

Minnesota Refugee Health Report 2015

Welcome to the annual Refugee Health County Reports. Based on arrival number, counties or regions receive individualized reports. The regions include the Metro and South districts. Stearns and Benton Counties are also combined in this report. 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 refugees. The Minnesota Department of Health's Refugee Health Program (RHP) set these objectives to evaluate some key components of our program'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.

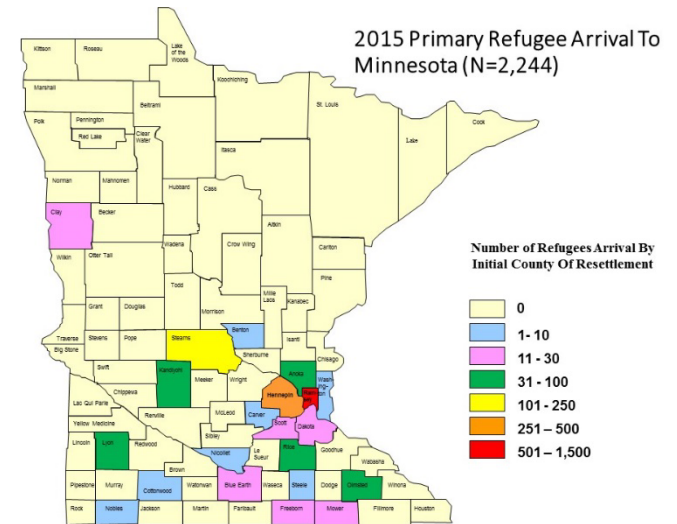
Counties and/or private providers submitted domestic screening results for refugees who arrived between Jan. 1, and Dec. 31, 2015. Data were reported via the Refugee Health Assessment Form ("pink" form), electronically through eSHARE, or on the Outcome Form. During this year, there were 2,244 new primary refugee arrivals to Minnesota. Among these, the largest arriving populations were from Somalia (1,006 arrivals), Burma (763 arrivals), Iraq (126 arrivals), Ethiopia (79 arrivals), and Bhutan (64 arrivals).

The counties that refugees resettle in are often decided by community ties and access to housing and employment. Ramsey and Hennepin counties

continued to receive the majority of newly arriving refugees in 2015; however, select counties in greater Minnesota saw an increase in refugee arrivals (see map).

We continue to work with counties and other partners to increase the proportion of secondary refugees (refugees who originally resettled in a different state but moved to Minnesota within one year of U.S. arrival) who are identified and screened. Among the 1,011 secondary refugee notifications to the RHP in 2015, 320 (76 percent) of 420 who met eligibility were screened. County-specific screening rates are included for those with 15 or more secondary refugees.

For questions regarding this report, please contact the Refugee Health Program at 651-201-5414



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|-------------------|---------------------------|
| Anoka | Rice |
| Blue Earth | Scott |
| Dakota | Stearns and Benton |
| Hennepin | Metro |
| Kandiyohi | Carver |
| Lyon | Washington |
| Mower | South |
| Olmsted | Cottonwood |
| Ramsey | Freeborn |
| | Nicollet |
| | Nobles |
| | Steele |

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 2015 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 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 provided a health screening will get tested for parasitic infections (parasitosis)*

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, or died before screening.*

Health Screening Indicators

Minnesota, 2015

All results are based on domestically completed screenings

Performance Goal	Objective	Measure	Data	Year 2015	
Health Screening Rate				No.	%
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	$\frac{\text{\# of newly arrived refugees to MN who received at least the first visit of their health assessment within 90 days of arrival}}{\text{\# of newly arrived refugees to MN who were eligible for a screening}}$	Objective	95%	
			State	2,080/(2,244-35)	94%
Immunizations					
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	$\frac{\text{\# of newly arrived refugees to MN with immunization series initiated or continued}}{\text{\# of newly arrived refugees* to MN who received a screening}}$	Objective	90%	
			State	2,013/2,168	93%
TB					
<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	$\frac{\text{\# of newly arrived refugees to MN designated as TB Class A or B1 and who are appropriately evaluated}}{\text{\# of newly arrived eligible refugees to MN designated as TB Class A or B1}}$	Objective	100% Class A 95% Class B1	
			State	0/0 (Class A) 134/137 (Class B1)	98%
<i>LTBI Therapy</i> Increase percentage of newly arrived refugees 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	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and placed on such therapy}}{\text{\# of newly arrived refugees to MN in need of LTBI therapy}}$	Objective	85%	
			State	467/518	90%
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	$\frac{\text{\# of newly arrived refugees to MN in need of LTBI therapy and who have been placed on and completed LTBI therapy}}{\text{\# of newly arrived refugees to MN placed on LTBI therapy}}$	Objective	70%	
			State	398/467	85%
Hepatitis B					
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	$\frac{\text{\# of newly arrived refugees to MN who received HBsAg test}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	2,084/2,168	96%
Intestinal Parasites					
Increase percentage of newly arrived refugees who are tested for parasitic infections (parasitosis)	Percentage of persons who are tested for parasitic infections (O&P and/or serology)	$\frac{\text{\# of newly arrived refugees to MN tested for parasitic infections (O&P and/or serology)}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	95%	
			State	1,909/2,168***	88%
Lead Poisoning					
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	$\frac{\text{\# of newly arrived refugees to MN who are < 17 years old and screened for lead poisoning}}{\text{\# of newly arrived refugees < 17 years old to MN who received a screening}}$	Objective	95%	
			State	949/992	96%
HIV					
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	$\frac{\text{\# of newly arrived refugees to MN tested for HIV age 13-65 years}}{\text{\# of newly arrived refugees age 13-65 years to MN who received a screening}}$	Objective	95%	
			State	1,315/1,382	95%

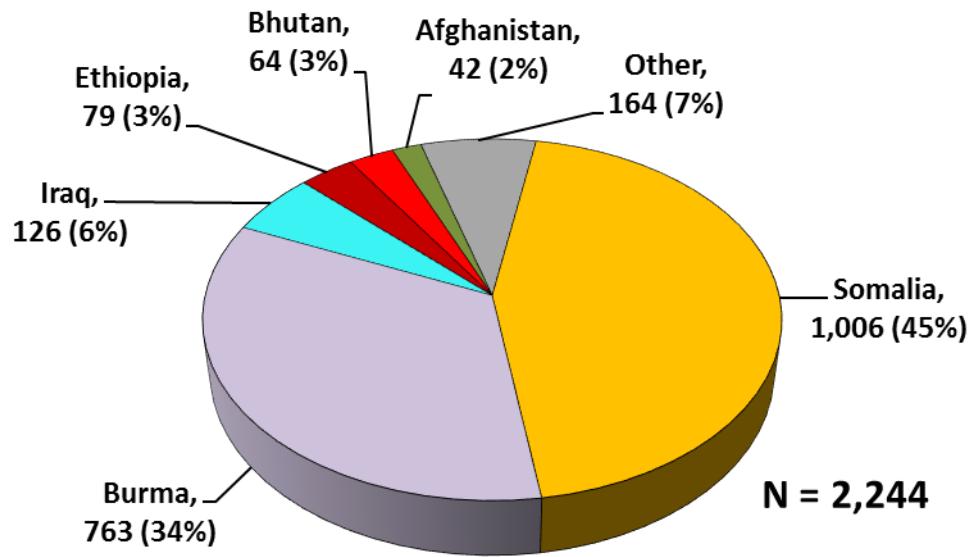
*Newly arrived refugees refers to all newly arrived refugees eligible for refugee health screening in Minnesota

**Based on 2014 data which reflects the most recent completion date for 9-month treatment protocol

***2137/2168 (99%) evaluated for eosinophilia through a complete blood count. 256 (12%) of those had eosinophilia detected, and 168 (66%) of the 256 received further evaluation.

Number of Primary Arrivals[◇] to Minnesota

01/01/2015 - 12/31/2015



"Other" includes Belarus (6), Cameroon (1), Congo (1), DR Congo (21), Cuba (1), Eritrea (15), Iran (8), Liberia (3), Mexico (2), Moldova (8), Russia (8), Sri Lanka (12), Sudan (15), Syria (15), Tanzania (4), Ukraine (36), and Vietnam (3)

Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*
Of the 2,244 new primary refugee arrivals to Minnesota, 2,209 were eligible for a health screening and 2,080 (94%) were screened within 90 days.
- *Overall screening rate:*
Of the 2,209 eligible for a health screening, 2,168 (98%) were screened.

Outcome for Those Not Screened

- Of the 35 refugees ineligible for screening, 16 moved out of Minnesota, 17 could not be located, 1 moved to unknown destination, and 1 had no insurance.
- Of the 41 refugee eligible for screening, contact failed with 9, 30 was screened but no results were reported, and 2 refused screening.

Flat Fee Reimbursement

- No refugees qualified for the flat fee reimbursement in Minnesota.

Health Status of New Refugees Minnesota, 2015

Health Condition	No. infected among screened (%)
TB infection*	425/2,137 (20%)
Hepatitis B infection**	87/2,084 (4%)
Parasitic infection***	326/1,909 (17%)
Syphilis infection	3/1,035 (<1%)
HIV infection	10/2,085 (<1%)
Elevated Blood Lead****	64/949 (7%)

Total number of health screenings: N_{Minnesota} = 2,168 (98% of the 2,209 eligible refugees)

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

** Positive for Hepatitis B surface antigen (HBsAg)

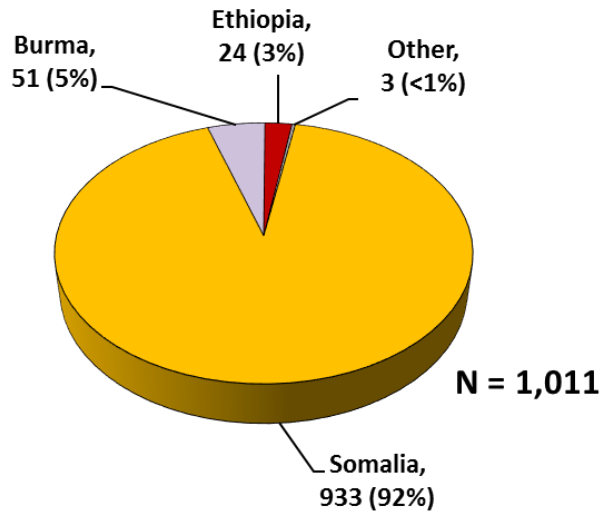
*** Positive for at least one intestinal parasite infection

**** Children <17 years old (N_{Minnesota} = 992 screened); Lead Level \geq 5 ug/dL

[◇] *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, Voluntary Agencies, and state health departments are designed to serve only newly arrived primary refugees to the state.

Number of Secondary Arrivals[◇] to Minnesota

01/01/2015 - 12/31/2015



Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (405 arrivals), Stearns (199), Kandiyohi (194), Ramsey (79), Lyon (30), Rice (27), Olmsted (19), and Sherburne (17).
- Seven counties each reported less than 15 secondary arrivals.

Screening Rate

- Of the 1,011 secondary arrivals to Minnesota, 420 (41%) were eligible for screening and 320 (76%) of those were screened.
- Among counties reporting ≥ 15 secondary refugees arrivals, Hennepin County screened 78 (62%) of 126 eligible for screening, Stearns screened 138 (91%) of 152 eligible, Kandiyohi screened 26 (60%) of 43 eligible, Ramsey screened 8 (40%) of 20 eligible, Lyon screened 12 (75%) of 16 eligible, Rice screened 12 (92%) of 13 eligible, Olmsted screened 8 (89%) of 9 eligible, and Sherburne screened 16 (100%) of 16 eligible.

Outcome for Those Not Screened

- Among the 591 secondary refugees ineligible for screening, 469 completed screening in another state, 36 could not be located, 75 had arrived in the US >1 year prior to notification, 8 moved out of Minnesota, and 3 had no insurance.
- Among the 100 secondary refugees eligible for screening, 33 had completed some screening in another state but needed follow-up, 28 were screened but no results were reported, 24 had no outcome available, contact failed for 11, 3 refused screening, and 1 moved to another county.

Health Status of Secondary Refugee Arrivals, 2015

Health Condition	No. infected among screened (%)
TB infection*	90/313 (29%)
Hepatitis B infection**	9/287 (3%)
Parasitic infection***	63/257 (25%)
Syphilis infection	1/205 (<1%)
HIV infection	0/301 (0%)
Elevated Blood Lead****	10/150 (7%)

Total number of health screenings: $N_{\text{Secondaries}} = 320$ (76% of the 420 eligible refugees)

* Persons with LTBI (QFT+ or ≥ 10 mm 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 ($N_{\text{Secondaries}} = 169$ screened); Lead Level ≥ 5 ug/dL

[◇] **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, Voluntary Agencies, and state health departments are designed to serve only newly arrived primary refugees to the state.