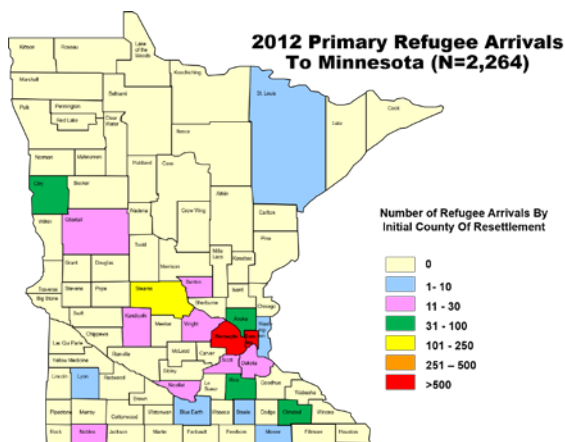


Minnesota Refugee Health Report 2012



Anoka	Otter Tail
Benton	Ramsey
Clay	Rice
Dakota	Stearns
Hennepin	Metro Scott Washington
Lyon	South Central
Nobles	Nicollet Wright
Olmsted	Southeast Mower Steele

Welcome to the seventh edition of the Refugee Health County Reports. An individualized report is compiled for counties, and some reports are compiled for counties within a health district. The regions include the Metro, South Central, and Southeast districts. The state and regional data provide a comparison for the 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 in each county. The objectives used to measure these goals are consistent with the objectives set forth by the Minnesota Department of Health's Refugee Health Program (RHP) to measure our program's overall quality. This county specific data can also be used to support planning and development of appropriate public health responses to immediate and emerging health issues in the region.

For refugees who arrived between January 1, 2012 and December 31, 2012, counties and/or private providers submitted the domestic screening results once the refugees completed

their exams. All data included in this report were recorded for each person on the Refugee Health Assessment Form ("pink" form), electronically through eSHARE or the Outcome Form.

In 2012, there were 2,264 new primary refugee arrivals to Minnesota. There was an increase in the number of Somali refugees - 327 arrivals in 2011 compared to 804 in 2012. Conversely, the number of primary refugees from Burma decreased from 1,027 in 2011 to 776 arrivals in 2012. Minnesota also saw an increase in the number of Iraqi primary refugees, from 45 in 2011 to 165 arrivals in 2012.

An initiative started in 2010, the RHP continues to identify and screen refugees who move to Minnesota from another state within one year of arrival, have not completed a health screening, and have health insurance. During 2012, the RHP received 312 secondary refugee arrival notifications either through the national CDC database, local public health, or clinics which is an increase of 25% from 2011. Among these notifications, 116 (76%) of 152 who met eligibility were screened; county-specific screening rates are included for those with 15 or more secondary refugees

Any questions regarding this report may be directed to the Minnesota Department of Health, Refugee Health Program at 651-201-5414.

Health Screening Indicators

The health screening indicators on the next page are measurable objectives that correlate with the Minnesota Refugee Health Assessment for newly arrived primary refugees. The highlighted columns on the right of the chart are specific to your county, indicating how effectively these objectives were met. Together with *Significant Findings and Trends* and *Health Status* data summary this 2012 report is a snapshot of the demographics and the health needs of newly arrived primary refugees.

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 90% with non-infectious TB disease (Class B1).*

Objective 4. *Within 90 days of arrival, 80% of persons in need of therapy for latent TB infection (LTBI) will have been placed on such therapy.*

Objective 5. *On an ongoing basis, 55% 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, 90% of persons provided a health screening will get tested for parasitic infections (parasitosis).*

Objective 8. *On an ongoing basis, more than 80% 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 60% of persons 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, 2012

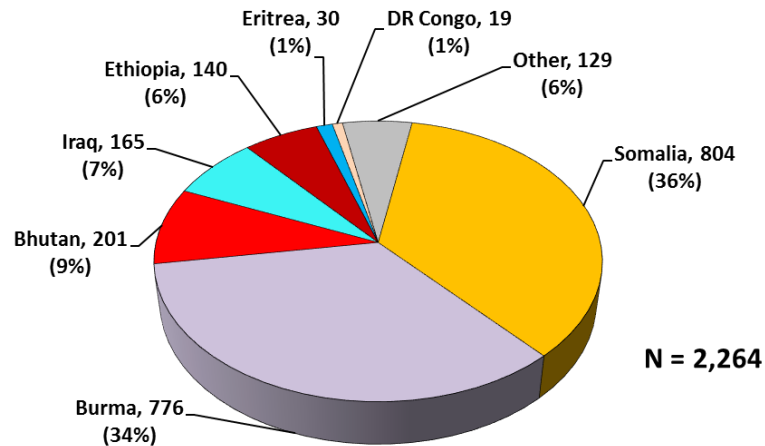
All results are based on domestically completed screenings

Performance Goal	Objective	Measure	Data	Year 2012	
				No.	%
Health Screening Rate					
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	2,126/(2,264-59)	96%
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	2,089/2,177	96%
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 90% Class B1	
			State	154/156	98%
LTBI Therapy					
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	80%	
			State	365/384**	95%
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	55%	
			State	321/365**	88%
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	2,152/2,177	99%
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	90%	
			State	2,093/2,177	96%
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	80%	
			State	819/837	98%
HIV					
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	$\frac{\text{\# of newly arrived refugees to MN tested for HIV}}{\text{\# of newly arrived refugees to MN who received a screening}}$	Objective	60%	
			State	2,078/2,177	95%

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

**Based on 2011 data which reflects the most recent completion date for 9-month treatment protocol

Number of Primary Arrivals[◇] to Minnesota 01/01/2012 - 12/31/2012



“Other” includes Belarus (20), Cameroon (10), China (1), Cuba (6), Guatemala (1), Indonesia (1), Iran (15), Ivory Coast (3), Kenya (3), Laos/Hmong (14), Liberia (12), Mexico (1), Moldova (14), Nepal (3), Sudan (14), Tanzania (1), and Ukraine (10)

Screening Rate

- *State Indicator Objective 1 to screen within 90 days of arrival:*
Of the 2,264 new primary refugee arrivals to Minnesota, 2,205 were eligible for a health screening and 2,126 (97%) were screened within 90 days.
- *Overall screening rate:*
Of the 2,205 eligible for a health screening, 2,177 (99%) were screened.

Outcome for Those Not Screened

- Of the 59 refugees ineligible for screening, 39 moved out of Minnesota and 20 could not be located.
- Of the 28 refugee eligible for screening, 2 refused screening, contact failed with 17, 7 were screened but no results were reported, and 2 missed their appointments.

Flat Fee Reimbursement

- Eleven refugees qualified for the flat fee reimbursement in Minnesota. All of these were full payment.

Health Status of New Refugees Minnesota, 2012

Health Condition	No. infected among screened (%)
TB (latent or active)*	478/2,141 (22%)
Hepatitis B infection**	121/2,152 (6%)
Parasitic infection***	289/2,093 (14%)
Syphilis infection	6/985 (1%)
HIV infection	7/2,078 (<1%)
Elevated Blood Lead****	12/819 (1%)

Total number of health screenings: N_{Minnesota} = 2,177 (99% of the 2,205 eligible refugees)

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

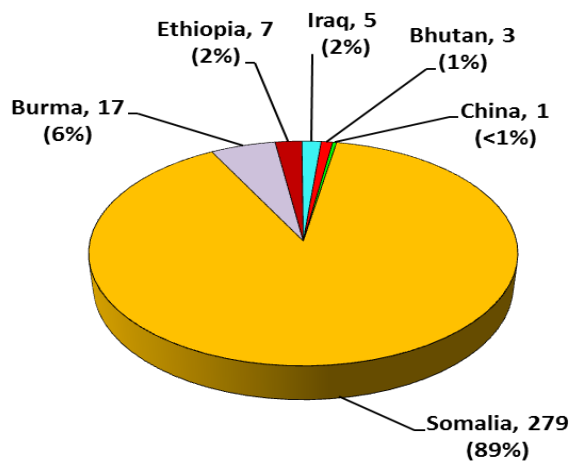
** Positive for Hepatitis B surface antigen (HBsAG)

*** Positive for at least one intestinal parasite infection

****Children <17 years old (N_{Minnesota} = 837 screened)

[◇] *Primary arrival* is a refugee who is residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Number of Secondary Arrivals[◇] to Minnesota 01/01/2012 - 12/31/2012



Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Hennepin (93 arrivals), Kandiyohi (86), Stearns (54), Olmsted (22), and Ramsey (22).
- Anoka, Benton, Blue Earth, Murray, Dakota, Lyon, Otter Tail, Rice, Steele, and Watonwan Counties each reported less than 15 secondary arrivals.

Screening Rate

- Of the 312 secondary arrivals to Minnesota, 152 (49%) were eligible for screening and 116 (76%) of those were screened.
- Among counties reporting ≥ 15 secondary refugees arrivals, Hennepin County screened 47 (78%) of 60 eligible for screening, Kandiyohi screened 1 (17%) of 6 eligible, Stearns screened 23 (66%) of 35 eligible, Olmsted screened 14 (100%) of 14 eligible, and Ramsey screened 12 (80%) of 15 eligible.

[◇] *Secondary arrival* is a refugee who is no longer residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, VOLAGs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Outcome for Those Not Screened

- Among the 160 secondary refugees ineligible for screening, 146 completed screening in another state, 1 had no insurance, 1 moved out of Minnesota, and 12 could not be located.
- Among the 36 secondary refugees eligible for screening, 20 had no outcome available, 6 moved to another county in Minnesota, 7 had completed some screening in another state but needed follow-up, 1 was screened but no results were reported, 1 refused screening, and 1 was not screened due to missed appointments and contact failed for 7.

Health Status of Secondary Refugee Arrivals, 2012

Health Condition	No. infected among screened (%)
TB (latent or active)*	34/114 (30%)
Hepatitis B infection**	5/107 (5%)
Parasitic infection***	11/111 (10%)
Syphilis infection	0/44 (0%)
HIV infection	1/107 (1%)
Elevated Blood Lead****	0/42 (0%)

Total number of health screenings: N_{Secondaries} = 116 (76% of the 152 eligible secondary 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_{Secondaries} = 51 screened)