

Minnesota Refugee Health Report 2019

Welcome to the annual Refugee Health County Reports. Based on number of arrivals, counties or regions receive individualized reports. The regions include the Metro, South East, South West, and Central and West Central 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 the health screening services offered to newly arrived people with humanitarian immigration statuses - refugees, derivative and U.S.-granted asylees, parolees, special immigrant visa (SIV) holders, Amerasians, and certified Victims of Human Trafficking; these will be collectively referred to as “refugees” throughout this report. 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. This county-specific data can also be used for planning and development of appropriate public health responses to 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, 2019. Counties and/or clinics submitted domestic refugee health screening results for those who arrived in 2019. 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 2018 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.

In 2019, there were 1,104 new primary arrivals with humanitarian statuses to Minnesota; 894 (81%) had arrived with a refugee visa and the remainder had one of the other humanitarian visas. The largest arriving populations were from Burma (392 arrivals), Democratic Republic of Congo (156 arrivals), Ukraine (114 arrivals), and Somalia (105 arrivals).

Individuals with refugee status often decide which community and county to settle in based on family, community ties, access to housing, or employment. Ramsey and Hennepin counties continued to receive the majority of newly arriving refugees to Minnesota in 2019.

2019 Primary Refugee Arrivals (N=1,104)

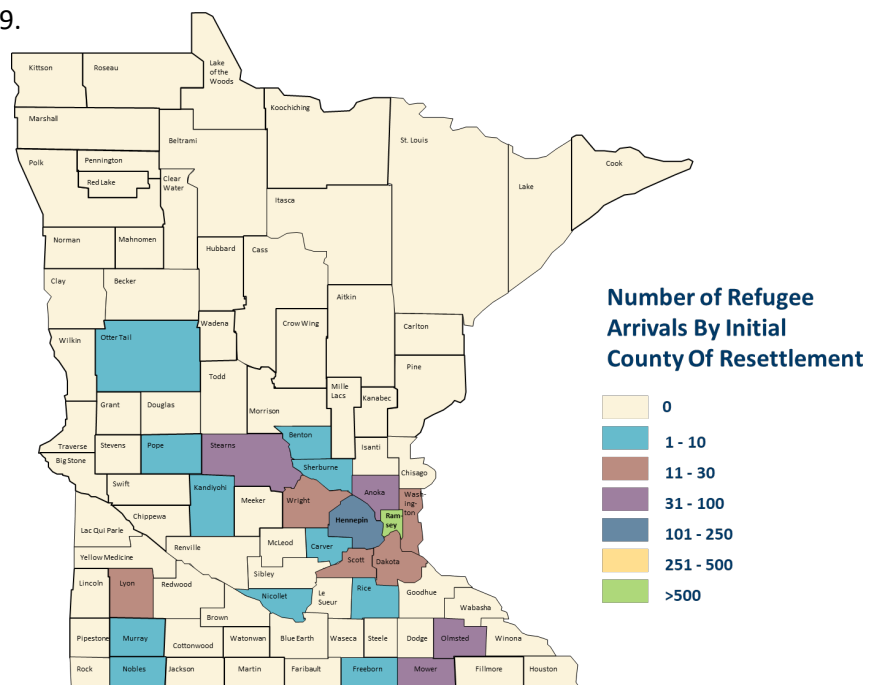
Anoka (90)
Dakota (26)
Hennepin (172)
Lyon (25)
Mower (34)
Olmsted (34)
Ramsey (569)
Stearns (60)
Washington (20)
Wright (24)

Metro:
Carver (2)
Scott (11)

South East:
Freeborn (8)
Rice (1)

South West:
Murray (4)
Nicollet (6)
Nobles (2)

Central and
West Central:
Benton (1)
Kandiyohi (10)
Otter Tail (1)
Pope (3)
Sherburne (1)



We continue to work with counties and other partners to identify and screen secondary refugees (refugees who originally resettled in a different state but moved to Minnesota within one year of U.S. arrival). In 2019, the RHP received notification of only 10 secondary refugee arrivals to Minnesota. This was compared to 72 notifications received in 2018 and 552 notifications received in 2017. The RHP continues to track secondary refugee arrivals and refer those eligible for a health screening.

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. Within 90 days of arrival, 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, 95% of persons without evidence of pre-departure antihelminthic treatment and provided a health screening will get tested for parasitic infections.

Objective 8. 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 9. On an ongoing basis, more than 95% of persons age 13-64 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, no insurance, died before screening, or were already connected to care prior to being granted asylum.

2019 Health Screening Indicators

All results are based on domestically completed screenings.

Health Screening Rate

Performance Goal	Objective	Measure	Data for Year 2019
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	# of newly arrived refugees to Minnesota who received at least the first visit of their health assessment within 90 days of arrival / # of newly arrived refugees to Minnesota who were eligible for a screening	Objective: 95% State: 973/(1,104-46), 92%

Immunizations

Performance Goal	Objective	Measure	Data for Year 2019
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	# of newly arrived refugees to Minnesota with immunization series initiated or continued / # of newly arrived refugees to Minnesota who received a screening	Objective: 90% State: 856/1,047, 82%

TB

Performance Goal	Objective	Measure	Data for Year 2019
<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	# 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	Objective: 100% Class A 95% Class B1 State: 0/0, n/a Class A 57/60, 95% Class B1
<i>LTBI Therapy</i> Increase percentage of newly arrived refugees from the previous year 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	# 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	Objective: 85% State: 109/135**, 81%
Increase the percentage of newly arrived refugees from the previous year 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	# 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	Objective: 70% State: 88/109**, 81%

Hepatitis B

Performance Goal	Objective	Measure	Data for Year 2019
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	# of newly arrived refugees to Minnesota who received HBsAg test / # of newly arrived refugees to Minnesota who received a screening	Objective: 95% State: 998/1,047, 95%

Intestinal Parasites

Performance Goal	Objective	Measure	Data for Year 2019
Increase percentage of newly arrived refugees without evidence of pre-departure antihelminthic treatment who are tested for parasitic infections (parasitosis)	Percentage of persons who did not receive pre-departure antihelminthic treatment and who are tested for parasitic infections (O&P and/or serology)	# of newly arrived refugees to Minnesota who did not receive pre-departure antihelminthic treatment and were tested for parasitic infections (O&P and/or serology) / # of newly arrived refugees to Minnesota who did not receive pre-departure antihelminthic treatment and received a screening	Objective: 95% State: 240/325***, 74%

Lead Poisoning

Performance Goal	Objective	Measure	Data for Year 2019
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	# 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	Objective: 95% State: 452/476, 95%

HIV

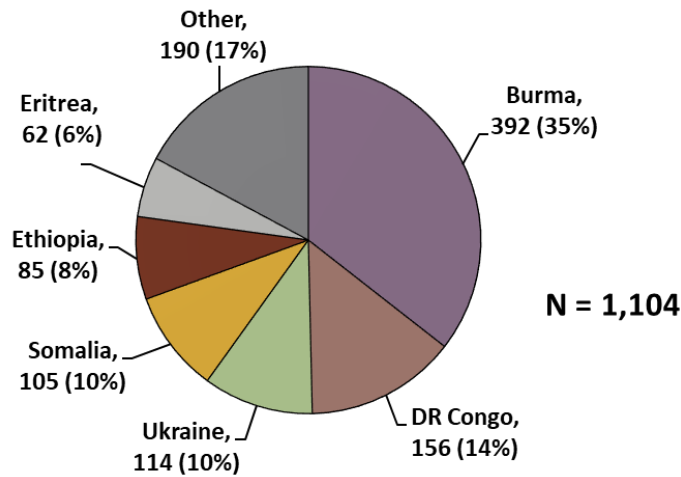
Performance Goal	Objective	Measure	Data for Year 2019
Increase percentage of newly arrived refugees who are screened for HIV	Percentage of persons who are screened for HIV	# of newly arrived refugees to Minnesota tested for HIV ages 13-64 years / # of newly arrived refugees ages 13-64 years to Minnesota who received a screening	Objective: 95% State: 605/617, 98%

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

**Based on 2018 data which reflects the most recent completion date for 9-month treatment protocol.

***1,024/1,048 (98%) of those screened, regardless of overseas treatment history, were evaluated for eosinophilia through a complete blood count. Of those, 144 (14%) had eosinophilia detected.

Number of Primary Arrivals^o to Minnesota 01/01/2019 through 12/31/2019



"Other" includes Dominican Republic (41), Afghanistan (29), Cameroon (16), Moldova (12), Belarus (10), Kenya (9), Syria (9), Iraq (8), Liberia (8), El Salvador (8), Mexico (6), Venezuela (4), China (3), Egypt (3), Nicaragua (3), Sudan (3), Turkey (3), Cuba (2), Guatemala (2), Laos/Hmong (2), Benin (1), Ghana (1), Guinea (1), Honduras (1), India (1), Jamaica (1), Nigeria (1), Rwanda (1), Tajikistan (1), West Bank (1), and Yemen (1).

^oPrimary 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.

Screening Rate

- **State Indicator Objective 1 (to initiate screening within 90 days of arrival):**
Of the 1,104 new primary refugee arrivals to Minnesota, 1,058 were eligible for a health screening and 973 (92%) were screened within 90 days.
- **Overall screening rate:**
Of the 1,058 eligible for a health screening, 1,047 (99%) were screened.

Outcome for Those Not Screened

- Of the 46 refugees ineligible for screening, 18 had no insurance, 16 could not be located due to incorrect contact information, 4 moved out of Minnesota, 4 U.S.-granted asylees were already connected to care, 2 moved to an unknown destination, 1 official post-arrival transfer was screened before arriving in MN, and 1 died before screening.
- Of the 11 refugee eligible for screening, 8 refused screening, 1 was screened but no results were reported, 1 missed screening appointments, contact failed for 1.

Flat Free Reimbursement[¥]

- Four refugees received full flat fee reimbursement in Minnesota, and two received partial reimbursement.

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

Health Status of New Refugees, Minnesota, 2019

Health Condition	No. infected among screened (%)
TB infection*	105/981 (11%)
Hepatitis B infection**	40/998 (4%)
Parasitic infection***	140/567 (25%)
Syphilis infection	11/620 (2%)
HIV infection	5/1,007 (<1%)
Elevated Blood Lead****	37/452 (8%)

Total number of health screenings: N_{Minnesota} = 1,047 (99% of 1,058 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} = 474 screened); Lead Level ≥5 ug/dL

MINNESOTA REFUGEE HEALTH REPORT 2019

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