Caring for Newly Arrived Afghan Evacuees

Gabriela Contino, MD
Internal Medicine/Pediatrics Resident
University of Minnesota

Opeyemi Adesida M.B.B.S, MPH
Mobile Health Director
University of Minnesota
Objectives

• To understand the United States Refugee Resettlement Process
• To contrast the Afghan Evacuee Resettlement Process
• To provide an example of the current screening and safety exams
• To identify resources for providing evidence-based care for refugee visits
• To identify the most important diseases of concern and common medical conditions seen in newly arrived evacuees
United States Refugee Resettlement Process

1. **Refugee Status**
   - UNHCR identifies refugees who will need resettlement based on their vulnerabilities and specific needs.

2. **Referral to the U.S.**
   - UNHCR assesses each individual case, gathers all the background information and submits the case to be considered for resettlement.

3. **Security Clearance**
   - Resettlement Support Centers (RSCs) and U.S. government intelligence agencies run background checks and security clearance processes.

4. **In-Person Interviews**
   - The Department of Homeland Security conducts face-to-face interviews to determine whether the application qualifies for resettlement.

5. **Medical Screening**
   - Pre-approved applicants go through a medical screening to ensure they do not have tuberculosis or communicable diseases.

6. **Matching with a Sponsor Agency**
   - Approved applicants are assigned to local NGOs that assist them upon arrival. These NGOs help refugees integrate and become economically self-sufficient in their new U.S. community.
Refugee vs Asylee vs Evacuee: What’s the Difference?

• Refugee:
  – Flee country of origin to a secondary country
  – Often are in Refugee camps for 10-15 years
  – Refugee status is then determined prior to final placement

• Asylee:
  – Flees country and asks for asylum on arrival to the final country

• Parolee
Minnesota Afghan Parolee Resettlement Project

In partnership: Minnesota Department of Health, UMN Global Medicine Program, UMN Global Pediatrics Program, Mobile Health Initiative, Hennepin County, and Resettlement Agencies across MN

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS
Teams

**Lead Health Response Team**
- Blain Mamo
  - Refugee Health Coordinator
- Opy Adesida, MBBS, MPH
  - CUHCC/Mobile Health Initiative Director
- Maggie Eckerstorfer
  - Mobile Health Initiative Lead Coordinator

**Social Support Team**
- Coordinated by the UMN Medical Reserve Corps
- Kathy Berlin, RN, PHN
- Amy Scheller
- Patricia Shannon, PhD
- Tai Mendenhall, PhD, LMFT

**Core Medical Team**
- Bill Stauffer, MD, MSPH, FASTMH
- Brett Hendel-Paterson, MD, FASTMH
- Cindy Howard, MD, MPHTM
- Jonathan Kirsch, MD
- Mehria Sayad-Shah, MD
Due to the Afghanistan humanitarian crisis, tens of thousands of Afghan evacuees have been transported to 11 military bases (Safe haven) in the U.S.

Receive TB screening, COVID test and vaccine, MMR, IPV, and possibly other age-appropriate vaccines.

Urgently resettling to individual states.
Arrivals as of 12/7/2021:

- 121 Families
- 438 individuals
- 78% staying in temporary housing
  - Site Managers, Interpreters
  - Clothing, recreational space
- 21% US Ties
- 69% of arrivals are resettling in Hennepin county after leaving temporary housing
Demographics of Arrivals

Afghan Arrivals to Minnesota by Age, 2021

Afghan Arrivals to Minnesota by Sex, 2021

Afghan Arrivals Lodging Location, 2021

County of Resettlement

<table>
<thead>
<tr>
<th>County of Resettlement</th>
<th>% of Total Arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka</td>
<td></td>
</tr>
<tr>
<td>Blaine</td>
<td>1.55%</td>
</tr>
<tr>
<td>Coon Rapids</td>
<td>4.65%</td>
</tr>
<tr>
<td>Spring Lake Park</td>
<td>0.78%</td>
</tr>
<tr>
<td>Blomington</td>
<td>13.18%</td>
</tr>
<tr>
<td>Hopkins</td>
<td>3.88%</td>
</tr>
<tr>
<td>Maple Grove</td>
<td>4.60%</td>
</tr>
<tr>
<td>Minneapolis</td>
<td>41.86%</td>
</tr>
<tr>
<td>Richfield</td>
<td>10.08%</td>
</tr>
<tr>
<td>Robbinsdale</td>
<td>2.33%</td>
</tr>
<tr>
<td>Ramsey</td>
<td></td>
</tr>
<tr>
<td>St. Paul</td>
<td>13.18%</td>
</tr>
<tr>
<td>St. Paul</td>
<td>13.18%</td>
</tr>
<tr>
<td>Stearns</td>
<td>0.79%</td>
</tr>
<tr>
<td>Washington</td>
<td></td>
</tr>
<tr>
<td>Hugo</td>
<td>0.78%</td>
</tr>
<tr>
<td>Washington</td>
<td></td>
</tr>
<tr>
<td>Unknown/Unknown</td>
<td>2.33%</td>
</tr>
</tbody>
</table>
Afghan Evacuee Initial Health Assessment
Afghan Evacuee Health Intake Goals

- Warm Welcome to Minnesota
  - Meet families where they are
- Eval/Triage for urgent medical needs
  - Avoid ED/Urgent Care visits
  - Med refills
- Eval for urgent mental health/behavioral health needs
  - “Social Support”
- Refer
  - Connect to excellent Refugee Health Clinic Infrastructure
  - Vision-Open Cities
  - Dental/Primary Care-CUHCC
  - Dental- Community Dental Clinics
The Process

• Volunteer Recruitment

• Volunteer Training

• Pre-Arrival Notification

• Assembly of Medical Team

• Medical Evaluation

• Next Steps
What Have We Been Doing?

• All arrivals are offered a health intake assessment
• Identify acute and urgent health needs
• OTC Medications, eyeglasses
• Prescription Medications
• Acute visits
What Have We Been Doing?

• Referrals: 47% arrivals seen are referred to a specialty
  – PCP: 86 (20%) of 438 arrivals seen were referred to Primary care referral
  – Dental
  – Obstetrics-Gynecology
  – Social Support
  – Vision
  – Women’s Clinic (18 and above)
Social Support Services

• Mental Health/Behavioral Health Support
• Needs Evaluation
• Domestic Abuse Screening
• Expedited Clinic Appointments
Other Initiatives

▪ Dental screening clinic for kids identified 24 arrivals needing an urgent referral
  ▪ Coordinating with Community Dental Clinics

▪ COVID vaccine events on-site- CUHCC
  Vaccinated 63 newcomers.

▪ Vision clinic-Open Cities
Primary Care Referrals to CUHCC

Referral Process

• Post Medical Intake at temp housing
• Urgent medical needs, specialist referrals
• Schedule appointments
• Communicate with resettlement agencies
  – 3 months of Case management
  – Transportation
Primary Care Referrals to CUHCC

In Clinic

- New patients establishing care
  - presenting complaints
  - WCC
- Bring medical records
- Follow up as needed
- Comprehensive Refugee Health Screening
  - future date.
Formal Refugee Health Assessment

• Typically occurs within 30-90 days from arrival at final destination
• History and Physical
• Immunizations
• Screening tests: HIV, intestinal parasites, lead, malaria, TB, viral hepatitis
• Mental Health
• Nutrition and growth
# Disease-Specific Laboratory Testing

<table>
<thead>
<tr>
<th>Disease</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| **Tuberculosis** | Evaluate for signs or symptoms of TB disease and history of contacts with active TB. If refugee arrived with a [Class B0 TB designation](#), no further evaluation is necessary.  
☑ Test with IGRA*.  
*IGRA testing is preferred over the tuberculin skin test (TST) for most foreign-born individuals age 2 years and older who have or may have received Bacille Calmette Guerin (BCG) vaccination. Tuberculin skin test (TST) may be used if IGRA is unavailable.  
[Show more](#) |
| **Hepatitis B**  | Review overseas records (pre-departure testing for infection and vaccination are increasingly common).  
☑ Test for hepatitis B infection and immunity status using HBsAg, anti-HBc, and anti-HBs.  
☑ Complete the vaccination series according to the [ACIP schedule](#) if the refugee is not infected and the series has been started and not yet completed, the refugee is susceptible and at increased risk for HBV infection, or the refugee is susceptible and from a country endemic for hepatitis B.  
[Show more](#) |
| **Hepatitis C**  | ☑ All new adult (≥18 years of age) arrivals should be tested for HCV infection with HCV antibody during the domestic medical screening.  
[Show more](#) |
| **Malaria**      | *Refugee departed from a [malaria-endemic country](#). Refugees arriving from Southeast Asia, South Asia, Central Asia, and all areas in the Western Hemisphere generally come from areas with low or no malaria transmission. Therefore, CDC does not currently recommend routine presumptive treatment or routine laboratory screening for malaria in groups of refugees from areas outside sub-Saharan Africa, unless additional guidance is provided. However, any refugee from an endemic area with [signs or symptoms of malaria](#) should receive diagnostic testing for Plasmodium and treatment for confirmed infections.* |
General Takeaways for Refugee Exam

- Very little preventative care occurs
  - Pediatrics: Learning/developmental delays, vaccine preventable diseases
  - Internal Medicine: Undiagnosed HTN, HLD, DM, thyroid disease

- Mental Health Considerations

- General Orientation
Diseases of Public Health Concern

- Cholera
- COVID
- Diphtheria
- Leishmaniasis
- Lice
- Malaria
- Measles
- Pertussis
- Scabies
- Typhoid
- Varicella
Cholera

• **Cause:** *Vibrio cholerae*
• Non-contagious gastroenteritis most often occurring in inadequate water treatment, poor sanitation, inadequate hygiene
• **Symptoms:** Range from asymptomatic to vomiting and severe watery diarrhea (“rice water stools”)
• **Diagnosis:** Stool sample or rectal swab
• **Treatment:** Rehydration, antibiotics (doxycycline or ciprofloxacin), zinc
Leishmaniasis

- **Cause:** Leishmania, vector borne (sand flies)
- **Symptoms:**
  - Cutaneous: papules, nodules, ulcerations (painful or painless) with regional lymphadenopathy
  - Visceral: fever, weight loss, hepatosplenomegaly, pancytopenia
- **Diagnosis:** Serologies and biopsy
- **Treatment:** varies based on type of Leishmania and organs affected

https://doi.org/10.1186/s13071-021-04619-3)
Pediculosis (lice)

- **Cause:** Pediculus humanus corporis/capitis
- **Symptom:** Skin and scalp itching, dermatitis, lymphadenopathy
- **Diagnosis:** Physical exam: Fine tooth comb to examine the hair with the presence of lice or nits
- **Treatment:** benzyl alcohol 5%, permethrin lotion, Shaving hair
Malaria

• Cause: *Plasmodium species*, transmitted by mosquitoes
• Symptom: Cyclical Fever, chills, headaches, myalgias, vomiting and diarrhea, jaundice, confusion
• Diagnosis: Blood films (thin and thick smears), rapid diagnostic testing, PCR
• Treatment: Varies based on species and severity
Measles

- Symptoms: 3 C's, cough, coryza and conjunctivitis, Koplik spots, maculopapular rash, fevers
- Highly infectious and airborne transmission
- Diagnosis: Serologies, PCR
- Treatment: Supportive care with fluids, treatment of secondary bacterial infections, Vitamin A
- High risk individuals should have post-exposure prophylaxis

https://www.aafp.org/afp/2017/0601/p729.html
Scabies

- **Cause**: *Sarcoptes scabiei var hominis* (human mite)
  - Lays eggs causing a hypersensitivity reaction
- **Symptoms**: Inflammation and intense itching and often secondary bacterial infections. Appear as papules, pustules and vesicles.
- **Distribution**: Axillary folds, belt line, hands and interdigital web spaces, genital area and ankles
- **Diagnosis**: Characteristic rash, skin scrapings
- **Treatment**: Bedding/clothing washed in hot water, permethrin 5% cream or ivermectin
What may be relevant for your practice?

Afghan Evacuee Health Resources

University of Minnesota Course: Caring for Newly Arrived Afghan Refugees

MDH Center of Excellence in Refugee Health

CareRef

CDC Immigrant, Refugee, and Migrant Health
University of Minnesota Course: Caring for Newly Arrived Afghan Evacuees

Objectives

- Describe the usual refugee resettlement process
- Recognize ways frontline clinicians can screen for post-traumatic stress disorder and other urgent mental health concerns in refugees
- Identify three infectious illnesses that have been noted in Afghan evacuees
- Describe an efficient skin exam and recognize the difference between lice and scabies
Additional Resources

Afghan Evacuee Health Resources

CDC Immigrant, Refugee, and Migrant Health

MDH Center of Excellence in Refugee Health
Get Involved!

Thank you to the Minnesota Afghan Parolee Resettlement Project Team!!