



# Refugee Health Update 2009

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*3<sup>rd</sup> Annual*  
LPH / VOLAG Forum  
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Minnesota Department of Health

# Refugee Health Program



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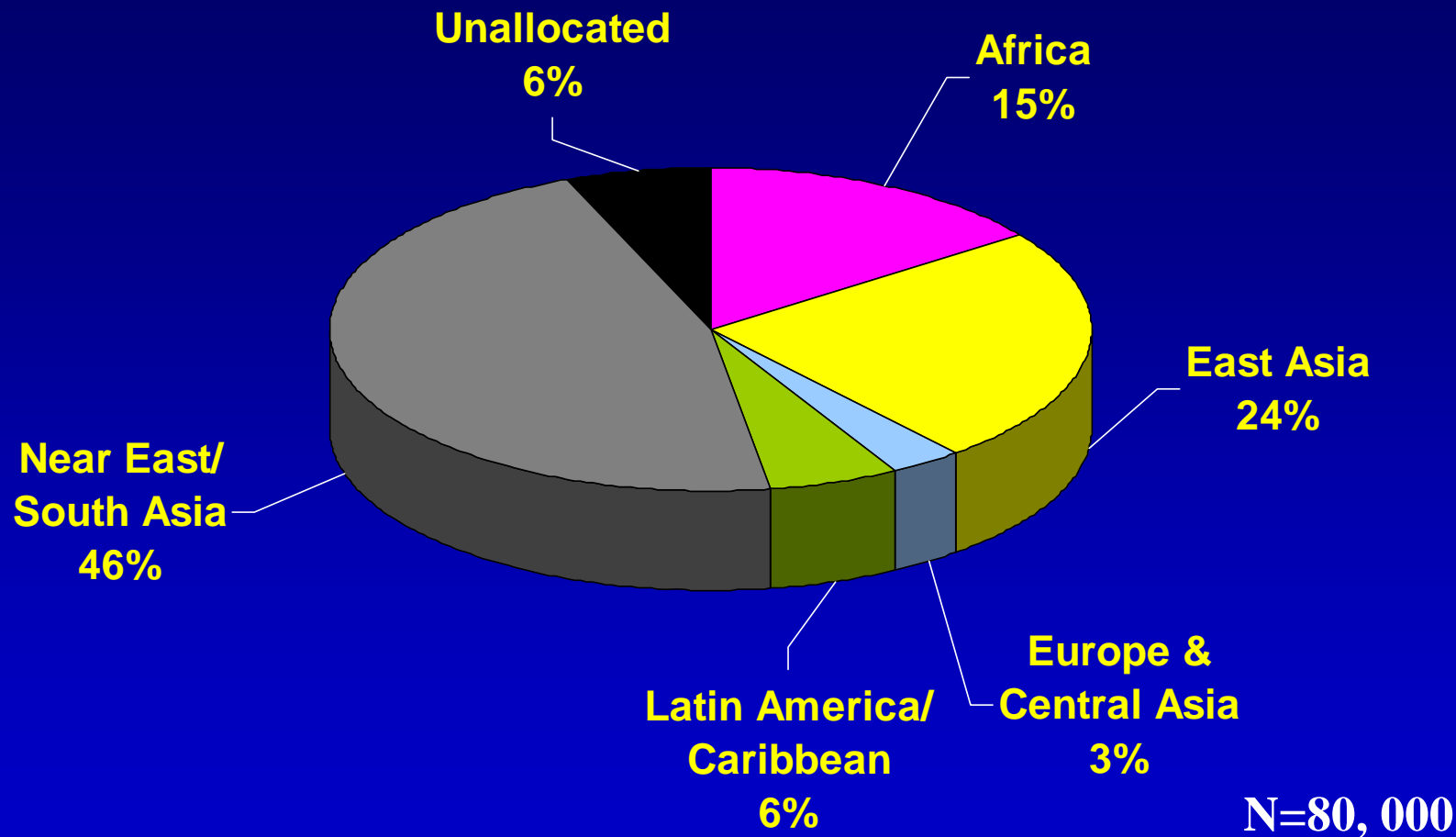


**Sara Chute**

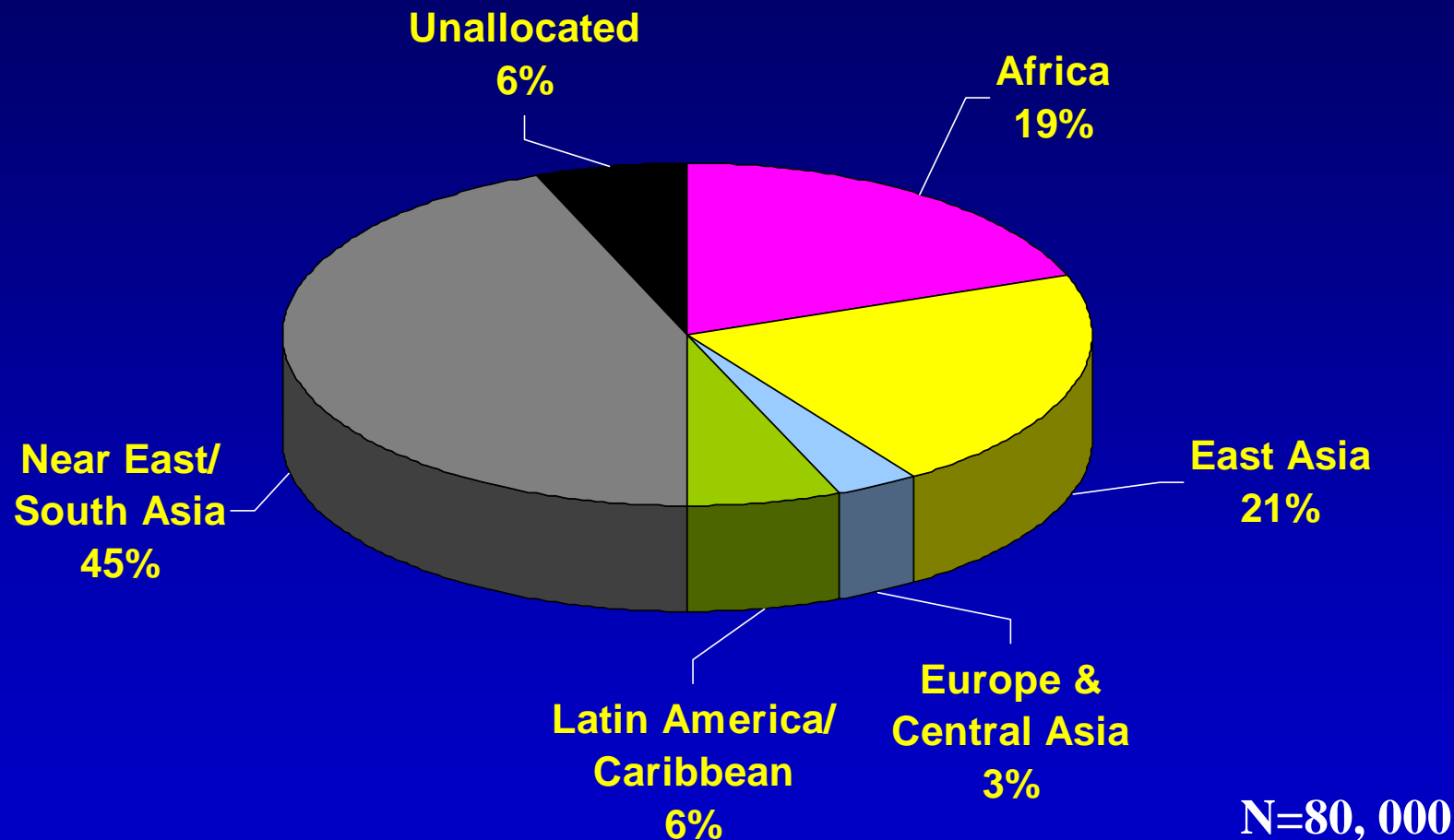


**Jenny Kluznik**

# Refugee Admissions Ceilings for FY2009



# Refugee Admissions Ceilings for FY2010



# Top U.S. States for Refugee\* Resettlement FY 2008

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1. California	9,480
2. Texas	5,130
3. Florida	3,723
4. New York	3,631
5. Michigan	3,298
6. Arizona	3,006
7. Illinois	2,429
8. Georgia	2,325
9. North Carolina	2,278
10. Washington	2,254
<b>15. Minnesota</b>	<b>1,329</b>
<b><i>Total admitted</i></b>	<b><i>60,193</i></b>

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

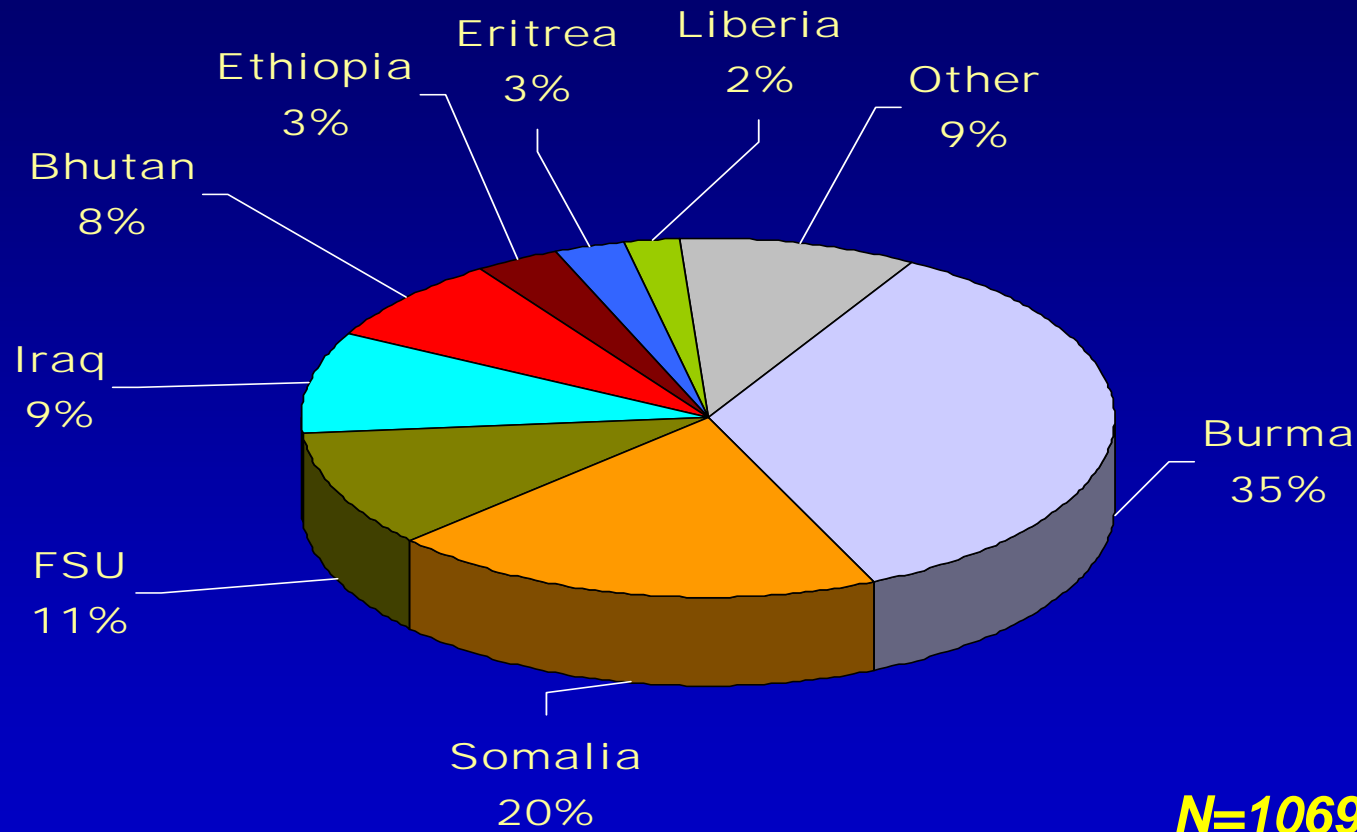
Source: U.S. Office of Refugee Resettlement

# Who is coming to MN?

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# Primary Refugee Arrivals, Minnesota 01/01/2009 – 11/15/2009



“Other” includes Benin, Bolivia, Cambodia, Cameroon, China (incl. Tibet), Congo (DR), Congo, Cuba, Djibouti, Guinea, Iran, Kenya, Laos (Hmong), Mali, Nepal, Sudan, Thailand, Togo, Vietnam, Zimbabwe and Unknown

“FSU” includes Belarus, Kyrgyzstan, Moldova, Russia and Ukraine



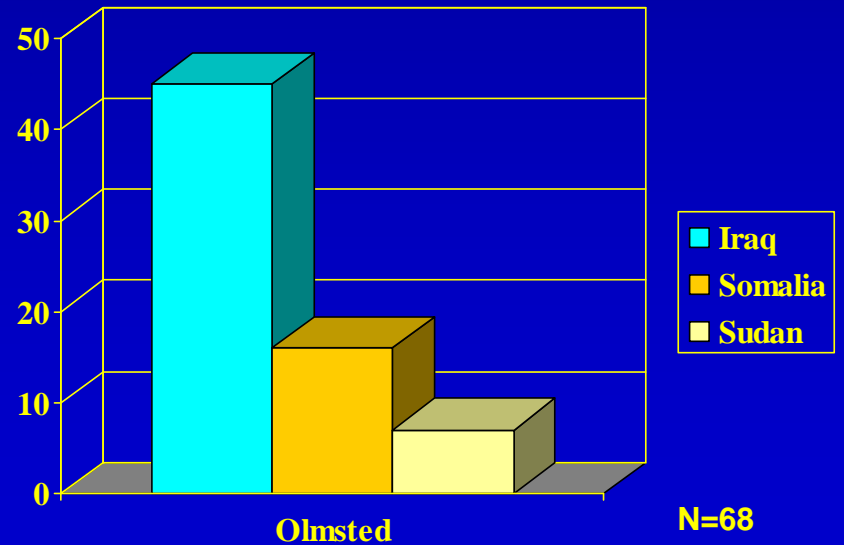
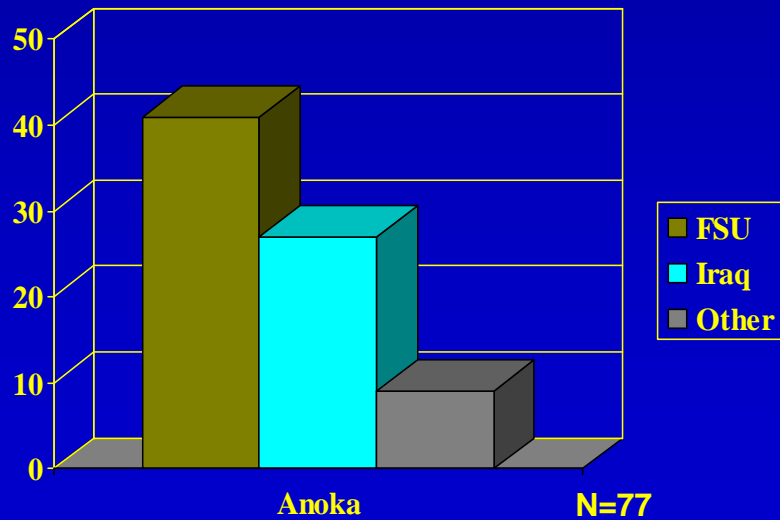
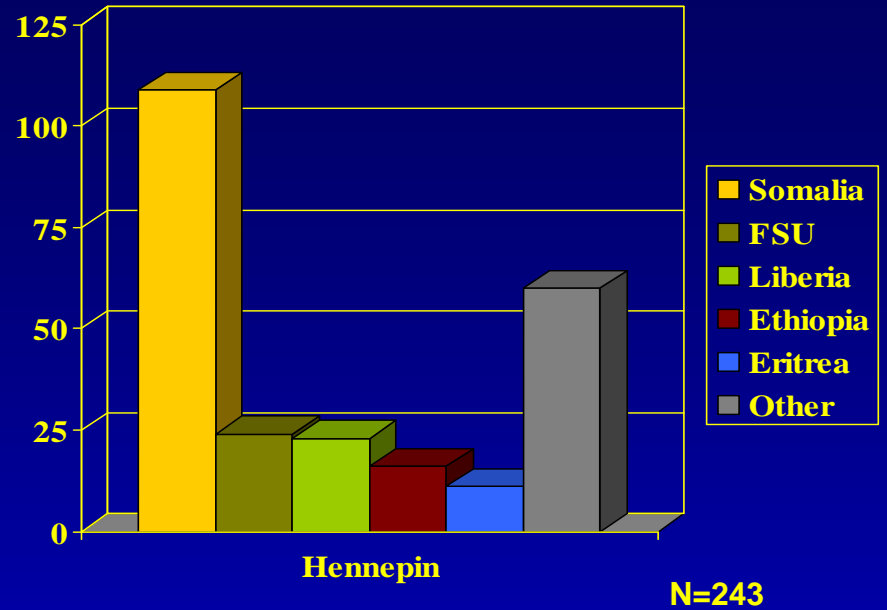
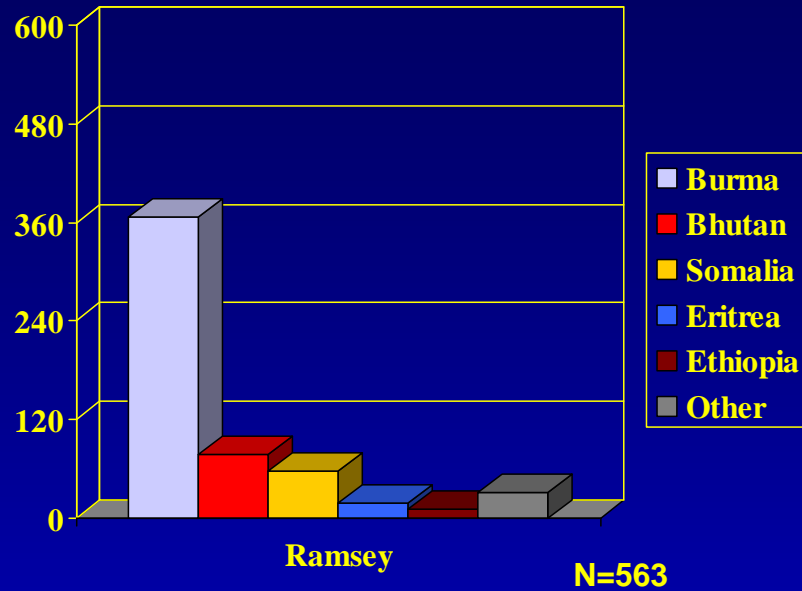
# Top 6 MN Counties of Primary Refugee Resettlement – 2009\*

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1. Ramsey (563)
2. Hennepin (243)
3. Anoka (77)
4. Olmsted (68)
5. Dakota (26)
6. Scott (25)

\*01/01/2009- 11/15/2009

# Country of Origin by County of Resettlement, 2009\*



# Primary Refugees from Iraq, Minnesota, 2008-09

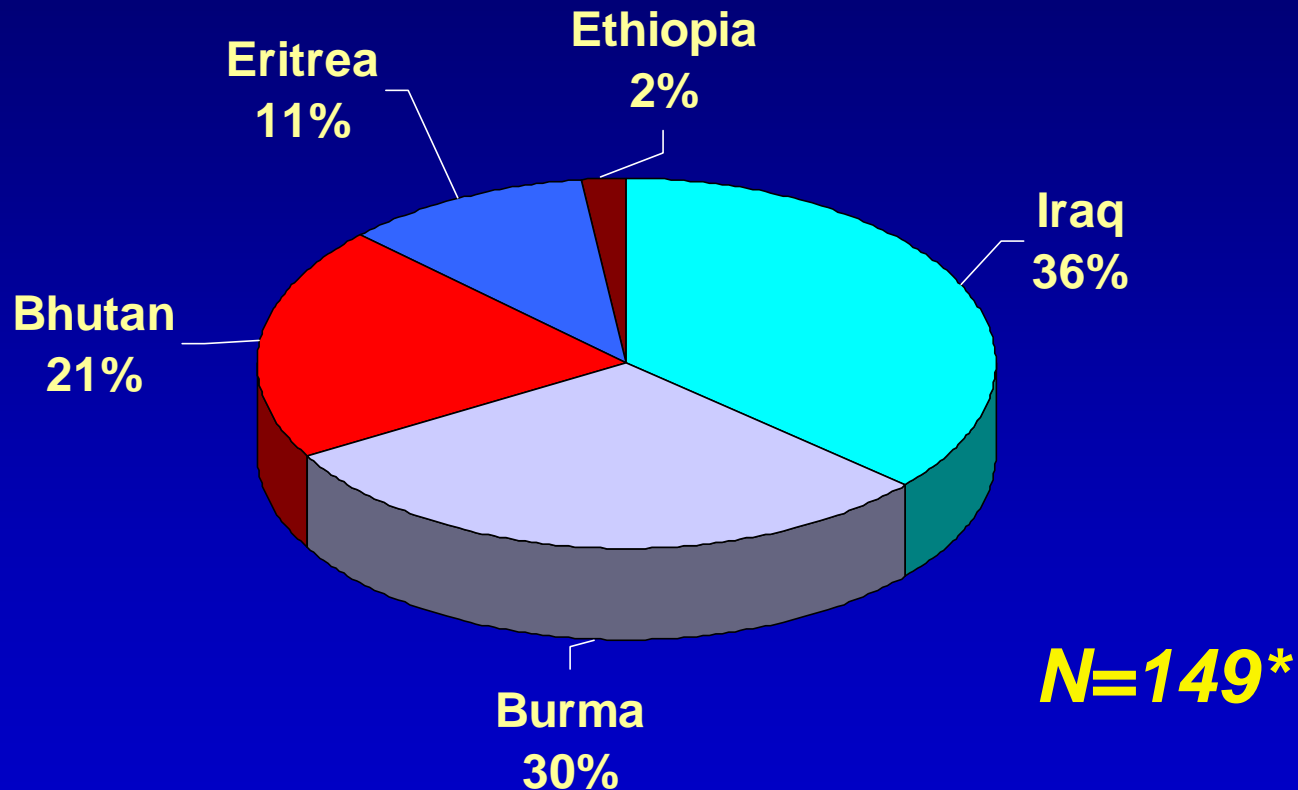
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$N_{MN}$  = 167 (arrivals From Apr. 2008 To Nov. 2009)

Olmsted	81 (48%)
Anoka	43 (26%)
Ramsey	16 (10%)
Hennepin	14 (8%)
Other	13 (8%)

- 89 (53%) Female
- 62 (37%) <15 yrs old
- 78 (47%) Male
- 61 (37%) 25-44 yrs old

# Primary "Free Case" Refugees, Minnesota, 01/01/2009-11/15/2009



\*The total number may be incomplete due to delay in notification

Jul - Dec 2008: The first *Free Cases* arrived in Minnesota. All 44 were from Iraq who settled in Olmsted Co.



# Refugee Health Screening in MN

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- 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**



# Health Status of New Refugees, Minnesota, 2009‡

Health status upon arrival	No of refugees screened	No(%) with infection among screened
TB infection*	432 (94%)	131 (30%)
Hep B infection**	445 (97%)	30 (7%)
Parasitic Infection***	361 (79%)	79 (22%)
Sexually Transmitted Infections(STIs)****	200 (44%)	6 (3%)
Malaria Infection	12 (3%)	0 (0%)
Lead*****	50 (89%)	0 (0%)
Hemoglobin	446 (97%)	74 (17%)

‡ 2009 results for arrivals between 01/01/2009 and 06/30/2009

Total screened: **N=459** (87% of the 528 eligible refugees)

\* Persons with LTBI (>= 10mm induration/normal CXR) or suspect/active TB disease

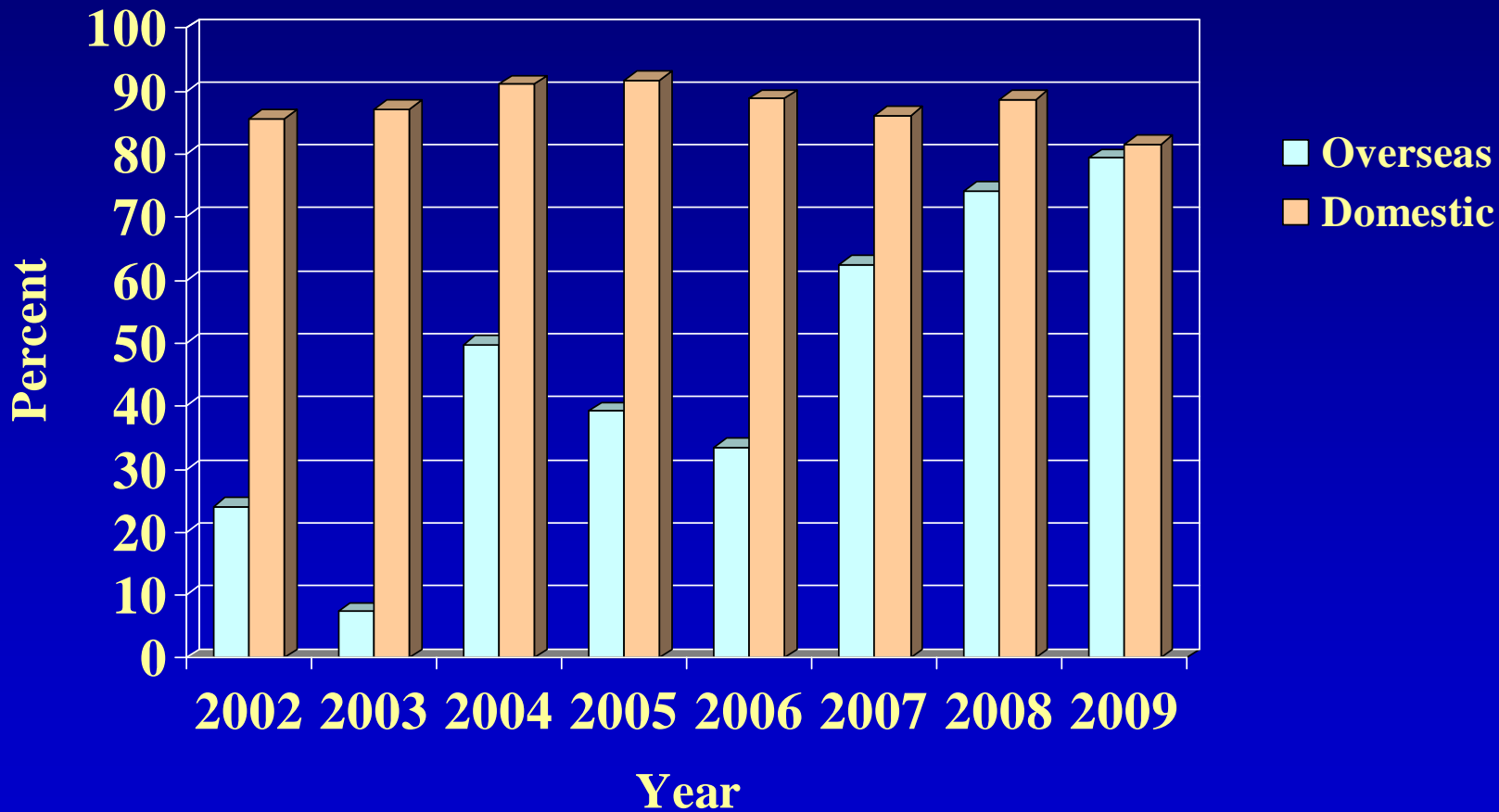
\*\* Positive for Hepatitis B surface antigen (HBsAG)

\*\*\* Positive for at least one intestinal parasite infection

\*\*\*\* Positive for at least one STI

\*\*\*\*\*Children <6 years old (N=56 RHAs)

# Health Status of New Refugees, Minnesota Immunization Status, 2002-2009\*



\*1/1/2009 and 6/30/2009

# Health Status of Iraqi Refugees, Minnesota, 2008-09

Health status upon arrival	No of refugees screened	No(%) with infection among screened
TB infection*	78 (92%)	12 (15%)
Hep B infection**	82 (96%)	0 (0%)
Parasitic Infection***	72 (85%)	11 (15%)
Sexually Transmitted Infections(STIs)****	42 (49%)	3 (7%)
Malaria Infection	3 (4%)	0 (0%)
Lead*****	11 (69%)	1 (9%)
Hemoglobin	84 (99%)	12 (14%)

‡ Results for arrivals between 1/1/2008 and 6/30/2009

Total screened: **N=85** (88% of the 97 eligible refugees)

\* Persons with LTBI ( $\geq 10$ 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

\*\*\*\*\*Children <6 years old (N=16)

# Refugee Health Highlights

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2009



# Immunizations

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## **\*\*NEW CRITERIA as of Dec. 14, 2009:**

- The vaccine must be age-appropriate for the immigrant applicant
- The vaccine must protect against a disease that has the potential to cause an outbreak.
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States.



# HIV

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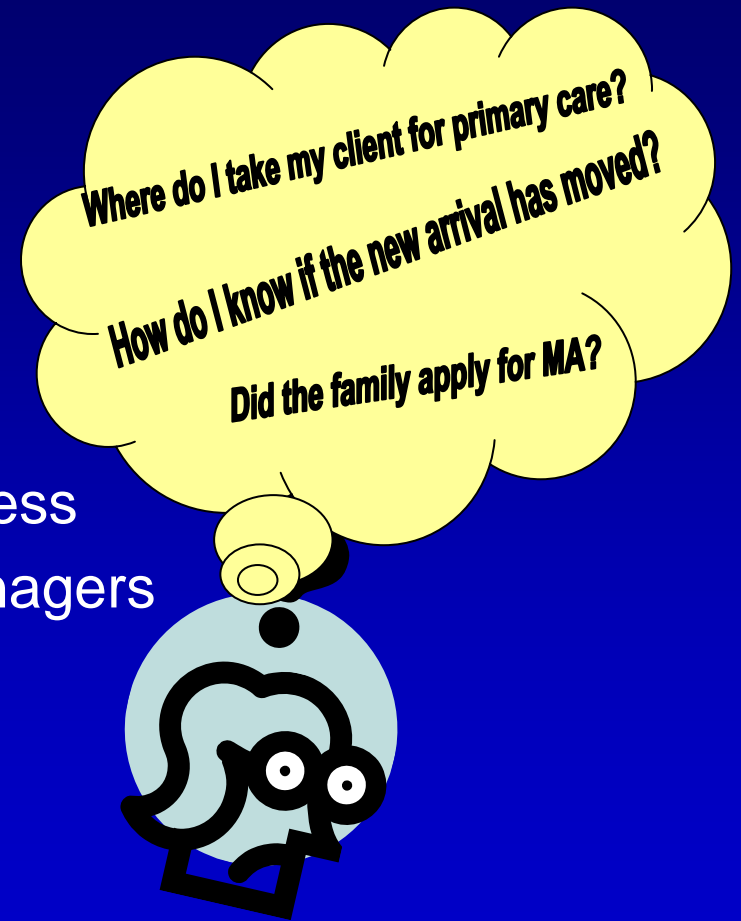
- Removal of HIV infection from list of diseases that keep people who are not U.S. citizens from entering the United States
- Effective date: January 4, 2010
- No longer overseas screening for HIV
- Implications for refugee health exam in US

# LPH – VOLAG Training Manual

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## Highlights

- “The Players”
- Why is the health screening important?
- Timeline of health screening process
- Procedures for VOLAG Case Managers & LPH Refugee Health Nurses
- Tools at your disposal
- FAQ’s





# Updated Health Screening Protocol

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- HIV
- Lead
- Parasite
- Rollout: begin January 2010
  - Pink form
  - eSHARE
  - Refugee Health Provider Guide on web
  - Pocket guide

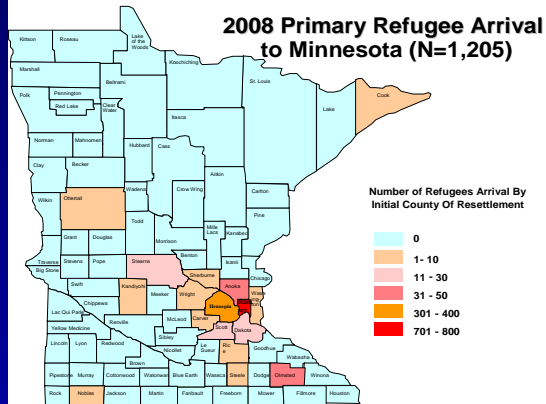


# Mental Health Screening

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- Partnering with CVT
  - Applying for RWJ grant
- Tool for refugee health screening
  - Surveying states
  - 4 basic questions

# County Reports



## Refugee Health County Reports 2008



Anoka	Metro Region
	Carver
	Dakota
Hennepin	Washington
Olmsted	Central Region
	Otter Tail
	Sherburne
Ramsey	Stearns
	Wright
Scott	Southern Region
	Kandiyohi
	Nobles
	Rice
	Steele

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.



# MN Refugee Health Program

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

**Website:** [www.health.state.mn.us/refugee](http://www.health.state.mn.us/refugee)