

Minnesota Refugee Health Report 2024

Welcome to the annual Refugee Health County Report. Based on number of arrivals, counties or regions receive individualized reports. The regions include the Central, South East, South West, and the combined West Central and North West districts. The state and regional data can provide a comparison for counties.

We encourage counties to use this report as a tool to evaluate the success of the health screening services offered to newly arrived people with humanitarian immigration statuses. These include refugees, derivative and U.S.-granted asylees, parolees, Cuban/Haitian entrants, special immigrant visa (SIV) holders, Amerasians, and certified Victims of Human Trafficking. Throughout this report, these groups are collectively referred to as “refugees”. The Minnesota Department of Health’s Refugee Health Program (RHP) sets the objectives used in these reports to evaluate some key components of our state’s performance. County-specific data can also support planning and development of appropriate public health responses to both immediate and emerging health issues.

Some points to keep in mind with this report:

- The report focuses on the primary refugees who arrived in Minnesota between January 1 and December 31, 2024. Counties and/or clinics submitted domestic refugee health screening results for those who arrived in 2024. Data were reported via the Refugee Health Assessment Form (“pink” form), electronically through eSHARE, or on the Outcome Form. Due to the multi-month treatment regimen for latent tuberculosis infection (LTBI), the findings for objectives 4 and 5 reflect data from 2023 arrivals.
- Primary refugees who were not screened because they moved out of state, moved to an unknown destination, had incorrect contact information, had no insurance coverage options, or died before screening are excluded from the screening rate calculation.
- Ukrainian Humanitarian Parolees (UHP) arrivals and Cuban/Haitian entrants (CHE) are not included in the screening objectives reports and are reported separately in each county’s or region’s summary report. Because MDH is not systematically notified of every UHP arrival to Minnesota this report only reflects the UHP CHE arrivals for whom MDH was notified and does not represent all UHP or CHE arrivals to the state.

In 2024, there were 4,602 new primary arrivals with humanitarian immigration statuses to Minnesota; 3,358 (73%) arrived with a refugee visa, and 719 (16%) had arrived as Ukrainian parolees. The remainder arrived as asylees, Cuban/Haitian entrants, SIV-holders, and certified victims of trafficking. The largest arriving populations in 2024 were from Somalia (1,490 arrivals), Ukraine (739 arrivals), Afghanistan (603 arrivals), and Ethiopia (272 arrivals).

2024 Primary Refugee Arrivals (N=4,602)

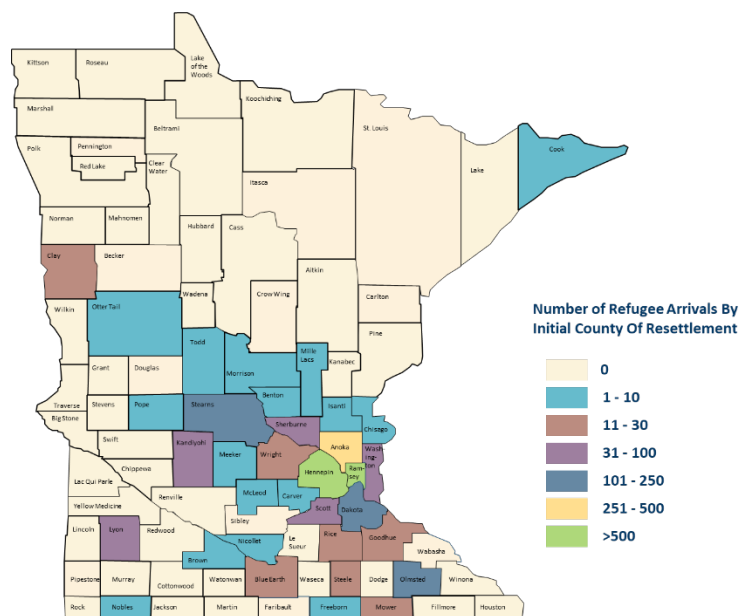
Anoka (234)
Carver (24)
Clay (22)
Dakota (222)
Freeborn (16)
Hennepin (1,662)
Kandiyohi (45)
Lyon (78)
Olmsted (207)
Ramsey (1,378)
Rice (15)
Scott (112)
Sherburne (70)
Stearns (295)
Washington (90)
Wright (38)
Unknown (4)

Central:
Benton (13)
Isanti (7)
Todd (1)

South East:
Goodhue (6)
Houston (1)
Mower (7)
Steele (2)
Winona (3)

South West:
Blue Earth (9)
Meeker (2)
Nicollet (1)
Nobles (11)

West Central and North West:
Becker (1)
Douglas (4)
Otter Tail (8)
Polk (3)
Pope (11)



In 2024, the RHP was notified of 195 secondary refugees, or refugees who moved to Minnesota after initially resettling in another state. 155 (79%) of these were from Somalia, 11 (6%) from Ukraine, and 29 (15%) from 5 other countries. The top counties of residence included Stearns (67 arrivals), Ramsey (26), and Hennepin (25).

Individuals with refugee status often decide which community and county to settle in based on family, community ties, access to housing, or employment. Hennepin and Ramsey counties continued to receive the majority of newly arriving refugees to Minnesota in 2024.

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 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 initiated 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. On an ongoing basis, 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, 90% of adult refugees 18 years and older provided a health screening will receive a hepatitis C antibody test (anti-HCV).

Objective 8. On an ongoing basis, 95% of persons without evidence of pre-departure anthelmintic treatment and provided a health screening will get tested for parasitic infections and/or receive presumptive treatment.

Objective 9. 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 10. On an ongoing basis, more than 95% of persons provided a health screening will receive a Human Immunodeficiency Virus (HIV) test.

Objective 11. On an ongoing basis, 85% of adult refugees 18 years and older will be screened for mental health using the Minnesota Well-being and Emotions Check (WE-Check) tool.

***Ineligible if:** moved out of state, moved to unknown destination, unable to locate due to invalid contact information, never arrived to county, no insurance, died before screening, or were already connected to care prior to being granted asylum. These indicators also exclude Ukrainian Humanitarian Parolee (UHP) arrivals to Minnesota.

Minnesota 2024 Health Screening Indicators

All results are based on domestically completed screenings.

Health Screening Rate

Objective	Measure	Data for Year 2024
Within 90 days of arrival, 95% of newly arrived refugees who are eligible ^a will have initiated a health assessment.	# of newly arrived refugees through R&P ^b to Minnesota who received at least the first visit of their health assessment within 90 days of arrival /	State: 3,092/(3,381-53) (93%)
	# of newly arrived refugees through R&P ^b to Minnesota who were eligible for a screening	
	# of newly arrived refugees through alternative pathways ^c to Minnesota who received at least the first visit of their health assessment within 90 days of arrival /	State: 254/(479-89) (65%)
	# of newly arrived refugees through alternative pathways ^c to Minnesota who were eligible for a screening	

Immunizations

Objective	Measure	Data for Year 2024
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.	# of newly arrived refugees to Minnesota with immunization series initiated or continued / # of newly arrived refugees to Minnesota who received a screening	State: 3,319/3,680 (90%) ^d

TB Class Evaluations

Objective	Measure	Data for Year 2024
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).	# 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	State: 0/0 (n/a) Class A 185/216 (86%) Class B1

LTBI

Objective	Measure	Data for Year 2023
85% of persons in need of therapy for latent TB infection (LTBI) will have been 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	State: 317/458 (69%) ^e
70% of persons placed on therapy for latent tuberculosis infection (LTBI) will 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	State: 284/317 (90%) ^e

Hepatitis B

Objective	Measure	Data for Year 2024
95% of persons provided a health screening will 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	State: 3,564/3,680 (97%)

Hepatitis C

Objective	Measure	Data for Year 2024
At least 90% of adult refugees 18 years and older provided a health screening will receive a hepatitis C antibody test (anti-HCV).	# of newly arrived refugees ages 18+ years old to Minnesota who received anti-HCV test / # of newly arrived refugees ages 18+ years old to Minnesota who received a screening	State: 2,052/2,090 (98%)

Intestinal Parasites

Objective	Measure	Data for Year 2023
At least 95% of persons without evidence of pre-departure anthelmintic treatment and provided a health screening will get tested for parasitic infection and/or receive presumptive treatment.	# of newly arrived refugees to Minnesota who did not receive pre-departure anthelmintic treatment and were tested for parasitic infections (O&P and/or serology) and/or received presumptive treatment / # of newly arrived refugees to Minnesota who did not receive pre-departure anthelmintic treatment and received a screening	State: 179/238 (75%) ^f

Lead Poisoning

Objective	Measure	Data for Year 2024
At least 95% of all children ages 16 and younger who receive a health screening will be 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	State: 1,434/1,516 (95%)

HIV

Objective	Measure	Data for Year 2024
At least 95% of persons provided a health screening will receive a Human Immunodeficiency Virus (HIV) test.	# of newly arrived refugees to Minnesota tested for HIV / # of newly arrived refugees to Minnesota who received a screening	State: 3,514/3,680 (95%)

Mental Health

Objective	Measure	Data for Year 2024
At least 85% of adult refugees 18 years and older will be screened for mental health using the Well-being and Emotions Check (WE-Check) tool.	# of newly arrived refugees 18+ years old to Minnesota screened for mental health using WE-Check / # of newly arrived refugees 18+ years old to Minnesota who received a screening	State: 1,645/2,090 (79%) ^g

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

^b Arrived through Reception and Placement (R&P) Program, which provides initial resettlement assistance to refugees upon arrival and is administered by non-profit refugee resettlement agencies.

^c Includes asylees, certified victims of human trafficking, and Welcome Corps arrivals.

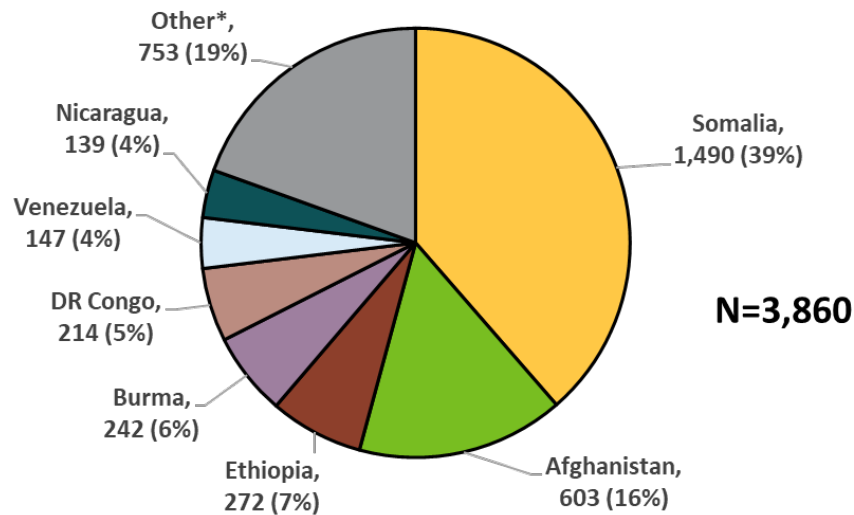
^d Includes refugees immunized at the screening. Immunizations may have been deferred to primary care but would not be accounted for here.

^e Based on 2023 data which reflects the most recent completion date for 9-month treatment protocol.

^f 3,508/3,680 (95%) of those screened, regardless of overseas treatment history, were evaluated for eosinophilia through a complete blood count. One hundred forty-nine (4%) had an elevated eosinophilia count.

^g Of those not screened using WE-Check, 332/445 (75%) adults were screened for mental health using a different mental health screening tool (i.e., PHQ-2 or 9, RHS-15).

Number of Primary Arrivals^o to Minnesota 01/01/2024 through 12/31/2024



*Other includes Syria (130), Eritrea (117), Sudan (59), Guatemala (53), South Sudan (43), Iraq (42), Cameroon (41), Honduras (34), Colombia (23), Pakistan (22), Ukraine (20), El Salvador (18), Russia (18), Belarus (16), Kyrgyzstan (15), Vietnam (13), Moldova (10), Rwanda (10), Rep. of Congo (9), Liberia (8), Kenya (7), Central African Republic (7), Haiti (6), Djibouti (5), China (4), India (4), Yemen (3), Iran (3), Tajikistan (3), Chad (2), Cambodia (2), the Gambia (2), the Bahamas (1), Jamaica (1), Mexico (1), and Guinea (1).

^o**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. Excludes Ukrainian Humanitarian Parolees and Cuban/Haitian Entrants.

Screening Rate

- Of the 3,860 new primary refugee arrivals to Minnesota, 3,381 arrived via Reception and Placement (R&P) and 479 arrived via alternative pathways.
- State Indicator Objective 1 (to initiate screening within 90 days of arrival):*
 - Of those who arrived through R&P, 3,328 (98%) were eligible for a health screening and 3,092 (93%) were screened within 90 days.
 - Of those who arrived via alternative pathways, 390 (81%) were eligible for a health screening and 254 (65%) were screened within 90 days.
- Overall screening rate:*
Of the 3,718 eligible for a health screening, 3,680 (99%) were screened.

Outcome for Those Not Screened

- Among those eligible for a screening: 25 refused screening, contact failed for 7, 5 were screened but no results were reported, and 1 missed screening appointments.
- Among those ineligible for a screening: 52 could not be located, 45 moved out of Minnesota, 35 did not have insurance, 8 moved to an unknown destination, and 2 were already connected to health care.

Flat Free Reimbursement[¥]

- Eight refugees received full flat fee reimbursement in Minnesota.

¥ Federal funds used to cover screening costs for those without insurance

Health Status of New Refugees, Minnesota, 2024

Health Condition	No. infected among screened (%)
TB infection*	597/3,477 (17%)
Hepatitis B infection**	99/3,564 (3%)
Hepatitis C antibody	48/3,397 (1%)
Parasitic infection***	692/2,651 (26%)
Syphilis infection	21/3,002 (1%)
HIV infection	22/3,514 (1%)
Elevated Blood Lead****	81/1,434 (6%)
Positive Mental Health Screening*****	242/1,977 (12%)

Total number of health screenings: N_{Minnesota}=3,680 (99% of 3,718 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}= 1,516 screened); Lead Level ≥5 ug/dL

*****Adults 18+ years old (N_{Minnesota}= 2,090 screened); Screened positive for mental health concerns using any mental health screening tool(s)

Ukrainian Humanitarian Parolees (UHP) and Cuban/Haitian Entrants (CHE) 01/01/2024 through 12/31/2024

Screening Rate

- MDH was notified of 719 UHP and 23 CHE arrivals to Minnesota.
- Of the 742 UHP and CHE arrivals, 596 (80%) were eligible for a health screening and 489 (82%) received a refugee health screening.

Outcome for Those Not Screened

- Among those ineligible for a health screening:
 - 107 did not qualify for insurance at the time of their U.S. arrival.
 - 27 could not be located to schedule a screening.
 - 9 were already connected to health care.
 - 3 moved out of Minnesota.
- Among those eligible for a health screening:
 - 38 declined a screening.
 - 35 were screened but results could not be obtained.
 - Attempts to schedule a screening failed for 18.
 - 16 missed their scheduled screening appointments.

IGRA/TST Results

Age at U.S. arrival	No. arrivals	No. received IGRA and/or TST (%)	No. with positive IGRA and/or TST (%)
<2 years	19	7 (37%)	0 (0%)
≥2 years	723	479 (66%)	49 (10%)

Immunizations *

Age at U.S. arrival	No. arrivals	No. received any immunizations ** (%)
<18 years	135	42 (31%)
≥18 years	354	123 (35%)

*Among those who received a complete refugee health screening (N=489)

**Received any immunizations after arrival to Minnesota

Health Status of New UHP and CHE Arrivals, 2024 ^a

Health Condition	No. infected or positive among screened (%)
Hepatitis B infection ^b	1/373 (<1%)
Positive Hep C antibody	8/360 (2%)
Parasitic infection ^c	47/239 (20%)
Syphilis infection	2/328 (1%)
HIV infection	1/365 (<1%)
Elevated Blood Lead ^d	1/95 (1%)
Positive Mental Health Screening ^e	27/272 (10%)
Initiated LTBI Treatment ^f	41/74 (55%)
Completed LTBI Treatment ^f	37/41 (90%)

^a Among those who received a complete refugee health screening (N=489).

^b Positive for Hepatitis B surface antigen (HBsAg).

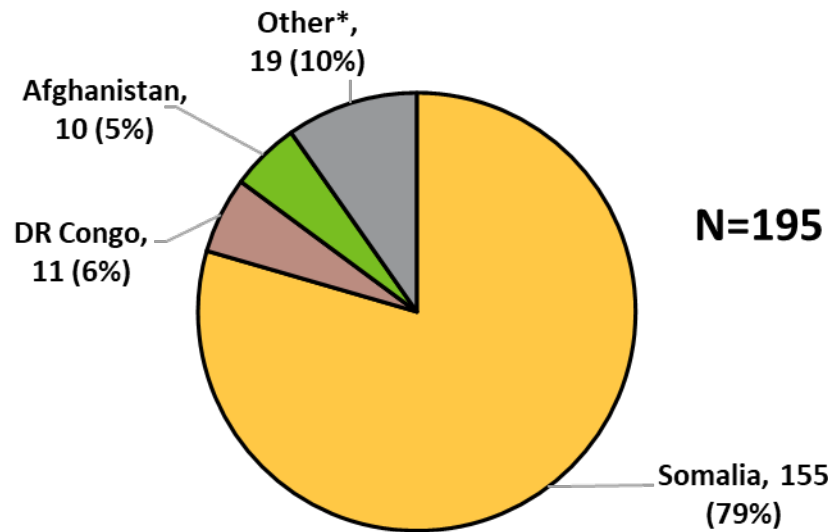
^c Positive for at least one intestinal parasite infection.

^d Children <17 years old (N_{Minnesota}= 133 screened); Lead Level ≥5 ug/dL.

^e Adults 18+ years old (N_{Minnesota}= 354 screened); Screened positive for mental health concerns using any mental health screening tool(s).

^f Based on 2022 UHP and CHE arrivals diagnosed with LTBI, which reflects the most recent completion date for 9-month treatment protocol. The Initiation rate is based on the number who started LTBI treatment compared to the number diagnosed with LTBI. The completion rate is the number who completed LTBI treatment compared to the number who initiated.

Number of Secondary Arrivals^o to Minnesota 01/01/2024 through 12/31/2024



*Other includes Burma (8), Syria (5), Venezuela (4), and Ethiopia (2).

^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 health departments are often designated to serve newly arrived primary refugees to the state.

Counties Reporting Secondary Arrivals

- The counties reporting the largest number of secondary arrivals were Stearns (67 arrivals), Ramsey (26), Hennepin (25), Kandiyohi (16), Anoka (13), and Steele (12).
- Five counties each reported less than 10 secondary arrivals.

Screening Rate

- Of the 195 secondary arrivals to Minnesota, 148 (76%) were eligible for screening and 146 (99%) of those were screened.
- Among counties reporting ≥ 10 secondary refugee arrivals, Stearns County screened 59 (100%) of 59 eligible for screening, Ramsey screened 18 (100%) of 18 eligible, and Hennepin screened 20 (95%) of 21 eligible, Kandiyohi screened 7 (88%) of 8 eligible, Anoka screened 12 (100%) of 12 eligible, and Steele screened 6 (100%) of 6 eligible.

Outcome for Those Not Screened

- Among the 47 secondary refugees ineligible for screening: 33 completed screening in another state, 7 could not be located, 4 had no insurance, and 3 had arrived in the U.S. >1 year prior to notification.
- Among the 2 secondary refugees eligible for screening: 1 declined, and screening outcome was unknown for 1.

Health Status of Secondary Refugees, 2024

Health Condition	No. infected among screened (%)
TB infection*	30/138 (22%)
Hepatitis B infection**	10/141 (7%)
Hepatitis C antibody	0/133 (0%)
Parasitic infection***	12/118 (10%)
Syphilis infection	0/126 (0%)
HIV infection	0/139 (0%)
Elevated Blood Lead****	2/59 (3%)
Positive Mental Health Screening*****	7/77 (9%)

Total number of health screenings: $N_{\text{Secondaries}}=146$ (99% of 148 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 ($N_{\text{Secondaries}}=62$ screened); Lead Level ≥ 5 ug/dL

*****Adults 18+ years old ($N_{\text{Secondaries}}=83$ screened); Screened positive

MINNESOTA REFUGEE HEALTH REPORT 2024

Minnesota Department of Health
Refugee Health Program
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us/refugee

11/2025

To obtain this information in a different format, call: 651-201-5414.