

NEW ZEALAND IMMIGRATION SERVICE

Te Ratonga Manene



IMPORTANT CHANGES TO MEDICAL SCREENING FOR STUDENTS COMING TO NEW ZEALAND TO STUDY.

What's happening?

- All students who intend spending more than six months in New Zealand and come from identified high incidence TB countries now need to be screened for TB before they arrive in New Zealand
- The new screening rules apply to all applications received from 1 April 2004, but may be waived for onshore applications until 27 June 2004
- Students who have spent a combined total of three months or more (in the five years before application) in any high incidence country will need to be screened for TB before they arrive
- Students from high incidence countries already in New Zealand will also have to be screened if they renew their visas or permits for more than six months
- This doesn't apply to students who have already provided a full medical certificate as they will already have been tested for TB
- Pregnant women and children under 12 are excluded (later this will reduce to children under 11)
- Students who are citizens of a high incidence country, but can prove they have not lived there in the last five years, do not have to be screened for TB
- From later this year a full medical certificate will be required by all students intending to stay in New Zealand for more than **12 months**. (currently 24 months). The number and type of conditions being screened will be expanded to include such things as hepatitis B.

Why the changes?

New Zealand has some of the best health standards in the world and we want to keep it that way. There has been growing concern about the increasing numbers of people being infected with TB and this initiative is aimed at reducing the incidence of this very infectious disease. Also, while we welcome students coming here to study, we want to ensure that they are not bringing with them conditions that may result in significant costs to New Zealand's health system, or stretch services like renal dialysis that are already under pressure.

These health screening measures are in line with policies of other countries such as Australia and Canada.

In 2002/03 there were 38,000 student permits granted for less than six months, and 24,000 for six months to a year. 90% of these students came from countries with a high incidence of TB. Students also have greater exposure risk because of communal living and studying environments.

What happens to students who are found to have TB?

If they're in New Zealand they will have to get treatment from a doctor until tests show they are clear. Overseas students will need to be tested in their own country by an immigration service panel doctor – a list of approved doctors is on www.immigration.govt.nz. If they have TB they must get treatment and they will not get a visa or permit until they can prove they no longer have the disease.

Note TB testing can take eight weeks or longer so it is important that students get tested well in advance of making their application for entry to New Zealand.

Who pays?

In most cases an x-ray cannot be obtained without a referral from a doctor to a radiologist. Any costs associated with tests and appointments are the responsibility of the student. In New Zealand the cost of an x-ray is about \$100. Some students here already may be covered by medical insurance, depending on their policy.

Doesn't this disadvantage students?

No, these provisions are being introduced for all visitors and workers who meet the length of stay criterion (six months).

Identified low incidence TB countries

Australia, Austria, Belgium, Canada, Cyprus, Denmark, Finland, France, Germany, Iceland, Ireland, Israel Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Puerto Rico, San Marino, Sweden, Switzerland, United Kingdom, United States of America and Vatican City.

Identified high incidence TB countries

Afghanistan; Albania; Algeria; Andorra; Angola; Argentina; Armenia; Azerbaijan; Bahamas, The; Bahrain; Bangladesh; Belarus; Belize; Benin; Bhutan; Bolivia; Bosnia and Herzegovina; Botswana; Brazil; Brunei; Bulgaria; Burkina Faso; Burma; Burundi; Cambodia; Cameroon; Cape Verde; Central African Republic; Chad; China; Chile; Colombia; Comoros; Congo (Brazzaville); Congo (Kinshasa); Costa Rica; Cote D'Ivoire; Croatia; Cuba; Czech Republic; Djibouti; Dominica; Dominican Republic; East Timor; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Gabon; Gambia, The; Georgia; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; India; Indonesia; Iran; Iraq; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Korea, North; Korea, South; Kuwait; Kyrgyzstan; Laos; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Macedonia, The former Yugoslav Republic; Madagascar; Malawi; Malaysia; Maldives; Mali; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia, Federated states of; Moldova ; Mongolia; Morocco; Mozambique; Namibia; Nauru; Nepal; Nicaragua; Niger; Nigeria; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Romania; Russia; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia and Montenegro; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; Spain; Sri Lanka; Sudan; Surinam; Swaziland; Syria; Tajikistan; Tanzania; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; Uruguay; Uzbekistan; Vanuatu; Venezuela; Vietnam; Yemen; Zambia; Zimbabwe.

High incidence countries are defined as those with more than 20 cases of TB per 100,000 population, as well as those countries where the notification rate is likely to be inaccurately low due to poor diagnosis and notification.

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