Skin Disease in Refugees and Immigrants

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My Background

• Board certified dermatologist
• HealthPartners since 2010
  • Specialty Center clinic in St. Paul
  • Work closely with Center for International Health, Travel
    and Tropical Medicine Center, Infectious Diseases
• U of MN Global Health Pathway Core Faculty
  • Teach in live course
  • Developing curriculum in global/tropical dermatology
• International work
  • Mbarara, Uganda - guest faculty in dermatology
    residency program
  • Regional Dermatology Training Centre, Tanzania
Dermatology… Beyond acne and skin cancer

- Disorders of **skin, hair, nails**
- Skin diseases rarely cause death
- Important cause of **morbidity**
  - Symptoms
  - Disfigurement
- Skin findings may be clue to underlying systemic illness
- Overlaps with infectious diseases, rheumatology, oncology, genetics, ophthalmology, plastic surgery, endocrinology, GI, etc.
Skin Diseases in Refugees/Immigrants to USA

• Epidemiology **not** well described in literature
• Case reports/series
  • Cutaneous leishmaniasis in Cuban immigrants to Texas traveling through Panama (Barry *et al.*, 2014)
• Studies
  • Skin symptoms self-reported in 23% of Latino immigrant poultry processing and manual workers (Quandt *et al.*, 2014)
  • Tinea pedis, onychomycosis common in Latino immigrant poultry processing (Pichardo-Geisinger *et al.*, 2014)
  • Common skin disorders in migrant farmworkers: contact dermatitis, melasma, tinea, benign tumors, impetigo (Hinckley *et al.*, 2007)
  • Children born outside US have lower prevalence of allergic disease (including atopic dermatitis) that increases after living in US for 1 decade (Silverberg *et al.*, 2013)
Skin Diseases in Refugees/Immigrants

- **Spain** - Perez-Crespo *et al.*, 2016
  - 1 year study, University setting
  - Latin American immigrant children and Spanish children
  - Atopic dermatitis most common
  - Scabies 6x more likely in immigrant children
- **Greece** - Katsarou, *et al.*, 2012
  - 21 month study, University setting
  - Dermatitis most common (34.7%); infection (19.3%), nevi (5.6%), scabies (4.8%), insect bites (4.3%)
  - Immigrant children had higher rate of bacterial infections and scabies
Refugees/Immigrants with skin diseases may have…

• Itching
  • Numerous causes
    • Dry skin
    • Inflammatory: atopic dermatitis (eczema), psoriasis, lichen planus - made much worse with MN climate
    • Infectious: tinea, scabies, parasitic infestation
    • Systemic illness: HIV, liver or kidney disease, anemia
  • Interferes with sleeping, concentration

• Pain
  • Keloid scars
  • Inflammatory conditions of skin: lupus, lichen planus of mucosa
  • Infectious: Herpes simplex, GUD
  • Ulcers
Refugees/Immigrants with skin diseases may have…

- **Disfigurement**
  - Abnormal appearance of skin
  - Scars - from disease or scratching
  - Pigmentary changes
- **Stigma**
  - Interference with personal/vocational/social relationships
- **Reminders of past trauma**
  - Scars or exacerbation of skin disease in survivors of torture
- Communicable disorders - scabies, tinea
Refugees/Immigrants with skin diseases may have...

- Sequelae of **Cosmetic practices**
  - MDH: 11/27 (41%) skin-lightening products sold in Twin Cities stores contained unacceptably high levels of mercury
  - Exogenous ochronosis with overuse of hydroquinone
  - Topical steroids in skin-lightening creams
  - Henna tattoos adulterated with black dye

- Sequelae of **self-treatment** with medications obtained without prescription
  - Potent topical corticosteroids
    - Skin thinning, loss of pigment, acne, exacerbation of infections
Complications of overuse of high-potency topical corticosteroids

Tinea

Steroid acne

Scabies

Pyoderma

Striae

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Complications of overuse of hydroquinone

- Periorbital hyperpigmentation
- Confetti achromia
- Exogenous ochronosis - Long-term use
- Pseudo-lupus
Refugees/Immigrants with skin diseases may have...

- Delay in diagnosis or treatment of rare disorders
  - “Tropical” skin diseases: onchocerciasis, Hansen’s disease, mycetoma, cutaneous leishmaniasis

Actinomycotic mycetoma

Onchocerciasis
Refugees/Immigrants with skin diseases may have…

- Skin diseases in **select immigrant populations**
  - **Syria, Afghanistan** - cutaneous leishmaniasis
  - **Ethiopia** - onchocerciasis (Baum, 2014)
  - **Latino in USA** (manual workers) - tinea pedis, onychomycosis, inflammatory skin disorders, pigmentary disorders, scars
Case Studies

Removed
HP Global Dermatology Clinic: Removing Barriers to Care

- **Access** to dermatologist
  - Referrals seen in 1 **week**
  - Extra time allowed for consultations
- **Appropriate interpreter services**
  - **Professional, in-person** interpreters
  - Arabic, Amharic, Cambodian, Hmong, Karen, Nepali, Oromo, Russian, Somali, Spanish, Tigrinya, Vietnamese, others arranged as needed
  - Often can accommodate **preference of gender**
HP Global Dermatology Clinic: Removing Barriers to Care

- **Convenience**
  - Lab and pharmacy in same building as clinic
  - EPIC, Care Everywhere
- **Coordination** with other specialties
  - Infectious Diseases, Tropical Medicine Center, others
Providers caring for refugees:

- Include questions about skin lesions/rashes and symptoms on intake forms and review of systems
  - Patients may not mention skin concerns unless asked
  - Current lesions/rashes
  - Past history of skin disease - relapses occur
- Establish relationship with dermatologist interested in refugee health
- Counsel patient on how to take care of skin in MN
  - Dry skin care
  - Prevent frostbite: Adequate clothing, mittens, socks, boots for cold
Adapting to Life in MN: Dry Skin Recommendations

- **Dry skin is itchy!!**
- Shower - daily is OK
  - 5 minute maximum
  - Lukewarm water
  - Minimal soap to face/hands/feet/underarms/groin
- Moisturizer
  - Liberally!
  - Within 3 minutes of getting out of shower
  - Cream better than lotion
- All products should be **fragrance-free**
  - Examples: Vanicream, Cerave, Cetaphil
  - Laundry detergent: “Free and Clear” - no dye/perfume
HealthPartners Global Dermatology Clinic

- HealthPartners Specialty Center
  - 401 Phalen Boulevard, St. Paul, MN
- Wednesday mornings; Tuesdays/Fridays
- Referrals:
  - Call 651-254-7580
  - Specify “Global Dermatology Clinic”
  - Referrals seen within one week
- alexia.p.knapp@healthpartners.com
- Pager: 612-580-6230