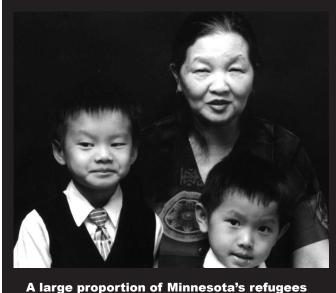
## Introduction

Each year, 10 to 15 million people seek political asylum or become refugees in various parts of the world. Most of these displaced persons are from developing countries where infectious diseases (e.g., tuberculosis, hepatitis, malaria, and various parasitic and emerging diseases) are prevalent. Based on national quotas, these persons are offered refuge in many countries with most going to the United States, Australia, and Canada. Since the mid-1990s, refugees have been arriving to Minnesota in record numbers.

When refugees arrive, they have unique health care needs. Fleeing persecution and conflict in their homeland, newly arrived refugees may have received little or no medical care for prolonged periods prior to resettlement. Often, they arrive from camp living situations in which mal-



A large proportion of Minnesota's refugees come from sub-Saharan Africa and Southeast Asia.

nutrition and illness due to crowding and deficient sanitation were rampant. A large proportion of Minnesota's refugees come from sub-Saharan Africa and Southeast Asia – areas of the world that are endemic for certain infectious diseases such as malaria or hepatitis B.

The Minnesota Department of Health (MDH) Refugee Health Program, in collaboration with local health departments and private health care providers, oversees administration of the domestic refugee health assessment and follow-up process. The objectives of this process are to identify and treat health problems which may interfere with the refugee's resettlement, including the ability to obtain employment, attend classes, and/or network with the health care system. MDH encourages all refugees to have a comprehensive health screening performed within 90 days of arrival to the state. The health assessment protects the health of Minnesota's public through communicable disease diagnosis and treatment. A secondary benefit of this organized statewide screening process is the collection of data that can be used to predict future trends in communicable disease, set policy, and offer increased services, if indicated.

## **How to Use this Guide**

The Minnesota Refugee Health Provider Guide is intended to inform health care providers of the unique health care needs of refugees and the essential components of the Minnesota Initial Refugee Health Assessment exam. Although much of the information presented in this guide is clinical in nature, anyone who helps perform the health screening could benefit from reviewing its contents – from physicians to nurse practitioners to individuals working in medical records and scheduling.

The manual is designed to be a reference document. It offers specific guidance to the provider on the recommended components of the Minnesota Initial Refugee Health Assessment examination. Each component of the exam has its own chapter in the manual. Included in this you will find particular information on:

- Rationale for the initial refugee health screening exam
- Screening and treatment protocols for tuberculosis infection
- Detecting and treating intestinal parasitic infections
- Immunization schedules for children and adults
- Screening for hepatitis B
- Screening for malaria in populations from highly endemic areas
- · Refugee mental health
- Working with medical interpreters

Within each chapter is a one-page summary, including:

- A copy of the language used on the assessment form regarding that health condition
- Guidelines for assessing a newly arrived refugee for the health condition
- Facts regarding the incidence or prevalence of that health condition in newly arrived refugees screened in Minnesota

This manual also contains material to help the provider build a stronger partnership with his or her refugee patients and better understand the unique needs of these patients. This material is included in the chapters, "Working with Interpreters" and "Refugee Mental Health."

Many of the chapters in this manual contain an appendix of supplementary materials, including sample forms and reference materials. Resources such as helpful websites and hotline numbers are also listed under each chapter. These materials are called out in the table of contents and at the end of each chapter. Finally, the manual contains a detailed glossary that defines the terms associated with the Refugee Health Program.

You may choose to read through the entire guide from beginning to end or you can use it as a reference tool, selectively looking up topics that you have questions about. We hope that you find the Minnesota Refugee Health Provider Guide to be a valuable resource in your screening efforts!

## **Acknowledgements**

The MDH Refugee Health Program is committed to supporting health care providers with access to the most current available information regarding refugee health. In that spirit, this is the fifth revision of this manual. We wish to acknowledge the following organizations and individuals for the inspiration, editing, suggestions, input, clarifications, and other technical support they provided during the process of creating this guide, in the first and subsequent editions.

First, we thank the Office of Refugee Resettlement, whose funding supported the initial development and production of the guide. We also acknowledge the Massachusetts Department of Public Health, Bureau of Communicable Disease Control, Refugee and Immigrant Health Program. Their publication, *Refugee Health Assessment, A Guide for Health Care Clinicians*, served as a model for the creation of this guide.

MDH coordinated a planning committee to oversee the creation of the guide. The members of this committee were instrumental in developing the vision of the guide in terms of structure and content. They also played a critical role in defining a product they felt would be welcomed and useful to clinicians throughout the state. The members of this original committee included Carol Berg of UCare Minnesota; Sylvia Choban of Blue Cross Blue Shield Minnesota; Sue Leskela of HealthPartners Government Programs; Joan Mailander of Metropolitan Health Plan; Abdiraham Mohamed, MD, of Park Nicollet Clinics; Doug Pryce, MD, of Hennepin County Medical Center; Barb Schroeder of Dakota County Public Health Department; Stephanie Seubert of the Welcome Center at Minneapolis Public Schools; and Bridget Votel of the Center for International Health at Regions Hospital. Ann O'Fallon of the Minnesota Department of Health served as the project coordinator and Elyse Chadwick developed the initial Web version of the manual for the MDH website, with subsequent revisions by Susan Dicker and other Refugee Health Program staff.

Many clinical consultations helped to write, edit, and comment upon the content of this guide. From the Minnesota Department of Health, Division of Infectious Disease Epidemiology, Prevention and Control (both former and current employees), thanks go to Julia Ashley, Lynn Bahta, Jeff Bender, Sara Chute, Adele Clobes, Susan Dicker, Kris Ehresmann, Felicia Fong, Stephanie Frank, Kaying Hang, Jane Harper, Marge Higgins, Paw Htoo, Rebecca Kehm, Alan Lifson, Blain Mamo, Lynne Mercedes, Claudia Miller, Wendy Mills, David Neitzel, Luisa Pessoa-Brandao, Margo Roddy, Kirk Smith, Scott Seys, Steve Schletty, Deb Sodt, Dzung Thai, Sue Turner, Erik Zabel and Daniel Symonek. Deb Purcell from the Red Door Clinic helped with editing the sexually transmitted disease section. Andrea Northwood from the Center for Victims of Torture was a significant contributor to the section on mental health with additional updates from Georgi Kroupin from the Center for International Health/

HealthPartners. Both Carol Berg from UCare and Sidney VanDyke from Regions Hospital contributed updated resources for the chapter "Working with Medical Interpreters." William Stauffer, MD, a consultant from the Centers for Disease Control and Prevention, provided expert opinion regarding parasite and malaria protocols.

In-house technical and administrative support was provided by Lenette Bauer, Milayna Brueshaber, Jenevera Cook, Jackie Norlander, Margaret Kenyon-Schultz, Dane Haroldson, Erin Roche, Shelley Solin, Paulette Tichenor, and Jeanne Watson.

To obtain a copy of the Minnesota Initial Refugee Health Assessment, call the Minnesota Department of Health Refugee Health Program at 651-201-5414.

Any and all pages within this guide may be reproduced.

We gratefully acknowledge the following for photographs:

- Action for Churches Together
- · Heather Burke
- Center for Applied Linguistics
- Center for International Health Clinic/HealthPartners
- Kristen Ehresmann
- Huda Farah
- Stephanie Frank
- Free Burma Rangers
- Hennepin County Community Health Department
- Immigration and Refugee Services of America
- · Ali Torkzadeh
- United Nations High Commissioner for Refugees
- U.S. Committee for Refugees
- Kathryn Wolford/Lutheran World Relief, Courtesy of Photoshare
- World Council of Churches

Editing, first edition

Design and layout, first edition

Third and fourth edition

Fifth edition

Kathy King Communications Kristine Thayer Christine VanBergen Andrea Ahneman