

What Resettlement Partners Should Know About Public Health Reportable Conditions

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Minnesota Center of Excellence in Newcomer Health



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Learning Objectives

- Identify select public health reportable conditions most relevant to resettlement.
- Describe practical strategies to prevent transmission of reportable conditions.
- Understand the roles and strengthen the collaboration between clinical and public health and resettlement partners as they relate to these conditions.
- Promote health and wellness of clients, staff, and volunteers.

Poll Question #1

Choose your answer, then click Send

Where do you work?

- A. Resettlement Agency
- B. Public Health
- C. Health Center, Hospital, or Other Health Facility
- D. Other



Poll Question #2

Choose your answer, then click Send

Do you ever accompany refugee families to medical appointments, or coordinate staff or volunteers who accompany families to appointments?

- A. Yes
- B. No

Selected Public Health Reportable Conditions

Most relevant to resettlement partners, clients and volunteers, health care professional



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MINNESOTA

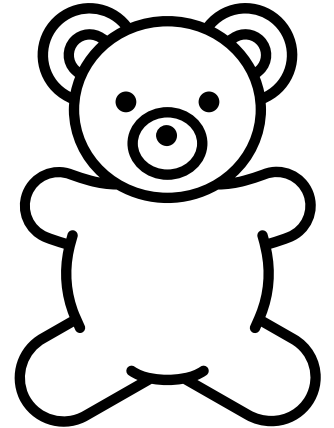
Resettlement stakeholders should all be aware of a few select conditions

- Some—**measles**—are more likely in **unvaccinated very recent travelers** from outside the U.S. They can overwhelm local system capacity & cause serious harm.
- Health system partners appreciate communication about some issues—e.g., **chickenpox**—that may harm other patients
- Others—**latent tuberculosis, active tuberculosis that was already treated overseas, HIV, and Hepatitis**—need no special precautions. However, staff may need to destigmatize as part of volunteer training.
- **Bat exposures (and animal bites)** may be less burdensome & expensive for you and clients if you know what to do up front.



Fever, Rash & Very Recent Travel

- Imagine being the health/wellness case worker for a family who arrived in the U.S. within the past **THREE weeks**.
- They are 2 parents, a toddler, and a baby (**5-month-old**).
- They have not yet had their Domestic Medical Exam.
- The baby is sick with a fever, pink eye, cough, runny nose, and red rash. They aren't eating well. *Could this be measles?*



Poll Question #3

Choose your answer, then click Send

What would you do after talking to your Program Manager?

1. Call the Health Center to ask for guidance
2. Call the State Refugee Health Coordinator to ask for guidance
3. Call the local Department of Health to ask for guidance
4. Go to Urgent Care
5. I'm not sure

After Calling the Health Center

The doctor reviews the overseas vaccine records: **Everyone except the baby has had two measles vaccines.**

They ask a parent to bring in the baby today, and that no one else visit the household.

HOWEVER, they should wear a high-quality face mask, cover the infant carrier with a light cloth, and call from the parking lot rather than entering the Health Center via the waiting room.

The Baby Has Measles

Two days after the visit, the doc calls the family and then the family calls the resettlement agency: **The baby has measles.**

The local DOH will call the family and resettlement staff ASAP for case investigation, contact tracing, and recommendations about next steps.

The family is nervous – there's a language difference and worry they're in trouble. They know to wait at home for the DOH call, but they hadn't planned for this and are running out of groceries.

Measles

- Key *public health reportable* condition
- Viral illness spread through the air
- Still very common in countries with limited access to vaccination
- Risk for infection is primarily among **unvaccinated recent travelers** within 21 days of arrival in the United States
- Can make unvaccinated children <5 years, unvaccinated pregnant women, and immunocompromised individuals extremely sick
- Easily prevented through vaccination (97% effective 2-dose series)



Measles is so contagious that “if one person has it, 90% of the people close to them **who are not immune** will get it.”

The number of **people** that **one sick person** will infect (on average) is called the R0. Here are the maximum R0 values for a few viruses.

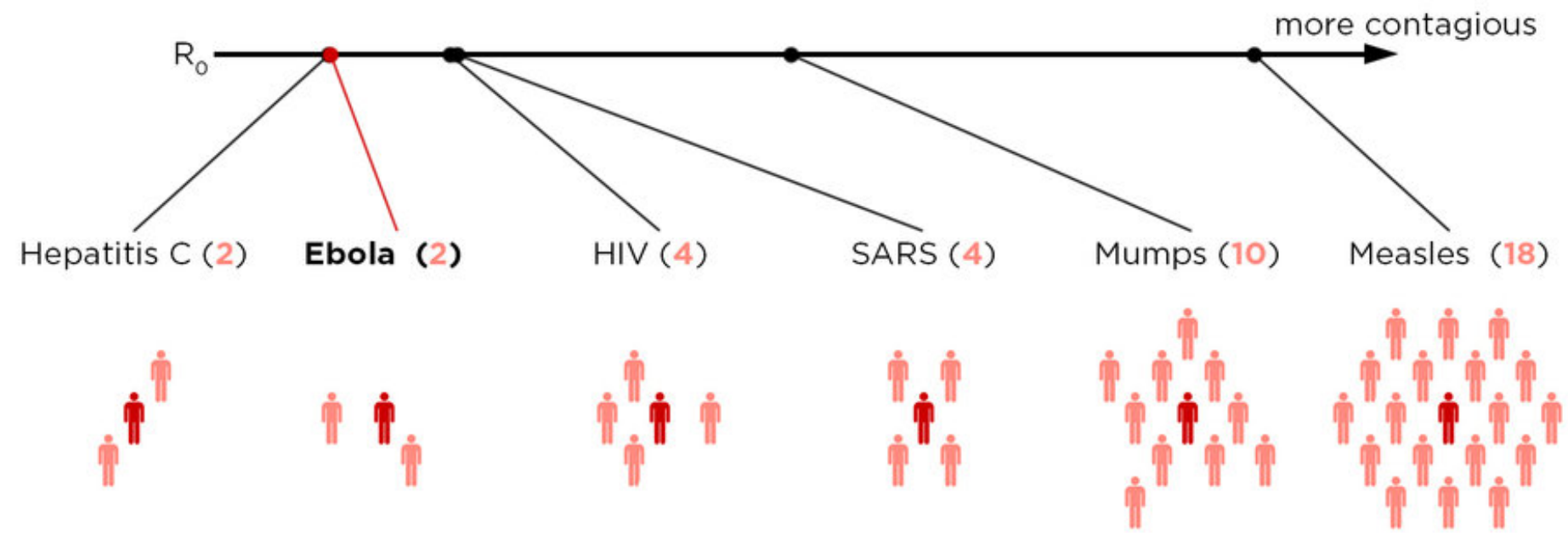


Image Description: Line shows a diagram of diseases from least to most contagious. Least contagious is Hepatitis C and Ebola (2 people infected), most infected is Measles (18)

Source: NPR <http://www.npr.org/sections/health-shots/2014/10/02/352983774/no-seriously-how-contagious-is-ebola>
Original slide credit: WA State DOH “Measles 101 for Resettlement Case Workers in Washington State”

Airborne Infection


Remains in the air up to 2 hours after the ill person has left the area


Ambulatory UCSF Health


STANDARD PRECAUTIONS+


AIRBORNE ISOLATION


Patients: Staff, prior to entering room: After discharge:


 MASK

 EXAM ROOM DOOR CLOSED

 CLEAN HANDS

 N95 OR PAPR
FIT TESTING AND TRAINING REQUIRED

 KEEP ROOM CLOSED + VACANT*

 DISINFECT USED SURFACES

*DURATION ROOM MUST STAY CLOSED + VACANT TO ALLOW AIR EXCHANGE:
Keep room closed for one (1) hour if Air Exchange Rate is unknown

TIME OF PATIENT DISCHARGE:

TIME ROOM IS SAFE TO ENTER FOR ROOM CLEANING:

Image description: UCSF Health's Ambulatory standard precautions for Airborne Isolation, with a break down of patients, staff, and what should happen after discharge

Despite This, Measles Should Be Exceptionally Rare Among Resettled Refugees

- Measles vaccines = Included in vaccine program for US-bound refugees
- Ongoing overseas monitoring and surveillance

Partners are monitoring the health and vaccination of U.S.-bound refugees as described below:

1. All non-pregnant, immunocompetent US-bound refugees, and potentially some V93 applicants, coming from these countries, aged **6 months* through those born in or after 1957**, should have received at least one dose of live measles virus-containing vaccine.
*In Moldova, Kazakhstan, Kyrgyzstan, and Georgia, children under the age of 12 months may be ineligible for the vaccine.
2. If it has been at least 28 days since the first dose, non-pregnant, immunocompetent refugees, and potentially some V93 applicants, aged **12 months and above** may also have received a second dose of live measles virus-containing vaccine.
3. **Note that in some cases, live measles virus-containing vaccines may have been administered less than 4 weeks before departure, and in some cases days before departure.**
4. These vaccinations should be documented on the DS-3025 (*Vaccination Worksheet*) form—or the Pre-Departure Medical Screening (PDMS) form, if the packet is already sealed; and captured electronically and made available through EDN.
5. Pre-embarkation checks are being conducted prior to departure by in-country partners.

Sample “Dear Colleague”
letter from April 1, 2020



Measles IS a Public Health Reportable Condition

- By law, must be reported to public health authorities
- Requirements (conditions, timeframes) **vary** by jurisdiction

- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Meningococcal disease (*Neisseria meningitidis*)
- Middle East Respiratory Syndrome (MERS)
- *Naegleria fowleri* (via free-living amebic infection)
- Orthopox virus
- Plague (*Yersinia pestis*)
- Poliomyelitis

[MN Dept of Health: Report Immediately by Telephone 24/7
\(www.health.state.mn.us/diseases/reportable/disease.html\)](http://www.health.state.mn.us/diseases/reportable/disease.html)

Why Focus on Measles?

- Some infants are too young for measles vaccination: <6 months or <12 months, depending on the country
- Families may travel abroad after arrival in the U.S. but prior to receiving vaccinations for U.S.-born children
- Vaccine effectiveness may be lower in severely immunocompromised travelers
- **Measles outbreaks cause death or lifelong disability for the unlucky**
- **A measles outbreak could overwhelm local health & resettlement systems**
- **Effectively supporting a family through a measles case requires collaborations from all resettlement stakeholders: Health System, Public Health System, & Resettlement Agencies**



Health Systems Response

- Guidance for resettlement agencies, families, and community partners to help families obtain health care safely
- Measles testing when indicated
- Infection prevention/control (IPC) precautions to protect all
- Inform families about seeking additional care (e.g., N95, call ahead), home isolation, and case investigation/contact tracing by local DOH
- Social work support, if available, to assess and address social needs during prolonged home isolation or quarantine
- In collaboration with local DOH:
Testing and “post exposure prophylaxis” for unvaccinated contacts



Public Health System Response

- Guidance to health systems for testing and “post exposure prophylaxis” of unvaccinated contacts (or via local Infection Prevention/Control team)
- Language services or bilingual staff for case investigation and contact tracing (CICT)
- Reassurance: No one is in trouble
- Good communication with resettlement agencies as appropriate, e.g., family communication preferences, cultural norms, need for social support during isolation or quarantine



Resettlement Response

- Reassurance for families:
 - No one is in trouble
 - It's ok to share our contact information with local Department of Health as part of contact investigation and contact tracing
- Support family social needs, as feasible
- Support staff who require “post exposure prophylaxis” and/or quarantine
- Share guidance with local DOH or health system, as appropriate: e.g., family communication preferences & cultural norms

State Refugee Health Coordinator (SRHC)

- In many states, the SRHC can facilitate communication between stakeholders, if needed
- Receive and share notification regarding known measles exposures overseas
- Share information + additional instructions with other stakeholders
 - Ex: SRHC at health department can engage with vaccine-preventable disease surveillance team

Cross-Sector Response

- Know your own measles immunity status: Two doses of measles vaccine are 97% effective
- Encourage patients, clients, and staff to receive the measles vaccine
 - Early measles vaccine (age 6+ months) prior to international travel
- Encourage everyone to follow **basic illness etiquette**:
 - Remain home when ill, unless to seek health care
 - Call ahead if there is concern for measles in an unvaccinated very recent traveler
 - Answer screening questions
 - Wear a high-quality facemask, wash hands, and remain in the exam room



Let's
Work
Together



Poll Question #4

Choose your answer, then click Send

Would you be able to recognize measles?

1. Yes, If the case is exactly like the one you just showed us
2. Yes, I've done this before
3. Maybe
4. No, But I want to learn
5. No, But I'm not a health care provider so isn't this someone else's job?

Measles Signs & Symptoms

Unvaccinated, very recent traveler (past 21 days):

- Fever, pink eye, runny nose with cough, and rash
- Rash often follows the fever and cold symptoms
- Rash often starts on the head and move downward
- Can progress to pneumonia (severe cough, fever, difficulty breathing, and unwell appearance)

Disclaimer: If you are not a health professional, you need not and should not diagnose health conditions. But just as with COVID-19, taking basic infection prevention precautions is a critical role everyone can play to keep our communities healthy and safe.



Image: CDC Public
Health Image Library
Jim Goodson



Image Description: Small child with a red rash across their face

Image: CDC Public
Health Image Library
Betty G Partin



Image Description: Small child with a red rash across their face

How Else Can We Partner for
Prevention?

CDC's Outbreak Notification Alerts



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

Alert Notification: Varicella (chickenpox) in Rwanda and Varicella Vaccine Shortage

August 17, 2023

Dear State Refugee Health Coordinator and Refugee Health Partners:

On July 26th, 2023, CDC was notified of three varicella cases in US-bound refugee children (in one family). These were identified upon arrival at the transit center in Kigali, Rwanda on July 21st. The family was isolated immediately, and eligible family members who did not have symptoms of varicella received the varicella vaccine. The family's travel was postponed until August 14th. Thirteen US-bound refugees who traveled on the bus together with the family were considered contacts. Of these, five contacts under the age of 20 years were identified as eligible for varicella vaccination; all five received the vaccine within 5 days of exposure. There were no contacts under the age of 1 year. Because varicella vaccination within 5 days of exposure may prevent or modify disease, the vaccinated refugees were permitted to travel immediately. Refugees 20 years of age and older are presumed immune¹ and were permitted to travel immediately.

Due to a global varicella vaccine shortage, these individuals had not previously received varicella vaccine through the [Vaccination Program for U.S.-Bound Refugees](#). In the interim, the International Organization for Migration (IOM) is working with vendors in Rwanda to secure additional doses for potential outbreak response activities.

- Issued when cases are identified among U.S. bound refugees, in camps, or regions where refugees are departing from
- Includes
 - Actions taken to prevent transmission
 - recommendations for receiving site

Poll Question #5

Choose your answer, then click Send

Do you receive these CDC alert notifications?

1. Yes
2. No
3. Sometimes

Chickenpox (Varicella) Image



Image: CDC Public Health Image Library

Chickenpox (Varicella)

- Viral fever and rash
- Less severe than measles BUT it places immunocompromised persons and premature infants at risk
- Know your own chickenpox immune status: Prior infection or vaccination are highly protective
- Encourage others to get vaccinated, if they aren't already immune
- Remember **basic illness etiquette!**



Basic Illness Etiquette

Remain	Remain home when ill, unless to seek health care
Call ahead	Call ahead if there is concern for measles
Answer	Answer screening questions
Wear	Wear a high-quality facemask, wash hands, and remain in the exam room

Poll Question #6

Choose your answer, then click Send

Have you seen chickenpox before?

1. Yes! Now I feel itchy...
2. No
3. I don't know

Active or Latent Tuberculosis

- Bacterial infection
- Tuberculosis testing is done overseas for U.S.-bound refugees ages 2+ years
 - 2-14 years: IGRA (blood test)
 - 15+ years: CXR and symptom screening
- The contagious kind of tuberculosis (voicebox, throat, lungs) is treated overseas
- Many people arrive in the U.S. with non-contagious, latent form of tuberculosis – Everyone should have a domestic medical exam to determine if further testing or treatment are needed
 - Treatment of LTBI prevents its evolution into the contagious form
- No special precautions needed for routine clinical, public health, or resettlement services when someone has latent TB or has completed overseas treatment for active TB (“standard precautions”)

HIV or Viral Hepatitis (B, C)

- Viral infections
- Access to health services allows individuals with HIV or viral hepatitis (B or C) to receive information on monitoring, treatment, and preventing infection among intimate contacts
- No special precautions needed for routine clinical, public health or resettlement services (“standard precautions”)



Poll Question #7

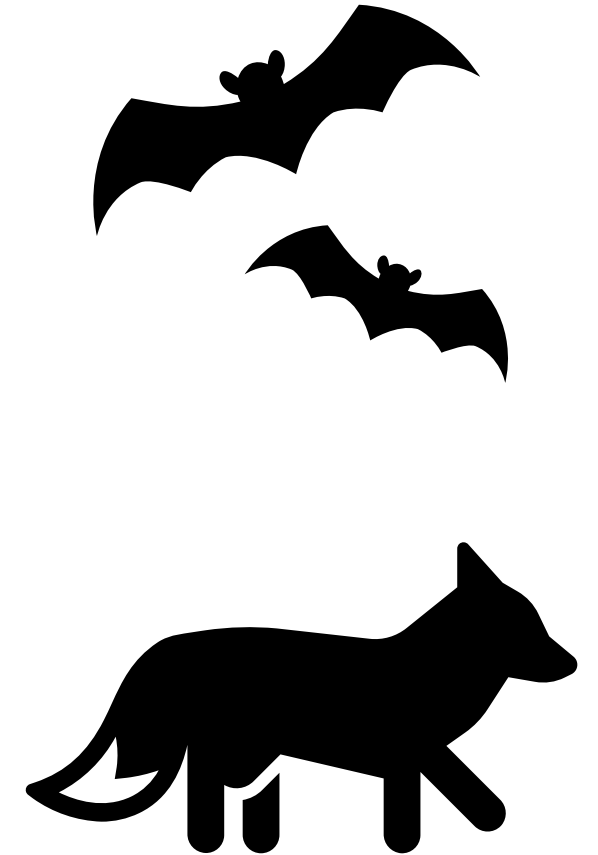
Choose your answer, then click Send

How would you advise a client if they found a bat inside of their new home?

1. Enjoy the new pet!
2. Call Animal Control
3. Call the Health Center
4. Call the Department of Health

Bat Exposures and Animal Bites

- I know this sounds silly
- BUT, a bat in a bedroom requires a call to public health in any region with endemic rabies
 - Might be routed to city/county/state animal control
- Testing the bat for rabies will save the exposed person multiple ER visits for what can be expensive preventive treatments
- Many mammal bites also require a timely public health report (which mammals will vary by jurisdiction)
- **Vaccinate susceptible domestic pets against rabies**



Health & Wellness for Resettlement Partners, Clients & Volunteers



How can clients seek health care safely?

Follow Basic Illness Etiquette

- Call ahead if there is concern for measles in an unvaccinated very recent traveler
- Remain home when ill, unless to seek health care
- Answer screening questions
- Wear a high-quality facemask, wash hands, and remain in the exam room



What can resettlement stakeholders do to protect yourself, clients & others?

- **Vaccines, vaccines, vaccines – for you, clients, U.S.-born infants, volunteers, and even pets**
- Encourage clients to participate in the domestic medical exam (routine screening for different health conditions and catch-up vaccination)
- Stay in touch with health & public health system partners

What can health system partners do?

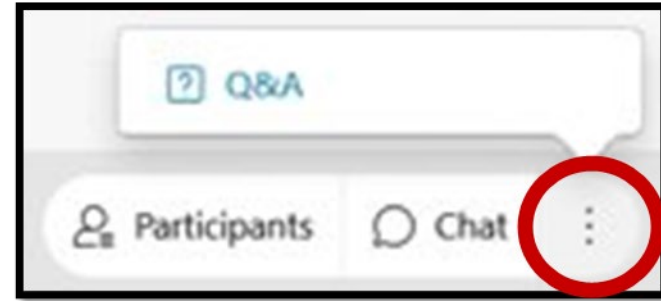
- Offer vaccines and vaccine education – in preferred languages
- Partner with RAs to offer the DME
- When there is concern about a reportable condition, remember newcomers may not be families with US systems and resources:
 - Offer education and reassurance about next steps
 - Assess and address social determinants of health
- Stay in touch with resettlement and public health partners

What can we all do?

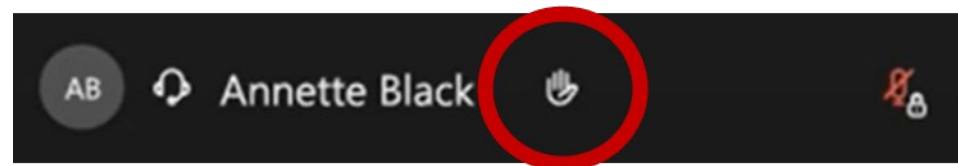
- Vaccines, vaccines, vaccines
- Good communication
- Basic illness etiquette
- Educate and combat stigma
- Remember what I said about bats

Questions?

- Type your questions in the **Q&A** panel



- **Raise your hand** if you want to ask a question verbally



Q&A Panelists

Ann Settgast, MD, DTM&H

HealthPartners Center for International Health

Jasmine Matheson, MPH

Washington State Department of Health

Lauren Palladino, MD, MSHP

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Panel Guidance

- Please do not share any information that might identify clients
- Panelists cannot answer personal health questions
- Infection prevention / control protocols are often different in different public health jurisdictions.
- Recommendations are often context dependent – e.g., during a measles outbreak versus time without any confirmed measles cases



Recommended Resources & References

- State Refugee Health Coordinators
- State/City “Health Alert Networks” (HAN)
- Local health care program for refugee new arrivals
- [Immunize.org \(www.immunize.org\)](http://www.immunize.org)
- [National Resource Center for Refugees, Immigrants, and Migrants: Vaccine Central \(https://nrcrim.org/covid-19/vaccine-central\)](https://nrcrim.org/covid-19/vaccine-central)
- MN Dept of Health measles info for travelers in many languages
 - [MDH: Think Measles \(www.health.state.mn.us/diseases/measles/thinkmeasles/index.html\)](http://www.health.state.mn.us/diseases/measles/thinkmeasles/index.html)
- WA Dept of Health measles info for refugee clients in many languages
 - [WA DOH: Measles Basic Information Flyer \(https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles#MeaslesInformation\)](https://doh.wa.gov/you-and-your-family/illness-and-disease-z/measles#MeaslesInformation)
- [Immunity Community: Fostering COVID-19 Vaccine Confidence in Russian- and Ukrainian-Speaking Communities \(https://immunitycommunitywa.org/courses/fostering-covid-19-vaccine-confidence-in-russian-and-ukrainian-speaking-communities/\)](https://immunitycommunitywa.org/courses/fostering-covid-19-vaccine-confidence-in-russian-and-ukrainian-speaking-communities/)
- Travel guidance (family oriented)
 - [Heading Home Healthy: For the Traveler \(www.headinghomehealthy.org/traveler/\)](http://www.headinghomehealthy.org/traveler/)

