From Overseas to Domestic: Refugee Health Screening

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Key Take-Away Points

• Refugee health is well-monitored
• Health screening processes – overseas to domestic – to manage health conditions
• Monitoring and feedback systems in place to reduce risks associated with infectious disease
• Refugee health is more than infectious disease
Refugee Pathways to Resettlement

Home Country
- Conditions lead to social disruption
- Stay in country

Asylum Country
- Camp / out of camp
- Safety
- "Lives on hold"

US Resettlement
- RA Reception & Placement services
- Focus on early employment

Integration

Marginalization

Not eligible for resettlement
Not interested in resettlement

Refugees Seeking Resettlement

Photo from UNHCR

Hundreds of people waiting to be seen at the UNHCR compound in KL

Photo from UNHCR
Agencies Involved Overseas

Many agencies governmental, non-governmental and inter-governmental involved in planning for refugees

- UNHCR – United Nations High Commissioner for Refugees
- DHS (U.S Department of State)
- DHHS (USCIS)
- IOM
- CDC

Health Screening Processes

- Overseas Medical Examination
- Pre-Departure Medical Screening (PDMS)
- Transit
- US Entry
Overseas Medical Examination

- Eligible individuals interviewed (USCIS)
- Approved →
  - Medical examination

Images from Refugee Camps
Overseas Medical Examination

- Required
- Federally-regulated and DoS-funded
- Technical instructions by CDC (IRMHB)
  - Medical history and physical exam
  - Testing for inadmissible conditions of public health significance (treat before U.S. entry)

Source: CDC

Overseas Medical Examination

- To determine if refugee has a condition that would exclude him/her from entering the US:
  - Communicable disease of public health significance
  - Current or past physical or mental disorders that are or have been associated with harmful behavior
  - Drug abuse or addiction
**Class B Conditions**

- Not inadmissible
- Notifications associated with arrival documentation
  - Ensures health related follow-up is provided
Pre-Departure Medical Screening

– Standard
  • Receive presumptive treatment for parasites
  • Receive treatment for malaria
  • Receive additional vaccination doses

– Pilot Initiatives
  • Expanded Immunizations – collaborations between CDC, State Department and IOM

– Cleared for Travel
  • ‘Fit to Fly’

Outbreak Responses, 2003–Present

Source: CDC
Refugee Transit

- Often have a long transit for entry into the US
- Don’t necessarily settle where they enter into the US (point of entry is not necessarily final destination)
- If anything detected during travel – health conditions – quarantine stations collaborate with/ CDC to provide real time information esp. on infectious disease.

U.S. Points of Entry

Source: CDC
Notifications About Arrivals

- CDC notifies state health departments of refugee arrivals (electronically)
- Resettlement Agencies receive notification through their national agencies
- Resettlement Agencies notify DPH of refugee addresses
- Once DPH receives that information, we notify local health departments for infectious disease follow-up

Agencies Involved Domestically

- DHHS
  - ORR (in ACF) and CDC
- DHS
  - DOS
- Non Governmental – National Resettlement
- Other
Agencies Involved in MA

• State Agencies
  – MORI
  – MDPH
  – MassHealth
  – DTA

• Non-Governmental
  – RA
  – MAAs
  – Churches
  – Other

Goals for Domestic Health Assessment

• All refugees should have access to a quality domestic health assessment
  – Informed by overseas exam
  – Organized within a public health framework
  – Linked with ongoing primary care

• Refugees with complex medical needs can be successfully resettled
  – Requires coordination and resources
  – Deployment must begin prior to arrival and continue post-resettlement
Role of Resettlement Agencies in Health Assessment

- Scheduling appointments for newly arrived refugees for health assessment
- Arranging for transporting refugees to health assessment appointments

Public Health Follow-Up

Role of the Community Health Worker

- Provide support and information/orientation on health issues
- Provide system navigation and support for treatment adherence for infectious disease follow-up
- Ensure connections to primary care
Post-Arrival Health of Refugees

- Refugees have similar health issues as those in the general US population – eg: food borne illnesses, diabetes, other
- Where they live in the US has an impact on their health – increased lead levels seen in refugee children
Collaborations are Key

- Resettlement Agencies – Play an important role in making connections with health assessment, providing case management support, and assisting in integration of refugees in communities.

- MDPH - Plays an important role in overseeing domestic health assessments, connecting refugees to primary health care, mostly through community health centers, and providing public health follow-up for infectious disease.

- Health Care Providers – Conducting initial health assessments, screening and treatment, and ensure refugee entry into primary care within their settings.

Collaborations are Key

- Local Public Health – Play an important role protecting the health of refugees in their communities.

- Public private partnerships – These are key for removing barriers to successful resettlement:
  - State and federal partnerships
  - Regional partnerships
  - Governmental and non-governmental partnerships

- Community role – Support refugee integration for school entry, ESL and being welcoming communities.
Refugee Health Technical Assistance Center
[www.refugeehealthta.org]

Case Studies
Case 1

A family of 5 from The Democratic Republic of Congo resettled in Springfield, Massachusetts. The family lived in a refugee camp in Kenya for over 10 years. The children were born in the camp. The family speaks a language called Kinyarwanda. Family received a health screen overseas prior to departure with no significant medical issues. When family arrived in Massachusetts the Department of Public Health Regional office received their arrival notification. Staff from the Western Regional office were assigned and deployed to the home to provide information, and support. The outreach worker does not speak the language, but was able to have the assistance over the phone with the outreach worker from Worcester. Together, they were able to provide the family the necessary orientation about their upcoming health assessment. Days after the family arrived, the resettlement agency submitted a referral for their Refugee Health Assessment to Caring Health Center. The health center booked their first health assessment within a month of their arrival. The family received a comprehensive medical exam including immunizations, blood tests to screen for infectious diseases such as varicella, TB, and Hepatitis B. Also, the blood test screened for any signs of anemia, blood sugar levels, and a basic metabolic panel to determine any signs of chronic medical conditions. A urine sample was taken at the medical site to determine if the patient has any chronic kidney issues. Also, a stool sample kit was given to each family member to take home and bring back for the follow up visit to test for presence of Giardia.

The children received the necessary vaccinations to be able to attend school, and were given a follow up appointment to receive the boosters of the vaccines.

The father’s IGRA test (Blood test to screen for TB) came back positive. The results were reported to the state, and a referral was sent out to the TB clinic in Springfield. The provider informed the patient about his results, using an interpreter. Our program received notification of his test results and returned to the home to provide education about TB and Latent TB infection in Kinyarwanda. In a few weeks, the TB clinic made an appointment for the client so the Community Health Worker informed the client about his appointment with basic information on what to expect from his appointment.

The rest of the family had a healthy baseline and were given referrals for the dentist in Caring Health Center. During their second Health assessment, the family was given an option to remain for their medical care at Caring Health Center, and they chose to continue going to the health center.

Case 2

A family of 3 arrived from Nepal as refugees and resettled in Westfield, MA. The family lived in the refugee camp for many years. The child is currently 7 and was born in the camps. Approximately 3 years ago, the mother and child were exposed to TB while they were in the camps. They were helping a sick relative and it turned out that he had contracted active Tuberculosis. The family was identified as contacts and tested for TB. The child’s first round of TB test came back negative, and a CXR was done and was negative. Because the child was under 5 years of age at the time, he was given prophylactic treatment of INH 150mg everyday until the second round of testing was done, 10 weeks later. (Mandates for retesting for TB as a contact of an active case is: 8-10 weeks after the first PPD or IGRA test to ensure conversion) The child did not convert to positive, so his treatment was discontinued. Mother however, had a positive skin test of greater than 5 mm, and her CXR showed abnormalities. Three sputums were collected and all were smear negative, and culture negative. She took prophylactic treatment for 9 months INH 300 mg. Prior to departure from Nepal, she had a health screen and received a classification on her medical exams as Class B1TB. The child was given a classification of Class B2TB contact. They were advised that once arrived to the United States, the local public health office will be in touch, and that they will need to be reevaluated at the local Tuberculosis clinic. When the family arrived to the Westfield, the PHN received the notice of their arrival and classification from Massachusetts DPH. The Public Health Nurse and the Community Health Worker (CHW) form the Department of Public Health conducted a home visit to speak with the family. The nurse and CHW explained to the mother that they will be referred to TB clinic by Caring Health Center, after their IGRA results are available. The family went to their first Refugee Health Assessment and at their appointment, they received IGRA blood tests. The results were sent to the TB clinic (Child was negative, and mother was positive), at the clinic they were evaluated and cleared. Mother was cleared for having completed treatment in Nepal prior to arrival and child was cleared for TB.
Questions?

Photo from UNHCR