

Refugee Health Microlearning Series: Viral Hepatitis Transcript

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Refugee Health Screening: Viral Hepatitis

- Hello and welcome to the micro-learning series presented by the Refugee Health Program at the Minnesota Department of Health. This series is meant to help providers, clinical teams, and public health better understand best practices for refugee health screenings. This video focuses on **Viral Hepatitis** screening guidance during refugee health assessments.

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What you need to know: Hepatitis B and D

Who?

- All arrivals, regardless of age, vaccination status, or negative results from overseas testing should receive domestic hepatitis B screening.
- Any arrival with a positive hepatitis B surface antigen result from overseas or domestic testing requires a follow-up domestic assessment following established best practices.
- All refugees who test positive for hepatitis B surface antigen should receive hepatitis D screening.
- Vaccination should be offered based on age following ACIP guidelines.

What?

- Serologies for hepatitis B should include hepatitis B surface antigen, hepatitis B surface antibody, and total hepatitis B core antibody.
- Partial vaccination series must be completed regardless of titer results (unless if testing indicates prior infection).

When?

- Hepatitis B screening should occur during the initial refugee health screening. Any findings should receive appropriate treatment or follow-up care.
- Household contacts of a person who is HBV+ should also be offered screening and vaccination (even if they are not receiving a domestic refugee health screening)

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What you need to know: Hepatitis C

Who?

- For hepatitis C, all arrivals in any of the following groups should receive hepatitis C screening:
 - Arrivals 18 years or older.
 - Pregnant.
 - Minors with risk factors (such as unaccompanied children, being born to hepatitis C virus-positive mothers).

What?

- Testing for hepatitis C should consist of HCV antibody test and if positive, an HCV RNA testing.
 - Testing for patient younger than 18 months old should consist of HCV RNA testing.

When?

- Hepatitis C screening should occur during the initial refugee health screening. Any findings should receive appropriate treatment or follow-up care.

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Updates in Guidance

Is this different from previous MDH guidance?

- This updated guidance includes broader screening recommendations for hepatitis C.
- Additional guidance also includes hepatitis D screening for those who are positive for hepatitis B virus.

Is this different from national guidance?

- Minnesota recommends re-drawing hepatitis B surface antigen for those with negative results overseas.
- Minnesota has specific resources and reporting requirements.

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Report Screening Results

- As part of the paperwork for the Refugee Health Assessment that is submitted to the Refugee Health Program, there is a section where domestic hepatitis B, C and D screening results can be recorded. Please make sure this section is being filled out appropriately.

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Resources to learn more

- If you're interested in learning more, please look at the full screening guidance and other resources outlined in this page.

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Thank you

- The well-being of all Minnesotans, including those with refugee status, depends on the work and dedication of our partners. Thank you so much for your work.

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