

Caring for Newly Arrived Afghan Evacuees

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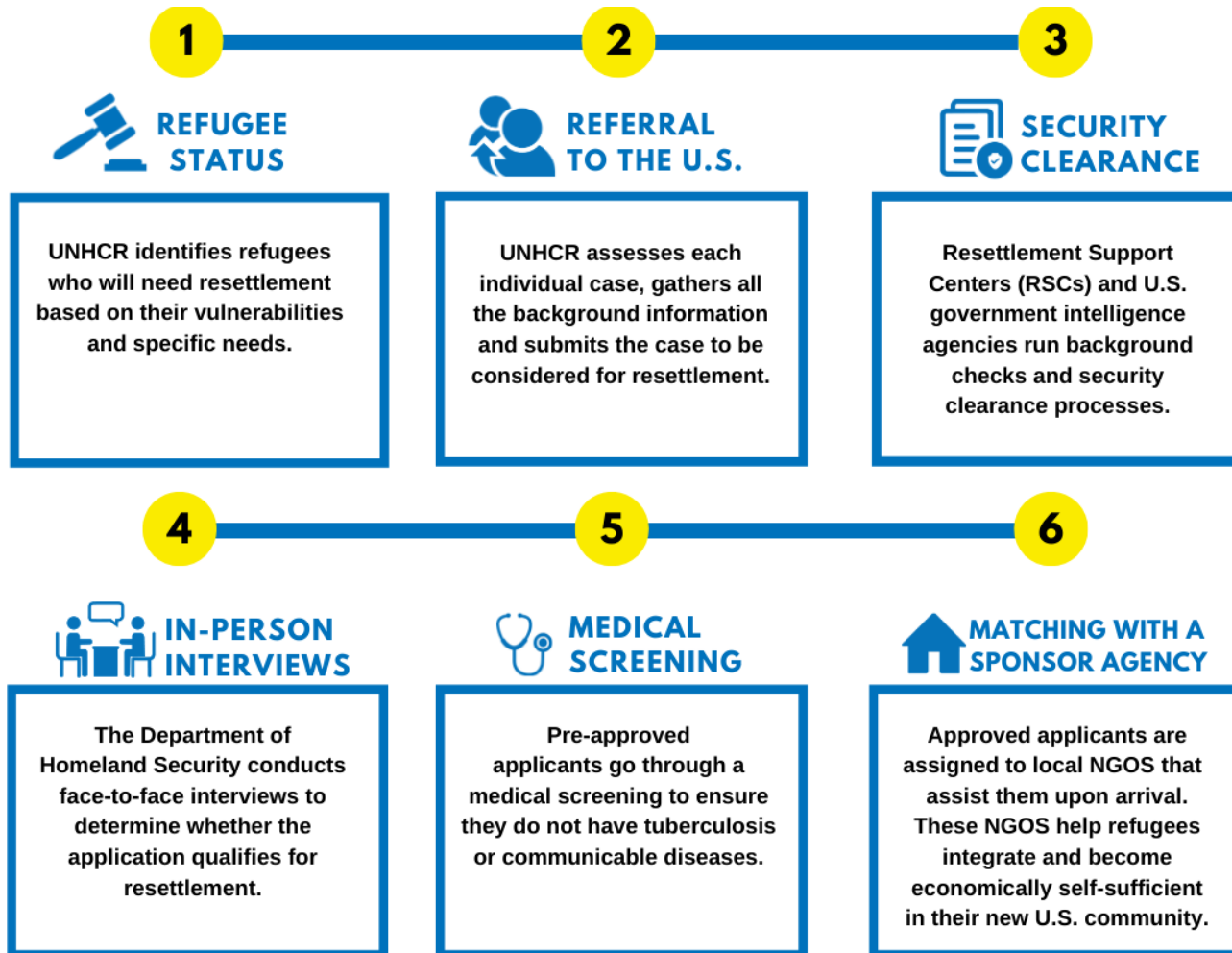


Objectives

- 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



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

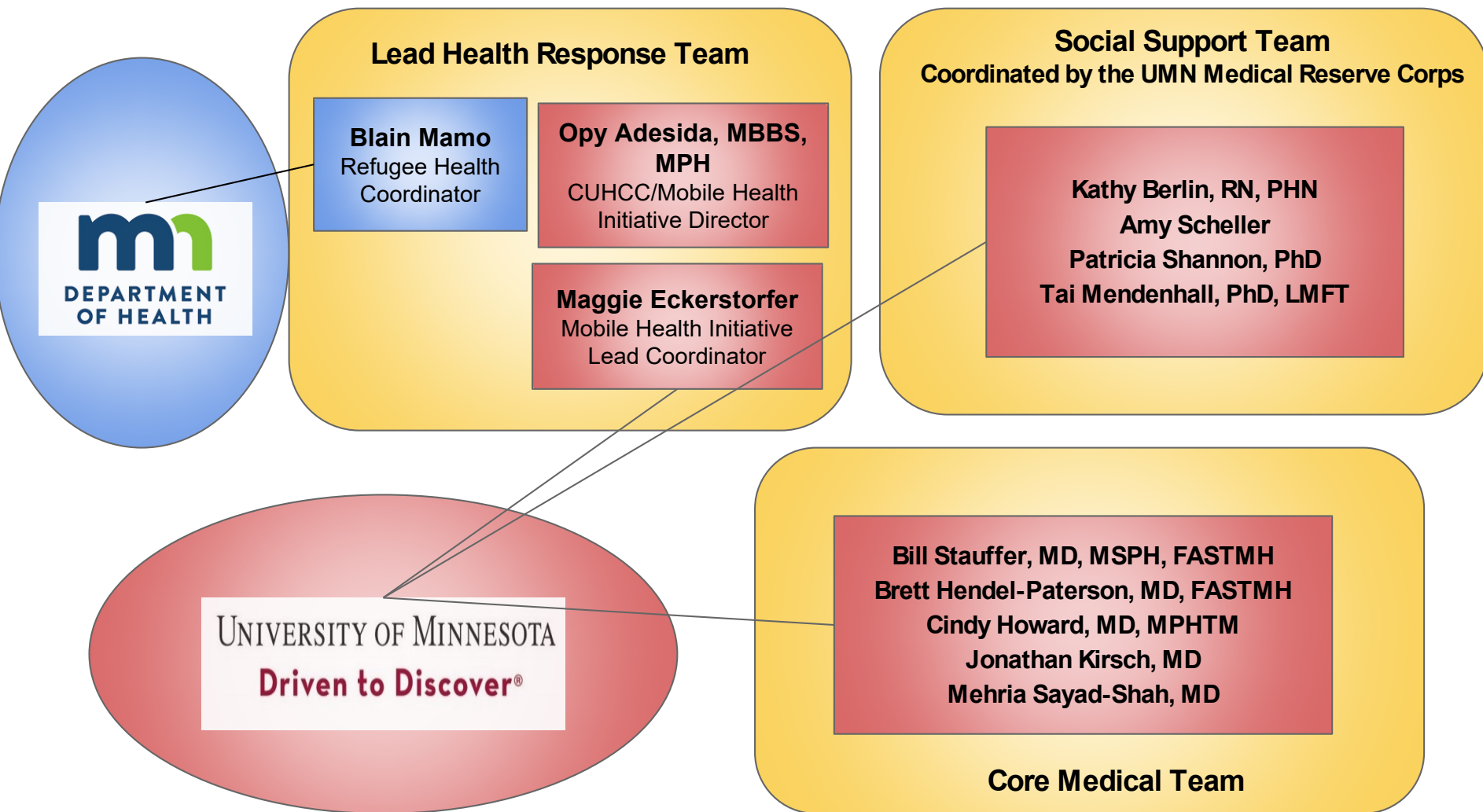




Minnesota Afghan Parolee Resettlement Project

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

Teams



Background on Situation

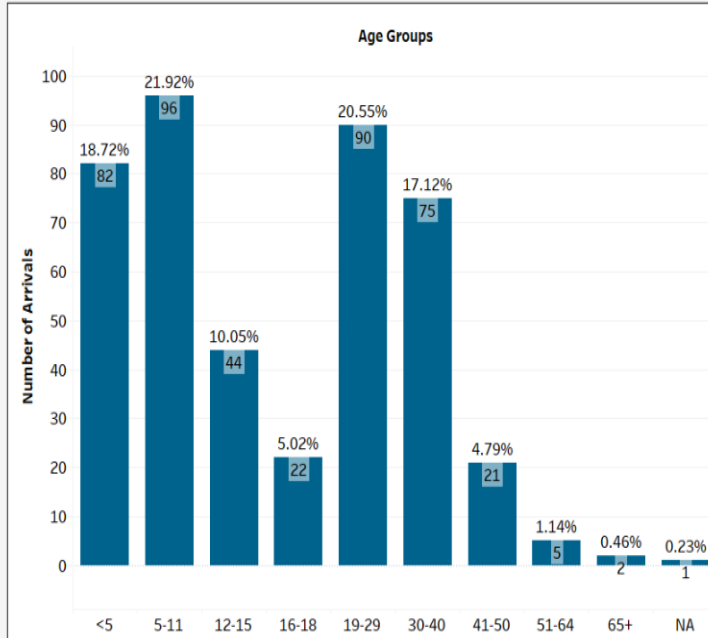
- Due to the Afghanistan humanitarian crisis, tens of thousands of Afghan evacuees have been transported to 11 military bases(Safe haven) in the U.S.
- Receive TB screening, COVID test and vaccine, MMR, IPV, and possibly other age-appropriate vaccines.
- Urgently resettling to individual states.

Minnesota Receiving Afghan Parolees

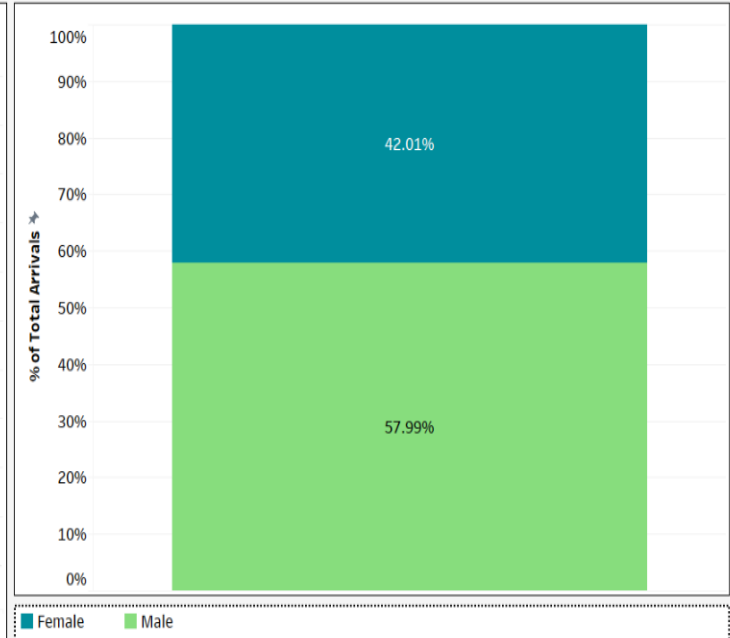
- Arrivals as of 12/7/2021:
 - 121 Families
 - 438 individuals
 - 78% staying in temporary housing
 - *Site Managers, Interpreters*
 - *Clothing, recreational space*
 - 21%- US Ties
 - 69% of arrivals are resettling in Hennepin county after leaving temporary housing

Demographics of Arrivals

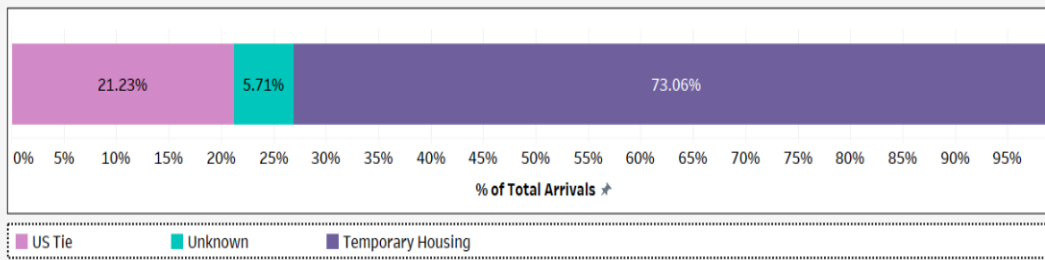
Afghan Arrivals to Minnesota by Age, 2021



Afghan Arrivals to Minnesota by Sex, 2021



Afghan Arrivals Lodging Location, 2021



County of Resettlement
% of discharged individuals

Anoka	Blaine	1.55%
	Coon Rapids	4.65%
	Spring Lake Park	0.78%
Hennepin	Bloomington	13.18%
	Hopkins	3.88%
	Maple Grove	4.65%
	Minneapolis	41.86%
	Richfield	10.08%
Ramsey	Robbinsdale	2.33%
	St. Paul	13.18%
Stearns	St. Cloud	0.78%
	Hugo	0.78%
Washington	Unknown/Missing	2.33%
Unknown/Missing	Unknown/Missing	2.33%

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



CareRef

Disease-Specific Laboratory Testing

Disease	Recommendation
Tuberculosis	<p>Evaluate for signs or symptoms of TB disease and history of contacts with active TB. If refugee arrived with a Class B0 TB designation (opens new tab), no further evaluation is necessary.</p> <p><input checked="" type="checkbox"/> Test with IGRA*.</p> <p>*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.</p> <p>Show more</p>
Hepatitis B	<p>Review overseas records (pre-departure testing for infection and vaccination are increasingly common).</p> <p><input checked="" type="checkbox"/> Test for hepatitis B infection and immunity status using HBsAg, anti-HBc, and anti-HBs.</p> <p><input checked="" type="checkbox"/> Complete the vaccination series according to the ACIP schedule (opens new tab) 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. (opens new tab)</p> <p>Show more</p>
Hepatitis C	<p><input checked="" type="checkbox"/> All new adult (≥ 18 years of age) arrivals should be tested for HCV infection with HCV antibody during the domestic medical screening.</p> <p>Show more</p>
Malaria	<p>*Refugee departed from a malaria-endemic country (opens new tab). 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 (opens new tab) should receive diagnostic testing for Plasmodium and treatment for confirmed infections.</p>



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





Localized skin lesion



Localized skin lesion



Localized skin lesion



Localized skin lesion



Localized skin lesion



Localized skin lesion



Localized skin lesion



Lupoid leishmaniasis

(Karimi, T., et al. A long-lasting emerging epidemic of anthroponotic cutaneous leishmaniasis in southeastern Iran: population movement and peri-urban settlements as a major risk factor. *Parasites Vectors* 14, 122 (2021). <https://doi.org/10.1186/s13071-021-04619-3>)



Pediculosis capitis



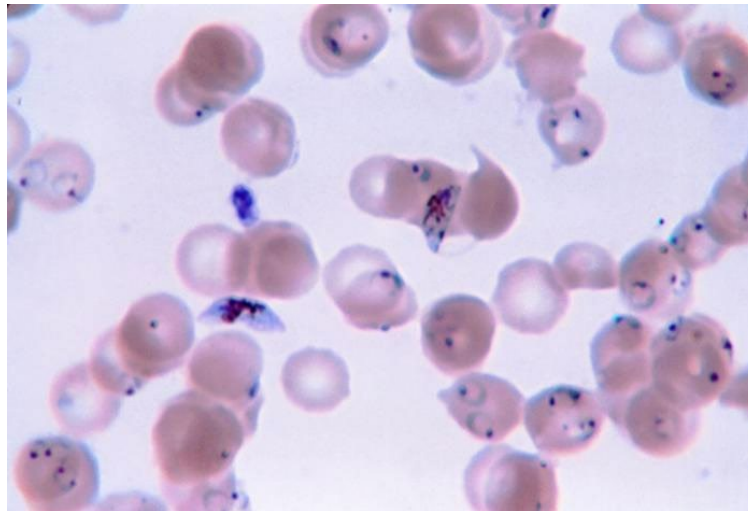
Multiple nits on hair shafts.

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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





<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

[University of Minnesota Course: Caring for Newly Arrived Afghan Refugees](#)



Additional Resources

[Afghan Evacuee Health Resources](#)

[CDC Immigrant, Refugee, and Migrant Health](#)

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Get Involved!



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

