

Minnesota Refugee Health Report 2018

Welcome to the annual Refugee Health County Reports. Based on number of arrivals, counties or regions receive individualized reports. The regions include the Metro, South Central, South East, South West, and Central 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 measure the effectiveness of the health screening services offered to newly arrived people with humanitarian immigration statuses – refugees, derivative and U.S.-granted asylees, parolees, Amerasians, and certified victims of human trafficking. The Minnesota Department of Health’s Refugee and International Health Program (RIHP) 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.

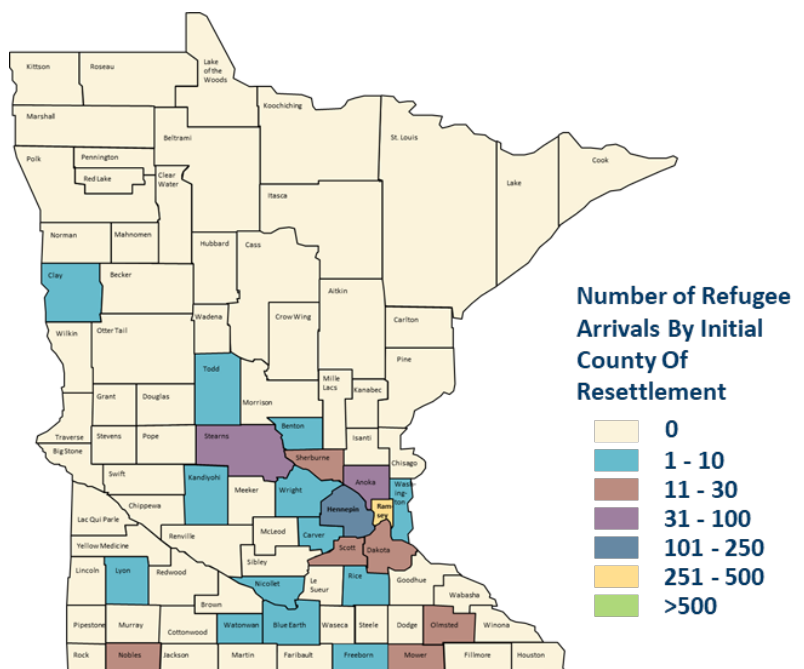
Counties and/or clinics submitted domestic refugee health screening results for those who arrived between January 1 and December 31, 2018. Data were reported via the Refugee Health Assessment Form (“pink” form), electronically through eSHARE, or on the Outcome Form. In 2018, there were 818 new primary refugee arrivals to Minnesota; 85% had arrived with a refugee visa. The remainder arrived as asylees, parolees, and certified victims of trafficking. These will be collectively referred to as “refugees” throughout this report. The largest arriving populations in 2018 were from Burma (318 arrivals), Ethiopia (106 arrivals), Dem. Rep. of Congo (77 arrivals), Somalia (75 arrivals), and Ukraine (49 arrivals).

Individuals with refugee status often decide which community and county to settle in based on family, community ties, access to housing, or employment. Ramsey and Hennepin counties continued to receive the majority of newly arriving refugees to Minnesota in 2018. Due to low arrival numbers in the United States, many of our counties continued to see a decrease in arrival numbers in 2018.

We continue to work with counties and other partners to identify and screen secondary refugees (refugees who originally resettled in a different state but moved to Minnesota within one year of U.S. arrival). In 2018, the RIHP received notification of 72 secondary refugee arrivals to Minnesota. This was an 87% decrease compared to the 552 notifications received in 2017, potentially due to overall arrival reductions to the United States. Among the 72 secondary refugee notifications in 2018, 14 of 19 (74%) who met eligibility requirements were screened.

2018 Primary Refugee Arrivals to Minnesota (N=818)

Anoka (40)	Metro:
Dakota (27)	Carver (7)
Hennepin (112)	Washington (10)
Mower (23)	South Central:
Olmsted (24)	Blue Earth (8)
Ramsey (442)	Nicollet (4)
Scott (15)	Watsonwan (1)
Sherburne (21)	South East:
Stearns (47)	Freeborn (6)
Central and West Central:	Rice (1)
Benton (3)	South West:
Clay (3)	Kandiyohi (3)
Todd (1)	Lyon (5)
Wright (2)	Nobles (13)



Health Screening Indicators

The Refugee and International Health Program has set these measurable objectives below to evaluate the implementation of the Minnesota Refugee Health Assessment for newly-arrived primary refugees. The tables on the following pages show how effectively each objective was met statewide. 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 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 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 TB 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, or died before screening.

2018 Health Screening Indicators

All results are based on domestically completed screenings.

Health Screening Rate

Performance Goal	Objective	Measure	Data for Year 2018
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	Objective: 95% State: 717/(818-31), 91%

Immunizations

Performance Goal	Objective	Measure	Data for Year 2018
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	Objective: 90% State: 673/771, 87%

Tuberculosis (TB)

Performance Goal	Objective	Measure	Data for Year 2018
<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	Objective: 100% Class A 95% Class B1 State: 0/0, n/a Class A 69/69, 100% Class B1
<i>LTBI Therapy:</i> Increase percentage of newly arrived refugees in need of therapy for latent TB 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	Objective: 85% State: 193/221**, 87%
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	# 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	Objective: 70% State: 154/193**, 80%

Hepatitis B

Performance Goal	Objective	Measure	Data for Year 2018
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	Objective: 95% State: 756/771, 98%

Intestinal Parasites

Performance Goal	Objective	Measure	Data for Year 2018
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	Objective: 95% State: 187/211***, 89%

Lead Poisoning

Performance Goal	Objective	Measure	Data for Year 2018
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	Objective: 95% State: 297/304, 98%

HIV

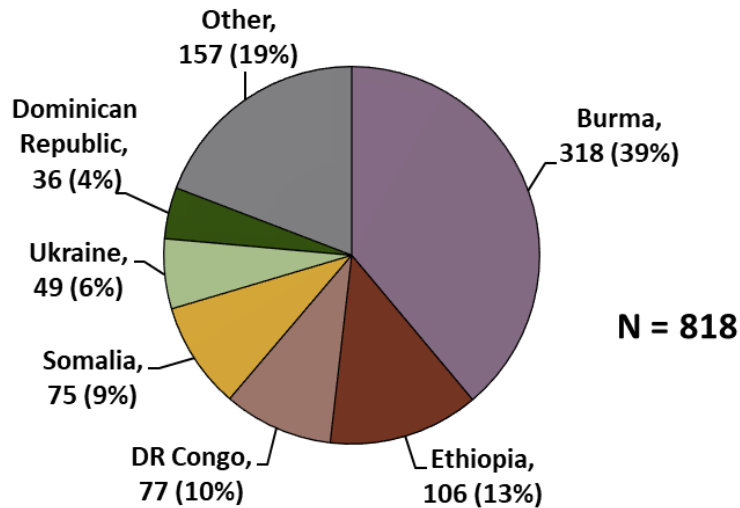
Performance Goal	Objective	Measure	Data for Year 2018
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	# of newly arrived refugees to Minnesota tested for HIV ages 13-64 years / # of newly arrived refugees ages 13-64 years to Minnesota who received a screening	Objective: 95% State: 516/519, 99%

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

**Based on 2017 data which reflects the most recent completion date for 9-month treatment protocol.

***762/771 (99%) of those screened, regardless of overseas treatment history, were evaluated for eosinophilia through a complete blood count. Of those, 125 (16%) had eosinophilia detected.

Number of Primary Arrivals[◊] to Minnesota 01/01/2018 through 12/31/2018



[◊]**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.

“Other” includes Afghanistan (24), Eritrea (21), Belarus (15), El Salvador (15), Bhutan (13), Russia (11), Kazakhstan (9), Guatemala (7), Cameroon (6), Rwanda (5), Iraq (4), Moldova (4), Cuba (3), Iran (3), India (2), South Sudan (2), Syria (2), Venezuela (2), Yemen (2), China (1), Kuwait (1), Mexico (1), Philippines (1), Senegal (1), Sri Lanka (1), and Thailand (1).

Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*
Of the 818 new primary refugee arrivals to Minnesota, 787 were eligible for a health screening and 717 (91%) were screened within 90 days.
- *Overall screening rate:*
Of the 787 eligible for a health screening, 771 (98%) were screened.

Outcome for Those Not Screened

- Of the 31 refugees ineligible for screening, 21 could not be located due to incorrect contact information, 9 had no insurance, and 1 moved out of Minnesota.
- Of the 16 refugee eligible for screening, 9 refused screening, 3 moved to another county in Minnesota and screenings are still pending, 2 missed appointments, contact failed with 1, and 1 was screened but no results were reported.

Flat Fee Reimbursement

- Four refugees received full flat fee reimbursement in Minnesota, and one received partial reimbursement.

Health Status of New Refugees, Minnesota, 2018

Health Condition	No. infected among screened (%)
TB infection*	137/763 (18%)
Hepatitis B infection**	30/756 (4%)
Parasitic infection***	91/496 (18%)
Syphilis infection	3/500 (1%)
HIV infection	6/749 (1%)
Elevated Blood Lead****	33/297 (11%)

Total number of health screenings: N_{Minnesota} = 771 (98% of 787 eligible refugees)

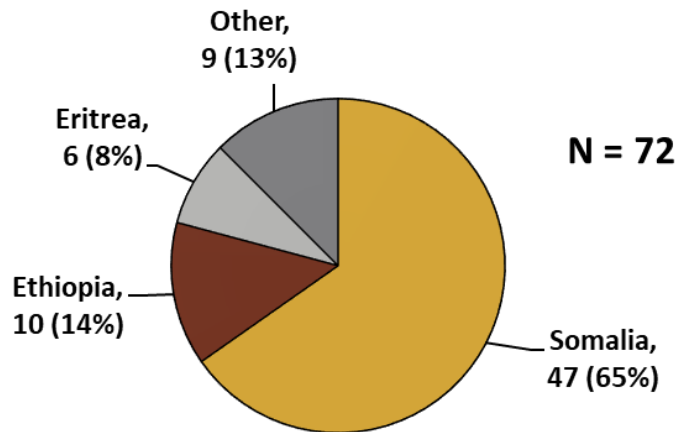
* Persons with LTBI (QFT+ or ≥ 10mm induration w/ normal CXR) or suspect/active TB disease

** Positive for Hepatitis B surface antigen (HBsAg)

*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Minnesota} = 304 screened); Lead Level ≥ 5 ug/dL

Number of Secondary Arrivals^o to Minnesota 01/01/2018 through 12/31/2018



^o**Secondary arrival** is a refugee who is no longer 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 health programs may only be able to provide limited services to secondary arrivals.

“Other” includes DR Congo (4), Burma (3), Burundi (1), and Nigeria (1).

Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (22 arrivals), Nicollet (15), Ramsey (15), Blue Earth (6), and Kandiyohi (5).
- Six counties each reported less than 5 secondary arrivals.

Screening Rate

- Of the 72 secondary arrivals to Minnesota, 19 (26%) were eligible for screening and 14 (74%) of those were screened.

Outcome for Those Not Screened

- Among the 53 secondary refugees ineligible for screening, 44 had arrived in the U.S. over one year prior to notification, and 9 completed screening in another state.
- Among the 5 secondary refugees eligible for screening, 2 were screened but no results were reported, no results or outcome were reported for 2, and contact failed for 1.

Health Status of Secondary Refugee Arrivals, 2018

Health Condition	No. infected among screened (%)
TB infection*	4/13 (31%)
Hepatitis B infection**	2/13 (15%)
Parasitic infection***	1/5 (20%)
Syphilis infection	0/9 (0%)
HIV infection	0/13 (0%)
Elevated Blood Lead****	0/4 (0%)

Total number of health screenings: N_{Secondaries} = 14 (74% of the 19 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_{Secondaries} = 4 screened); Lead Level ≥5 ug/dL

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