



Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

January 22, 2015

Orly Taitz  
29839 Santa Margarita, Suite 100  
Rancho Santa Margarita, California 92688

Dear Dr. Taitz:

This letter is in response to your November 2, 2014, email to [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) which was subsequently forwarded to this office for processing under the provisions of the Freedom of Information Act (FOIA, or the Act). You requested the following:

1. A form quarantine order which explains under which federal statutes/authority individuals are being quarantined and/or isolated.
2. Any and all quarantine/isolation orders issues for Ebola patients or individuals exposed to Ebola.
3. Any and all Tuberculosis/quarantine orders issued since 2012. Any and all Enterovirus D-68 quarantine/isolation orders issued since 2012.
4. Any other quarantine/isolation orders issued since 2012.
5. Certification of Ebola Risk level.
6. Redaction of names and any other identifying information ,”which is redactable under HIPAA”
7. Prediction of total Ebola cases expected by January 2015.
8. Any and all documents showing quarantine/isolation of sick individuals in HHS camps created to accommodate the surge of minor illegal aliens from 2012-2014.
9. Any and all documents relating to rabies quarantine, particularly regarding rabies related to death of.....

Enclosed are the documents you requested (72 pages).

Under authority 5 U.S.C. §552(b)(6) of the Act and 45 CFR §5.67 of the Department's implementing regulations, personally identifiable information was withheld. The disclosure of this information would constitute a clearly unwarranted invasion of personal privacy. No pages were withheld in their entirety.

You have the right to appeal this decision to deny you full access to agency records. Send your appeal, within 30 workdays from the date of this letter, to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, 5600 Fishers Lane, Room 19-01, Rockville, MD 20857. **Please mark both your appeal letter and envelope “FOIA Appeal.”**

Sincerely,



Katherine Norris  
CDC/ATSDR FOIA Officer  
Office of the Chief Information Officer  
Phone: (770) 488-6399  
Fax: (404) 235-1852

Enclosures

15-00273-FOIA

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT

(Isolation Order - Interstate)

SECTION A: SUBJECT INFORMATION

Name: (b)(6)  
DOB: (b)(6)  
Port of Entry: (b)(6)  
Date of Arrival: (b)(6)  
A#: (b)(6)  
Contact information:

(b)(6)

SECTION B: FINDINGS

Based upon the medical declaration, attached hereto and incorporated by reference, I make the following findings and conclusions:

1. CDC finds that you are infected with multidrug resistant tuberculosis (TB), with additional resistance to second-line anti-TB drugs, which is thus classified as extensively drug-resistant TB. Tuberculosis is a quarantinable disease in the United States of America under Executive order 13295 (2003), as amended by Executive order 13375 (2005).
2. Isolation is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR § 70.6. Isolation is supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
3. CDC finds that you are in the qualifying stage of the quarantinable disease, meaning that that you are in a communicable stage of the quarantinable disease.
4. CDC reasonably believes that you are moving or about to move from a State to another State, or alternatively, that you constitute a probable source of infection to other individuals who will be moving from a State to another State.
5. Based on these findings, I HEREBY ORDER THAT YOU REMAIN IN ISOLATION.

6. This order shall take effect immediately and continue until CDC finds that you no longer pose a public health threat to others, either through clinical cure or through other safeguards to protect the public's health.

### SECTION C: PLACE OF ISOLATION AND MEDICAL EXAMINATION

Place of Isolation and Medical Examination: (b)(6)  
 Street Address: (b)(6)  
 City/State/Zip: (b)(6)  
 Phone number: (b)(6)

### SECTION D: REQUIREMENTS

1. You shall undergo such medical examination and testing as necessary to ascertain your health status currently and throughout the duration of your isolation.
2. You shall take precautions, as directed by medical staff and CDC personnel, to prevent the spread of the disease to others.

### SECTION E: NOTICE

1. **Legal Authority:** CDC has ordered that you be isolated because CDC has found that you are infected with a quarantinable disease in its qualifying stage. Isolation is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R § 70.6. CDC may also direct that you undergo medical examination and testing as necessary.
2. **Medical Examination:** Any medical examinations conducted pursuant to this order will be performed by licensed health care staff who will have primary responsibility for your clinical care. CDC will provide input and consultation to health care staff on issues relating to the diagnosis, management, and methods for preventing the transmission of communicable diseases.
3. **Duration of Isolation:** CDC has ordered that you remain in isolation until CDC finds that you no longer pose a public health threat to others, either through clinical cure or through other safeguards to protect the public's health. You will be immediately released from federal isolation once CDC makes these findings.
4. **Automatic 72-Hour Reassessment:** CDC will reassess this order no later than 72 hours after you have been served with this order. CDC will review all the records considered by CDC in issuing this order, including any medical records or other records that may indicate infection, and any other information available since the order was issued. At that time, CDC will also consider whether less restrictive alternatives would adequately protect the public health. At the completion of this reassessment, CDC will issue a written order directing that the isolation be continued, modified, or rescinded.

5. **Medical Review.** If at the completion of the reassessment, CDC orders that you remain in isolation, you may request a medical review at any time while you are still under isolation. The medical review will not be automatic; you must specifically request a medical review and may do so by calling the number listed on this order in paragraph 8. If you request a medical review, CDC will arrange for the medical review to occur as soon as practicable. During the medical review, you may present medical facts or other evidence before a medical reviewer (e.g., a medical doctor) to refute CDC's finding that you are in the qualifying stage of a quarantinable disease. You may appoint your own medical representative(s) to assist you with the medical review at your own expense. CDC will appoint a medical representative to assist you with the medical review if you are indigent and request appointment of a medical representative.

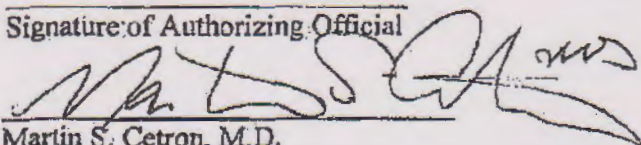
6. **Health Monitoring.** CDC will monitor your health condition so that the time that you remain under federal isolation will not last longer than necessary to prevent the potential spread of the quarantinable disease. During the time you are in isolation you must cooperate with the instructions of health care staff and other authorized personnel.

7. **Penalties for Violating this Order.** You must comply with the requirements listed in this order to protect your health, the health of those with whom you may have come into contact, and the public's health. Violations of this order may subject you to a fine of no more than \$250,000 and/or one year in jail, as authorized by 42 U.S.C. § 271; 18 U.S.C. §§ 3559, 3571, or as otherwise provided by federal law.

8. **Whom to Call About this Order.** If you have any questions regarding this order you should call CDC's Emergency Operations Center at (770) 488-7100 and ask to speak to an official in the Quarantine and Border Health Services Branch of the Division of Global Migration and Quarantine.

SECTION F: AUTHORIZING OFFICIAL

Signature of Authorizing Official



Martin S. Cetron, M.D.

Director

Division of Global Migration and Quarantine  
Centers for Disease Control and Prevention

April 18, 2013

Date

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**DECLARATION OF MEDICAL OFFICER  
IN SUPPORT OF ORDER PURSUANT TO  
SECTION 361 OF THE PUBLIC HEALTH SERVICE ACT**

I, Francisco Alvarado-Ramy, M.D., do hereby declare that

1) I am a Supervisory Medical Officer, Captain of the U.S. Public Health Service, in the Quarantine Border Health Services (QBHS) Branch, Division of Global Migration and Quarantine (DGMQ), at the Centers for Disease Control and Prevention (CDC). CDC is a component of the U.S. Department of Health and Human Services. I serve as Acting Team Lead for Epidemiology and Surveillance within the QBHS Branch. My duties include working with CDC subject matter experts, officials from other federal agencies, and state and local health departments, to identify persons with specified communicable diseases that may require federal isolation and quarantine. I have been a Quarantine Medical Officer since August 2005.

2) I received my medical degree from the University of Puerto Rico School of Medicine and completed an internal medicine residency at the Cleveland Clinic in Cleveland, Ohio. I am board certified in internal medicine, and I am licensed to practice medicine in Puerto Rico and Georgia.

3) The primary mission of DGMQ is to work with other federal agencies, state and local health departments, the travel industry, and other organizations to prevent the introduction, transmission, and spread of communicable diseases into the United States and from one state or possession into another.

4) This declaration is based in part upon my conversations with other DGMQ staff, staff from CDC's Division of Tuberculosis Elimination (DTBE), officials at the Texas Department of State Health Services, and from the U.S. Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS).

5) Tuberculosis (TB) is caused by *Mycobacterium tuberculosis* complex. Pulmonary or respiratory tract TB can be transmitted from person to person by airborne droplet nuclei, which are infectious particles expelled by the patient when coughing, sneezing, or talking. These particles can remain suspended in the air for extensive periods of time after the person with TB coughs, sneezes, or talks. Persons with pulmonary TB may experience signs and symptoms such as cough (with or without bloody sputum), fever, lack of appetite, fatigue, unintended weight loss, and night sweats.

6) Persons with pulmonary TB can transmit disease to others through prolonged or frequent close contact. It usually takes several hours of exposure for TB transmission to occur. However, there have been reports of transmission involving only brief contacts with the contagious person. The ability of a person with infectious TB to transmit the infection to someone else depends on the extent of disease, the adequacy and duration of the patient's TB treatment, and the intensity, duration, and frequency of exposure to others. Inadequately treated patients with pulmonary TB may continue to be infectious for years. Recommended precautions for persons with inadequately treated infectious TB include respiratory isolation in an airborne infection isolation room with negative pressure and proper treatment.

7) Multidrug-resistant TB (MDR TB) is TB that is resistant to the two best first-line anti-TB drugs, isoniazid, and rifampin. Resistance to anti-TB drugs can occur when

these drugs are misused or mismanaged. Examples include when patients take their medications erratically or do not complete their full course of treatment; when patients do not absorb doses of medication well; when health-care providers prescribe the wrong treatment, the wrong dose, or length of time for taking the drugs; when the supply of drugs is not always available; or when the drugs are of poor quality. Persons with incompletely treated TB are at risk of reactivation of disease and at increased risk of developing drug-resistant TB. Persons may also become infected with MDR TB if exposed to someone with MDR TB who is infectious. Persons with MDR TB can prevent the spread of the disease and prevent development of additional drug resistance by taking all of their medications as prescribed, ideally by directly observed therapy, and adhering to recommendations for infection control, particularly while still infectious. No doses should be missed, and treatment must not be stopped early unless a compelling reason exists to do so (e.g., intolerance to medications or life-threatening adverse events).

8) Extensively drug-resistant (XDR) TB is TB that is resistant to the two best first line anti-TB drugs, isoniazid and rifampin, (i.e., MDR TB), with additional resistance to any of the fluoroquinolones (such as ofloxacin or moxifloxacin) and to at least one of three injectable second-line drugs (amikacin, capreomycin, or kanamycin). Because XDR TB is resistant to the most potent first- and second-line TB drugs, the remaining treatment options are less effective, have more side effects, and are more expensive.

9) I have reviewed the following medical records: drug susceptibility testing (DST) results from isolates collected on (b)(6) and a TB Case and Suspect Report and International Referral Form prepared by the ICE's Division of Immigration Health Services describing the clinical findings related to TB.



10) [REDACTED] (b)(6) who, upon information and belief, is a citizen of [REDACTED] (b)(6). Upon information and belief, the patient entered the United States without proper documentation. It is believed that [REDACTED] (b)(6) contracted TB while in [REDACTED] (b)(6) but [REDACTED] (b)(6) reported [REDACTED] (b)(6) was not diagnosed or treated there. [REDACTED] (b)(6) was presumptively diagnosed with pulmonary TB in the United States on [REDACTED] (b)(6) in Texas while in ICE custody at the [REDACTED] (b)(6). TB skin test result was positive with 13 mm of induration [REDACTED] (b)(6) and a chest x-ray showed a small cavity and scattered patchy consolidation in mid lung zones [REDACTED] (b)(6). Microscopic examination of three sputum specimens (collected on [REDACTED] (b)(6)) showed many acid-fast bacilli (AFB); *Mycobacterium tuberculosis* was later isolated from cultures of these sputum specimens, confirming the diagnosis of TB.

11) Upon information and belief, personnel at the [REDACTED] (b)(6) began treating [REDACTED] (b)(6) for TB on [REDACTED] (b)(6) with a standard first-line four drug treatment regimen. However, once the patient was found to have drug-resistant TB [REDACTED] (b)(6) treatment was discontinued until complete DST results were available and an appropriate regimen could be determined and procured.

12) Preliminary DST results from public health laboratories in Texas were consistent with XDR TB, showing resistance to all four first-line drugs (isoniazid, rifampin, pyrazinamide, ethambutol), three second-line injectable drugs (amikacin, kanamycin, capreomycin), and a fluoroquinolone (ofloxacin). These results were confirmed at the CDC TB Reference Laboratory in Atlanta, GA. Additional second-line drugs, ethionamide and streptomycin, were also found to be resistant at both laboratories. All drug susceptibility testing for additional second line anti-TB drugs, performed at CDC

and non-CDC reference laboratories, were finalized February 22, 2012; the results showed susceptibility to linezolid, cycloserine, and clofazimine. The minimal inhibitory concentration (MIC) of moxifloxacin was 1–4 µg/mL and Levofloxacin was 2 µg/mL, suggesting that the patient TB was resistant to levofloxacin and not fully susceptible to moxifloxacin *in vitro*.

13) Upon information and belief, (b)(6) has been under airborne isolation precautions at the (b)(6) between (b)(6) (b)(6) was transferred to the (b)(6) (b)(6) to facilitate medical monitoring, especially once on treatment. While at (b)(6) remained under airborne infection isolation precautions (b)(6) started a treatment regimen of moxifloxacin, linezolid, cycloserine, clofazimine, and vitamin B6 on (b)(6). A fifth medication, bedaquiline, newly FDA-approved, will be added to this regimen once it is procured for compassionate use from the pharmaceutical company.

14) On (b)(6) was transferred to the (b)(6) (b)(6) to continue treatment and clinical management of medication side effects. Microscopic examination of sputum specimens at (b)(6) are collected every two weeks. Three sputum specimens collected (b)(6) (b)(6) showed no acid-fast bacilli (AFB); *Mycobacterium tuberculosis* was later isolated from cultures of these sputum specimens, confirming persistent TB presence. Results of sputum culture specimens collected (b)(6) and (b)(6) are still pending (b)(6) remains under airborne infection isolation precautions.

15) Considering (b)(6) history of international travel and irregular entry into the United States (b)(6) may suddenly decide to travel without notice if (b)(6) were to be released on (b)(6) own recognizance, under a bond posting, or if (b)(6) were granted asylum, even while infectious and/or under treatment.

16) TB patients who are partially treated are at risk of treatment failure, disease relapse, may become re-infectious and pose a risk to persons with whom they come into contact. Moreover, persons with XDR TB, such as (b)(6) are at risk for developing further drug resistance making (b)(6) TB disease, and anyone who becomes infected with (b)(6) strain, untreatable. Extensively-drug resistant TB is considered infectious until patients are on appropriate treatment regimen, have consistently negative culture results, and show evidence of clinical improvement. Consistently negative culture results is generally defined as having two consecutive cultures taken at least one week apart with no subsequent positive cultures.

17) It is my professional judgment that, based upon the information and evidence cited herein, that (b)(6) is infected with extensively drug-resistant (XDR) TB, a communicable disease subject to public health restrictions, including isolation, under section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR § 70.6.

18) Under 42 U.S.C. 264(d)(2), a "qualifying stage" of the disease is defined as the communicable stage of the disease or a pre-communicable stage if the disease would be likely to cause a public health emergency if transmitted to other individuals. (b)(6) illness meets the definition of qualifying stage because (b)(6) is presently communicable.

19) Furthermore, it is my professional judgment that if this TB strain were transmitted to others it would represent a public health emergency because XDR TB represents a

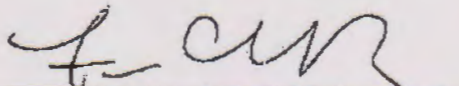
relatively severe and uncommon type of TB and exemplifies an infectious disease that has been controlled in the United States. Additional infections with this strain would pose a high probability of serious long-term morbidity and substantial future harms to others, including death. Besides the high risk of traveling interstate, in light of (b) (b) (undocumented entry into the United States (b) (6) would also be a probable source of infection to other individuals who, while infected with XDR TB in a qualifying stage, will be moving from one state to another state.

20) I recommend that if (b) (6) is released from ICE custody prior to cure in the United States, that (b) (6) be isolated to allow for airborne infection isolation precautions until public health authorities determine (b) (6) is no longer infectious. (b) (6) should continue on directly observed treatment until cured.

21) Accordingly, pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR § 70.6, I recommend that an isolation order be issued, requiring that (b) (6) be admitted at the (b) (6) or another appropriate facility approved by CDC.

In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signed this 18<sup>th</sup> day of April, 2013.

  
 Francisco Alvarado-Ramy, MD, FACP  
 Supervisory Medical Officer  
 Captain, U.S. Public Health Service  
 Quarantine & Border Health Services Branch  
 Division of Global Migration & Quarantine