Department of Health Services

Topics in Refugee Health Screening Webinar I

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April 18, 2016

Webinar Objective

Provide education and review the critical components of refugee health screening.

Webinar Topics

- Refugees in Wisconsin
- Refugee Health Screening Exam
  - Clinical components of screening
  - Tuberculosis (TB) screening
  - Tips for working with voluntary resettlement agencies (Volags) and translators

Refugees in Wisconsin

- Federal Fiscal Year arrivals 2013 through 2016
  - 2013: 960 refugees
  - 2014: 1178 refugees
  - 2015: 1430 refugees
  - 2016: 1600 refugees (estimated)
- Majority arrived from Myanmar (Burma), Iraq, Somalia, and the Democratic Republic of Congo

Refugees Resettle

- Milwaukee
- Oshkosh
- Appleton
- Madison
- Barron
- Sheboygan
- Waukesha

Refugee Health Assessment: Clinical Components

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Outline of Exam Components

Based on national guidelines from the CDC:

http://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html

- **Health History**
- **Physical Exam**
- **Nutrition**

- **Immunizations**
- **Disease and parasite screening**

- **Mental Health Screening**
- **Vision, hearing, dental**

Immunizations

- Basic public health principles apply:
  - Follow ACIP guidelines
  - Follow clinic protocol re: titers
  - Assume vaccination not given unless appropriate documentation

- Special considerations for refugees:
  - Overseas vaccination program: Check PDMS form, Vaccination Documentation Worksheet (DS-3025)

    http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html
  - Vaccination documentation needed for adjustment of status (“green card”)

Hepatitis B

- Universal surface antigen testing:
  - Regardless of vaccination history or age
  - Almost all from regions of moderate to high endemicity

  http://www.cdc.gov/hepatitis/hbv/pdfs/chronichepbtestingflwup.pdf

- Resource for interpretation of the Hep B lab panel:

  http://www.immunize.org/catg.d/p2110.pdf

Intestinal Parasites

- Importance of screening
  - Long latency periods
  - Frequently not considered in differential diagnosis in general practice
- Overseas presumptive treatment
  - Presumption is DONE following protocol of host country unless contraindicated (age, pregnancy, neurocysticercosis infection/unexplained seizures)
  - Invermectin avoided for individuals from African countries endemic for *Loa loa*
  - http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html

Intestinal Parasites

- Everyone:
  - Evaluate for eosinophilia (re-check 3- 6 mos if positive)
  - Assess pre-departure treatment
- If no pre-departure treatment, or if symptomatic:
  - O&P x2, *Strongylodies* (all), *Schistosoma* if sub-Saharan African
- If pre-departure treatment and asymptomatic, run serology or presumptively treat:
  - Single-dose Albendazole only: *Strongylodies* (all), *Schistosoma* if sub-Saharan African
  - Single-dose Albendazole + Praziquantel: *Strongylodies* (all)
  - Invermectin/7-day Albendazole + Praziquantel: no additional

Sexually Transmitted Infections

- Opt-out procedure
- HIV
  - Not routinely tested overseas
  - Test patients ages 13 – 64
  - Universal testing if endemic country
  - http://aidsinfo.unaids.org/
- Syphilis
  - Tested overseas for ages 15 and older, no need to repeat documented negative result
  - Universal testing if endemic country
- Follow clinic procedure
  - Chlamydia and gonorrhea
  - Pregnancy

STIs Among Refugees by Region of Origin, Minnesota 2009-2014*

World Region	Syphilis**	Gonorrhea	Chlamydia	HIV***
	No. Positive/ No. Screened (%)	No. Positive/ No. Screened (%)	No. Positive/ No. Screened (%)	No. Positive/ No. Screened (%)
SE Asia/E Asia	7/2,551 (<1%)	7/1,993 (<1%)	25/2,102 (1%)	6/5,053 (<1%)
Sub-Saharan Africa	26/2,128 (1%)	0/1,478 (0%)	11/1,485 (1%)	34/4,258 (1%)
Other Regions	2/728 (<1%)	0/457 (0%)	9/461 (2%)	2/1,025 (<1%)
Total	35/5,407 (<1%)	7/3,928 (<1%)	45/4,048 (1%)	42/10,336 (<1%)

***Among 2009-2014 arrivals, 11,906 (99%) of those eligible received a post-arrival Refugee Health Assessment**

****24 (69%) of 35 syphilis cases had a confirmatory result available; those w/ a negative confirmatory test are recorded as negative in the table**

*****33 (79%) of 42 HIV cases had a confirmatory result available; those w/ a negative confirmatory test are recorded as negative in the table**

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Lead

- Universal testing for patients ages 16 and under
  - Increased risk of exposure

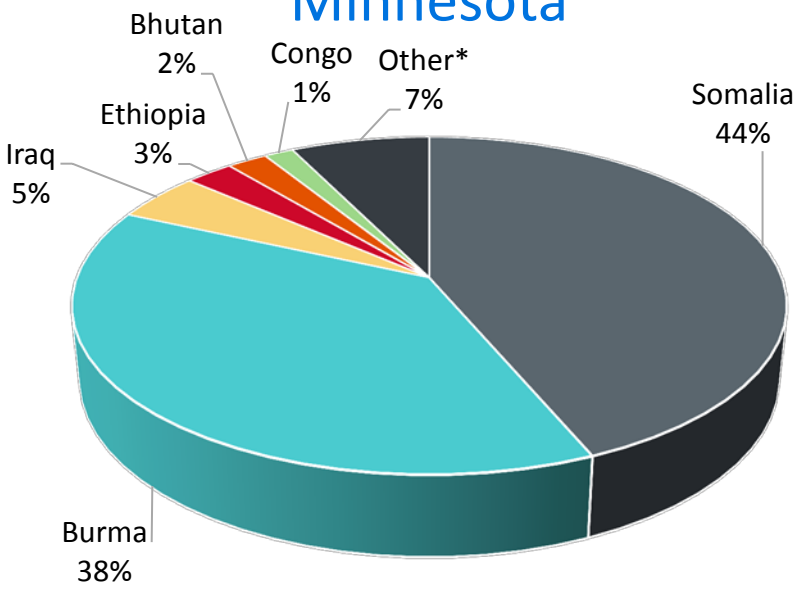
Malaria

- Some presumptive treatment done overseas
- Test if clinical suspicion

Primary Refugee Arrivals, FFY 2015*

*Refugee arrivals from October 1, 2014 – September 30, 2015

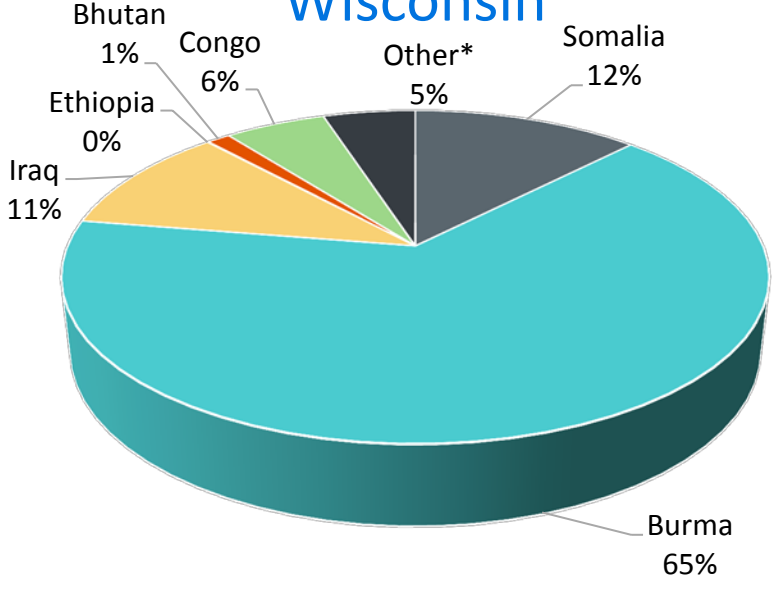
Minnesota



N=2,379

*"Other" includes Afghanistan, Belarus, Cameroon, Cuba, Eritrea, Honduras, Iran, Liberia, Mexico, Moldova, Nepal, Russia, Sri Lanka, Sudan, Syria, Tanzania, Ukraine, and Vietnam

Wisconsin



N=1,430

*"Other" includes Afghanistan, Belarus, Burundi, Columbia, Cuba, Eritrea, Indonesia, Iran, Jordan, Sudan, and Syria

Health Status of New Refugees, Minnesota FFY 2015*

Health status upon arrival	No. of refugees	No. (%) with infection
TB infection**	2,211 (96%)	363 (16%)
Hepatitis B infection***	2,248 (97%)	96 (4%)
Parasitic Infection****	2,043 (88%)	325 (16%)
Sexually Transmitted Infections (STIs)*****	2,230 (96%)	8 (<1%)
Malaria Infection	131 (6%)	0 (0%)
Lead******	1,008 (96%)	61 (6%)
Hemoglobin	2,264 (98%)	514 (23%)

***Total screened among arrivals from 10/1/2014-9/30/2015:**
N=2,311 (98% of 2347 eligible refugees); Data are preliminary
**** Persons with LTBI (>= 10mm induration or IGRA+, normal CXR) or suspect/active TB disease**
***** Positive for Hepatitis B surface antigen (HBsAg)**
****** Positive for at least one intestinal parasite infection**
******* Positive for at least one STI (tested for syphilis, HIV, chlamydia or gonorrhea)**
******** Children <17 years old (N=1,053 screened); lead level ≥5 µg/dL**

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TB Overseas Screening

- Overseas screening protocol
  - Within six months of departure; documented
  - Initial screen:
    - All screened for symptoms
    - Chest X-rays for ages 15 and above; TST for children ages 2-14 with CXR if positive TST
  - For individuals with symptoms or abnormal CXR, sputum and culture (within 3 mos departure). Classified as TB B1
  - For details, see: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html#table1

TB Domestic Screening

- For all refugees
  - Physical exam and clinical assessment of symptoms
  - IGRA or TST
    - In Wisconsin, IGRA preferred for ages 2 and older because of TST reactivity to BCG vaccine
    - Do not repeat documented positive TST
- CXRs for TB B1s and TB B2s, regardless of IGRA or TST result
- Priority on evaluation of all TB B1s

Kelly Todd

Case Manager / Health Liaison – Milwaukee, WI

Lutheran Social Services of Wisconsin & Upper Michigan
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Roles of the Resettlement Agencies

Each volag has a health liaison who is charged with:

- Scheduling initial health screening
- Preparing on what to bring and expect at the appointment
- Arranging for transportation
- Schedule appointment to establish care with a PCP (if not completed directly at the health screening provider)
- Instructing client how to get to appointment on their own
- Instructing on how to schedule appointment and how to request interpretation
- Coordinate any specialists and initial referrals.

Client responsibilities

- Learn how to request interpretation
- Learn how to schedule own appointments
- Learn the bus route or arrange for transportation
- Be on time for appointment
- Schedule own follow up visits
- Take medication as prescribed by provider
- Ask clarifying questions if they don't understand

Length of refugees receive services:

- Resettlement is officially a 30 day intensive process
- Ongoing case management up to 1 year
- Information and referral from 1-5 years. Volag services are limited to 60 months.
- The goal of refugee resettlement agencies (volags) is for the clients to be **self-sufficient**.

Dignity, Empathy, & Understanding

- Please keep in mind that for many families this is their first experience in an American hospital. They may feel nervous, anxious, or unsure on how to act. Please be friendly, welcoming, and patient.
- Please try to learn about cultural or religious beliefs surrounding health. This can prevent misunderstandings.
- Body language, etiquette, and ways of showing respect can be very different
- Take the “refugee” out. How would you treat anyone else?

Tips for Interpretation

- Adequate interpretation is a Civil Right.
- Any medical provider accepting federal or state money must provide linguistically appropriate language upon request when scheduling an appointment and during an appointment.
- Be mindful of various languages—Burmese is not always Burmese. Somali is not always Somali. Ask specific languages and secondary languages
- Over-the-phone vs. in-person interpretation issues

Tips for Interpretation

- Begin your session by assuring the patient of confidentiality.
- Remind the interpreter of the need for strict confidentiality.
- Watch carefully for non-verbal cues of the patient while interacting with an interpreter.
- Interpreters should be your “voice”. Any additional conversation with the patient should be to explain cultural context only. Professional interpreters should request your permission and explain to you why before supplementing your “voice”.
- Clients and interpreters should NOT exchange contact information

Communication Tips

- Speak directly to the client through the translator, not exclusively to the case manager or interpreter.
- Use interpretation at all times even for things that may seem minor
- Some things that are assumed to be common sense to Americans are not common sense to refugee clients (and visa versa).
- Take your time to explain what you are doing and why you are doing it and allow time for clients to ask questions.

Take the “Refugee” Out

- Be mindful of cultural differences and belief structures
- Don’t underestimate people’s abilities. Refugees are very strong and have already overcome great obstacles to get to the United States
- Dignity, empathy, and understanding
- People are extremely grateful for your care and want medical services

Questions?

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Questions?

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