



Metro Refugee Health Task Force

Refugee Health Program Update

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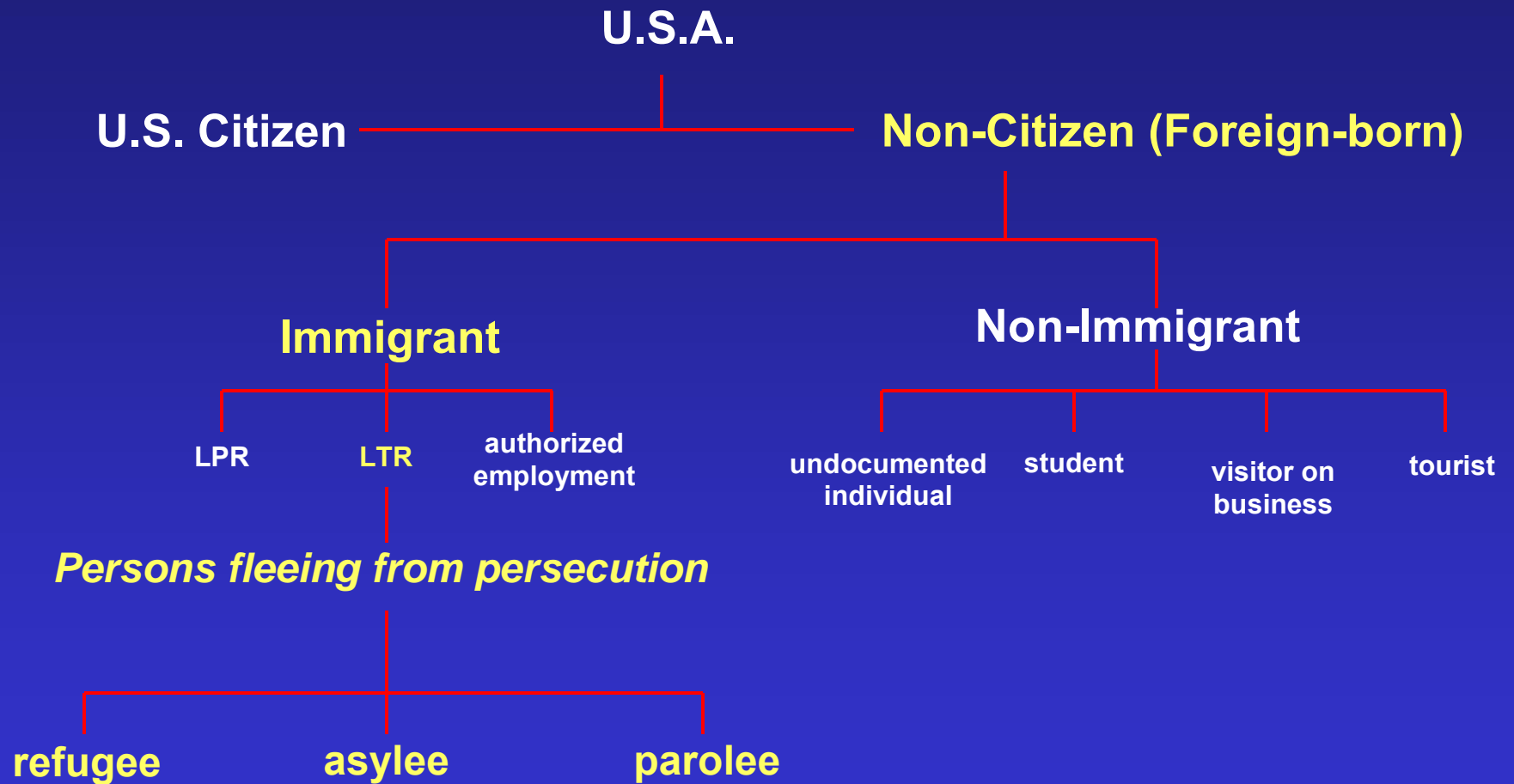
Refugee Health Program, MDH

Marge Higgins, BA

Tuberculosis Program, MDH

September 6, 2011

Dept. of Homeland Security Definitions



What does it mean to be a refugee?

Foreign-born resident who:

- ☑ is not a United States citizen
- ☑ cannot return to his or her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group

Refugee status is generally given:

- ☑ prior to entering the United States
- ☑ by the State Department or U.S Citizenship and Immigration Services (USCIS)

Worldwide Statistics, 2010

- Total forcibly displaced 43.7 million
- Total refugees* 15.4 million
- Total internally displaced persons 27.5 million
- New refugee and asylum seekers, 2010 845,800
- Total resettled (2009) 84,657

Principal Sources of Refugees 2010*

1.	Palestine	4,820,000
2.	Afghanistan	3,054,709
3.	Iraq	1,683,575
4.	Somalia	770,148
5.	Congo-Kinshasa	476,693
6.	Sudan	379,067
7.	Vietnam	338,698
8.	Myanmar (Burma)	215,644
9.	Eritrea	205,458
10.	China	184,602

*As of December 31, 2010

UNHCR Global Trends 2010, United Nations Higher Commissioner for Refugees

Main Countries of Refugee Resettlement, 2009

1. United States	62,011
2. Australia	6,720
3. Canada	6,582
4. Germany	2,064
5. Sweden	1,880
6. Norway	1,367
7. United Kingdom	969
8. Finland	710
9. New Zealand	675
10. Denmark	488
11. Others	1,191
	N=84,657

Top U.S. States for Refugee* Resettlement FY 2009

1. California	11,278
2. Texas	8,212
3. New York	4,412
4. Arizona	4,320
5. Florida	4,193
6. Michigan	3,500
7. Georgia	3,272
8. Washington	2,581
9. Illinois	2,561
10. North Carolina	2,247
25. Minnesota	994
<i>Total admitted</i>	<i>74,654</i>

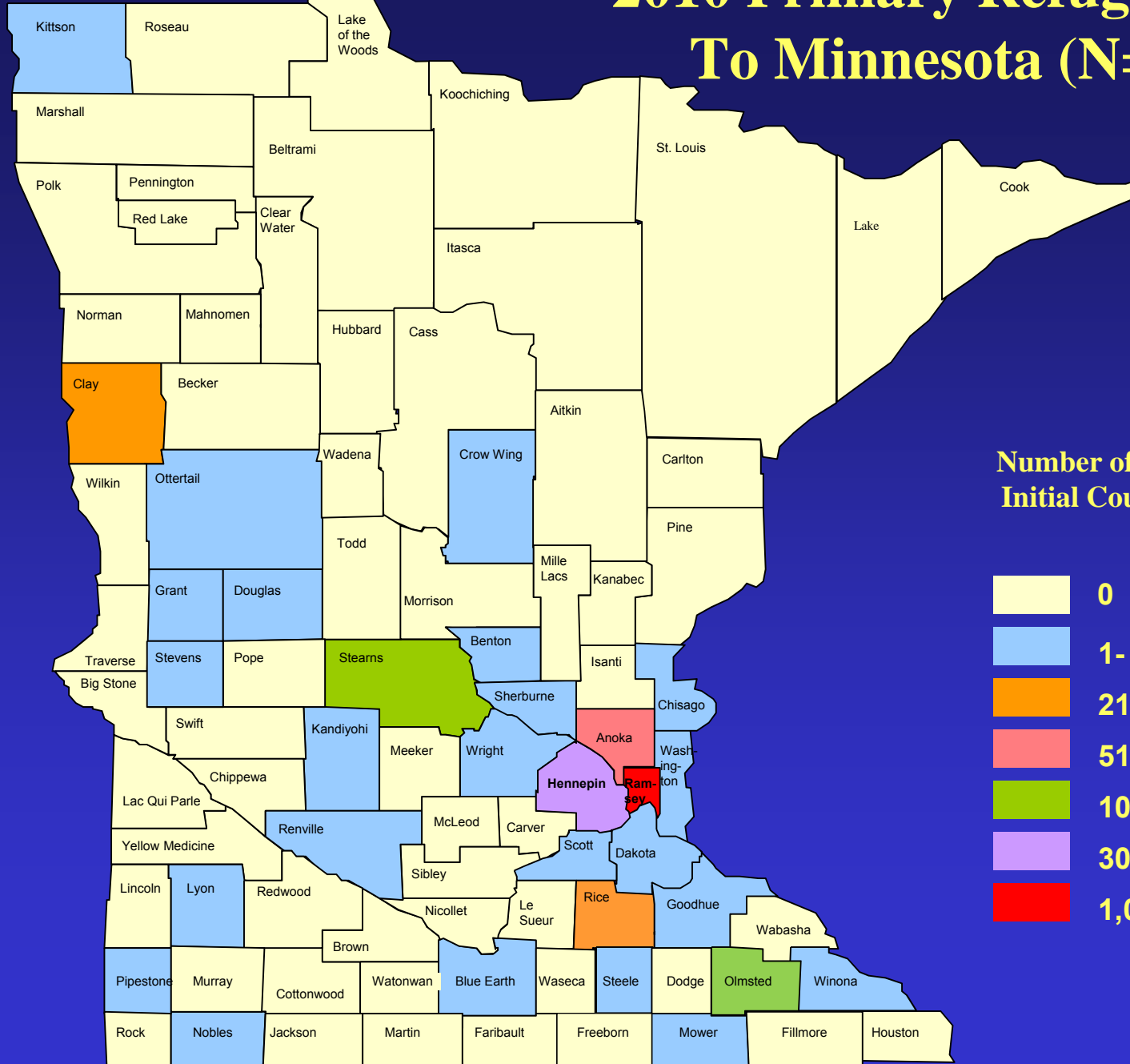
* Numbers include Amerasian, Asylees (Derivatives), Entrants/Parolees and Primary Refugee arrivals

Source: U.S. Office of Refugee Resettlement

Top 6 MN Counties of Primary Refugee Resettlement – 2010*

1.	Ramsey	1,426
2.	Hennepin	448
3.	Stearns	121
4.	Olmsted	108
5.	Anoka	75
6.	Rice	23
	<i>Total</i>	<i>2,320</i>

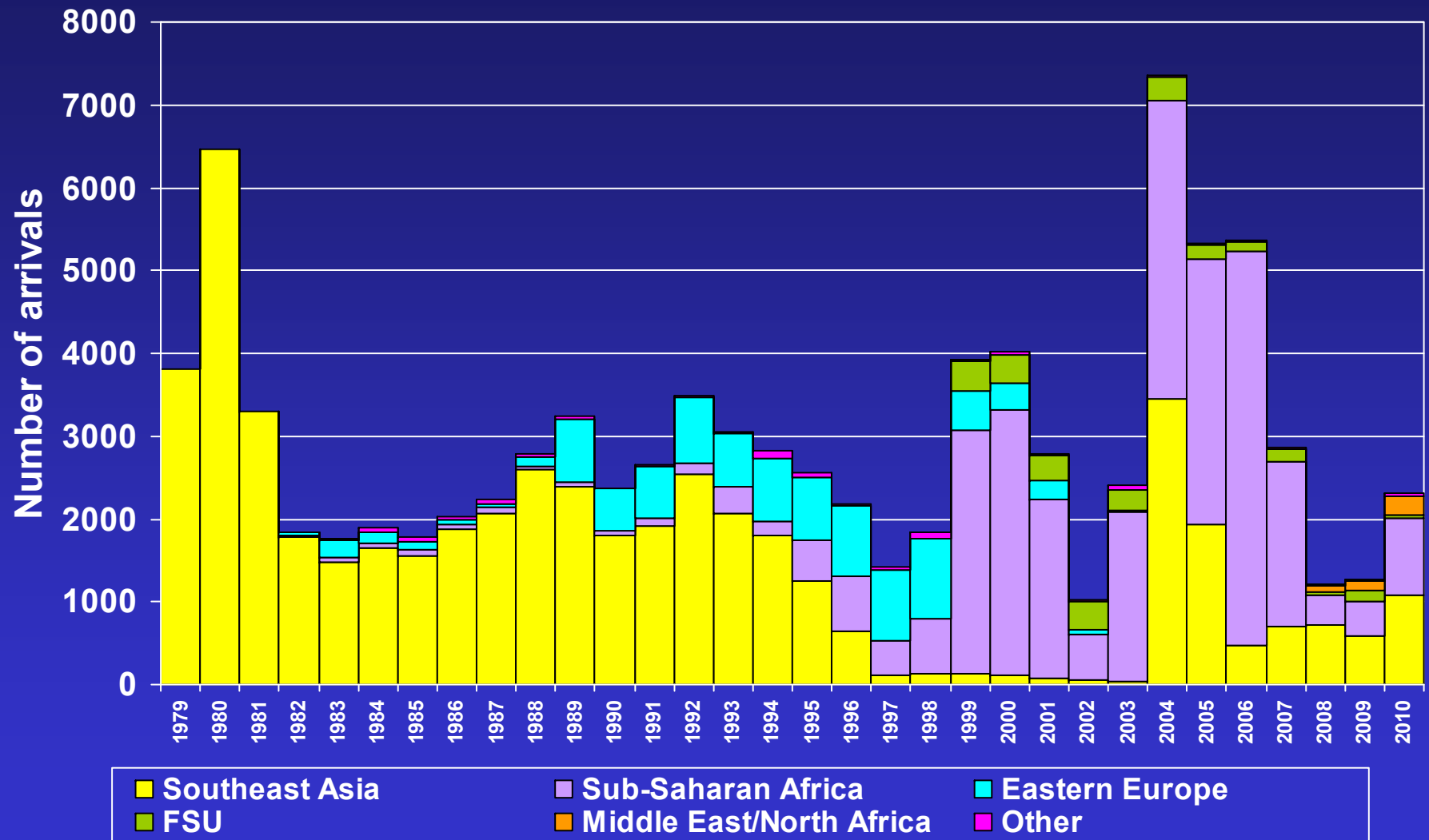
2010 Primary Refugee Arrival To Minnesota (N=2,320)



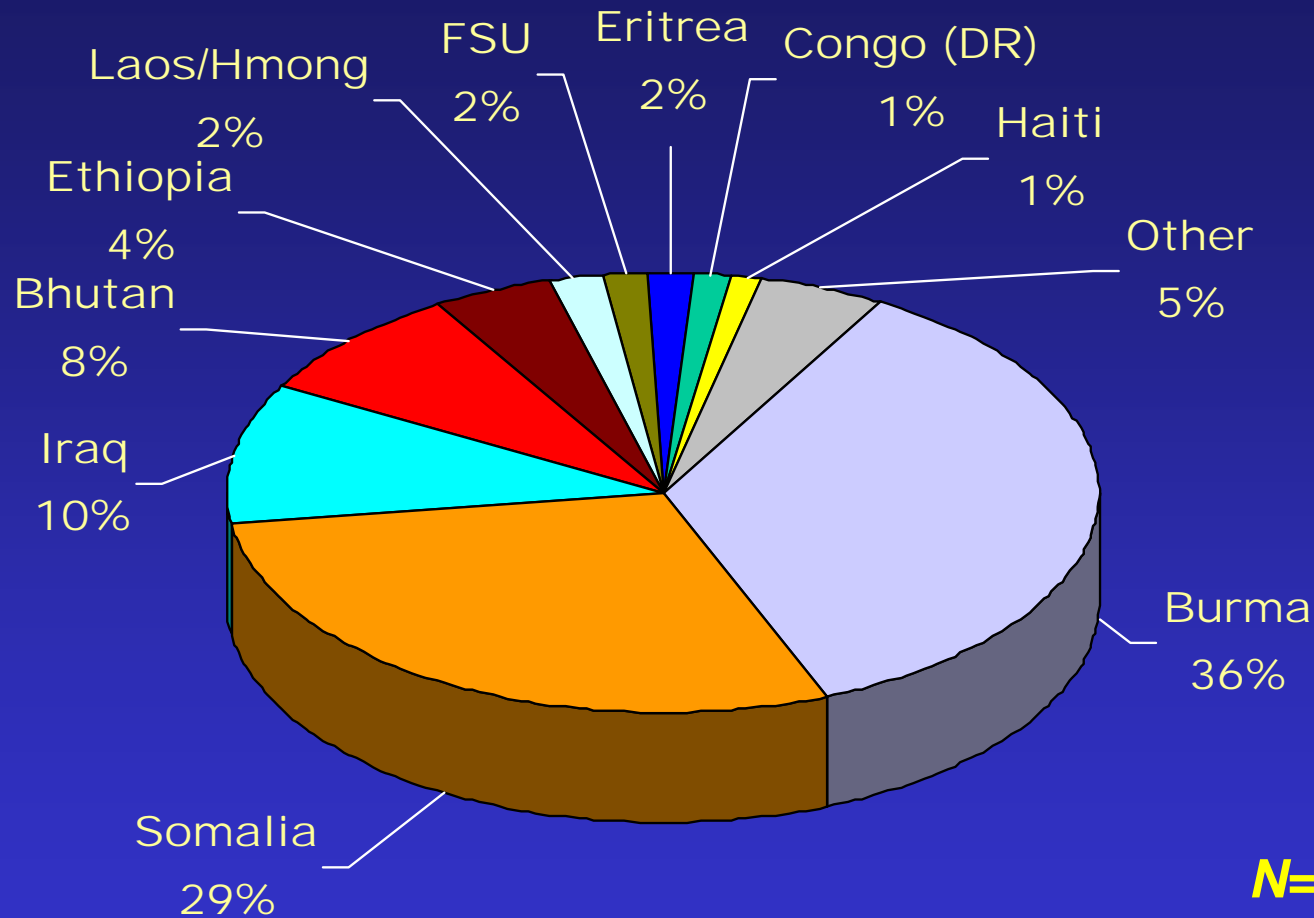
Number of Refugees Arrival By
Initial County Of Resettlement



Refugee Arrivals to MN by Region of World 1979-2010



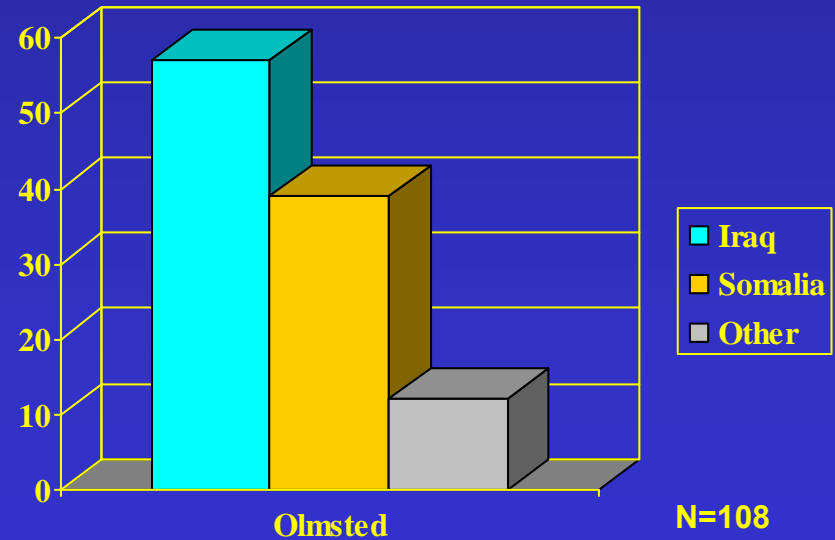
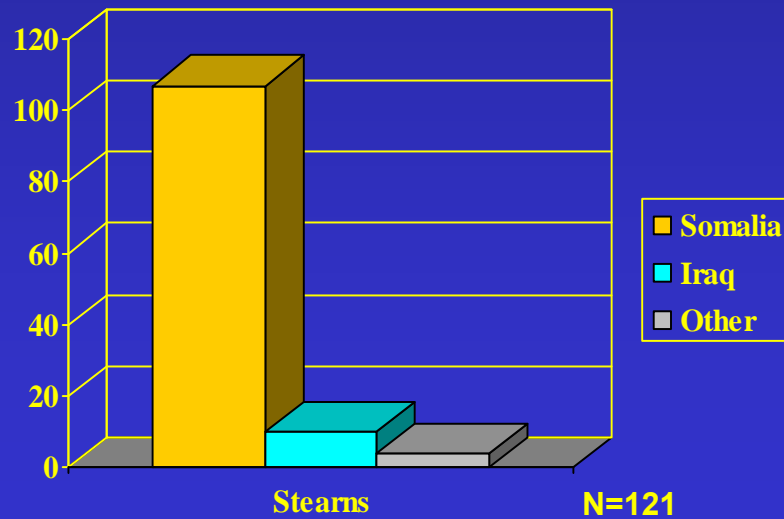
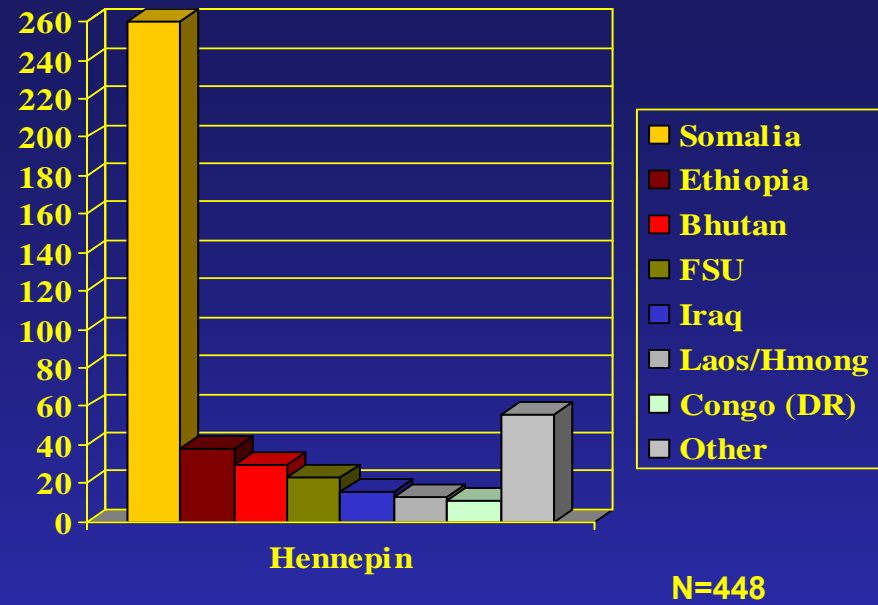
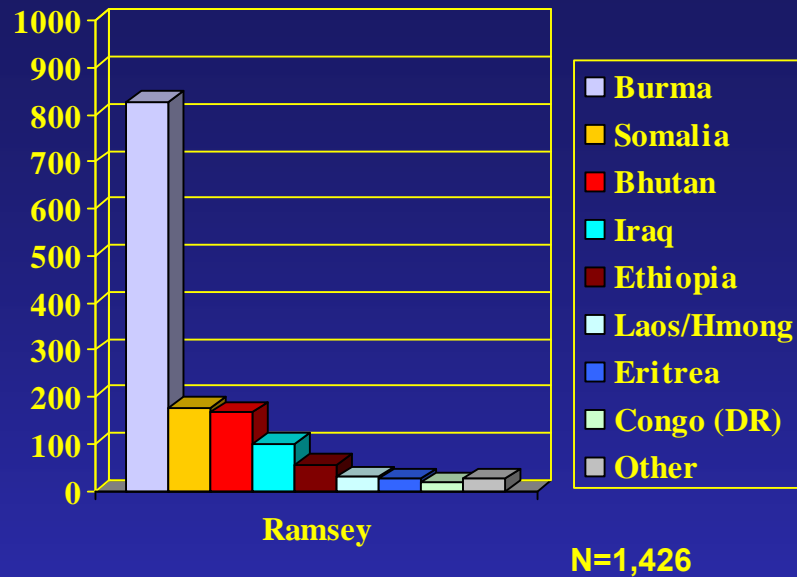
Primary Refugee Arrivals, Minnesota 2010



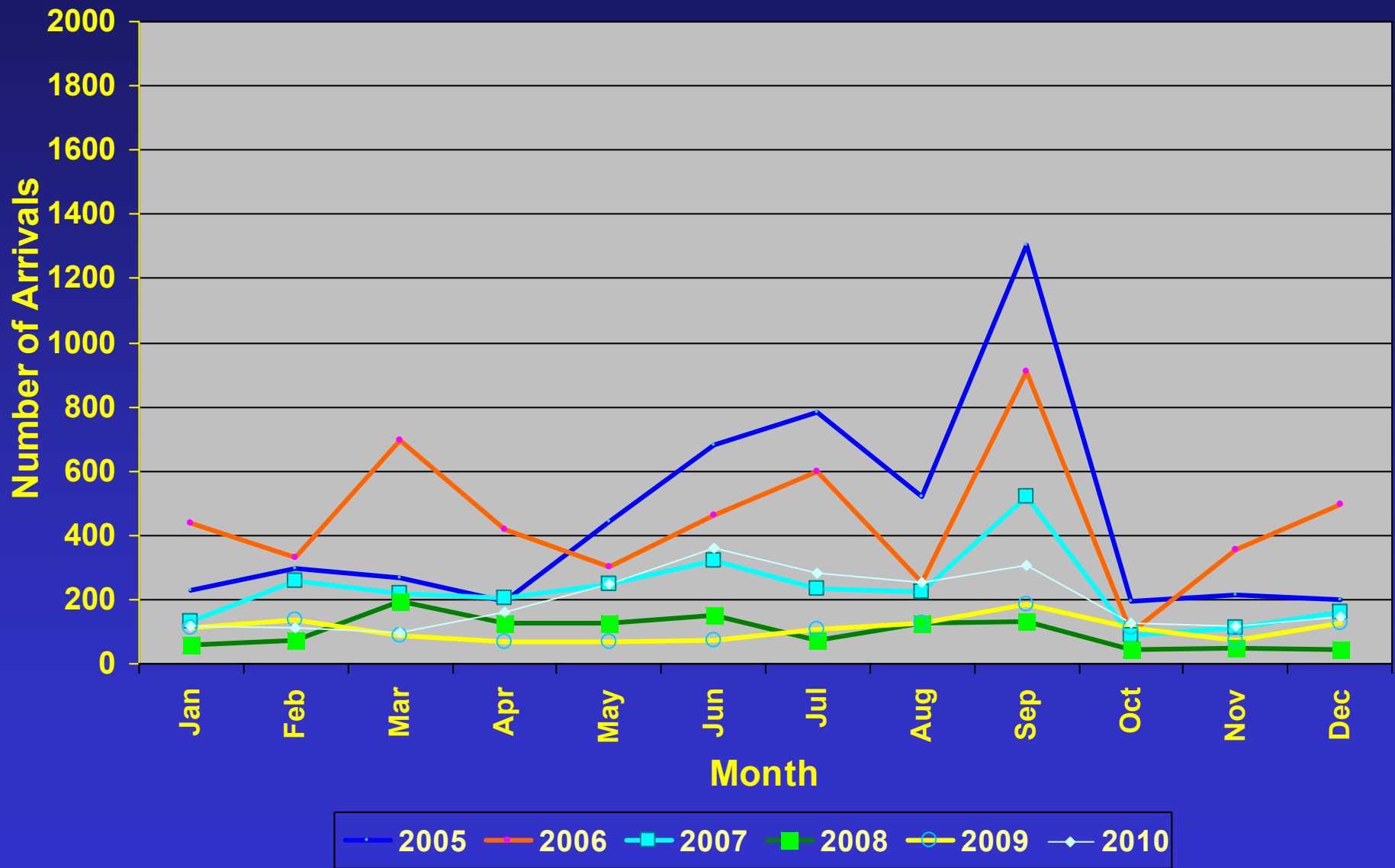
"Other" includes Afghanistan, Cambodia, Cameroon, China (incl. Tibet), Colombia, Cuba, Guinea, Kenya, Liberia, Mali, Mexico, Nigeria, Rwanda, Saudi Arabia, Sierra Leone, Sudan and Togo

*"FSU" includes Armenia, Belarus, Kyrgyzstan, Moldova, Ukraine and Uzbekistan

Country of Origin by County of Resettlement, 2010



Primary Refugee Arrival by Month, Minnesota, 2005-2010



Refugee Health Screening in MN

- Exam w/in the first 90 days of arrival
- Public health clinics and private providers

- **Goal:**

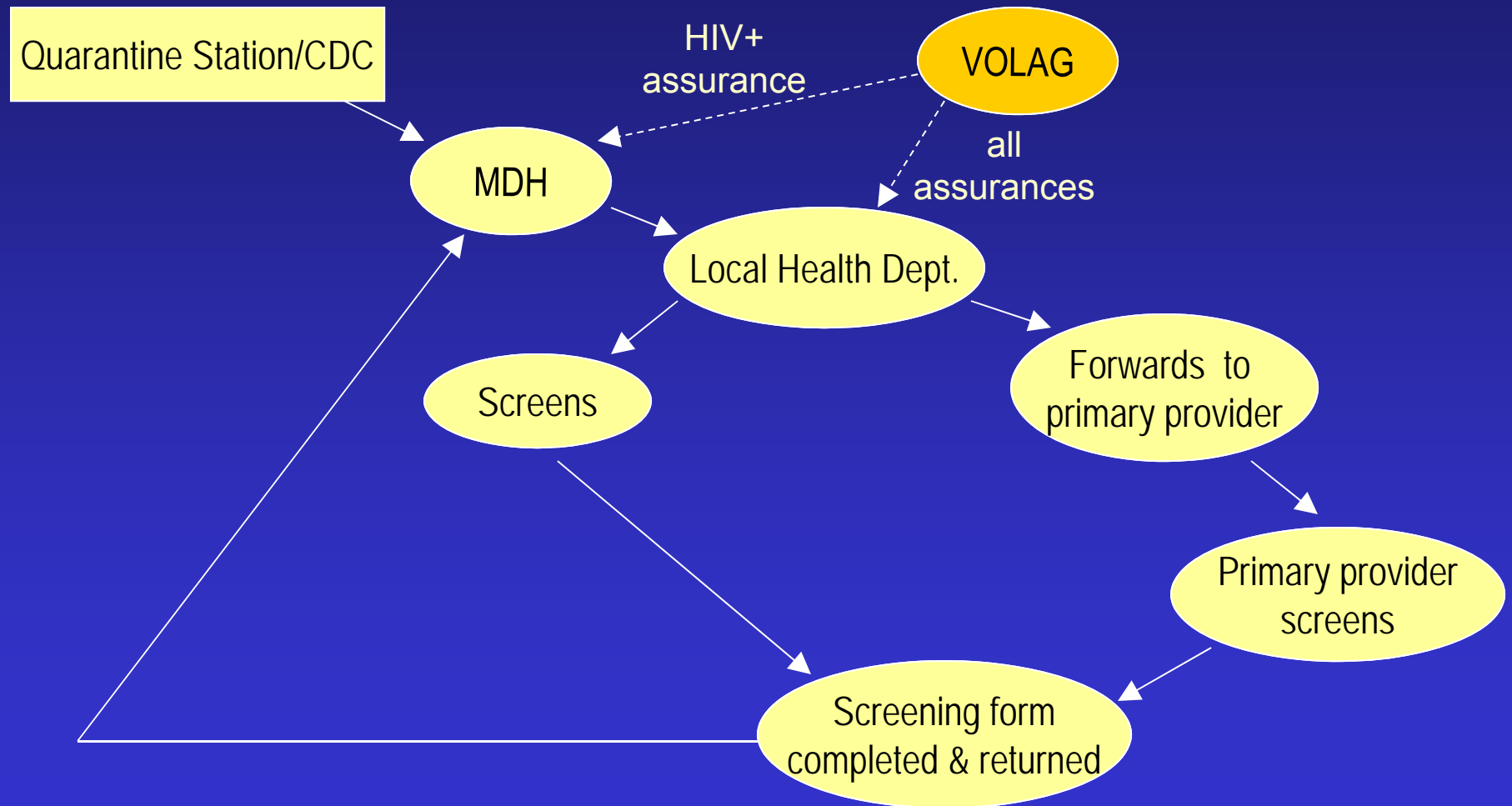
...to control communicable disease among, and resulting from, the arrival of new refugees through:

- ❖ **health assessment**

- ❖ **treatment**

- ❖ **referral**

Refugee Health Assessment Information Flow



Health Status of New Refugees, Minnesota, 2010

Health status upon arrival	No of refugees screened	No(%) with infection among screened
TB infection*	2,092 (95%)	573 (27%)
Hepatitis B infection**	2,166 (98%)	112 (5%)
Parasitic Infection***	2,112 (96%)	471 (22%)
Sexually Transmitted Infections (STIs)****	1,771 (81%)	28 (2%)
Malaria Infection	235 (11%)	0 (0%)
Elevated Lead Level*****	839 (87%)	16 (2%)
Hemoglobin Deficiency	2,157 (98%)	439 (20%)

Total screened: **N=2,199** (98% of 2,242 eligible refugees)

* Persons with LTBI (≥ 10 mm induration or IGRA+, normal CXR) or suspect/active TB disease

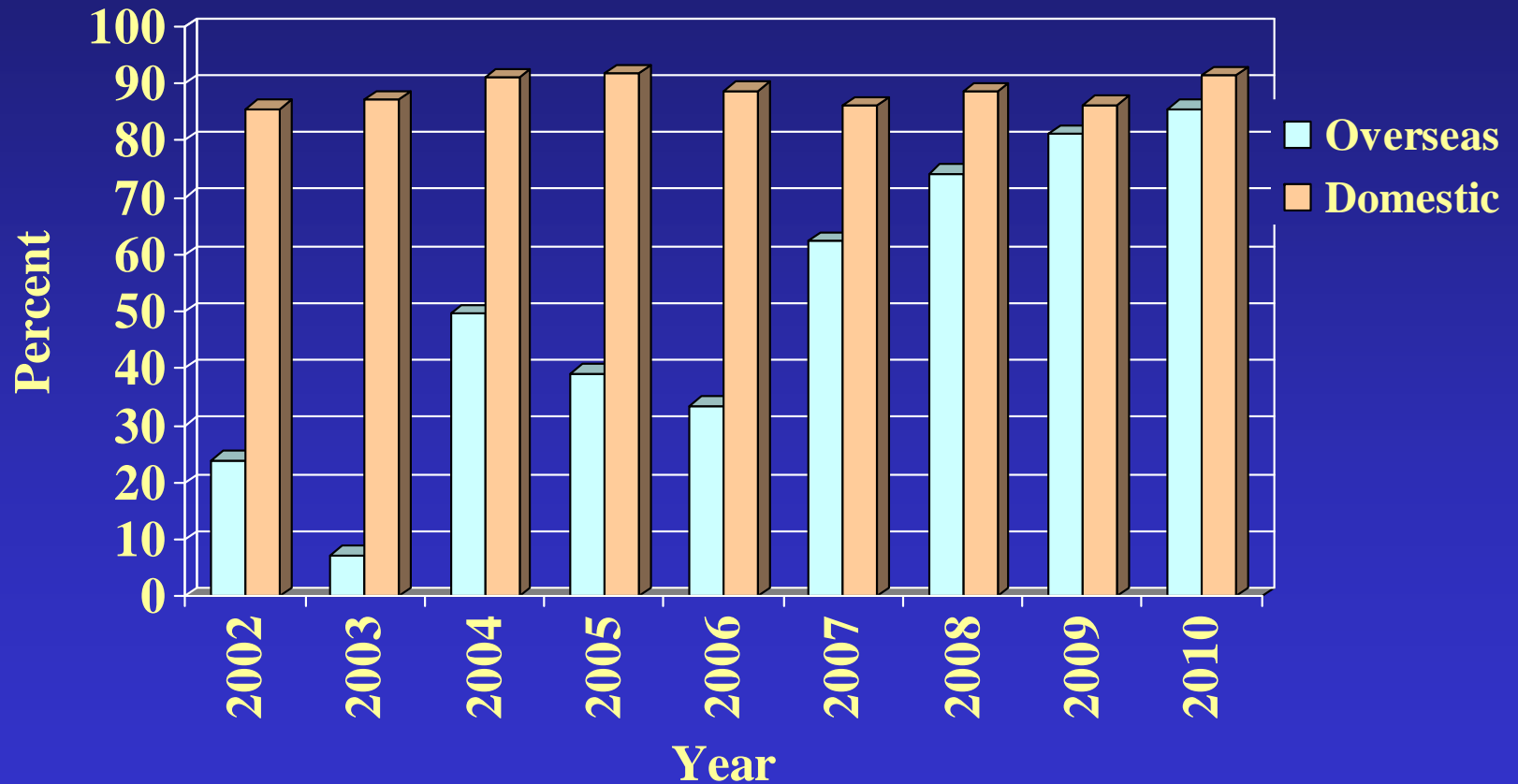
** Positive for Hepatitis B surface antigen (HBsAg)

*** Positive for at least one intestinal parasite infection

**** Positive for at least one STI

*****Children <17 years old (N=960 RHAs)

Health Status of New Refugees, Minnesota Immunization Status, 2002-2010



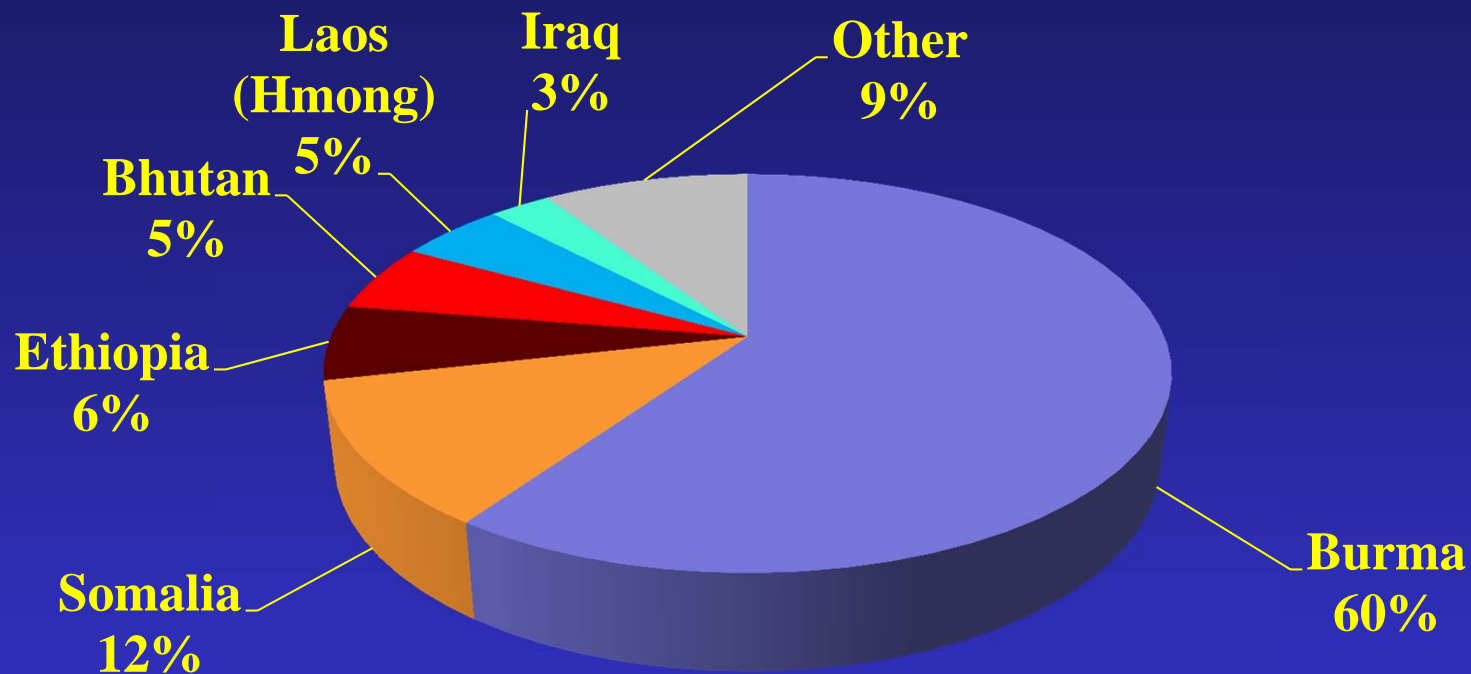
Primary Refugee Arrivals

2011*



*1/1/2011 – 8/24/2011

Primary Refugee Arrivals, Minnesota 1/1/2011 - 8/24/2011



N=1,288

“Other” includes Afghanistan, Belarus, Burundi, Cameroon, China, DR Congo, Cuba, Eritrea, the Gambia, Guinea, Haiti, Kenya, Kyrgyzstan, Liberia, Mexico, Moldova, Russia, Sudan, Tanzania, Ukraine, Vietnam, and Zimbabwe

Top 6 MN Counties of Primary Refugee Resettlement – 2011*

1.	Ramsey	923
2.	Hennepin	214
3.	Stearns	37
4.	Anoka	36
5.	Olmstead	23
	Total	1,288

*1/1/2011- 8/24/2011

Health Status of New Refugees, Minnesota, 2011[‡]

Health status upon arrival	No of refugees screened	No(%) with infection among screened
TB infection*	577 (92%)	89 (15%)
Hep B infection**	612 (98%)	35 (6%)
Parasitic Infection***	609 (98%)	146 (24%)
HIV	581 (93%)	0 (0%)
Sexually Transmitted Infections(STIs)****	302 (48%)	4 (1%)
Malaria Infection	62 (10%)	2 (3%)
Lead Level $\geq 10\mu\text{g/dl}$ *****	208 (72%)	5 (2%)
Hemoglobin $< 12\text{mg/dl}$	613 (98%)	123 (20%)

[‡] 2011 preliminary results for arrivals between 1/1/2011 and 6/30/2011

Total screened: N=624 (71% of the 877 eligible refugees)

* Persons with LTBI ($\geq 10\text{mm}$ induration/normal CXR) or suspect/active TB disease

** Positive for Hepatitis B surface antigen (HBsAG)

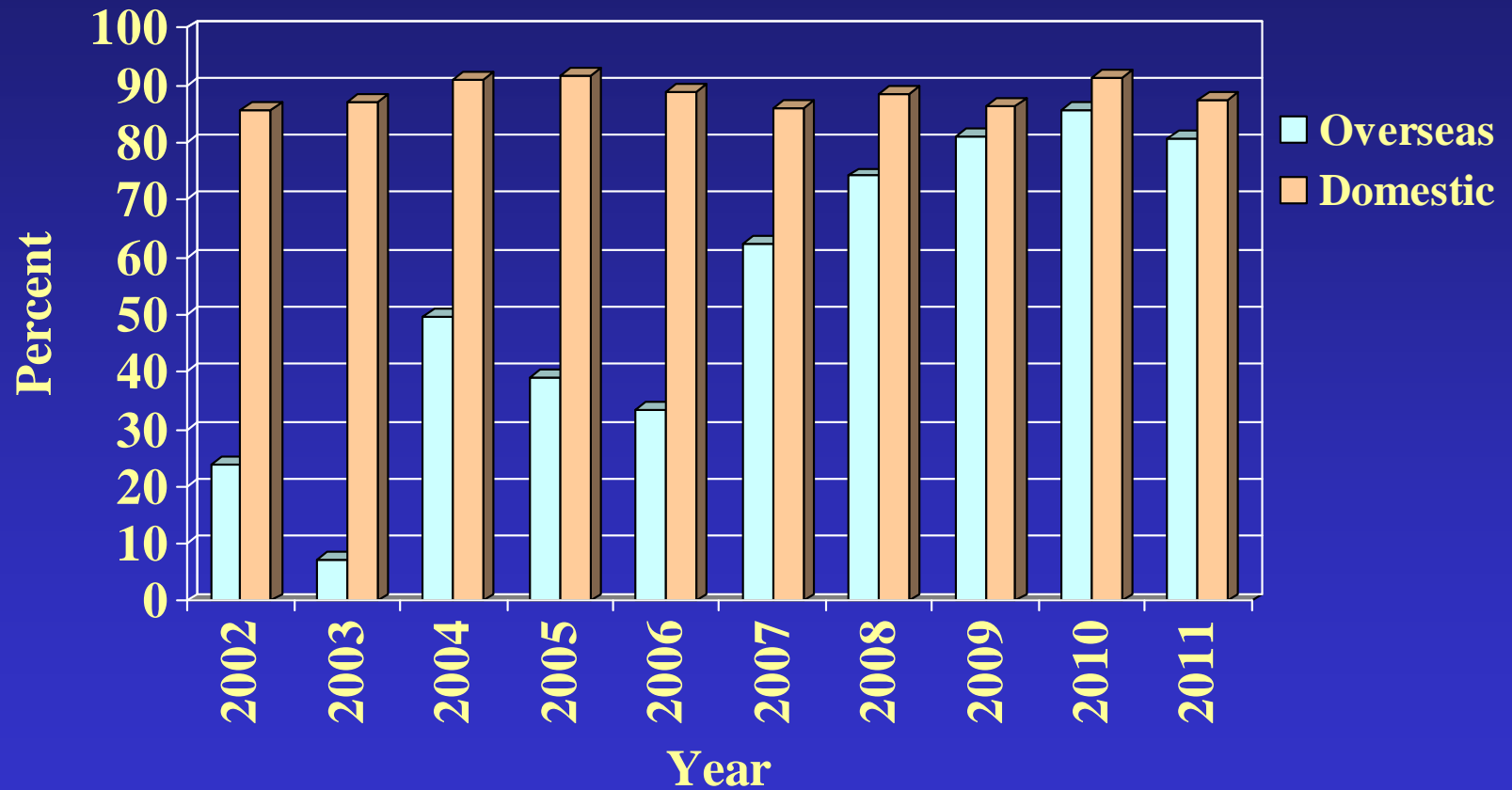
*** Positive for at least one intestinal parasite infection

**** Positive for at least one STI (syphilis, gonorrhea, and/or chlamydia)

*****Children < 17 years old (N=290 with RHAS)

Refugee Health Program, Minnesota Department of Health

Health Status of New Refugees, Minnesota Immunization Status, 2002-2011*



*1/1/2011 and 6/30/2011

Refugee Program Initiatives

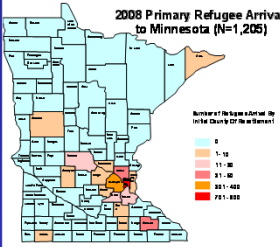
2010/11



County Reports

- Health summary report by county for all counties in MN who resettle ≥ 15 refugees
- Health summary report by region for all counties who resettle 1-14 refugees

- Distributed Fall/Winter 2011



2008 Primary Refugee Arrival to Minnesota (N=1,205)

Number of Refugees Arrived in the County (by color)

- 0
- 1-10
- 11-20
- 21-50
- 51-100
- 751-1000

Refugee Health County Reports 2008

MINNESOTA MDH DEPARTMENT OF HEALTH

Anoka
Carver
Dakota
Washington

Hennepin

Olmsted
Otter Tail
Sherburne
Stearns
Wright

Ramsey

Scott
Mandiyoki
Nobles
Rice
Steele

Metro Region

Central Region

Southern Region

Welcome to the third edition of the Refugee Health County Report. This volume is a compilation of the individualized reports of those counties that received at least 15 new primary refugee arrivals to their county during the past year. In 2008, five counties met this criterion: Anoka, Hennepin, Olmsted, Ramsey and Scott. Counties that received less than 15 primary arrivals to their county were grouped into Metro, Central and Southern regions. The reports provide a snapshot of the demographics and the health needs of newly arrived primary refugees to a particular county.

Each report is broken down into three sections: health screening indicators, significant findings and trends regarding demographics, screening rates, flat fee reimbursement, and health status data summary, and state and regional data. Statewide and regional demographics and health status data are included in the reports as a means of comparison for the counties.

Any questions regarding this report may be directed to the Minnesota Department of Health, Refugee Health Program, 651-201-5414.

Vitamin B12

- **Vitamin B12**

- **Found in meat, dairy, eggs, and fortified cereals**
- **Symptoms and long term complications of B12 deficiency:**
 - Nerve damage
 - Memory loss
 - Depression
 - Fatigue



- **Screening recommendations**

- **Based on investigation conducted by CDC and MDH in early 2011**
- **Recommendation: Provide all Bhutanese refugees with vitamin B12 oral supplementation for a minimum of 30 days upon arrival in the US as well as nutrition advice that emphasizes consumption of foods containing B12**

Resettlement Challenges

'Free Cases' and 'Significant Medical Cases'

- Demands increased coordination and communication between MDH, LPH, providers and Volags and refugees
- Optimizing communication between various different resources to support the individual / family

Significant Medical Conditions

- Significant – Serious – Severe
- Quantify extent of the more complex, acute cases
- Goal- pilot a project of shared medical social worker and CHWs

Significant Medical Conditions

- **2,671** primary refugees to MN, 1/ 2010 - 3/2011
 - Over **950** families
 - **family size** ranges from 1-11
 - **143** individuals who were identified with at least one or more significant medical condition
 - **10** refugees had **co-morbidities**
- Nearly **125** families had one or more family members with a significant medical condition of some degree
 - **17** families with two or more members with conditions
 - **37** individuals

Secondary Refugee Pilot Project

- 2010: 247 documented Secondary arrivals
- Promoting health screenings for Secondary arrivals
- Screening criteria:
 - Moved with 1 year of arrival
 - Not or partially screened in primary state
 - Eligible for insurance or have payment source
- Participating counties
 - Benefit to counties

Screening rate, 2010: 74% (131/178 eligible)

Tuberculosis (TB)

Health Status of New Refugees, Minnesota, 2010[‡]

Health status upon arrival	No of refugees screened	No(%) with infection among screened
TB infection*	2,086 (95%)	570 (27%)
Hepatitis B infection**	2,160 (98%)	112 (5%)
Parasitic Infection***	2,106 (96%)	471 (22%)
Sexually Transmitted Infections (STIs)****	1,765 (80%)	28 (2%)
Malaria Infection	234 (11%)	0 (0%)
Lead*****	833 (87%)	16 (2%)
Hemoglobin	2,151 (98%)	437 (20%)

[‡] 2010 Preliminary results for arrivals between 01/01/2010 and 12/31/2010

Total screened: **N=2,193** (98% of 2,242 eligible refugees)

* Persons with LTBI (\geq 10mm induration or IGRA+, normal CXR) or suspect/active TB disease

** Positive for Hepatitis B surface antigen (HBsAG)

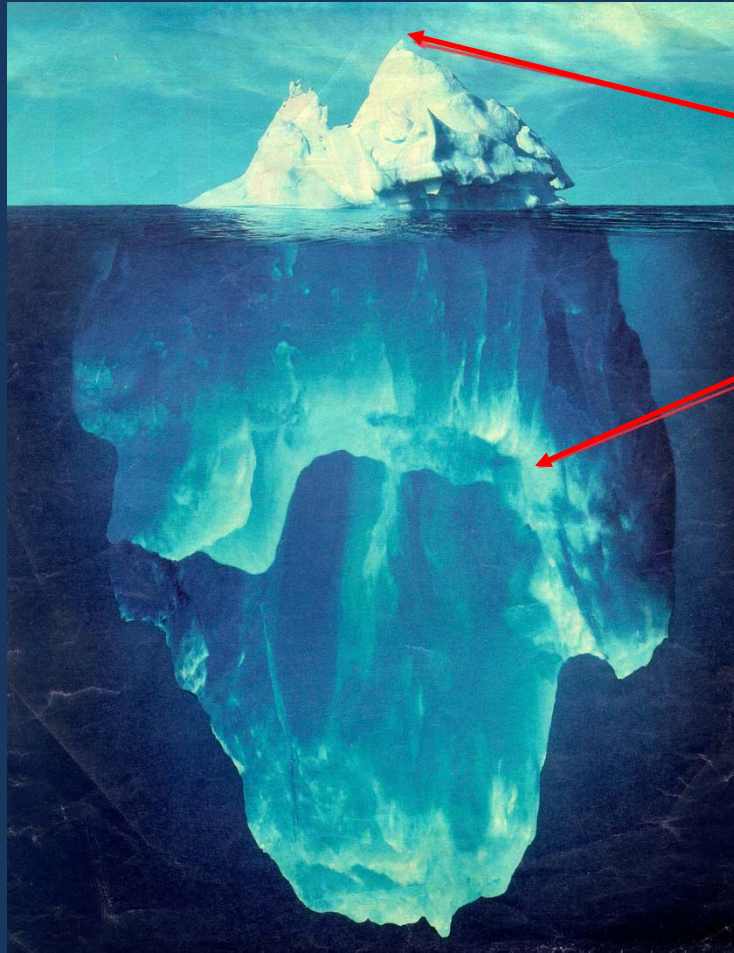
*** Positive for at least one intestinal parasite infection

**** Positive for at least one STI

*****Children <17 years old (N=954 RHAs)

Refugee Health Program, Minnesota Department of Health

Active vs. Latent TB



Active TB disease

Latent TB infection

Close Exposure to TB

60-70%
Uninfected

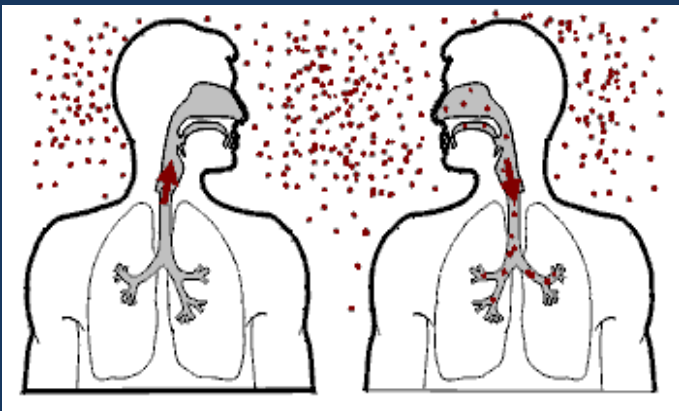
30-40% Infected

90% Latent TB
Infection

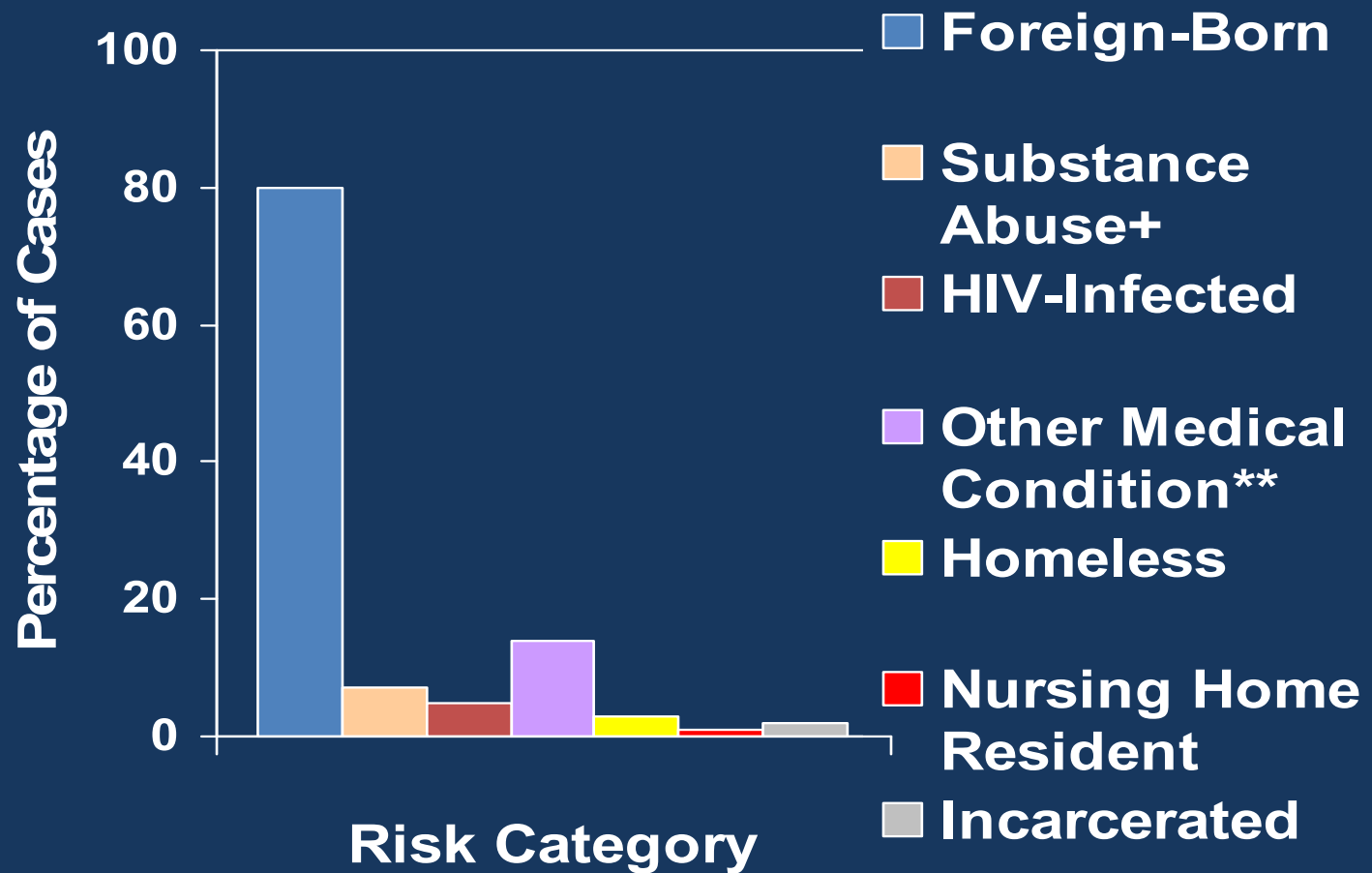
10% Active TB
Disease

5% w/in
1-2 years

5% > 2
years



Tuberculosis Cases by Risk Category*, Minnesota, 2006-2010

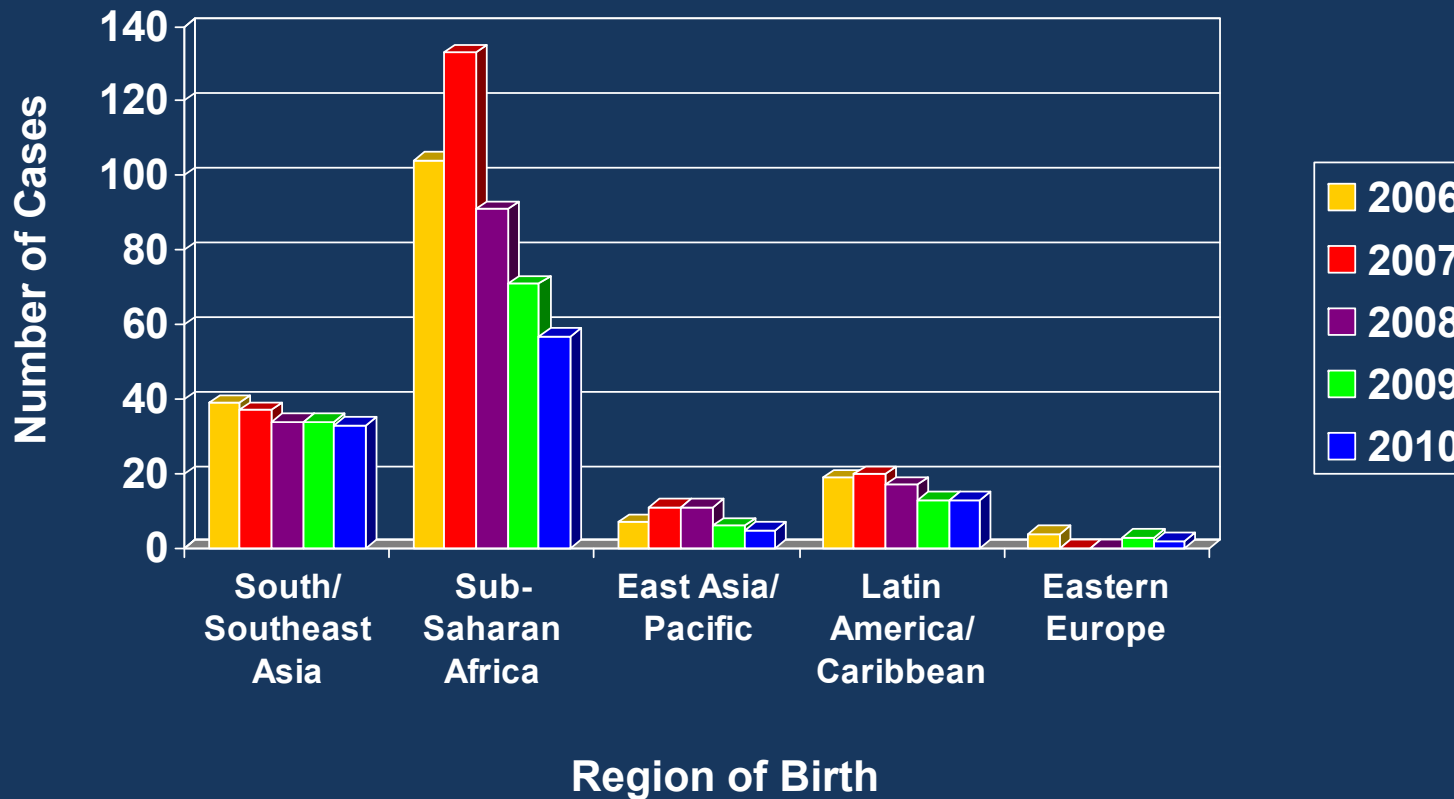


* Risk categories are not mutually exclusive.

† Alcohol abuse and/or illicit drug use

** Conditions or therapies that increase risk for progression from latent TB infection to active TB disease

Foreign-Born Tuberculosis Cases by Region of Birth and Year of Diagnosis, Minnesota, 2006-2010



Latent TB Infection

vs.

Active TB Disease

- TB exposure – breathed in TB germs from someone with active TB

- Positive (+) TB skin test or IGRA

- Normal or Negative chest x-ray

- No symptoms

- No risk of spreading TB to others

- Treatment is recommended

 - 9 months of INH

- Not reportable to MDH

- TB exposure – breathed in TB germs from someone with active TB

- Positive (+) TB skin test or IGRA

- Abnormal chest x-ray and/or TB bacteria found in sputum

- Possible symptoms:

 - Cough for 3+ weeks
 - Pain in chest (or site of disease)
 - Coughing up blood or phlegm
 - Very tired for no reason
 - Weight loss or No appetite
 - Chills and/or fever
 - Sweating at night

- Pulmonary TB can be contagious

- Mandatory reporting to MDH

- Treatment is required (pulmonary)

 - Legal Authority (TB Health Threat)

MDH TB Program Resources

- Free Medications for TB disease and LTBI
- Patient Education Materials in 12 languages
- TB Nurse Advisors for case management
- Provider education, treatment guidelines, incentives, and more...

www.health.state.mn.us/tb

651-201-5414 ask for TB Program

Minnesota Refugee Health Program

Phone: 651-201-5414 or 1-877-676-5414

Web site: www.health.state.mn.us/refugee

**Address: Minnesota Department of Health
Refugee Health Program
625 Robert St N
PO Box 64975
St. Paul, MN 55164-0975**