

Minnesota Refugee Health Report 2011

Welcome to the first Web edition of the Minnesota Refugee Health Report. The report describes the demographic distribution and health status of refugees who arrived between January 1, 2011, and December 31, 2011. Local county public health agencies and/or private health care providers submitted the domestic screening results once the refugees completed their exams. All data included in this report were recorded for each person on the Refugee Health Assessment Form (“pink” form), electronically through eSHARE or the Outcome Form. The Minnesota Department of Health’s Refugee Health Program (RHP) uses the reported health screening indicators to measure programmatic objectives are consistent with the objectives set forth to measure our program’s overall quality.

There were 1,891 new primary refugee arrivals to Minnesota in 2011. Minnesota saw a decrease in the number of cases without U.S. family ties or friends as anchors compared to 2010. In 2010, there were 959 (42%) arrivals without U.S. ties, compared to 282 (15%) arrivals without U.S. ties in 2011.

We may continue to see an increase in arrivals with U.S. ties to Minnesota for the coming year, 2013. The P-3 Family Sponsorship Program is re-opened as of October 15, 2012. This program had been suspended for the last three years and had previously been the primary vehicle through which primary refugees came to our state.

In 2010, the RHP initiated a pilot project to identify and screen secondary arrivals who have been in the U.S. less than one year, have not completed a health

screening, and have health insurance. During 2011, the RHP received notifications of 252 secondary refugee arrivals to Minnesota either through the national CDC database, local public health, or clinics; 137 (88%) of 155 who met eligibility were screened.

County-Specific Reports

The RHP prepares and mails county-specific reports to those that have received at least 15 new primary refugee arrivals during the past year. In 2011, seven counties met this criterion: Anoka, Benton, Hennepin, Olmsted, Ramsey, Stearns, and Washington. Along with the statewide demographics and health status information, data have been aggregated by region, for counties that received less than 15 primary arrivals to their county. These counties were grouped into Metro, Southeast, Southwest/West Central, and South Central regions. The state and regional data provide a comparison for the counties.

We encourage counties to use their report as a tool to measure the effectiveness of the health screening services offered to newly arrived refugees in each county; the state’s indicators can be used for comparison. This county specific data can also be used to support planning and development of appropriate public health responses to immediate and emerging health issues in the region.

For any questions regarding this report or to obtain your county specific report, please contact the Minnesota Department of Health, Refugee Health Program at 651-201-5414.

- Anoka**
- Benton**
- Hennepin**
- Olmsted**
- Ramsey**
- Stearns**
- Washington**
- Metro**
- Dakota**
- Scott**
- Southeast**
- Goodhue**
- Rice**
- Steele**
- Southwest / West Central**
- Clay**
- Lyon**
- Otter Tail**
- Kandiyohi**
- Nobles**
- Redwood**
- South Central**
- Blue Earth**
- McLeod**
- Nicollet**
- Wright**

Health Screening Indicators

The health screening indicators on the next page are measurable objectives that correlate with the Minnesota Refugee Health Assessment for newly arrived primary refugees. The highlighted columns on the right of the chart are specific to your county, indicating how effectively these objectives were met. Together with the *Significant Findings and Trends* and *Health Status* data summary, this 2011 report is a snapshot of the demographics and the health needs of newly arrived primary refugees.

Objective 1. *Within 90 days of arrival, 95% of newly arrived refugees who are eligible* will have received a health assessment.*

Objective 2. *Ensure immunizations will be initiated or continued according to the recommended MDH child and adult immunization schedules on 90% of persons provided a health screening.*

Objective 3. *Ensure evaluation for 100% of refugees arriving with infectious TB disease, non-communicable for travel purposes (Class A) and 90% with non-infectious TB disease (Class B1).*

Objective 4. *Within 90 days of arrival, 80% of persons in need of therapy for latent TB infection (LTBI) will have been placed on such therapy.*

Objective 5. *On an ongoing basis, 55% of persons placed on therapy for latent tuberculosis infection (LTBI) will have completed therapy.*

Objective 6. *On an ongoing basis, 95% of persons provided a health screening will receive a hepatitis B surface antigen (HBsAg) test.*

Objective 7. *On an ongoing basis, 90% of persons provided a health screening will get tested for parasitic infections (parasitosis).*

Objective 8. *On an ongoing basis, more than 80% of all children ages 16 and younger who receive a health screening will be screened for lead poisoning.*

Objective 9. *On an ongoing basis, more than 60% of persons provided a health screening will receive a Human Immunodeficiency Virus (HIV) test.*

***Ineligible if:** *moved out of state, moved to unknown destination, unable to locate due to invalid contact information, never arrived to county, or died before screening.*

Health Screening

Minnesota, 2011

All results are based on domestically completed screenings

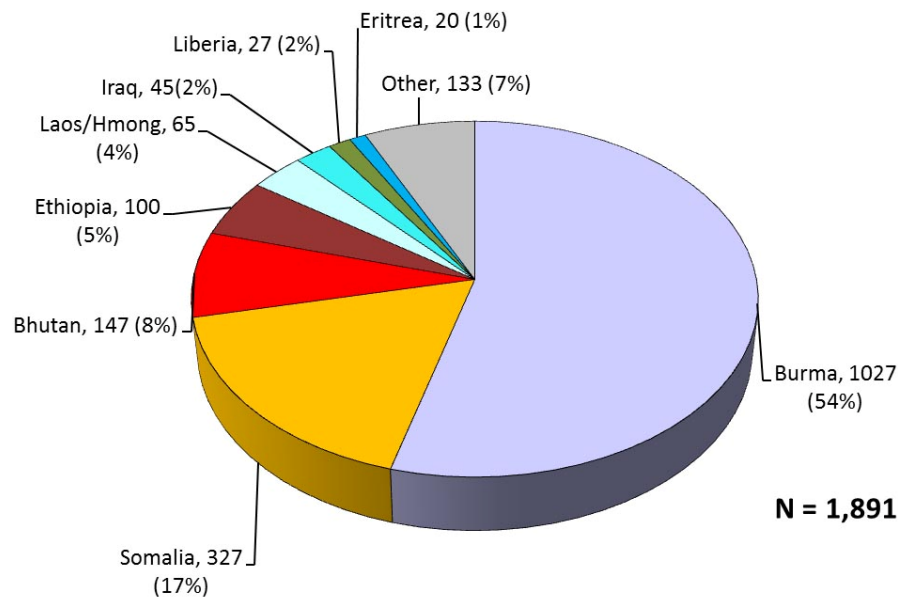
Performance Goal	Objective	Measure	Data	Year 2011	
				No.	%
Health Screening Rate					
Increase percentage of newly arrived refugees* who receive a health assessment within 90 days of their arrival	Percentage of persons who received at least the first visit of their health assessment within 90 days of their arrival	$\frac{\text{\# of newly arrived refugees to MN who received at least the first visit of their health assessment within 90 days of arrival}}{\text{\# of newly arrived refugees to MN who were eligible for a screening}}$	Objective	95%	
			State	1808/(1891-52)	98%
Immunizations					
Increase percentage of newly arrived refugees who have immunization series initiated or continued according to recommended MDH child/adult immunization schedules	Percentage of persons who have immunization series initiated or continued according to the recommended MDH child/adult immunization schedules	$\frac{\text{\# of newly arrived refugees to MN with immunization series initiated or continued}}{\text{\# of newly arrived refugees* to MN who received a screening}}$	Objective	90%	
			State	1693/1829	93%
TB					
<i>Follow-up of Refugees with TB Class Conditions</i> Increase percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	Percentage of newly arrived refugees designated as TB Class A or B1 who are appropriately evaluated	$\frac{\text{\# of newly arrived refugees to MN designated as TB Class A or B1 and who are appropriately evaluated}}{\text{\# of newly arrived eligible refugees to MN designated as TB Class A or B1}}$	Objective	100% Class A 90% Class B1	
			State	100/(103-1)	98%
LTBI Therapy					
Increase percentage of newly arrived refugees in need of therapy for latent tuberculosis infection (LTBI) who have been placed on such therapy	Percentage of persons in need of therapy for LTBI who are placed on such therapy	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and placed on such therapy}}{\text{\# of newly arrived refugees to MN in need of LTBI therapy}}$	Objective	80%	
			State	548/610**	90%
Increase the percentage of newly arrived refugees who have been placed on therapy for LTBI and have completed therapy	Percentage of persons who are placed on therapy for LTBI and have completed therapy	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and who have been placed on and completed LTBI therapy}}{\text{\# of newly arrived refugees to MN placed on LTBI therapy}}$	Objective	55%	
			State	451/548**	82%
Hepatitis B					
Increase percentage of newly arrived refugees who have received a hepatitis B surface antigen (HBsAg) test	Percentage of persons who receive a hepatitis B surface antigen (HBsAg) test	$\frac{\text{\# of newly arrived refugees to MN who received HBsAg test}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	1813/1829	99%
Intestinal Parasites					
Increase percentage of newly arrived refugees who are tested for parasitic infections (parasitosis)	Percentage of persons who are tested for parasitic infections (O&P and/or serology)	$\frac{\text{\# of newly arrived refugees to MN tested for parasitic infections (O&P and/or serology)}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	90%	
			State	1806/1829	99%
Lead Poisoning					
Increase percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	Percentage of newly arrived refugees < 17 years old who are screened for lead poisoning	$\frac{\text{\# of newly arrived refugees to MN who are < 17 years old and screened for lead poisoning}}{\text{\# of newly arrived refugees < 17 years old to MN who received a screening}}$	Objective	80%	
			State	745/769	97%
HIV					
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	$\frac{\text{\# of newly arrived refugees to MN tested for HIV}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	60%	
			State	1757/1829	96%

*Newly arrived refugees refers to all newly arrived refugees eligible for refugee health screening in Minnesota

**Based on 2010 data which reflects the most recent completion date for 9-month treatment protocol

§ Universal HIV screening of newly arrived refugees from regions with mid-high HIV prevalence

Number of Primary Arrivals[◇] to Minnesota 01/01/2011 - 12/31/2011



"Other" includes Afghanistan (4), Belarus (15), Burundi (4), Cameroon (17), China (5), Cuba (16), DR Congo (6), The Gambia (1), Guinea (1), Haiti (2), Iran (3), Kenya (11), Kyrgyzstan (2), Mexico (1), Moldova (11), Philippines (2), Russia (7), Sudan (12), Tanzania (2), Uganda (3), Ukraine (6), Zimbabwe (2)

Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*
Of the 1,891 new primary refugee arrivals to Minnesota, 1,839 were eligible for a health screening and 1,808 (98%) were screened within 90 days.
- *Overall screening rate:*
Of the 1,839 eligible for a health screening, 1,829 (99%) were screened.

[◇] **Primary arrival** is a refugee who is residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Outcome for Those Not Screened

- Of the 52 refugees considered as ineligible for screening, 34 could not be located due to invalid address and 18 moved out of Minnesota
- Of the 10 refugees considered as eligible for screening, 4 resulted in failed contact, 3 missed their appointments, and 3 were screened elsewhere with no results available

Flat Fee Reimbursement

- 17 refugees qualified for the flat fee reimbursement in Minnesota. 15 were full payments and 2 were partial.

Health Status of New Refugees Minnesota, 2011

Health Condition	No. infected among screened (%)
TB infection*	391/1,799 (22%)
Hepatitis B infection**	137/1,813 (8%)
Parasitic infection***	383/1,806 (21%)
Syphilis infection	4/833 (<1%)
HIV infection	4/1,757 (<1%)
Elevated Blood Lead****	17/745 (2%)

Total number of health screenings: N_{Minnesota} = 1,829 (99% of the 1,839 eligible refugees)

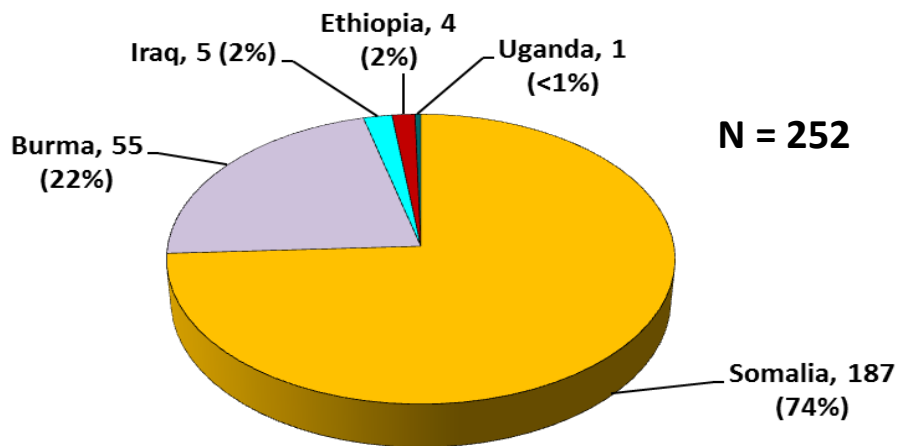
* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

** Positive for Hepatitis B surface antigen (HBsAG)

*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Minnesota} = 769 screened)

Number of Secondary Arrivals[◇] to Minnesota 01/01/2011 - 12/31/2011



Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (73 arrivals), Kandiyohi (58), Ramsey (51), Stearns (27), and Rice (18).
- Anoka, Clay, Murray, Nobles, Olmsted, Otter Tail, Rock, Scott, and Steele Counties each reported less than 10 secondary arrivals.

Screening Rate

- Of the 252 secondary arrivals to Minnesota, 154 (61%) were eligible for screening.
- Of the 154 secondary refugees eligible for screening in Minnesota, 137 (89%) were screened.

Outcome for Those Not Screened

- Among the 98 secondary refugees considered ineligible for screening, 92 had already been screened in another state, 3 had no insurance, 3 had been in the U.S. over one year, 1 moved out of Minnesota, and 1 could not be located.
- Among the 17 secondary refugees considered eligible for screening, 12 had no outcome available, 3 had completed some screening in another state but needed follow-up, 1 refused screening, and 1 had invalid contact information

Health Status of Secondary Refugee Arrivals, 2011

Health Condition	No. infected among screened (%)
TB infection*	37/130 (28%)
Hepatitis B infection**	3/120 (3%)
Parasitic infection***	25/119 (21%)
Syphilis infection	1/58 (2%)
HIV infection	1/119 (1%)
Elevated Blood Lead****	0/53 (0%)

Total number of health screenings: N_{Secondaries} = 137 (89% of the 154 eligible secondary refugees)

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

** Positive for Hepatitis B surface antigen (HBsAG)

*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Secondaries} = 71 screened)

[◇] *Secondary arrival* is a refugee who is no longer residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.