



# Determining Texas Residency Document for Immigrants, Refugees, and Detainees

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## Background

The Council of State and Territorial Epidemiologists (CSTE) 2011 position statement, [11-SI-04](#), provided guidance for determining a case-patient's usual residence for disease reporting and notification purposes. This guidance used United States (U.S.) Census residency rules to ensure consistency in the numerator and denominator data in disease rates.<sup>1</sup> This position statement provided guidance for many situations. It specified that cases diagnosed or treated in the U.S. that occurred in persons who are not residents of the U.S. should be submitted to the Centers for Disease Control and Prevention (CDC) by the state investigating the case but should not be included in state-specific counts or rates of nationally notifiable conditions. Since this position statement was adopted, additional scenarios involving how to count reportable conditions in immigrants and refugees have arisen. These scenarios have prompted a reevaluation of case counting specific to these populations. Therefore, the Texas State Epidemiologist has issued this guidance to provide the following clarification.

## Clarification of Texas Residence Classification

### Concept of Usual Residence

Usual residence is defined as the place where the person lives and sleeps most of the time, which is not necessarily the same as the person's voting residence, legal residence, or the place where they became infected with a notifiable disease.

### Reference Point

The reference point is the date that is used to determine usual residence in relation to the reportable condition under investigation. Date of symptom onset is the preferred reference point for establishing "usual residence." If the date of symptom onset is not available, the date of diagnosis, lab result,

or the first case report to the health department is recommended, in that order, as the reference point.

An advantage to using symptom onset as the reference point rather than diagnosis date is that onset is a more meaningful date from an epidemiologic point-of-view (i.e., closer to the date of exposure). In addition, date of diagnosis is frequently unavailable or non-existent, particularly for cases that are not lab-confirmed or physician-diagnosed (e.g., epi-linked cases identified during an outbreak investigation).

#### Country of Usual Residence for Immigrants and Refugees

Census guidance is to “count people at their usual residence, which is the place where they live and sleep most of the time.”<sup>1</sup> Since immigrants and refugees are living in the U.S., with the intention to remain in the U.S. and not return to their country of origin, their country of residence is considered to be the U.S. since CDC will include such persons in the state’s morbidity counts.

People in detention centers intend to be a refugee or immigrant to the U.S. Given this guidance, Texas has determined that these people will be included in Texas’ case counts and will have their country of residence recorded as the U.S. Since they are considered institutionalized, the section within the CSTE guidance entitled “U.S. resident institutionalized persons” will be followed to determine jurisdiction using the appropriate reference point.

#### Inmates and Other Institutionalized Persons

In general, case notifications to CDC for cases of nationally notifiable diseases in people who are institutionalized for indefinite or long-term stays should be made by the jurisdiction of the facility where the person is located at the appropriate reference point, preferably at symptom onset as related to the disease.

Examples of such facilities include: chronic or long-term care facility; hospice facility; nursing or convalescent home; inpatient drug/alcohol recovery facility; home, school, hospital, or ward for the physically handicapped, mentally disabled, or mentally ill; federal or state prison, jail, detention center, or halfway house; orphanage; residential care facility for neglected or abused children.

People who are institutionalized and have a reported illness reference point prior to their arrival in the U.S. should be considered to be “non-U.S.

resident diagnosed in the U.S.” CSTE guidelines for reporting these individuals as non-residents should be followed.

Any exceptions to this guidance are documented in the published notifiable disease investigation guidance produced by each DSHS program.

### **References**

1. U.S. Census Bureau. Final 2020 Census Residence Criteria and Residence Situations. Published Feb 8 2018.  
<https://www.federalregister.gov/documents/2018/02/08/2018-02370/final-2020-census-residence-criteria-and-residence-situations>

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