Caring for Refugee Students
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What is a refugee?

- Under United States law, a refugee is someone who:
  - Is located outside of the United States
  - Is of special humanitarian concern to the United States
  - Demonstrates that they were persecuted or fear persecution due to race, religion, nationality, political opinion, or membership in a particular social group
  - Is not firmly resettled in another country
  - Is admissible to the United States
  - A refugee does not include anyone who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.

For the legal definition of refugee, see section 101(a)(42) of the Immigration and Nationality Act (INA).
Definitions

• Primary Refugee
• Secondary Refugee
• Immigrant
• Asylee

U.S. Refugee Admission Program

1) Registration and Data Collection
2) Security checks begin
3) DHS Interview
4) Biometric Security Check
5) Cultural Orientation and Medical Check
6) Assignment to Domestic Resettlement Locations and Travel
7) Arrival in the United States

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.
**Iowa Refugee Health Program**

- Ensure a comprehensive initial health assessment is completed for each newly arrived refugee.
- Communicate to 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.

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**Refugee Health Assessment Rate, 2016**

- Completed: 1045, 96%
- Partially Done: 22, 2%
- Not Completed: 18, 2%

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**Iowa Primary Refugees by Initial County of Resettlement, 2016**
**Iowa Primary Refugee Arrivals by Fiscal Year, 2010-2016**

### Iowa Data for 2016
- 1,105 primary refugee arrivals in 2016
- 33.2% increase from 2015
- 48% female, 52% male
- 54% refugee youth < 21 years of age
- Highest numbers arriving from:
  - Democratic Republic of Congo (24.2%),
  - Burma/Myanmar (23.3%),
  - Burundi (2.4%),
  - Sana (1.3%)

- Polk County settled 85.6% of the primary refugees in 2016
- Linn County settled 4.9% of the primary refugees in 2016
- Marshall County settled 2.4% of the primary refugees in 2016
- Black Hawk County settled 1.8% of the primary refugees in 2016
- Johnson County settled 1.4% of the primary refugees in 2016
Screening Recommendations

• This screening is an opportunity to identify any untreated chronic or acute illness a refugee may be experiencing, as well as to establish primary care and dental care home.

• All refugees have had an oversea medical exam performed by a panel physician selected by a Department of State Consular Official. Refugees may be denied admission to the United States on health-related grounds. The health-related grounds include those aliens who have a communicable disease of public health significance, who fail to present documentation of having received vaccination against vaccine-preventable diseases, who have or have had a physical or mental disorder with associated harmful behavior, and who are drug abusers or addicts.

Immunizations

• Assess and update immunizations for each individual according to general ACIP recommendations. Child and adult immunization catch-up schedules are consulted for refugees who are not up to date on their immunizations.
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 U.S. originate from or have lived in countries endemic for HBV, screening should be routinely performed for all newly arriving refugees.
- In Iowa in 2016, 341 confirmed or probable cases of chronic hepatitis B were reported and 10 cases of acute hepatitis B were reported.
- Of the 1038 primary refugees were screened for the hepatitis B surface antigen (HBsAg +) in Iowa, 37 tested positive.

Hepatitis

- Administer a hepatitis B screening panel including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children 0-18 years of age. Vaccinate susceptible adults at increased risk for HBV infection or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation.
- Screen for hepatitis C in individuals with risk factors. For refugees, pertinent risk factors include: a history of illicit injection drug use, a history of hemodialysis or a blood transfusion, previous work as a healthcare provider, tattoos, and being born to a mother with hepatitis C.

Tuberculosis

- Although tuberculosis (TB) rates in the U.S. continue to decline, the case rate among foreign-born persons in 2016 (14.6 cases per 100,000) was approximately 14 times higher than among U.S.-born persons (1.1 cases per 100,000 persons). In Iowa, the 2016 TB case rate was 1.54 cases per 100,000 persons, which is significantly lower than the 2016 national average of 2.8 cases per 100,000 persons.
- Despite accounting for only 4 percent of the Iowa population, foreign born persons have accounted for 71 percent of the state’s reported TB cases in the past 10 years (2007-2016).
**Tuberculosis (TB)**

- Perform a tuberculin skin test (TST) or blood interferon gamma release assay (IGRA)* for TB for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results.
- A chest x-ray should be performed for all individuals with a positive TST or IGRA test. A chest x-ray should also be performed regardless of IGRA/TST results for those with a TB Class A or B designation from overseas exam and/or those who have symptoms compatible with TB disease.

*The IGRA is preferable to the TST for refugees because it reduces false positives from the BCG vaccine, thus increasing the acceptance of LTBI treatment and reducing the need for further diagnostic testing.

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**Sexual Transmitted Infections & HIV**

- The CDC strongly recommends universal HIV screening for newly arrived refugees. Refugees are not tested for HIV infection prior to arrival in the United States. Refugees are tested for syphilis up to six months prior to arrival, but not for other STIs.
- Use clinical judgment to screen for syphilis, chlamydia, gonorrhea and other STIs. The CDC recommends all sexually active females 25 years of age or younger be screened for chlamydia and gonorrhea at least annually.

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**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
**Syphilis**

- In 2015, 23,872 cases of primary and secondary syphilis were reported in the U.S., yielding a rate of 7.5 cases per 100,000 persons.
- In Iowa, the rate of primary and secondary syphilis was 2.4 per 100,000 persons. In 2016, less than 1 percent (four) of Iowa’s primary refugee arrivals tested positive for syphilis.

**Intestinal Parasites**

- For all refugees: Perform a complete blood count (CBC) with differential. If eosinophil count is elevated (>400 cells/μl), re-check in 3-6 months and evaluate further if still elevated. This is the only parasite screening necessary for refugees who have received full pre-departure presumptive treatment. Currently, this list includes refugees whose cases were processed in: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, Burundi, Malaysia, Thailand, Nepal, Iraq, or Jordan (wherein they can be assumed to have received pre-departure presumptive treatment) unless they had a contraindication to pre-departure presumptive treatment (see below under “screen only”).

**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.
Lead

• Screen all refugee children under 17 years old. If BLL is elevated (≥ 5 μg/dL), check for lead sources and evaluate family members; follow-up care as needed.

Mental Health

• Providers should be aware of the high prevalence of depression, post-traumatic stress disorder (PTSD), panic attacks, and somatization in refugees. It is common for refugees to present with stress-related somatic symptoms such as headaches, stomachaches, and back pain. Refugees experiencing these symptoms with unexplained etiology or other mental health symptoms should be referred to a mental health professional.

Challenges

• Primary vs Secondary Refugee
• Healthcare
• School
• Work
• Transportation
• Loss of identity/culture