





### Refugee Health Screening in MN

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Burma Health Dialogue: From Entry to Integration March 12, 2012

## Worldwide Statistics, 2010

Total forcibly displaced

43.7 million

Total refugees\*

15.4 million

Total internally displaced persons

27.5 million

• New refugee and asylum seekers, 2010

845,800

• Total resettled (2009)

84,657

# Principal Sources of Refugees 2010\*

1.	Palestine	4,820,000
2.	Afghanistan	3,054,709
<b>3.</b>	Iraq	1,683,575
4.	Somalia	770,148
<b>5.</b>	Congo-Kinshasa	476,693
<b>6.</b>	Sudan	379,067
<b>7.</b>	Vietnam	338,698
8.		
9.	Eritrea	205,458
10.	China	184,602

<sup>\*</sup>As of December 31, 2010 UNHCR Global Trends 2010, United Nations Higher Commissioner for Refugees

### Main Countries of Refugee Resettlement, 2009

1.	United States	62,011
2.	Australia	6,720
3.	Canada	6,582
4.	Germany	2,064
5.	Sweden	1,880
6.	Norway	1,367
7.	United Kingdom	969
8.	Finland	710
9.	New Zealand	675
10.	Denmark	488
11.	Others	1,191
		N=84,657

UNHCR Projected Global Resettlement needs 2011, UNHCR

### Where will Burmese arrive in US?

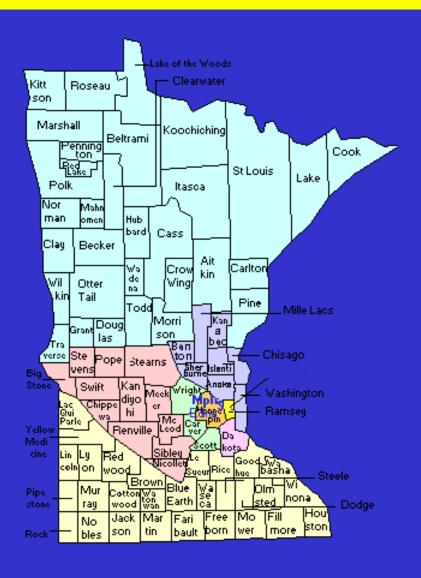
Estimated # registered Burmese living at Thai Border (as of 2012): 92,000

St. Paul, MN San Francisco, CA New York, NY Jacksonville, FL Hartford, CT Omaha, NE Fort Wayne, TX Ithaca, NY

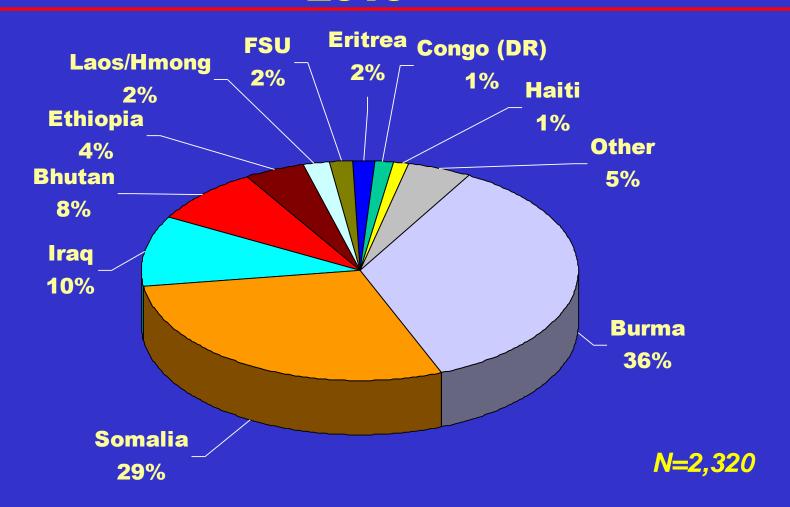




## Welcome to Minnesota!



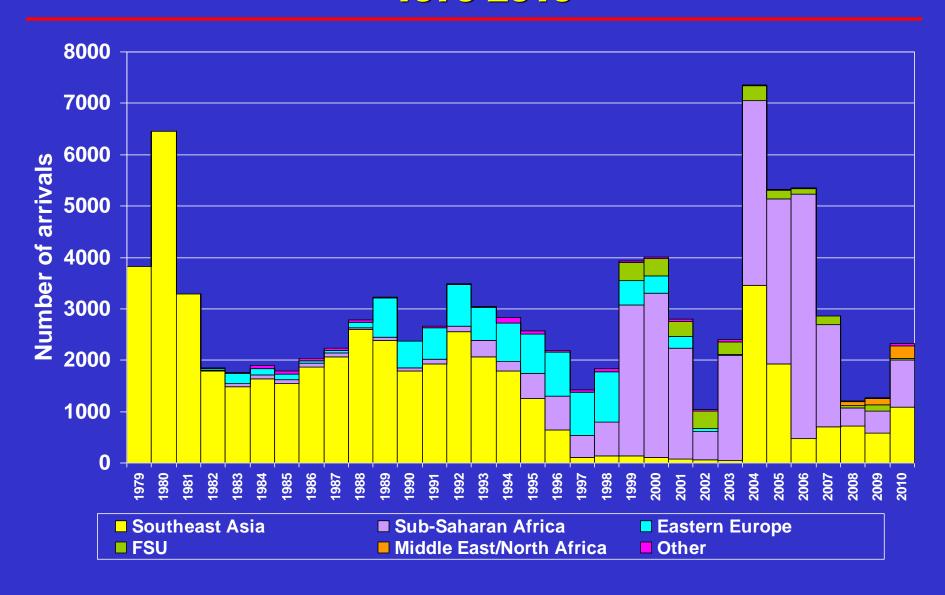
# Primary Refugee Arrivals, Minnesota 2010



"Other" includes Afghanistan, Cambodia, Cameroon, China (incl. Tibet), Colombia, Cuba, Guinea, Kenya, Liberia, Mali, Mexico, Nigeria, Rwanda, Saudi Arabia, Sierra Leone, Sudan and Togo

\*"FSU" includes Armenia, Belarus, Kyrgyzstan, Moldova, Ukraine and Uzbekistan

## Refugee Arrivals to MN by Region of World 1979-2010



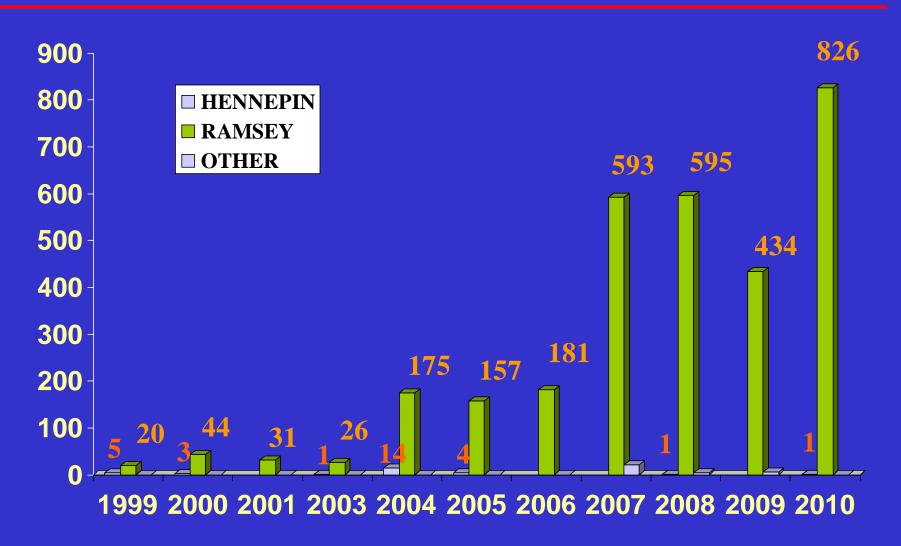
# **Top 6 MN Counties of Primary Refugee Resettlement – 2010**

1. Ramsey	1,426 (826 Burmese)
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	TT -	4.40
,	Hennepin	448
<i>_</i>		440
		~

3	Stearns	1	21
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# Burmese Refugee Arrivals in Minnesota by County, 1999 to Present



### Refugee Health Screening in MN

- 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



#### MINNESOTA INITIAL REFUGEE HEALTH ASSESSMENT FORM Return completed form, preferably within 30 days of U.S. date of arrival, to address on reverse side of this form.

Name (last, first, middle):  Date of Birth (month, day, year):				Gender:			
Alien or Visa Registration #:			Gender: Volag:				
U.S. Arrival Date: (month, day, year):				-	of Origin:		
Class A or B Status:				Country	or origin.		
Date of First Clinic Visit for Screenin	g (month, d	lay, year):	1	1			
Immunization Record: Review overseas med varicella: indicate if there is lab evidence of imm	unity if so im	-15/) If availab munizations ar	le and docume	ent immunizatio	n dates. For m	easles, mumps	s, rubella, and
update series, or begin primary series if no imm	unization date	s are found.	c not needed t	ayamsi mai pai	uculai uisease.	roi all other if	minumzations.
Vaccine-Preventable Disease/	✓ if there is lab evidence of	Immunization Date(s)					
Immunization	immunity; no immunization needed	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles				100			
Mumps							
Rubella				100			9-1-48
Varicella (VZV)							
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)							
Diphtheria-Tetanus (Td)							
Polio (IPV, OPV)						B. O. C.	
Hepatitis B (HBV)	100 100 540				# - · · · · · · ·		
Haemophilus influenzae type b (Hib)							
Hepatitis A				18 18 34	20.000		
Influenza							0053042043,0480045048
Pneumococcal							
BCG: Yes-Date(s): No	Unknown	1					
Tuberculosis Screening: (✓ one) Chest	Y-Ray (taker	n in U.S.) (✓ o	ne) TD	Therapy: (if inc	dicated) / ( an	0)	
Mantoux Skin Test Reaction ☐ Nor		1111 0.0.) (		reatment for su			B prescribed
	-TB abnormal	ity	□ Treatment for Latent TB Infection (LTBI) prescribed;				
	non-cavitary cavitary	ary Date treatment started:					
	ole, old TB	□ No LTBI treatment; Reason: □ Treated overseas					
□ ≥ 15mm induration □ Per				Pregnancy			
	lined CXR				lined treatment		
☐ Declined test ☐ Not ☐ Not ☐ Not ☐ Declined test ☐ Not ☐ N	done, Explain:			Other:			
Hepatitis B Screening:  1. Anti-HBs (check only one)   Negative	□ Positivo:	Note: if positiv	o notiont is inv				
		Results p		mune.   Res	suits pending		
Note: if positive, patient is infected with HBV	and infectious	to-contacts, an	d it is especial	ly important to s	screen all house	ehold contacts.	
If positive HBsAg, were all household contacts screened? ☐ Yes, were all susceptibles started on vaccine? ☐ Yes No							
B. Anti-HBc (check only one)							
Sexually Transmitted Diseases: (check one for each of the following)							
. Syphilis							
. Chlamydia ☐ Negative ☐ Positive; treated?yes no ☐ Results pending ☐ Not done, why?							
HIV Negative Positive; referred to specialist? yes no Not done, why?							
Other, specify:							

#### Health Status of Burmese Refugees, Minnesota, 2006-2010

Health status upon arrival	No (%) of refugees	No(%) with infection		
	screened	among screened		
TB infection*	2,616 (99%)	688 (26%)		
Hep B infection**	2,616 (99%)	246 (9%)		
Parasitic Infection***	2,547 (97%)	606 (24%)		
Sexually Transmitted	1,733 (70%)	6 (<1%)		
Infections(STIs)****				
Hemoglobin (anemia)	2,624 (100%)	544 (21%)		

Immunizations 91% started or continued with recommended series

91% had documentation of overseas immunizations

Total screened: N = 2,636 (100% of the 2,637 eligible refugees)

<sup>\*</sup> Persons with LTBI (684) or active TB disease (4)

<sup>\*\*</sup> Positive for Hepatitis B surface antigen (HBsAG)

<sup>\*\*\*</sup> Positive for at least one intestinal parasite infection

<sup>\*\*\*\*</sup> Positive for at least one STI

### MN Refugee Health Program

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

Website: www.health.state.mn.us/refugee