Refugee Enhanced Vaccination Program

Division of Global Migration and Quarantine
NVAC Meeting
February 2016
FY 2015 U.S. Refugee Arrivals Top 10 by Nationality

- Does not include paroles and asylum seekers who arrive by sea or across a land border.
- Data source: Disease Notification Analysis (DNA) database based on Worldwide Refugee Admissions Processing System (WRAPS) from the U.S. Department of State.
FY 2015 U.S. Refugee Arrivals Top 10 by Nationality, total arrivals = 69,933

Burma 26%
Iraq 18%
Somalia 13%
Bhutan 8%
Syria 2%
Eritrea 2%
Iran 4%
Others 10%

Data source: Disease Notification Analysis (DNA) database based on Worldwide Refugee Admissions Processing System (WRAPS) from the U.S. Department of State

Data source: Disease Notification Analysis (DNA) database based on Worldwide Refugee Admissions Processing System (WRAPS) from the U.S. Department of State
## U.S. Refugee Admissions, FY 2016 Program*

<table>
<thead>
<tr>
<th>Region</th>
<th>Ceiling for FY 2016</th>
<th>Primary populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>25,000</td>
<td>Congolese in Rwanda, Tanzania, Uganda, Burundi; Somalis in Kenya, Ethiopia, Uganda; Eritreans in Sudan and Ethiopia</td>
</tr>
<tr>
<td>East Asia</td>
<td>13,000</td>
<td>Burmese in Thailand and Malaysia</td>
</tr>
<tr>
<td>Europe/ Central Asia</td>
<td>4,000</td>
<td>Religious minorities from the former Soviet Union</td>
</tr>
<tr>
<td>Latin America</td>
<td>3,000</td>
<td>Cubans (many) and Colombians (few), Central American minors</td>
</tr>
<tr>
<td>N. East/ S. Asia</td>
<td>34,000</td>
<td>Bhutanese in Nepal, Iraqis, Iranian religious minorities, Syrians</td>
</tr>
<tr>
<td>Unallocated Reserve</td>
<td>6,000</td>
<td>Available as needed for any region</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>85,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Proposed Refugee Admissions for Fiscal Year 2016. Report to Congress
FY 2015 U.S. Refugee Arrivals by State

Data source: Disease Notification Analysis (DNA) database based on Worldwide Refugee Admissions Processing System (WRAPS) from the U.S. Department of State
Vaccination of U.S.-Bound Refugees

- 70,000 - 85,000 refugees resettled (>70 nationalities from 100 countries) to 49 states annually
- Refugees not legally required to get vaccinations before U.S. resettlement
  - Many refugees arrive in U.S. with no documented vaccinations
- > 40 vaccine-preventable disease outbreaks in last 5 years
- Missed opportunity to vaccinate refugees between required overseas health assessment & arrival in U.S. (4-6 months)
Selected Vaccine Preventable Diseases Affecting U.S.-bound Refugees

2003-2005: Measles, rubella, varicella, Côte D’Ivoire (Liberian refugees)
- Death of 1 child (measles)
- U.S.-born child with congenital rubella
- Delay of resettlement >6 m during outbreak control period

2005: Measles, Eastleigh, Kenya (Somali refugees)
- CDC recommended vaccination & waiting 1 incubation period before resettlement
- Recommendations not implemented due to cost concerns
- Results: Ill refugee arrives in U.S.; domestic outbreak response and surveillance

2006: Polio, Dadaab, Kenya (Somali refugees)
- Related outbreak control costs: $309,283

2011: Measles, Kuala Lumpur, Malaysia (Burmese refugees)
- Symptomatic in-flight; transmission to 2 other children on the plane
- Several epidemiologically linked cases, including a case in a CBP officer
- Extensive overseas & domestic outbreak control and vaccination efforts
- Related costs ~$130,000

Dec 2012 Vaccine Program Starts
Cost Comparison: Vaccination Program

• Giving 10 doses of vaccines (2 doses of each of 5 childhood vaccines) overseas costs 76% less than giving the same vaccines in the US [$93 vs $388]

• Giving 10 doses of vaccines overseas represents a 16-25% reduction in getting a child fully vaccinated (35 doses of routine childhood vaccines as per ACIP) [$1406 vs $2020]

• Additional benefits of eliminating serious diseases in the refugees, preventing outbreaks and importation into the U.S.
Successful Overseas Interventions: Pre-departure Parasite Treatment Program

• Started in 1997 with parasite treatment for Barawan Somali refugees
• Now includes
  – albendazole and ivermectin for soil-transmitted helminths
  – praziquantel for schistosomiasis
  – artemether-lumefantrine for malaria
Ensuring Immunization Coverage among U.S.-bound Refugees

The Assistant Secretary of Health (ASH) should endorse HHS coordination with other USG agencies to support efforts that provide routine overseas administration and documentation of vaccinations for all U.S.-bound refugees with vaccines that have been identified for pre-departure administration.
Refugee Vaccination Program: Overview

- Partnership between CDC and the Bureau of Population, Migration and Refugees (PRM), Department of State (DOS)
- Implemented by the International Organization for Migration (IOM)
- Start with 5 pilot host countries of asylum: Malaysia, Nepal, Thailand, Ethiopia and Kenya
- Plan to expand to 100% coverage for all refugees in U.S. Refugee Admissions Program (USRAP)
Refugee Vaccination Program: Overview

• Vaccinate U.S.-bound refugees according to the U.S. schedule as feasible
  • Subject-matter experts convened in 2010-2011 to develop schedule
  • Excludes a few currently unavailable or expensive vaccines (varicella, hepatitis A, Tdap, influenza, meningococcal)
• Procure vaccine through UNICEF or locally
• Assure proper cold chain, storage, handling and administration
• Provide documentation to U.S. domestic health care providers
# Vaccine Schedule for Refugee Vaccination Program

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1 (Initial Exam)</th>
<th>Dose 2 (4–8 weeks after the exam depending on vaccine and site logistics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP</td>
<td>5 yrs - &lt; 7 yrs</td>
<td>N/A</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Birth - &lt; 6 wks AND 5 yrs - adult</td>
<td>14 wks - adult</td>
</tr>
<tr>
<td>Hib&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>N/A (part of pentavalent)</td>
<td>14 wks - &lt; 15 mos</td>
</tr>
<tr>
<td>MMR</td>
<td>1 yr&lt;sup&gt;3&lt;/sup&gt; - born in or after 1957</td>
<td>1 yr - born in or after 1957</td>
</tr>
<tr>
<td>OPV (trivalent)</td>
<td>6 wks - &lt; 11 yrs</td>
<td>14 wks - &lt; 11 yrs</td>
</tr>
<tr>
<td>PCV-13</td>
<td>6 wks - &lt; 5 yrs&lt;sup&gt;4,5&lt;/sup&gt;</td>
<td>14 wks - &lt; 2 yrs&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Pentavalent&lt;sup&gt;7&lt;/sup&gt;  (DTP-HepB-Hib)</td>
<td>6 wks - &lt; 5 yrs</td>
<td>N/A</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6 wks - &lt; 15 wks</td>
<td>14 wks - ≤ 8 mos</td>
</tr>
<tr>
<td>Td&lt;sup&gt;9,10&lt;/sup&gt;</td>
<td>7 yrs – adult</td>
<td>7 yrs – adult (see footnote for exclusions)</td>
</tr>
</tbody>
</table>

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1. Also give 1 dose of Hib vaccine to unimmunized immunocompromised patients with functional asplenia aged ≥5 yrs, and to unimmunized HIV-infected patients aged 5-18 yrs.
2. Also give a dose to children now < 5 yrs old who were < 15 mos old when received previous dose.
3. Start at age 6 mos during outbreaks.
4. Also give an additional dose to immunocompromised refugees aged 5 yrs and older.
5. Give one dose only of PCV-13 to all children <5 years who have received 4 doses of PCV-10 or PCV-7 series on vaccine history. Otherwise, vaccinate as per schedule in table for children with <4 doses of PCV-7 or PCV-10 vaccines on history.
6. Also give an additional dose to children now < 5 yrs old who were < 2 yrs old when received previous dose.
7. If there is already a vaccination history of one or more component(s) of Pentavalent vaccine, separate vaccine components can be given instead.
8. Maximum age for dose 1 is 14 weeks 6 days. Maximum age for dose 2 is 8 months.
9. Give only one Td dose to children aged 7 and older who have any historical documentation of DTP or DTaP vaccine (regardless of when administered).
10. Do not give Td vaccine to children who have received DTP/DTaP within the last 12 months.
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Maximum number of doses (including doses on history)</th>
<th>Dose intervals recommended for USRAP</th>
<th>Minimum dose intervals (can be used if short of time)</th>
</tr>
</thead>
</table>
| DTP/DTaP        | 4 - If child has fully reliable vaccine records or IOM is certain the child has not received other DTP doses outside of what is documented on vaccine records. If there is any doubt about the vaccine record, or if the child does not have a vaccine record but lives in a setting where many refugee children have received DTP vaccines, only give DTP per schedule in table 1 and no further catch-up doses. | 8 weeks EXCEPT dose 3 to dose 4 interval = 6 mos | • 4 weeks for doses 1-2 and 2-3  
• 6 months for dose 3-4  
• For DTP only—if a child already has 4 documented doses of DTP on history, do not give another dose, even if previous doses given below minimum age or interval² |
| Hepatitis B     | 3                                                    | 8 weeks                              | • 4 weeks for dose 1-2  
• 8 weeks for dose 2-3  
Dose 3 must be given at least 16 weeks after dose 1 AND minimum age for dose 3 is 24 weeks  
Do not count doses given below minimum age or interval as valid |
| Hib             | 4 (depending on current age and age at time of first dose; see ACIP and table 1)  
briefly:  
- To get a 1st dose of Hib, child must be <5 yrs old OR have condition as specified in footnote 3 of table 1  
- To get a 2nd dose, child must have been <15 mos old during dose one  
- To get a 3rd dose, child must have been <12 mos old during dose one AND <15 mos old during dose two  
- To get a 4th dose, child must have been <12 mos old during doses one, two, and three | 8 weeks | • 4 weeks IF age <12 mos  
• 8 weeks if age is 12 mos or older  
• OR if age <12 mos but dose 1 was given at age ≥7 mos  
Do not count doses given below minimum age or interval as valid |
| MMR             | 2                                                    | 8 weeks                              | 4 weeks  
Do not count doses given below minimum age or interval as valid |
| OPV/IPV Trivalent³ | 4                                                   | 8 weeks EXCEPT dose 3 to dose 4 interval = 6 mos with minimum age 4 years for dose 4 | • 4 weeks for doses 1-2 and 2-3  
• 6 mos for dose 3-4 AND minimum age for dose 4 must be 4 yrs  
Do not count doses given below minimum age or interval as valid |
| PCV-13          | 4 (depending on current age and age at time of first dose see ACIP) | 8 weeks                              | • 4 weeks IF age <12 mos  
• 8 weeks if age is 12 mos or older  
Do not count doses given below minimum age or interval as valid |
| Pentavalent     | 3                                                    | 8 weeks                              | See individual vaccine components |
| Td              | 2 (see Table 1 footnotes 8 and 9)                   | 8 weeks                              | 4 weeks |
Hepatitis B Pre-vaccination Testing

• **CDC, 2008**
  “All persons born in geographic regions with HBsAg prevalence of ≥2% … should be tested for chronic HBV infection. This includes immigrants, refugees, asylum seekers, and internationally adopted children born in these regions, regardless of vaccination status in their country of origin (123).…Because HBsAg prevalence can vary within these regions, additional knowledge about local HBsAg prevalence can be used to guide decision making regarding testing.” ([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm))

• **Rapid HBsAg**

• **Vaccination of negatives; counseling of positives**
Vaccination Program: Preparation

- **USRAP Expanded Vaccination Program Manual**
  - vaccine specific instructions, administration of vaccines, injection safety, etc.

- **Contraindication/Precaution Checklist**

- **Vaccine Information Statements (VIS)**

- **Country-specific Standard Operating Procedures (SOPs)**

- **Adverse Effects Reporting Tool**
Vaccine Information Statements (VIS) and Contraindications Checklist
Adverse Events Monitoring
To date, 21 patients with 24 AEs reported from 5 sites
Vaccination Program: Preparation

- Cold chain maintenance & CDC Storage and Handling Toolkit
- Emergency Power Supply and Retrieval Plan
- Medical Procurement Guidance
- On-site Training
Cold Chain

Visible thermometer

Water bottles for insulation. No food in fridge.

SMS system for remote monitoring

Sheets for BID temperature monitoring

Plugs labeled ‘do not disconnect’
Cold-Chain Safeguards
Supply Stocks and Logbooks
### Vaccination Documentation Worksheet

**U.S. Department of State**

**VACCINATION DOCUMENTATION WORKSHEET**

To Be Completed by Panel Physician Only  
For US Vaccination Requirements

**GIVE COPY TO APPLICANT**

#### 1. Immunization Record

- **Vaccine Given By Panel Site**  
- **For Designated Refugee Only: Additional Vaccine Given by IOM**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT, DTP, DTaP</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Td</td>
<td></td>
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<td></td>
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<tr>
<td>Tdap</td>
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<tr>
<td>OPV</td>
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<tr>
<td>IPV</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td></td>
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</tr>
<tr>
<td>Measles</td>
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<tr>
<td>Mumps</td>
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<td></td>
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<tr>
<td>Rubella</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
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<tr>
<td>Rotavirus (RV3)</td>
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<tr>
<td>Rotavirus (RV1)</td>
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<tr>
<td>Hbs</td>
<td></td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Meningococcal MC V</td>
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<tr>
<td>Other MCV conjugate</td>
<td></td>
<td></td>
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<tr>
<td>Varicella</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Varicella Vaccine History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
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<td>PCV 7</td>
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<td>PCV 10</td>
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<td>PCV 13</td>
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<tr>
<td>PPV23</td>
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</tr>
</tbody>
</table>

#### 2. Summary for Immigrant Visa Applicants

- **US vaccination requirements COMPLETE**  
- **US vaccination requirements NOT Complete:**
  - Requesting individual waiver based on religious or moral convictions
  - Requesting adoptee exemption
  - Applicant refuses vaccinations

#### 3. Panel Physician Name (Printed)

I attest that I performed this examination and have an agreement with the Department of State or supervised completion of this form. I am the same Panel Physician that signed the DS-2014.

**DS-3025**  
**09.2014**

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*Only for designated refugees to special IOM vaccination program

[Planetary legend: A Not age-appropriate  D Incomplete time interval to complete series
C Contraindicated  D Not readily available  F Not in waiver  H Chronic illness & its complications]
Overseas vaccination data in IOM’s MiMOSA -> CDC’s Electronic Disease Notification (EDN) System -> U.S. state refugee health programs/clinics
Example: Thailand Vaccine Administration

Nurse draws up doses on-site

If prefilling done, is very limited; clearly labeled

Individual tray with doses for one patient

Second nurse administers vaccine; patient is seated

IOM-given vaccines documented, attached to child’s camp record
Implementation Challenges

- Assessing validity of camp-based vaccination from health partners
- Logistics of 2nd dose
- No live vaccines administered within 30 days of other live vaccines
- Outbreaks & changes to vaccine schedule
- Adverse events monitoring in non-primary care setting
- Staffing and training
- Internet access for data entry/documentation
Implementation Challenges: Procurement and Importation

- **Vaccine procurement**
  - Small amounts challenging to procure from UNICEF
  - Each country with different availability/formulation

- **Importation of vaccines**
  - Country-specific requirements

- **Pharmacy distribution hub established in Nairobi**
Implementation Challenges: Cold Chain
Implementation Challenges: Access for 2nd Doses

Scheduling of 2nd doses — careful planning required!

Photo courtesy of Luis Ortega, CDC-TUC

Photo courtesy of Warren Dalal, IRMHB
Expanded Vaccination Program for U.S.-bound Refugees, 2015

- **Nepal**: 4,510 Refugees, Coverage: 4,510 (100%)*
- **Ethiopia**: 3,281 Refugees, Coverage: 3,217 (98%)*
- **Uganda**: 2,570 Refugees, Coverage: 2,545 (99%)*
- **Thailand**: 4,251 Refugees, Coverage: 4,251 (100%)*
- **Kenya**: 5,051 Refugees, Coverage: 4,994 (99%)*
- **Malaysia**: 9,475 Refugees, Coverage: 9,427 (99%)*
- **Rwanda**: Coverage data not yet available since the program started mid-Nov 2015

**Vaccinations Given**
- Children: Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus influenzae, b, Measles, mumps, rubella, Rotavirus, Polio
- Adults: Hepatitis B, Measles, mumps, rubella, Tetanus, diphtheria

**Implementation Dates**
- Dec 2012: Nepal, Thailand
- Sep 2013: Kenya, Malaysia
- Nov 2013: Ethiopia
- Aug 2014: Uganda

*Coverage rates depict eligible refugees who have had ≥ 1 dose of tetanus-diphtheria-containing vaccine in CY 2015. This includes people with historical (pre-IOM) doses that were counted towards the schedule.
Vaccination, CY 2013-2015

- > 100,000 refugees vaccinated
- ~700,000 doses of vaccine

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># refugees</td>
<td>29,464</td>
<td>42,058</td>
<td>29,145</td>
<td>100,667</td>
</tr>
<tr>
<td>vaccinated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># vaccine</td>
<td>222,986</td>
<td>255,613</td>
<td>219,657</td>
<td>698,256</td>
</tr>
<tr>
<td>doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Monitoring & Evaluation

- Site visits
- Documentation review
- Outbreak tracking
- Coverage reports
Domestic Evaluation of the Overseas Vaccination Program

- Objective
  - Was overseas vaccination information received? How?
  - Over-vaccination? Under-vaccination?

- Methods
  - Collaboration with 17 state refugee health coordinators & cooperative agreement partners
  - Review sample of 1,500 refugee records that resettled from 5 countries to 17 domestic states
## Summary: MMR Results

<table>
<thead>
<tr>
<th>Objective</th>
<th>Results</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overseas Documentation</td>
<td>State received overseas documentation</td>
<td>972</td>
<td>87</td>
</tr>
<tr>
<td>Domestic Vaccinations</td>
<td>Appropriately vaccinated</td>
<td>829</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Under-vaccinated</td>
<td>37</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Over-vaccinated</td>
<td>94</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Inappropriately vaccinated</td>
<td>12</td>
<td>1</td>
</tr>
</tbody>
</table>

\[n=11 \rightarrow \text{born before 1957}\]

\[n=1 \rightarrow \text{medical contraindication}\]
Registry Project

- Electronic transfer of refugee overseas and domestic vaccination information from refugee health screening clinic databases into state immunization registries
- Adding unique refugee identifier to the state registry
- Assessment of coverage and completion rates over time
- Pilot in 5 states: Colorado, Kentucky, Massachusetts, Minnesota, New York
Vaccination Program: Summary

• First implemented in December 2012

• Now fully operational in 8 countries
  – Covering ~50-60% of U.S.-bound refugees
  – Implemented in Thailand, Malaysia, Nepal, Thailand, Ethiopia, Kenya, Rwanda, Uganda
  – Other countries in process

• In 2013-2015, >100,000 refugee beneficiaries to date, ~700,000 doses of vaccine
Vaccination Program: Next Steps

• Overseas
  • Update schedule periodically based on vaccine availability and U.S. schedule/ACIP changes
  • Monitor/respond to VPD outbreaks
  • Identify/address cold chain issues
  • Enhance staff training and health education for refugees
  • Improve adverse events reporting

• Domestic
  • Promote awareness of program
  • Improve U.S. clinician access to vaccine records via EDN
  • Establish linkages with state registries
  • Expand to other countries overseas
## Program Expansion

<table>
<thead>
<tr>
<th>Tier</th>
<th>Countries</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Ethiopia, Kenya, Uganda, Malaysia, Nepal, Thailand</td>
<td>Complete, in M&amp;E phase</td>
<td>Large IOM programs</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Rwanda, Burundi, Tanzania, Chad, Zambia, Jordan, Iraq, Slovakia, Romania, former Soviet Union, Indonesia, others</td>
<td>Initial assessment and implementation phase in FY 2016</td>
<td>Smaller IOM programs, panel physicians may be subcontracted by IOM</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Turkey, Egypt, Lebanon, Austria, Malta, other countries</td>
<td>In discussion</td>
<td>non-IOM panel physicians</td>
</tr>
</tbody>
</table>
Thank You!
Questions?