND

The U.S. Centers for Disease Control and Prevention (CDC) is responsible for recommendations and regulations governing health requirements for international travelers and immigrants to the United States. The United States has adopted the World Health Organization's International Health Regulations which cover quarantenable diseases (cholera, yellow fever, and plague).

The CDC operates seven Quarantine Stations in the United States. After the closure of the Anchorage Quarantine Station in 1985, its functions were transferred to Seattle. Quarantine functions at Anchorage International Airport are conducted by the Federal Inspection Services (FIS) consisting of the Immigration Service which is responsible for monitoring and surveillance and the Customs Service which provides enforcement. All Immigration and Customs officials are trained in quarantine duties and report to the Washington-Seattle Quarantine Station.

There are few diseases now included by the U.S. to be covered by Quarantine Stations. They are cholera, yellow fever, plague, smallpox, diphtheria, infectious tuberculosis, and viral hemorrhagic fever. There are no requirements for medical screening for any of these diseases for international travelers, although intended immigrants are required to undergo medical evaluation and are excluded from entering the U.S. if they have any of these diseases or if they are determined to be mentally ill under the Immigration Nationality Act.

By law, airline pilots must report to the destination airport the presence of any illness (fever, rash, diarrhea, death) aboard an aircraft. The Quarantine Division contracts with three Anchorage physicians to provide for medical evaluation of all reported or detected illness. None of the federal health programs operating in Alaska (the Anchorage Arctic Investigations Program of the CDC, the Native Health Service) is involved in quarantine duties. After individuals with suspected quarantenable diseases are seen by a contract physician in Anchorage, the cases are reported to and discussed with the Seattle Quarantine Station. If appropriate, the CDC Headquarters in Atlanta and the Alaska Division of Public Health are notified.

DISCUSSION

HJR 30 notes that Alaska is becoming increasingly important as an international center for trade and travel with the Russian Far East and other Pacific Rim countries. It also recognizes that disease monitoring and the availability of medical screening services may be inadequate in Russia as a result of recent political and economic changes. It urges the Congress and the CDC to support additional epidemiological staff to increase in-state capability to monitor potential outbreaks of communicable diseases originating with travelers from the Russian Far East or other Pacific Rim countries.

The Department of Health and Social Services shares these concerns. Increasingly, international flights reaching Anchorage or other ports of arrival in Alaska originate in provincial cities where a shortage of medical screening services may be more acute than in the major cities of European Russia. This circumstance may increase the risk of disease importation.

POSITION

The Department of Health and Social Services supports the intent of HJR 30.

Prepared by: *Peter Nakamura*
Peter M. Nakamura, MD, MPH,
Director, Division of Public
Health

Date: 3/1/93

Approved by: *Ted Mala*
Theodore A. Mala, MD, MPH
Commissioner, Department of
Health and Social Services

Date: 3/2/93

STATE OF ALASKA

WALTER J. HICKEL, GOVERNOR

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH

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RE: INFORMATION RELATIVE TO HJR 30 - INFECTIOUS DISEASE

Health care data from the former Soviet Union has not always been available or validated.

Disease incidence reports from the Yagodroye District, which is in close proximity to Alaska, demonstrated higher incidence for the following conditions (rates per 100,000):

	<u>Yagodroye</u>	<u>Alaska</u>
Hepatitis A	109.9	34.5
Salmonellosis	68.5	19.5
Shigelloses	85.0	2.0
Tuberculosis	24.9	12.0

In 1992, 17 of 57 active cases of tuberculosis in Alaska were diagnosed in foreign-born persons.

Both multi-drug resistant TB cases diagnosed in Alaska in 1992 were in immigrants from Asia.

Two tourists returning from Russia via Alaska in 1992 were diagnosed with salmonellosis.

An epidemiologic survey of travelers from Alaska to Russia conducted in 1992 showed that 13 of 353 developed travelers' diarrhea.