Conflicts of Interest

• None

The Health of Child Refugees in Iowa

Objectives

• Provide an overview of the countries of origin of refugees in Iowa
• Discuss common infectious diseases found in child refugees
• Describe the goals of the initial refugee health screening
• Discuss recent cases
• List local and online resources for providers who care for refugees
• Discuss emerging tropical infections in Iowa
USA Refugee Arrival Statistics

69,986 arrivals in 2014
Top countries of origin: Iraq, Burma, Somalia, Bhutan

Photo Credit: www.unhcr.org

Source: Office of Refugee Resettlement, U.S. Department of Health & Human Services

Iowa Refugee Arrivals by Year

Iowa Refugee Arrivals by Country of Birth, 2015
*Countries with <1% shown
*Counts of birth may not always equal nationality
Iowa Refugee Arrivals by Initial County of Resettlement, 2015

Iowa Refugee Arrivals by Age, 2015

What is the refugee process?

- Overseas medical exam:
  - Required before departure. Travel to the U.S. is allowed as long as a class A condition is not identified (active TB, untreated syphilis, etc.).
- Connection to resettlement agency:
  - Catholic Charities (Des Moines, Cedar Rapids)
  - IRO: Committee for Refugees and Immigrants (Des Moines)
- Resettlement agencies help with obtaining:
  - Housing
  - Health insurance
  - Employment
  - Enrollment in school

Key assistance resettlement agencies provide to IDPH:
- Case managers help refugees to achieve completion of the initial domestic refugee health screening.
Risk Factors for Infections in Child Refugees

- Resettlement Roller Coaster
  - honeyworn: Refugees have just arrived in the U.S. and are hopeful that their lives will soon improve.
  - Culture Shock: Refugees realize that life in the U.S. is not what they thought it would be and is often much harder than expected.
  - Adjustment: Refugees begin to adjust to the idea of being in the U.S. New surroundings become more familiar/less scary. People learn how the "system" works and often find things they like.
  - Integration: Refugees begin to identify as being both American AND from their culture of origin.

Risk Factors for Infections in Child Refugees
Infectious Diseases in Child Refugees

- Bacteria
  - Tuberculosis
  - Salmonella typhi (typhoid fever)
  - Congenital syphilis
- Viruses
  - HIV
  - Hepatitis B
  - Hepatitis C
- Parasites
  - Giardia
  - Cryptosporidium
  - Malaria
  - Hookworm

Role of the Refugee Clinic Health Screen

- General health assessment including complete physical exam
- Identify and treat immediate health needs
- Diagnose and treat transmissible and non-transmissible infections
- Pre-emptive treatment of malaria and parasites
- Screen for anemia, lead toxicity, thyroid dysfunction
- Initiate catch up immunizations
- Integrate into health care system
- Screening for mental health issues

Health Screening Tests Performed?

- CBCd
- CMP
- TB (Quantiferon or TST)
- RPR
- Lead level
- TSH
- TSH
- HIV
- Hepatitis A, B, C
- Stool O+P
Blank Childrens Hospital Refugee Clinic

250 child refugees in 3 years
• HIV positive – 0
• Congenital syphilis – 0
• Hepatitis C – 1
• Hepatitis B – 2
• Latent TB 24 (10%)
• Active TB – 0
• Other: Giardia, Schistosomiasis, tinea corporis, dental caries

Mental Health Screening

Traumatic Events Commonly Experienced by Refugees

While many refugees are strong and resilient, most have experienced profound violence, fear, deprivation, and loss - all potential catalysts for mental health problems.

• Forced Migration (uprooting from home)
• Torture and sexual violence
• Improper medical care or no care
• Poor conditions of refugee camps
• Witnessing killings and destruction, material losses
• Uncertainity over the future
• Depression of community and social support networks

Mental Health Screening

Challenges to Addressing Mental Health

• Culture: May have stigma against recognizing mental health issues.
• Language: May not have terms for things like PTSD and depression.
• Presentation: May experience and describe stress-related somatic symptoms (headaches, nausea, insomnia, etc.).
• Timing: Symptoms may be delayed - may not come to the surface for 6-24 months after initial 90 days of resettlement.
Case 1: 6y old girl from Afghanistan

- Moved to USA one year ago
- Presented to local ER with low grade fever and leg pain
- Normal vital signs and physical exam
- ER physician diagnosed non specific viral infection
- Returns to ER 2 days later
- Father insists “my daughter has malaria”
- Malaria screening labs sent
- Diagnosis: Plasmodium vivax/ovale (malaria)
- Treatment: Malarone for 3 days; Primaquine for 14 days

Case 1: Key points

- Not all children who arrive in US have received malaria chemoprophylaxis
- Always think of malaria in any child with unexplained fever who has travelled to a malaria endemic country
- Parents often know when their child has malaria – listen to them!
- Certain types of malaria can present months to years after infection (Plasmodium vivax)
- Malaria can be fatal especially in children
- Treatment of malaria is complex and requires an ID specialist

Who do we screen for malaria

- Children with signs of malaria (enlarged spleen)
- Children with eosinophilia
- Children from a malaria endemic country with a history of previous malaria who did not receive chemoprophylaxis
Case 2: 7y old boy from Burundi

- History of positive tuberculin skin test at 12mm one year ago
- Did not receive treatment for Latent TB
- Did receive BCG vaccine at birth

TST negative
TST hypersensitivity reaction

TB testing in children

• Tuberculin skin test (<4y)
• Interferon gamma release assays (IGRA)
  – Quantiferon Gold

TB testing in children

• Quantiferon Gold
  – Results in 24-48 hours
  – Single visit
  – Not affected by BCG or most NTM infection
  – Not affected by placement error
  – Not affected by subjective interpretation
Case 2: 7y old boy from Burundi

- Result: Quantiferon Gold – negative
- No CXR indicated
- No treatment indicated

Case 3: 7 year old boy from Tanzania

- Normal physical exam
- CBCd with high eosinopils (26%)
- Eosinophilia:
  - Malaria
  - Schistosomiasis
  - Strongyloides
  - Filarial worms
  - Hookworm

Case 3: 7 year old boy from Tanzania

- Stool studies
Schistosomiasis

Resources for Child Refugees

- The National Child Traumatic Stress Network (NCTSN) has a section of their website devoted to refugee trauma. It contains some very helpful resources, tools, and trainings.

Resources for Refugees – Dental Clinics

Dental Clinics that Use Interpretation

1. Broadlawns Dental Clinic
   515-282-2421
   1801 Hickman Road
   Des Moines, IA 50314

2. Primary Health Care Dental Clinic
   (515) 248-1470
   2553 SE 14th St.
   Des Moines, IA 50320

3. Ocean Dental
   515-264-9022
   1345 E University
   Des Moines, IA 50316

4. Des Moines Children’s Dentistry
   515-225-1677
   5950 Village View Drive, Suite 200
   West Des Moines, IA 50266

5. Des Moines Health Center
   515-244-9136
   1111 9th St, Suite 190
   Des Moines, IA 50314
Resources for Refugee Families

IDPH Refugee Health Program

Port of Entry for Immigration &
Refugee Health Services, employee (CCHS) Health
Programs Manager, Illinois Health

General Goals: To ensure that a
comprehensive Refugee Health
Program is designed for each newly
arriving refugee.

Additional Responsibilities:
- Education and training on
providers regarding OHS, vaccine
health
- Coordinate the collection and
implementation of refugee health
services
- Ad Hoc Special Programs with
the
- Tracking of refugees

Resources for Refugee Families

Online Resources

- Refugee Health Technical Assistance Center (RHTAC)
  - [http://refugeehealth.org/](http://refugeehealth.org/)
  - Provides tools, resources, and support for health and mental
    health providers who work with refugees during resettlement.
    - Websites on multiple topics including:
      - Refugee Health
      - Mental Health Screening and Care
      - Suicide Prevention
      - Culturally and Linguistically Appropriate Services

Resources for Caring for Refugees

Online Resources

- Refugee Health Information Network (RHIN)
  - [http://www.rhin.org/](http://www.rhin.org/)
  - Multilingual health information (more than 60 languages) for
    health providers, refugees, and asylum
    - Large section on cultural guidance
    - Country Conditions Reports
    - Multiple formats (print, audio, video)
Resources for Caring for Refugees

Online Resources
- Bridging Refugee Youth & Children's Services (BRYCS)
  - http://www.brycs.org
- Resources, webinars, and online trainings specific to refugee youth and mental health.
- Parenting Interview: Refugees parents from nine different countries reflect on parenting experiences before and after coming to the U.S., and the challenge of balancing two cultures.

Caring for Refugees - key points
- Prepare for visit by arranging for in-person or phone translator
- Set aside extra time for visit
- Be prepared to use symbols and charts as many families cannot read or write
- Provide written follow up instructions
- Working with refugees requires a lot of PATIENCE

Questions