Domestic Refugee Health

Immigrant, Refugee, and Migrant Health Branch
Division of Global Migration and Quarantine
Centers for Disease Control and Prevention

National Association of Community Health Centers
August 28, 2017
San Diego, CA
# Medicals for Immigration

<table>
<thead>
<tr>
<th>Persons</th>
<th>Overseas medical examination</th>
<th>Post US arrival examination or follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawful Permanent Resident (Immigrant)*</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Refugee</td>
<td>Required</td>
<td>Recommended</td>
</tr>
<tr>
<td>Migrant</td>
<td>none</td>
<td>none</td>
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Objectives

- To understand the definition of a refugee and to learn broadly about the refugee resettlement process;
- To learn about the overseas medical examination, presumptive treatment, and immunization programs;
- To learn about CDC’s role in screening both overseas and domestically;
- To learn about CDC’s resources for domestic refugee health providers--assist clinical providers in caring for refugees, immigrants and migrants;
- How to access overseas medical information to support clinical care for refugees, and some immigrants.
WHAT IS A REFUGEE?
Refugee Definition (UNHCR*)

- Someone forced to flee his/her country because of persecution, war, or violence
- Well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group
- Cannot return home or are afraid to do so
- War and ethnic, tribal and religious violence leading causes of refugees fleeing countries

*United Nations High Commissioner for Refugees

Source: “What is a Refugee? Definition and Meaning, USA for UNHCR (http://www.unrefugees.org/what-is-a-refugee/)
WHAT IS THE REFUGEE SCREENING PROCESS?
The Refugee Processing and Screening System

How refugee cases are processed and screened before refugees are resettled in the United States.

01 Registration and Data Collection
Refugees in need of protection apply for refugee resettlement. Usually, refugees are referred by the UN refugee agency (UNHCR), which collects initial documentation and geographical information.

02 Security Checks Begin
U.S. national security agencies, including the National Counterterrorism Center, the Department of Homeland Security (DHS), the Department of Defense, and the Department of State, as well as the intelligence community, begin screening the applicant using the data transmitted from the RSCs.

03 DHS Interview
Security screening results from each agency are transmitted back to DHS and the State Department. Specially trained DHS officers review initial screening results, conduct in-person interviews in the host country, and collect biometric data from the applicants.

The DHS interview confirms the information collected from the previous interviews conducted by the State Department's RSCs. Additional interviews are conducted as new information arises. With each interview, data is verified in person and in WRAPS.

If new information emerges during the interview, the information is entered into WRAPS and additional security checks are conducted. If inconsistencies are found, the case is put on hold until the inconsistencies are resolved. Once all interviews and checks are complete, DHS adjudicates the case. The decision is entered into WRAPS, and the process continues.

04 Biometric Security Checks
Fingerprints collected by U.S. government employees are stored in a DHS database and screened against:
- The FBI biometric database
- The DHS biometric database, which includes watch list information and previous immigration encounters in the U.S. and overseas
- The U.S. Department of Defense database, which includes fingerprints obtained around the world

These fingerprint screening results are reviewed by DHS. Cases with any problematic results are defined. Otherwise, the process continues.

05 Cultural Orientation and Medical Check

Cultural Orientation
Applicants complete a class designed to teach them about American culture, customs, and practices.

Medical Check
All refugees approved by DHS undergo a medical screening to identify diseases of public health significance.

The results of the medical examination are entered into WRAPS. If a case is cleared after the medical check, the process continues.

06 Assignment to Domestic Resettlement Locations and Travel
Every week, representatives from each of the nine domestic resettlement agencies meet and review applicant information transmitted from the RSCs via WRAPS to determine where to resettle each refugee.

Once these placement decisions are made, the placement is recorded in WRAPS, and the refugee is notified of their destination.

07 Arrival in the U.S.
Applicants arrive in the United States where representatives from the domestic resettlement agency and a legal representative welcome the refugee at the airport and begin the process of helping the refugee settle in their new communities.

In Fiscal Year 2016, the U.S. welcomed 84,995 refugees from around the world.

WHAT IS THE REFUGEE PLACEMENT PROCESS?
The Bureau of Population, Refugees, and Migration (BPRM) is the US State Department bureau responsible for refugee resettlement.

- Coordinates with resettlement agencies

Department of Health and Human Services

- Office of Refugee Resettlement
  - Time-limited cash and medical assistance
  - Support for case management services
  - English as a Foreign Language classes
  - Job readiness and employment services

Other Visa Categories Eligible for Domestic Benefits

- ORR benefits and services are available to eligible persons from the following groups:
  - Refugees
  - Asylees
  - Cuban/Haitian entrants
  - Special Immigrant Visa (SIV) holders
  - Amerasians

- ORR’s Survivors of Torture program provides rehabilitative, social, and legal services to individuals who experienced torture outside the U.S.

https://www.acf.hhs.gov/orr/about/what-we-do
Top 10 Countries of Nationality for US-Bound Refugees, FY 2016

Top 10 Countries = 76,411 refugees (90% of total)

- DRC: 16,279
- Syria: 12,583
- Burma: 12,294
- Iraq: 9,838
- Somalia: 9,032
- Bhutan: 5,455
- Iran: 3,736
- Afghanistan: 2,743
- Ukraine: 2,526
- Eritrea: 1,924

Data Source: Worldwide Refugees Admissions Processing System (WRAPS) from U.S. Department of State
Refugee Arrivals by State, FY 2016

Data Source: Worldwide Refugees Admissions Processing System (WRAPS) from U.S. Department of State
Estimated Annual International Arrivals, U.S. 2013

- Refugees: 60,000
- Immigrants: >1,000,000
- Non-immigrant admissions:
  - Tourists/Students Visa: 43 M
  - Others: 122 M

Source: U.S. Department of Homeland Security
CDC’S ROLE IN SCREENING BOTH OVERSEAS AND DOMESTICALLY
DGMQ’s Regulatory Authority

Immigration & Nationality Act 1968
- Required medical exam
- Inadmissible conditions (TB, Hansen’s disease, STIs, harmful behavior, drug abuse)
- Vaccines required

Refugee Act 1980
- Prevent & control infectious diseases at origin
- Diseases of PH significance
- Meet at ports of entry
- Notification of state/local HD

Federal Quarantine Regulations 1798
- International & interstate movement of people, animals, & cargo
- Prevent importation & spread of cholera, yellow fever, plague, viral hemorrhagic fevers, smallpox, diphtheria, pandemic influenza, infectious TB, SARS

- Inadmissible conditions
- Vaccines required
Immigrant, Refugee, & Migrant Health Branch

- Provide **guidelines** for disease screening, prevention & treatment in the U.S. and overseas
  - Technical Instructions for Panel Physicians
  - Domestic Screening Guidelines
- **Track** and **report** disease
- **Implement** vaccination and presumptive treatment for parasites in refugees overseas
- **Respond** to disease outbreaks in the U.S. & overseas
- **Advise** U.S. partners about health care for refugee groups
- **Educate** & **communicate** with stakeholder groups
Our Partners

- International Organization for Migration
  http://www.iom.int
- US Department of State, Bureau of Population, Refugees and Migration
  http://www.state.gov/prm
- US Department of Health and Human Services, Office of Refugee Resettlement
  http://acf.hhsprograms/orr
- UN High Commissioner for Refugees
  http://www.unchr.org
- Association of Refugee Health Coordinators
- U.S. Health Departments and Refugee Health Clinics
OVERSEAS MEDICAL EXAMINATION
## Overseas Medical Screening and Interventions

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<th>Program</th>
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<tbody>
<tr>
<td>TB Technical Instructions (TIs)</td>
</tr>
<tr>
<td>Directly Observed Therapy (DOT)</td>
</tr>
<tr>
<td>Vaccination Program for U.S.-bound Refugees</td>
</tr>
<tr>
<td>Education Programs</td>
</tr>
<tr>
<td>Treatment for Presumptive Parasitic Infections</td>
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United States Panel Sites

354 Active Sites in 159 Countries
Education Programs

- Basic tuberculosis education
  - Regional Training and Medical Consultation Centers (RTMCC) “Clinical Intensive” courses
    - Attended by >50 panel physicians since 2009
- Training Summits – 12 since 2008
  - International Panel Physicians Association partnership
- Webinars
  - 12 conducted since 2010
  - Accessible through LinkedIn
- Online training modules
- Consular training
IMMUNIZATION AND PRESUMPTIVE TREATMENT PROGRAMS
Vaccination Program for U.S.-Bound Refugees

- Expanded program involved vaccinating refugees in Kenya, Ethiopia, Thailand, Malaysia, Nepal, Uganda, and Rwanda

- Current information on program: https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html
  - Refugees now receive 2-3 doses of vaccine series overseas
  - First dose of all vaccines given at the overseas medical screening exam, ~2-6 months before departure
Presumptive Treatment: Intestinal Parasites and Malaria

Treatment Schedules for Presumptive Parasitic Infections

This table describes presumptive anti-parasitic treatment currently provided to the largest groups of U.S.-bound refugees. The first three columns list the region, country of processing, and principal refugee groups. The fourth column lists recommended presumptive treatment for parasites (excluding malaria).

<table>
<thead>
<tr>
<th>Region</th>
<th>Country of Processing</th>
<th>Principal Refugee Groups</th>
<th>Presumptive Parasite Treatment for Eligible Refugees</th>
<th>Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Chal</td>
<td>Central African Republic, Sudanese Darfur</td>
<td>Albendazole, Praziquantel, Artesunate, Lumefantrine</td>
<td>Ivermectin is not administered to refugees who have resided or traveled in areas endemic to loa loa disease due to risk of encephalopathy associated with ivermectin treatment in a person with loa loa infection. See list of Loa loa-endemic countries.</td>
</tr>
<tr>
<td></td>
<td>Burundi, Djibouti, Ethiopia, Kenya, Rwanda, South Africa, Tanzania, Uganda, others</td>
<td>Somali, Congolese, Ethiopian, Eritrean, Sudanese, other than Sudanese Darfur, South Sudanese</td>
<td>Albendazole, Praziquantel, Ivermectin, Artesunate, Lumefantrine</td>
<td>Of note, refugees of Congolese or South Sudanese origin who resided or traveled in Democratic Republic of Congo or South Sudan do NOT receive ivermectin. However, children of Congolese and South Sudanese origin who were born in the camps in non-Loa loa-endemic countries and have not resided or traveled in DRC or South Sudan are (usually) treated with Ivermectin. Only refugees from sub-Saharan Africa receive Artesunate, Lumefantrine.</td>
</tr>
<tr>
<td>Asia</td>
<td>Malaysia, Nepal, Brunei, Myanmar</td>
<td>Myanmar origin</td>
<td>Albendazole</td>
<td></td>
</tr>
</tbody>
</table>

Vaccination of U.S.-Bound Refugees, 2016

- >20 implemented countries
- ~177,000 refugees (2012)
DOMESTIC ACTIVITIES
Centers of Excellence in Refugee Health (2015-2020)

- Surveillance/epidemiology of refugee populations
  - Building a data repository for refugee health data from post-arrival screens
  - Conducting clinical quality improvement evaluations on Hep B, LTBI, and chronic conditions in pediatric patients

- Guideline Development and Revisions
  - New Guidelines: Preventative Medicine, Women’s Health, Pediatrics
  - Revising Current Guidelines: Mental Health, General, Hepatitis, Parasitic Infections
CDC’S RESOURCES FOR DOMESTIC REFUGEE HEALTH PROVIDERS
Domestic Refugee Health Guidelines

• Developed by CDC to assist state public health departments and clinicians
• Evidence-based recommendations for routine post-arrival medical screening of refugees
• Intended as recommendations rather than as mandates
Domestic Refugee Health Guidelines

- General
- History and Physical
- Hepatitis
- HIV
- Immunizations
- Intestinal Parasites
- Lead Screening
- Mental Health
- Malaria
- Nutrition and Growth
- Sexually Transmitted Infections
- TB

Checklist and Disease-Specific Guidelines for Medical Screening

- Domestic Medical Screening Checklist
  This checklist has been developed to summarize the guidelines. For more details about any specific task, click the links within the text to read specific sections of the complete guidelines.

Full Text of All Domestic Guidelines
Currently 12 guidelines are available.

- General Guidelines
- Guidelines for the History and Physical
- Hepatitis Screening Guidelines
- HIV Infection Screening Guidelines
- Immunizations Guidelines
- Intestinal Parasite Guidelines
- Lead Screening Guidelines
- Malaria Guidelines
- Mental Health Screening Guidelines
- Nutrition and Growth Guidelines
- Sexually Transmitted Diseases Guidelines
- Tuberculosis Guidelines

Refugee Health Profiles

- Developed to assist state public health departments and clinicians
- Provide key health and cultural information about specific refugee groups resettling in the United States
- Current profiles available:
  - Bhutanese
  - Burmese
  - Central American Minors
  - Congolese
  - Iraqi
  - Syrian

https://www.cdc.gov/immigrantrefugeehealth/profiles/index.html
Notifications: Types & Examples

- News/Updates
- Outbreak/Exposure Alert Notices
- Outbreak/Exposure Alerts with Individual Refugee Arrival Notices (ABN)
Health Education Materials

https://www.cdc.gov/immigrantrefugeehealth/resources/index.html
Electronic Disease Notification (EDN)

- Centralized electronic reporting system (2008)
  - Notify state health departments of arrival
  - Accessible to CDC users, state and local health departments, and screening clinics
- Collects health information on all refugees and immigrants with Class A or B medical conditions
  - Vaccination information
  - Anti-malarial and intestinal parasite treatment information
- Notification time range: ~5 days
Electronic Disease Notification (EDN)

- Comprised of TB and refugee health partners
- 1481 active external users
  - 466—TB coordinator
  - 300—Refugee health partner
  - 393—TB/Refugee health partner
  - 322—Clinic level
- ~400 Jurisdictions
Additional Resources

- Culture Orientation Resource Exchange (CORE)/Center for Applied Linguistics (CAL)
  - http://coresourceexchange.org/cultural-orientation/links/ (active)
  - http://www.culturalorientation.net/learning/backgrounders (archived)

- HealthReach

- MN Refugee Health Provider Resources
  - http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html

- Society of North American Refugee Health Providers
  - http://nasrhp.org/
Thank you!

Contact—

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Emily Jentes: Ejentes@cdc.gov (Domestic refugee health)

For more information, please contact:
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.