

# Minnesota Refugee Health Report 2022

Welcome to the annual Refugee Health County Reports. Based on number of arrivals, counties or regions receive individualized reports. The regions include the Central, North, South East, South West, and West Central districts. The state and regional data can provide a comparison for counties.

We encourage counties to use this report as a tool to evaluate the success the health screening services offered to newly arrived people with humanitarian immigration statuses - refugees, derivative and U.S.-granted asylees, parolees, special immigrant visa (SIV) holders, Amerasians, and certified Victims of Human Trafficking; these will be collectively referred to as “refugees” throughout this report. The Minnesota Department of Health’s Refugee Health Program (RHP) sets the objectives used in these reports to evaluate some key components of our state’s performance. This county-specific data can also be used for planning and development of appropriate public health responses to immediate and emerging health issues.

Some points to keep in mind with this report:

- The report focuses on the primary refugees who arrived in Minnesota between January 1 and December 31, 2022. Counties and/or clinics submitted domestic refugee health screening results for those who arrived in 2022. Data were reported via the Refugee Health Assessment Form (“pink” form), electronically through eSHARE, or on the Outcome Form. Due to the multi-month treatment regimen for latent tuberculosis infection (LTBI), the findings for objectives 4 and 5 reflect data from 2021 arrivals.
- Primary refugees who were not screened because they moved out of state, moved to an unknown destination, had incorrect contact information, had no insurance coverage options, or died before screening are excluded from the screening rate calculation.
- Ukrainian Humanitarian Parolees (UHP) arrivals are not included in the screening objectives reports and are reported separately in each county’s or region’s summary report. Because MDH is not systematically notified of every UHP arrival to Minnesota this report only reflects the UHP arrivals for whom MDH was notified and does not represent all UHP arrivals to the state.

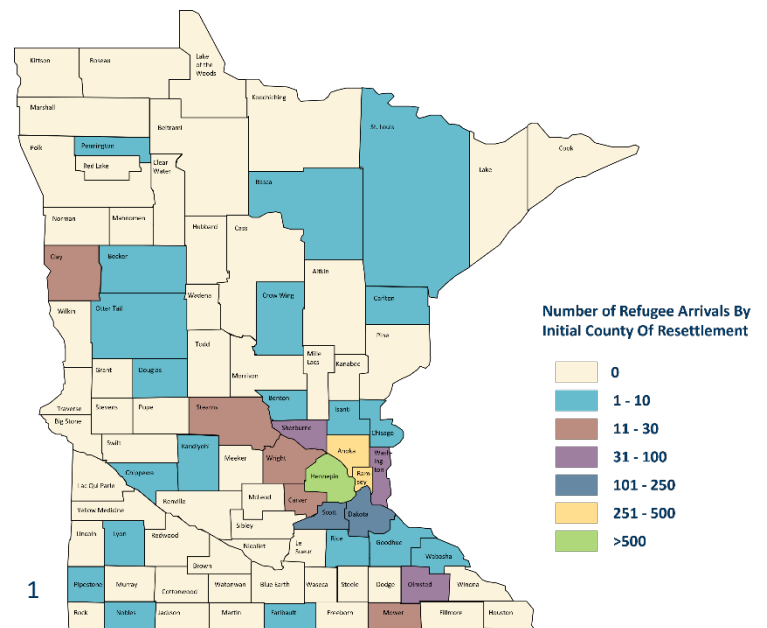
In 2022, there were 2,433 new primary arrivals with humanitarian statuses to Minnesota; 1,023 (42%) had arrived as Ukrainian parolees, 687 (28%) as Afghan parolees through Operation Allies Welcome, and 587 (24%) arrived with a refugee visa. The remainder arrived as asylees, Cuban-Haitian entrants, SIV-holders, and certified victims of trafficking. These will be collectively referred to as “refugees” throughout this report. The largest arriving populations in 2022 were from Ukraine (1,049 arrivals), Afghanistan (794 arrivals), Somalia (155 arrivals), and Ethiopia (140 arrivals).

## 2022 Primary Refugee Arrivals (N=2,433)

Anoka (309)  
Carver (23)  
Dakota (143)  
Hennepin (1,021)  
Mower (25)  
Olmsted (70)  
Ramsey (485)  
Scott (101)  
Sherburne (77)  
Stearns (24)  
Washington (46)  
Wright (17)  
Unknown (3)

**Central:**  
Benton (2)  
Chisago (3)  
Crow Wing (1)  
Isanti (3)  
  
**North:**  
Carlton (4)  
Itasca (1)  
Pennington (1)  
St. Louis (8)  
  
**South East:**  
Goodhue (9)  
Rice (5)  
Wabasha (1)

**South West:**  
Faribault (4)  
Lyon (10)  
Nobles (7)  
Pipestone (1)  
  
**West Central:**  
Becker (1)  
Chippewa (1)  
Clay (11)  
Douglas (6)  
Kandiyohi (7)  
Otter Tail (3)



Individuals with refugee status often decide which community and county to settle in based on family, community ties, access to housing, or employment. Hennepin and Ramsey counties continued to receive the majority of newly arriving refugees to Minnesota in 2022.

## Health Screening Indicators

The Refugee Health Program has set these measurable objectives below to evaluate the implementation of the Minnesota Refugee Health Assessment for newly-arrived primary refugees. On the following page, the columns on the right of the chart highlight the health screening indicators specific to your county, showing how effectively these objectives were met. Together with Significant Findings and Trends and Health Status data summary, this report is a snapshot of the newly-arrived primary refugees' demographics and their health needs.

**Objective 1.** Within 90 days of arrival, 95% of newly arrived refugees who are eligible\* will have initiated 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 95% with non-infectious TB disease (Class B1).

**Objective 4.** Within 90 days of arrival, 85% of persons in need of therapy for latent TB infection (LTBI) will have been placed on such therapy.

**Objective 5.** On an ongoing basis, 70% 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, 95% of persons without evidence of pre-departure antihelminthic treatment and provided a health screening will get tested for parasitic infections.

**Objective 8.** On an ongoing basis, more than 95% 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 95% of persons age 13-64 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, no insurance, died before screening, or were already connected to care prior to being granted asylum.

## Minnesota 2022 Health Screening Indicators

All results are based on domestically completed screenings.

### Health Screening Rate

Performance Goal	Objective	Measure	Data for Year 2022
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	# of newly arrived refugees to Minnesota who received at least the first visit of their health assessment within 90 days of arrival / # of newly arrived refugees to Minnesota who were eligible for a screening	<b>Objective:</b> 95%  <b>State:</b> 907/(1,410-106) (70%)

### Immunizations

Performance Goal	Objective	Measure	Data for Year 2022
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	# of newly arrived refugees to Minnesota with immunization series initiated or continued / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 90%  <b>State:</b> 1,058/1,276 (84%)

### TB

Performance Goal	Objective	Measure	Data for Year 2022
<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	# of newly arrived refugees to Minnesota designated as TB Class A or B1 and who are appropriately evaluated / # of newly arrived eligible refugees to Minnesota designated as TB Class A or B1	<b>Objective:</b> 100% Class A 95% Class B1  <b>State:</b> 0/0 (n/a) Class A 36/42 (86%) Class B1
<i>LTBI Therapy</i> Increase percentage of newly arrived refugees from the previous year 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	# of newly arrived refugees to Minnesota in need of LTBI therapy and placed on such therapy / # of newly arrived refugees to Minnesota in need of LTBI therapy	<b>Objective:</b> 85%  <b>State:</b> 92/130** (71%)
Increase the percentage of newly arrived refugees from the previous year 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	# of newly arrived refugees to Minnesota in need of LTBI therapy and who have been placed on and completed LTBI therapy / # of newly arrived refugees to Minnesota placed on LTBI therapy	<b>Objective:</b> 70%  <b>State:</b> 75/92** (82%)

### Hepatitis B

Performance Goal	Objective	Measure	Data for Year 2022
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	# of newly arrived refugees to Minnesota who received HBsAg test / # of newly arrived refugees to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 1,249/1,276 (98%)

### Hepatitis C

Performance Goal	Objective	Measure	Data for Year 2022
Increase percentage of newly arrived adult refugees who have received a hepatitis C antibody test (anti-HCV)	Percentage of persons 18+ years who receive a hepatitis C antibody test (anti-HCV)	# of newly arrived refugees ages 18+ years old to Minnesota who received anti-HCV test / # of newly arrived refugees ages 18+ years old to Minnesota who received a screening	<b>Objective:</b> 90%  <b>State:</b> 675/743 (91%)

### Intestinal Parasites

Performance Goal	Objective	Measure	Data for Year 2022
Increase percentage of newly arrived refugees without evidence of pre-departure antihelminthic treatment who are tested for parasitic infections (parasitosis)	Percentage of persons who did not receive pre-departure antihelminthic treatment and who are tested for parasitic infections (O&P and/or serology)	# of newly arrived refugees to Minnesota who did not receive pre-departure antihelminthic treatment and were tested for parasitic infections (O&P and/or serology) / # of newly arrived refugees to Minnesota who did not receive pre-departure antihelminthic treatment and received a screening	<b>Objective:</b> 95%  <b>State:</b> 711/745*** (95%)

### Lead Poisoning

Performance Goal	Objective	Measure	Data for Year 2022
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	# of newly arrived refugees to Minnesota who are < 17 years old and screened for lead poisoning / # of newly arrived refugees < 17 years old to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 471/502 (94%)

### HIV

Performance Goal	Objective	Measure	Data for Year 2022
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	# of newly arrived refugees to Minnesota tested for HIV ages 13-64 years / # of newly arrived refugees ages 13-64 years to Minnesota who received a screening	<b>Objective:</b> 95%  <b>State:</b> 1,203/1,276 (94%)

**Mental Health**

Performance Goal	Objective	Measure	Data for Year 2022
Increase percentage of newly arrived refugees adults who are screened for mental health using the WE-Check	Percentage of persons who are screened for mental health using WE-Check	# of newly arrived refugees 18+ years old to Minnesota screened for mental health using WE-Check / # of newly arrived refugees 18+ years old to Minnesota who received a screening	<b>Objective:</b> 85%  <b>State:</b> 505/743**** (68%)

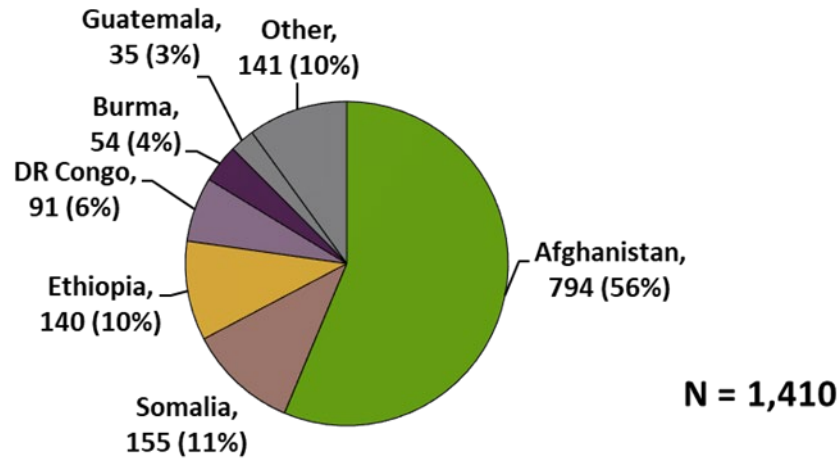
\*Newly arrived refugees refers to all newly arrived refugees **eligible** for refugee health screening in Minnesota

**\*\*Based on 2021 data which reflects the most recent completion date for 9-month treatment protocol**

\*\*\*1,241/1,276 (97%) of those screened, regardless of overseas treatment history, were evaluated for eosinophilia through a complete blood count. Sixty-seven (5%) of those had eosinophilia detected.

\*\*\*\*Of those not screened using WE-Check, 106/238 (45%) adults were screened for mental health using a different mental health screening tool (i.e., PHQ-2 or 9, RHS-15).

## Number of Primary Arrivals<sup>o</sup> to Minnesota 01/01/2022 through 12/31/2022



"Other" includes Ukraine (26), Moldova (25), Syria (13), Cameroon (13), Eritrea (11), Ukraine (15), Sudan (10), El Salvador (8), Cuba (7), Mexico (4), Tajikistan (4), Bhutan (3), China (3), Iran (3), Haiti (2), Nepal (2), Rwanda (2), Iraq (1), Nicaragua (1), Nigeria (1) and India (1).

<sup>o</sup>Primary arrival is a refugee who is residing in the state listed as the initial point of destination with the United States Citizenship and Immigration Services. Refugees are free to move from state to state, but sponsors, resettlement agencies, and state refugee programs are generally designed to serve only newly arrived primary refugees to the state.

### Screening Rate

- State Indicator Objective 1 (to initiate screening within 90 days of arrival):  
Of the 1,410 new primary refugee arrivals, 1,304 were eligible for a health screening and 907 (70%) were screened within 90 days.
- Overall screening rate:  
Of the 1,304 eligible for a health screening, 1,276 (98%) were screened.

### Outcome for Those Not Screened

- Of the 106 ineligible for screening: 72 moved out of Minnesota, 32 could not be located due to incorrect contact information, and 3 did not have insurance.
- Of the 27 eligible for screening: contact failed for 10, 9 refused screening, 4 were screened but no results were reported, and 4 missed appointments.

### Flat Fee Reimbursement<sup>¥</sup>

- Two refugees received full flat fee reimbursement in Minnesota and three received partial reimbursement.

<sup>¥</sup>Federal funds used to cover screening costs for those without insurance

### Health Status of New Refugees, Minnesota, 2022

Health Condition	No. infected among screened (%)
TB infection*	183/1,168 (16%)
Hepatitis B infection**	55/1,249 (4%)
Hepatitis C antibody	11/1,068 (1%)
Parasitic infection***	230/1,144 (20%)
Syphilis infection	2/934 (<1%)
HIV infection	2/1,201 (<1%)
Elevated Blood Lead****	37/472 (8%)

Total number of health screenings: N<sub>Minnesota</sub>=1,276 (98% of 1,304 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<sub>Minnesota</sub>= 504 screened); Lead Level ≥5 ug/dL

## Ukrainian Humanitarian Parolee (UHP) Arrivals 01/01/2022 through 12/31/2022

### Screening Rate

- MDH was notified of 1,023 UHP arrivals to Minnesota.
- Of the 1,023 UHP arrivals, 946 (92%) were eligible for a health screening and 571 (60%) received a complete refugee health screening.

### Outcome for Those Not Screened

- Among those ineligible for a health screening:
  - One died before screening could take place.
  - Sixteen moved out of MN; three of these provided MDH with required post-arrival test results.
  - Six did not qualify for insurance; three of these provided MDH with required post-arrival test results.
  - Fifty-four could not be located to schedule a screening; MDH was able to obtain post-arrival IGRA results for four of these.
- Among those eligible for a health screening:
  - Attempts to schedule a full screening failed for 15; MDH was able to obtain post-arrival IGRA results for seven of these.
  - Eight missed their scheduled screening appointments; five of these provided MDH with required post-arrival test results.
  - Screening results and outcomes were unknown for 23.
  - Three hundred and seventeen declined a full screening; 187 of these provided MDH with required post-arrival test results.
  - Twelve were screened but results could not be obtained; MDH was able to obtain post-arrival IGRA results for one of these.

### IGRA/TST Results

Age at U.S. arrival	No. arrivals	No. received IGRA and/or TST (%)	No. with positive IGRA and/or TST (%)
<2 years	40	15 (38%)	0 (0%)
≥2 years	983	741 (75%)	62 (8%)

### Immunizations\*

Age at U.S. arrival	No. arrivals	No. received any immunizations** (%)
<18 years	186	101 (54%)
≥18 years	385	160 (42%)

\*Among those who received a complete refugee health screening (N=571)

\*\*Received any immunizations after arrival to Minnesota

### Health Status of New UHP Arrivals, 2022

Health Condition	No. infected or positive among screened (%)
Hepatitis B infection**	5/523 (1%)
Positive Hep C antibody	13/475 (3%)
Parasitic infection***	25/405 (6%)
Syphilis infection	0/412 (0%)
HIV infection	0/498 (0%)
Elevated Blood Lead****	0/140 (0%)

\*Among those who received a complete refugee health screening (N=571)

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

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

\*\*\*\*Children <17 years old (N<sub>Hennepin</sub>= 179 screened); Lead Level ≥5 ug/dL

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