



# Iowa Refugee Health Program Annual Report 2015

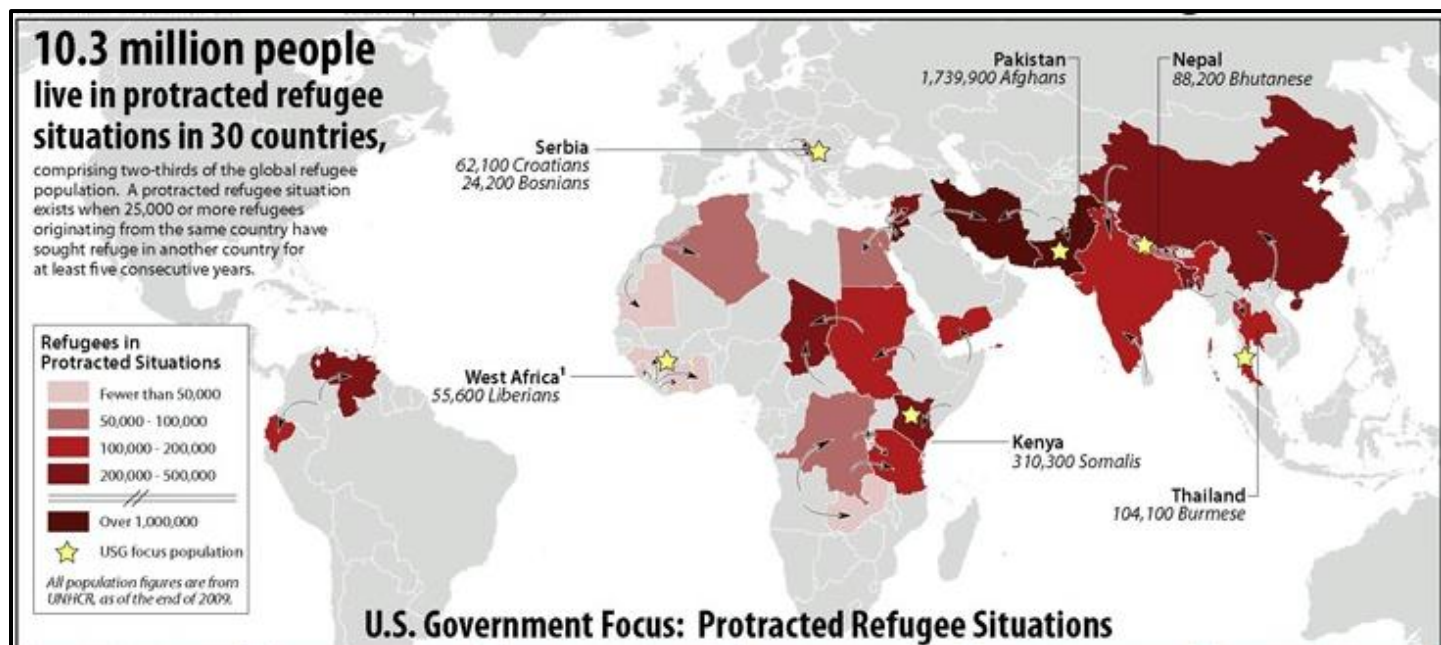


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## Foreword

Refugees are individuals who have fled their home countries because of fear of persecution. The United Nations High Commissioner of Refugees (UNHCR) defines a refugee as a “person who, owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” When 25,000 or more refugees from the same country seek refuge in a different country for at least five consecutive years, a protracted refugee situation is said to exist. The countries experiencing protracted refugee situations are shown in the map below (based on population figures from 2009). According to the UNHCR, the estimated refugee population worldwide stood at 19.5 million at the end of 2014, which is one of the highest levels ever recorded.



Persons living in refugee situations face three possibilities: repatriation to their home country, local integration in their country of asylum, or resettlement to another country. Currently, one percent of refugees are resettled to another country. In federal fiscal year 2015 (10/1/2014-9/30/2015), the United States resettled 69,993 refugees, which is less than one percent of the estimated refugee population worldwide. Approximately 1.1% of U.S. refugee arrivals in FY15 were resettled in the state of Iowa.

Iowa's official involvement with refugee resettlement began in 1975, when Governor Robert Ray answered President Ford's call to state governments to help resettle Southeast Asian refugees. Governor Ray established a task force, began to resettle Tai Dam refugees, and became an activist and leader in refugee resettlement. Currently, Catholic Charities and the U.S. Committee for Refugees and Immigrants (USCRI) are the two federally approved resettlement agencies in Iowa.

## Introduction and Purpose

The Iowa Refugee Health Program coordinates with local clinics, resettlement agencies, and community organizations to promote and protect the health and well-being of refugees.

### Iowa Refugee Health Program responsibilities include:

- ❖ Ensure a comprehensive initial health assessment is completed for each newly arriving refugee
- ❖ Communicate CDC refugee health assessment guidelines and updates to private health care providers and local public health agencies
- ❖ Compile, analyze and distribute health assessment data to private health care providers and local public health agencies
- ❖ Coordinate appropriate public health responses to identified refugee health issues

The purpose of this report is to provide an informational resource for stakeholders, local partners, policy makers, and the general public. The data in this report is compiled from information provided by UNHCR, the Office of Refugee Resettlement (ORR), the Centers for Disease Control and Prevention (CDC), the Iowa Department of Public Health (IDPH) and medical clinics throughout the State of Iowa. It includes demographic information and health assessment outcomes for primary refugees who arrived in Iowa during calendar year 2015.

## What is the Refugee Health Assessment?

The Federal Refugee Act of 1980 directs every state to offer a health assessment to newly arrived refugees; however it is not mandatory that refugees undergo the assessment. The domestic refugee health assessment is typically completed in the state of the refugee's initial arrival to the United States and has two central purposes:

1. To reduce health-related barriers to successful resettlement and
2. To protect the health of local, state and national populations.

The Refugee Health Program strongly recommends the assessment and in recent years has had completion rates ranging from 89–97%. During the assessment, clinicians identify and address the immediate health needs of refugees, evaluate for diseases of public health significance,



treat acute and chronic conditions, and establish primary care. Based on recommendations from the CDC, the components of the assessment are as follows:

- ❖ General Health
- ❖ Nutrition and Growth
- ❖ Immunizations
- ❖ Hepatitis B
- ❖ Tuberculosis
- ❖ Sexually Transmitted Diseases/HIV
- ❖ Parasites
- ❖ Malaria (if history or symptoms warrant)
- ❖ Lead (for children age 6 months-16 years)
- ❖ Mental Health

## Overseas Medical Examination vs. Domestic Health Assessment

Before being granted refugee status, individuals receive comprehensive background checks while in UNHCR custody, which may occur while the individual or family is living in a refugee camp or within a temporary country of refuge. In addition to criminal background checks and the overall screening process, refugees also receive a medical examination before being cleared for U.S. departure.

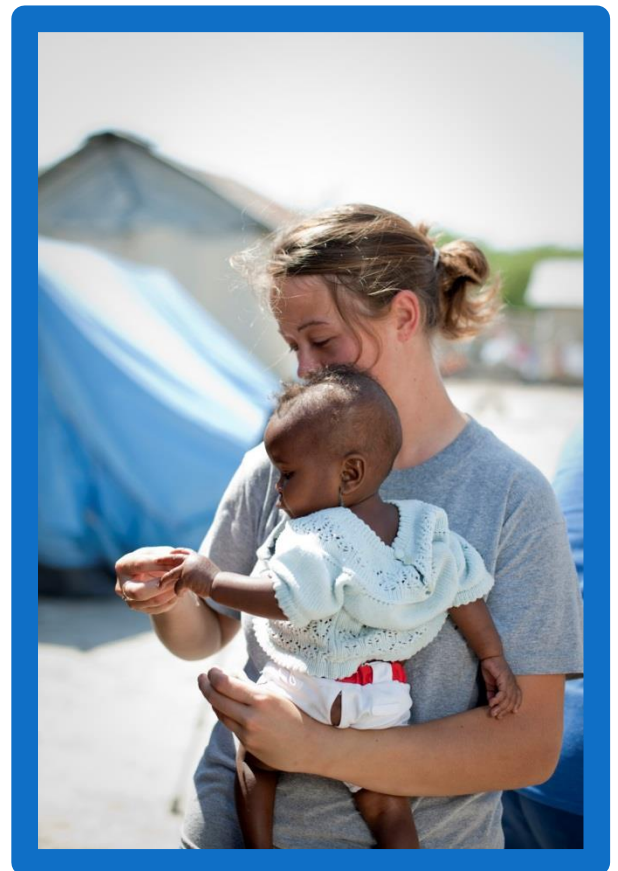
The *Iowa Initial Refugee Health Assessment* differs significantly from the overseas medical examination in both its purpose and scope. The overseas examination is intended to identify medical conditions which will exclude a person from coming to the U.S. The domestic refugee health assessment is a comprehensive examination designed to reduce health-related barriers to successful resettlement, while protecting the health of Iowa residents and the U.S. population.

The overseas examination is valid for up to six months prior to departure, allowing the potential for a lengthy lag period between medical clearance and arrival in Iowa. The possibility exists for an individual to develop medical conditions, such as active tuberculosis, after the overseas exam, which may remain undetected until the *Iowa Initial Refugee Health Assessment* is administered. Obtaining the results of this health assessment is crucial to the development of appropriate public health responses for the Refugee Health Program.

## Why is the Health Assessment Important?

There are numerous reasons why the initial refugee health assessment is important to successful resettlement in the United States, most notably:

- Newly arrived refugees may have received little or no medical care for several years prior to resettlement. Refugees' overseas situations vary, with most having limited or no access to health care facilities. While all refugees are required to have an overseas medical exam before entering the United States, the exam is very basic, meeting federal



requirements. The exam remains valid for up to six months prior to departure. Thus, it is possible for health concerns to develop or worsen in the interim.

- Depending on the area of the world refugees are emigrating from, they may be vulnerable to infectious diseases, such as tuberculosis and malaria, which can have long latency periods and can negatively impact quality of life for many years if left untreated.
- The refugee health assessment is likely to be a new arrival's first encounter with the U.S. health care system. It is an opportunity to introduce refugees to preventive health and provide support as they establish primary care. The assessment process also helps satisfy the immunization requirements for school, employment, and adjustment of immigration status.
- A key purpose of the refugee health assessment is to identify and treat health concerns that may interfere with successful resettlement, including the ability to obtain employment and/or attend classes. For example, an individual with untreated diabetes or severe mental health problems may have trouble going to work or school.
- The results of the initial refugee health assessments assist in the development of effective public health responses to emerging health issues.



## Demographic and Arrival Data

The data depicted in Figure 1 is provided by the Office of Refugee Resettlement (ORR) and shows primary refugee arrivals to the State of Iowa over the past six federal fiscal years (10/1/2009-9/30/2015). The number of primary refugee arrivals has gradually increased since 2010. In FY15, 787 primary refugees arrived to the State of Iowa, a **13.7% increase** from FY14. In calendar year 2015, 832 primary refugees arrived to Iowa, a **15.7% increase** from 2014 (Figure 2).

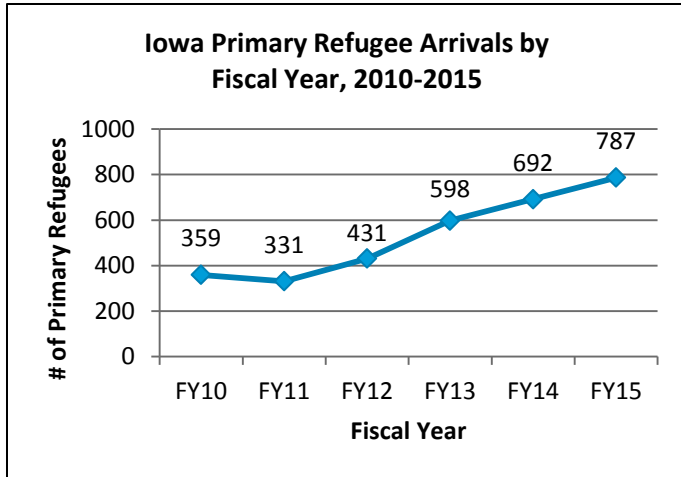


Figure 1: Iowa Primary Refugees by Fiscal Year, 2010-2015

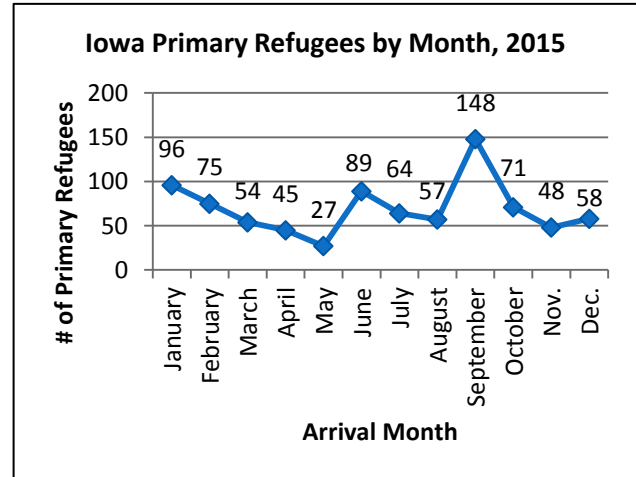


Figure 2: Iowa Primary Refugees by Month, 2015

Refugees arrived in Iowa in 2015 from 23 different nations, with the top country of origin being Burma/Myanmar, comprising 38% of all primary refugee arrivals (Figure 3). Refugee resettlement occurred in 16 different counties (Figure 4), with Polk County receiving the majority of arrivals.

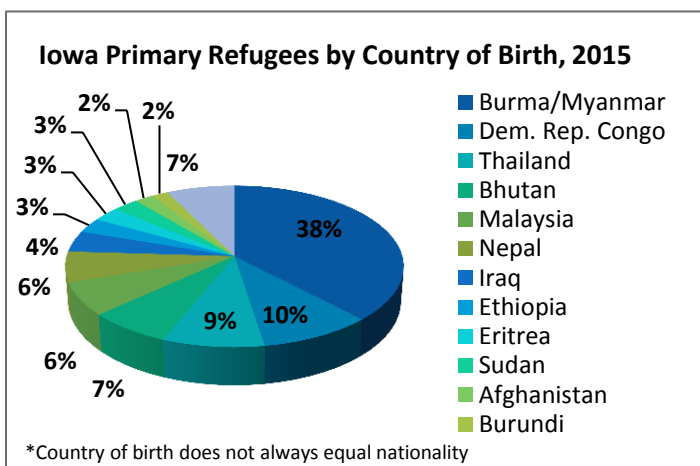


Figure 3: Iowa Primary Refugees by Country of Birth, 2015. "Other" Includes refugees born in Kenya, United Arab Emirates, Cuba, Sudan, Syria, Somalia, Congo, Egypt, India, Central African Republic, Burundi, Zimbabwe, Lebanon, and Jordan.

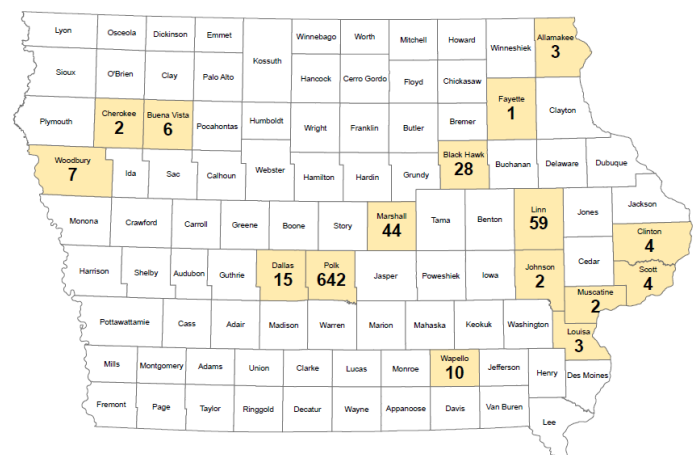


Figure 4: Iowa Primary Refugees by Initial County of Resettlement, 2015

Ages at time of arrival ranged from 4 months to 74 years. The majority of arrivals (86%) were age 40 years or younger, and **47% were children and young adults under the age of 21** (Figure 5). Looking only at refugee youth under the age of 18, the majority (47%) were aged 0-6, 30% were aged 7-12, and 23% were aged 13-18 years (Figure 6). Of the 2015 refugee arrivals, 50% were male (412) and 50% were female (420).

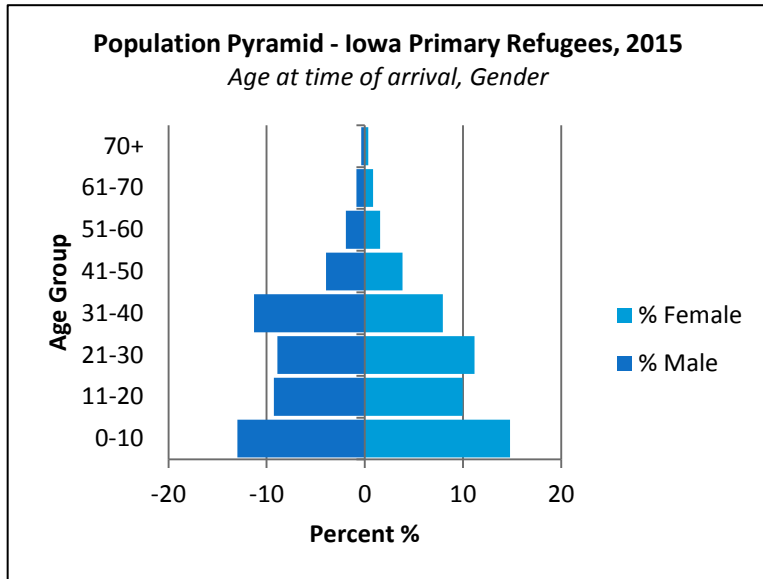


Figure 5: Population Pyramid - Iowa Primary Refugees, 2015

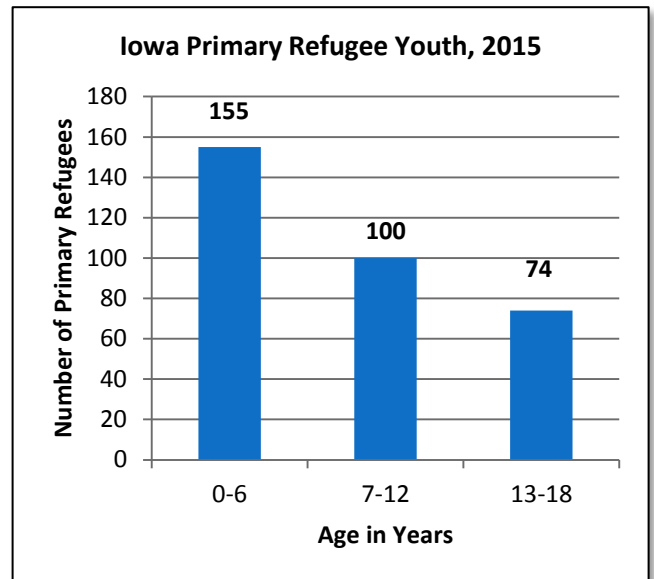


Figure 6: Iowa Primary Refugee Youth, 2015



## Health Assessment Data

The Domestic Refugee Health Assessment is a medical appointment that every refugee should receive within thirty days of entry into the United States. In 2015, **97% of Iowa's primary refugee arrivals received initial health assessments** (Figure 7). Of the health assessments received, 50% were completed within 30 days, 45% were completed within 31-60 days, and 5% were completed in over 60 days (Figure 8).

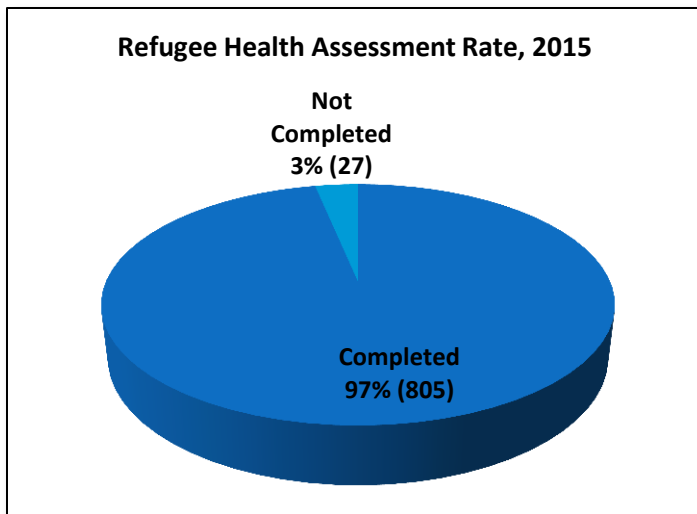


Figure 7: Refugee Health Assessment Rate, 2015

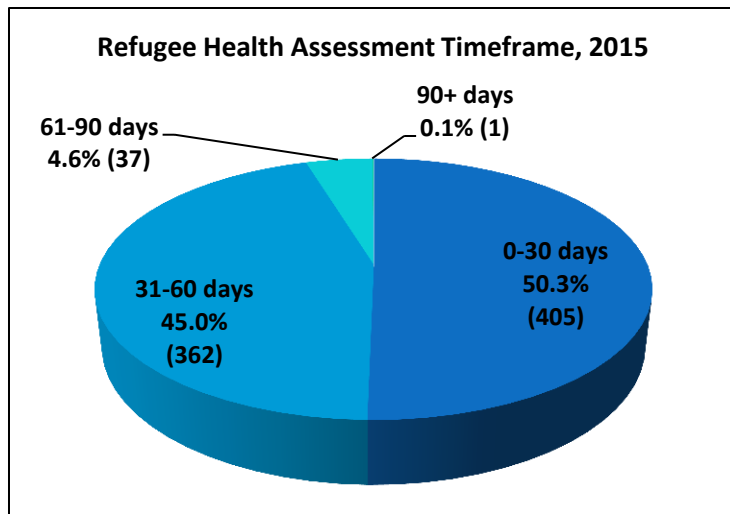


Figure 8: Refugee Health Assessment Timeframe, 2015

## Tuberculosis

Although tuberculosis (TB) rates in the United States continue to decline, the case rate among foreign-born persons in 2014 (15.4 cases per 100,000 persons) was 13.4 times higher than among U.S.-born persons (1.2 cases per 100,000 persons). In Iowa, the 2014 TB case rate was 1.75 cases per 100,000 persons. Despite accounting for only 4.7% of the Iowa population, foreign born persons have accounted for 68% of the state's reported TB cases in the past 10 years (2005-2014).

Prior to departure to the United States, refugees are given a TB class status that is based on the results of the overseas medical examination. Those who have a class B TB status are flagged for additional follow-up upon arrival to Iowa. In 2015, 88 primary refugees received a class B TB designation (approximately 10.6% of arrivals). Of those with a class B designation, **39% (34) were diagnosed with latent tuberculosis (LTBI)** after being evaluated in Iowa, and no cases of active TB disease were identified (Figure 9).

Although refugees diagnosed with active TB during the overseas medical exam are not permitted to enter the United States

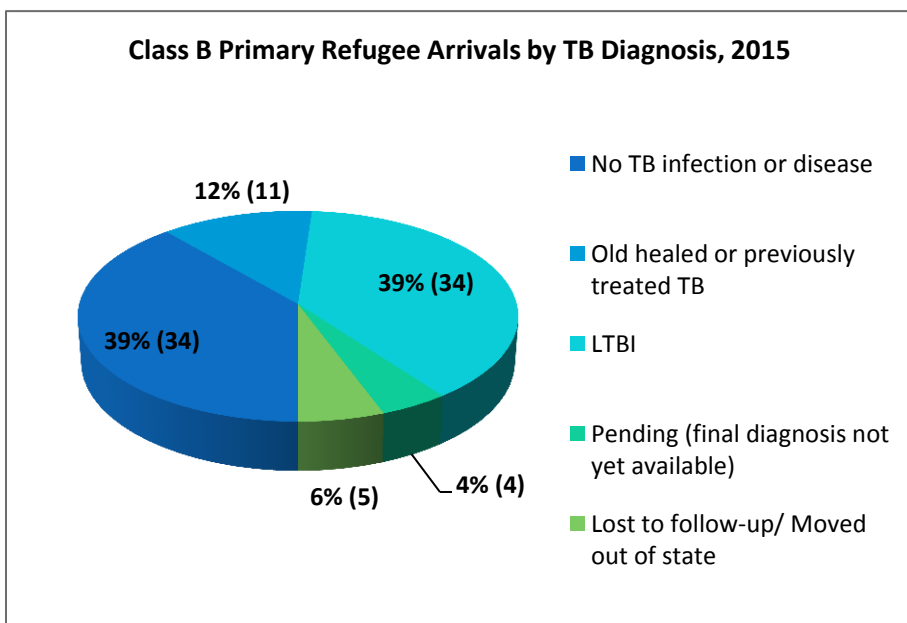


Figure 9: Class B Primary Refugee Arrivals by TB Diagnosis, 2015

until they are treated and no longer infectious, all refugees are still screened for TB infection and disease during the initial domestic health assessment. Of the 776 primary refugees who were screened for TB in Iowa in 2015 (Figure 10), approximately **18% (142) were diagnosed with LTBI, and no cases of active TB disease were identified** (Figure 11). TB diagnoses were unable to be obtained for 30 new arrivals (approximately 4% of those screened), mainly due to loss of contact or inability of patients to return to clinics for chest x-ray appointments. The Iowa Refugee Health Program is working with local health care providers and resettlement agencies to address this concern.

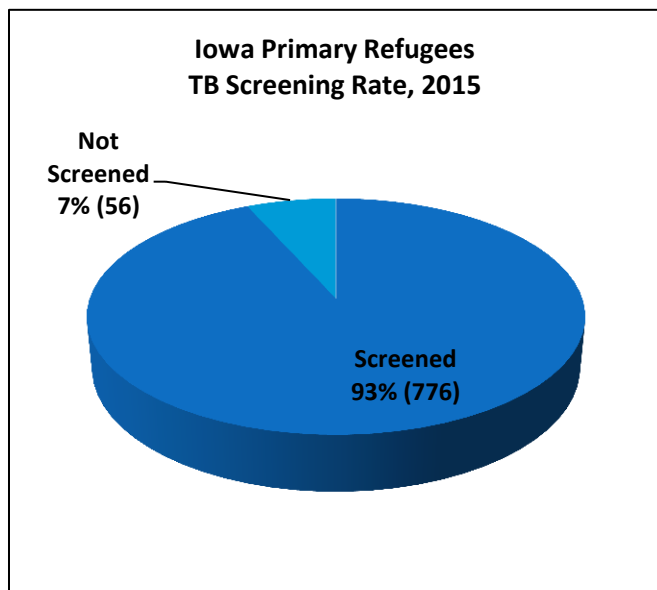


Figure 10: Iowa Primary Refugees - TB Screening Rate, 2015

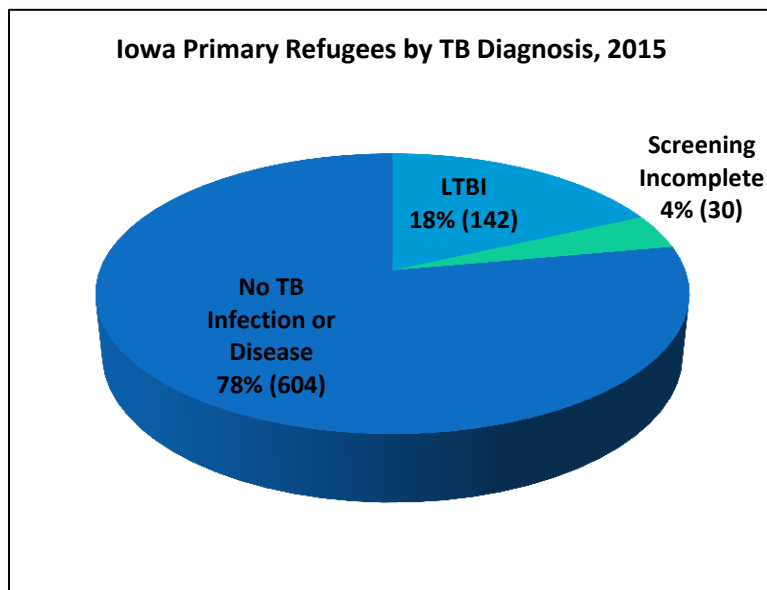


Figure 11: Iowa Primary Refugees by TB Diagnosis, 2015

## Hepatitis B

According to the CDC, hepatitis B infection (HBV) is highly endemic in many regions of Africa, Asia, and the Pacific Islands. Since the majority of refugee populations resettling in the United States originate from or have lived in countries that are endemic for HBV, screening should be routinely performed for all newly arriving refugees. In 2013, a total of 3,050 cases of *acute* hepatitis B were reported to the CDC from 48 states, and the overall incidence rate was 1.0 case per 100,000 persons. Forty one states reported 31,763 cases of *chronic* hepatitis B. In Iowa, 283 confirmed or probable cases of *chronic* hepatitis B were reported, and 9 cases of *acute* hepatitis B were reported, with an incidence rate of 0.3 acute cases per 100,000 persons. Of the 765 primary refugees were screened for the hepatitis B surface antigen (HBsAg +) in Iowa, 27 tested positive (Figure 12).

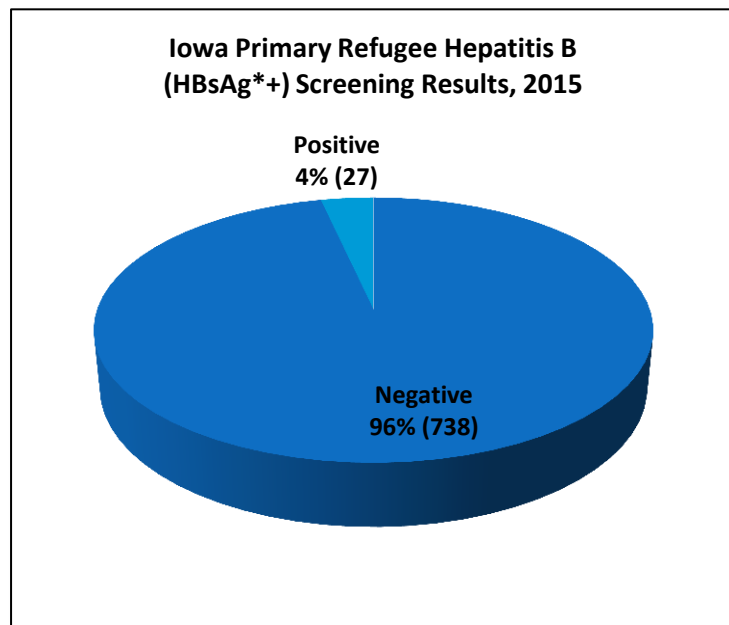


Figure 12: Iowa Primary Refugee Hepatitis B Screening Results, 2015

## Human Immunodeficiency Virus (HIV)

According to the UNHCR, even though conflict, displacement, food insecurity and poverty might leave refugees more susceptible to HIV, displaced populations do not always display higher rates of infection. A variety of complicated factors determine how seriously refugees are at risk for HIV, including:

- Pre-conflict HIV rates among refugees
- HIV rates of surrounding communities in refugee camps
- The level of interaction between refugees and host populations
- The level of drug use in refugee camps and surrounding communities
- Exposure to sexual abuse and violence

Refugees are no longer routinely tested for HIV prior to departure to the United States, and the virus was removed from the list of inadmissible conditions in January of 2010. Thus, the CDC strongly recommends universal HIV screening for all refugees upon arrival to the United States. In 2014, an estimated 44,073 people were diagnosed with HIV in the United States, and an estimated 99 adults and adolescents were diagnosed with HIV in Iowa. Out of the 730 refugees who were screened for HIV in 2015, only 4 (<1%) tested positive for HIV (Figure 13).

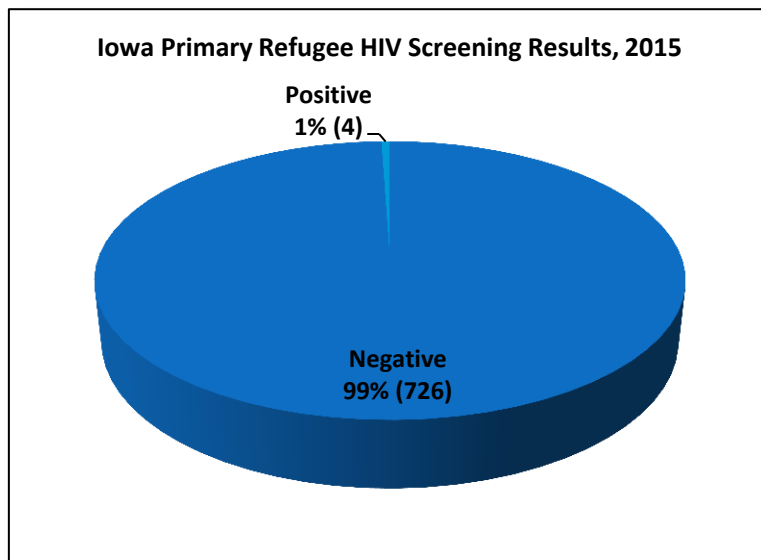


Figure 13: Iowa Primary Refugee HIV Screening Results, 2015

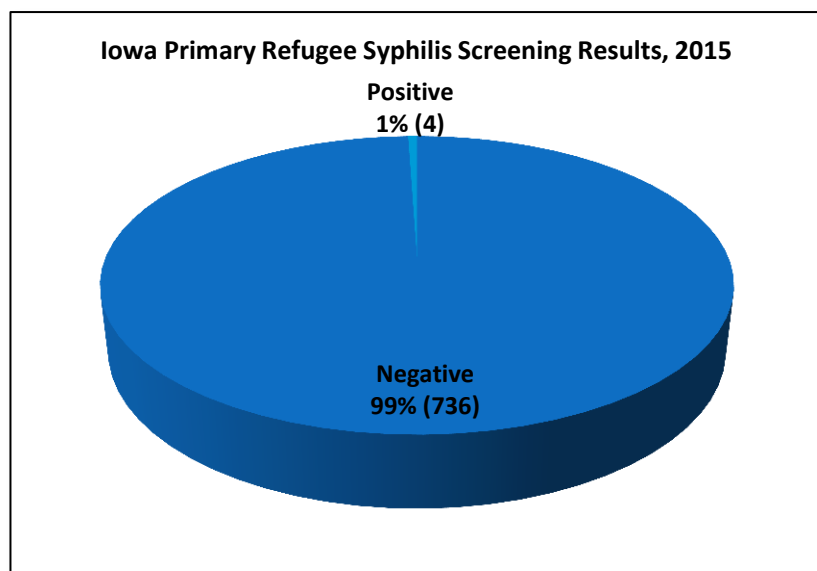


Figure 14: Iowa Primary Refugee Syphilis Screening Results, 2015

## Syphilis

In 2014, a total of 19,999 cases of primary and secondary syphilis were reported in the United States, yielding a rate of 6.3 cases per 100,000 persons. In Iowa, the rate of primary and secondary syphilis was 2.3 per 100,000 persons. In 2015, less than 1% (4) of Iowa's primary refugee arrivals tested positive for syphilis (Figure 14).

## Intestinal Parasites

According to the CDC, intestinal parasites are among the most common infections found in refugee populations. Intestinal parasite screening in Iowa focuses on soil-transmitted helminthic infections (*Ascaris*, *Trichuris*, hookworm), *Strongyloides*, and *Schistosoma*. Presently, the majority of resettling populations receive presumptive treatment for parasitic infections prior to departure, making screening upon arrival unnecessary for many refugees. However, screening is still completed for those who have contraindications to presumptive treatment, or for those who exhibit signs and symptoms of infection. In 2015, 5 primary refugees tested positive for *Schistosoma*, and 8 tested positive for *Strongyloides* (Figure 15).

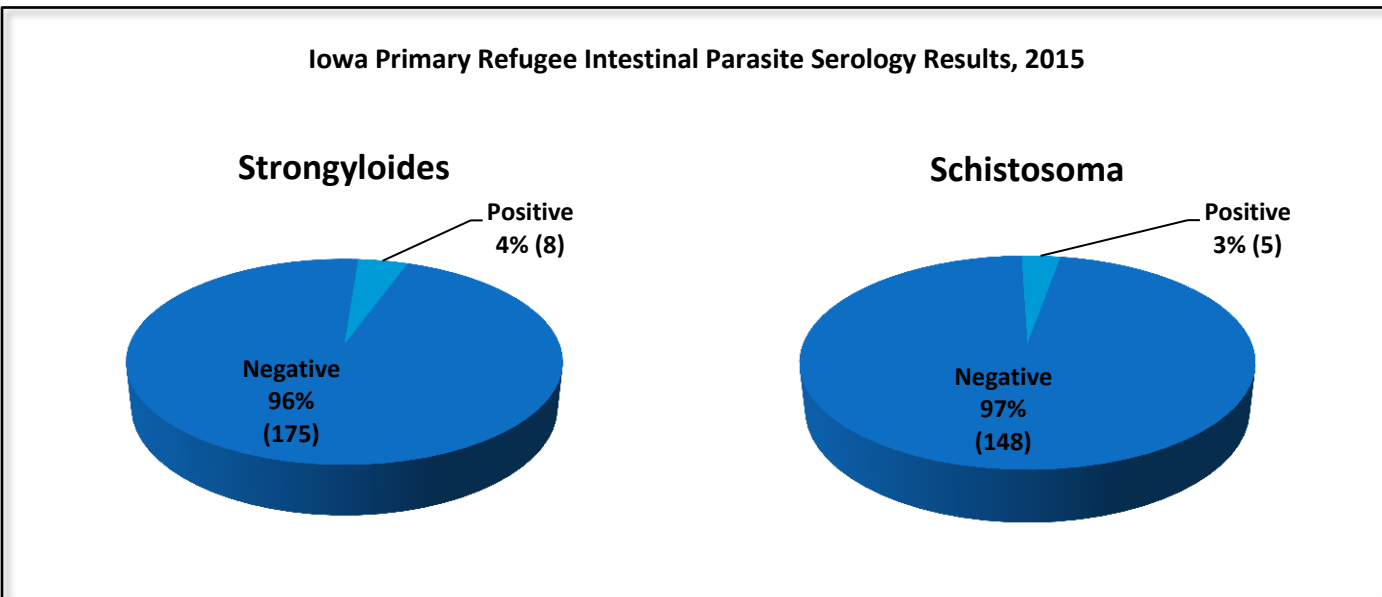


Figure 15: Iowa Primary Refugee Intestinal Parasite Serology Results, 2015

Stool ova and parasite tests were ordered for 377 new arrivals. Of the refugees tested, 45 were positive for at least one pathogenic parasite (Figure 16), and the most common pathogenic parasite detected was *Giardia* (40 cases).

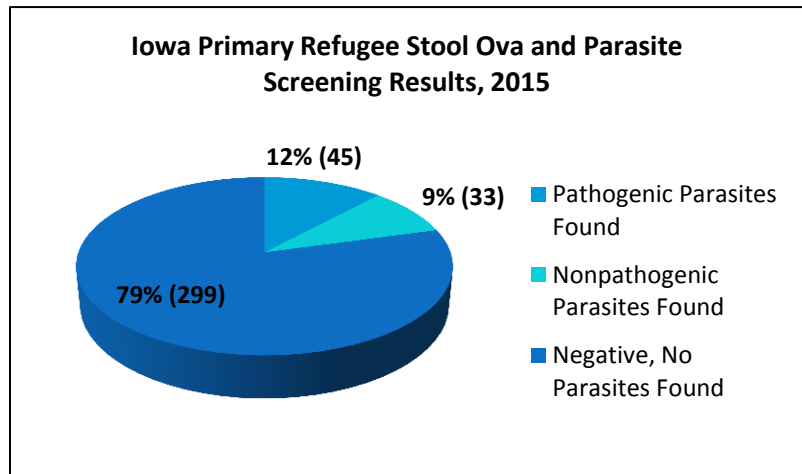


Figure 16: Iowa Primary Refugee Stool O & P Screening Results, 2015

## Lead

According to the CDC, the prevalence of lead poisoning in newly arrived refugee children may be 14 times greater than that of the general U.S. population of comparable age. Malnutrition and anemia heighten lead absorption and the harmful effects of lead toxicity, and living in camps or areas with older housing also puts refugee children at greater risk. The CDC recommends conducting lead screening for all refugee children age 6 months to 16 years. In Iowa during 2015, 272 refugee youth were screened for lead poisoning during the initial domestic health assessment, and 27 (10%) had elevated blood lead levels (Figure 17).

Comparatively, 25% of all children under the age of 6 years were tested for lead poisoning in Iowa in 2014, with only 0.5% having confirmed elevated blood lead levels (>10µg/dl).

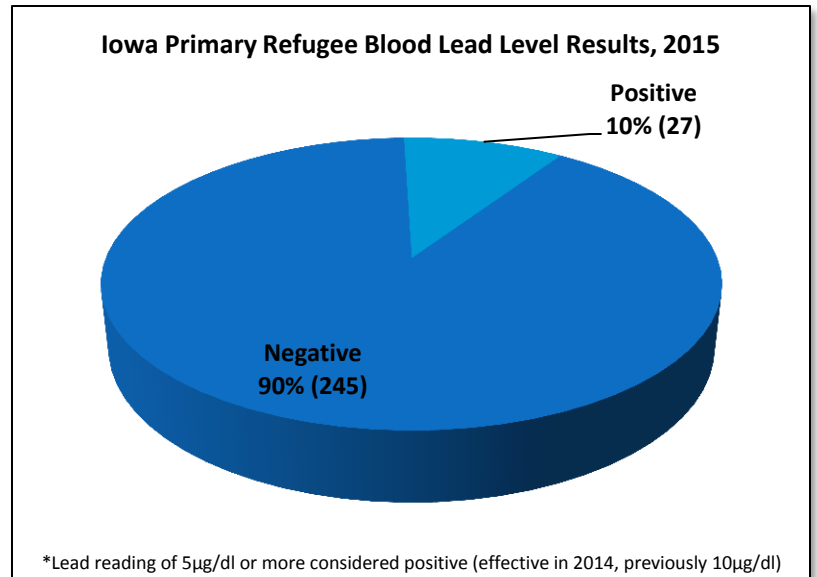


Figure 17: Iowa Primary Refugee Blood Lead Level Results, 2015

## Major Diagnoses and Referrals

During the initial health assessment, providers identify specific health issues and will refer refugees to outside services in order to ensure linkage to continued health care. In Iowa during 2015, the health concern that was reported most frequently during the initial refugee health assessment (other than those presented earlier in this report) was dental caries, with 86 primary refugees receiving the diagnosis, followed by 44 individuals identified as overweight, 32 as underweight, and 32 as anemic. Other frequent concerns noted during the initial domestic health assessment include: hypertension (19), tobacco abuse (17), back pain (16), pregnancy (15), vision loss (13), and gastroesophageal reflux disease (9). The most common referrals made during the initial refugee health assessment were for dental care (76), vision care (38), obstetrics/gynecology (15), ENT (13), cardiology (7), and endocrinology (7).

## Summary

With continued turmoil around the world and the refugee crisis ongoing overseas, there will continue to be an increasing number of refugees in the United States and Iowa. In 2015, Iowa welcomed 787 new refugees, more than doubling the number of arrivals resettled in 2010. This increasing number of refugees requires not only additional resources, but additional programmatic planning and interagency collaboration.

The Iowa Refugee Health Program will continue to coordinate with clinics, resettlement agencies, and stakeholders throughout Iowa to promote and protect the health and well-being of refugees. Newly arriving refugees are among the most vulnerable populations in the state due to barriers such as language, cultural practices, and lack of knowledge regarding basic U.S. health care. The Iowa Refugee Health Program strives to overcome these obstacles by ensuring clinicians have access to current screening and treatment guidelines, as well as health assessment data specific to newly arriving refugee populations. The successful integration of refugees into the U.S. health care system is critical to making refugees truly at home in Iowa.

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