

HBV & HCV within the Colorado Refugee Population



Who is a Refugee vs. Asylee

- Refugee: an individual granted legal status of “Refugee” by INS based upon the person’s persecution, or fear of persecution, due to their race, religion, nationality, or membership in a particular group or political party.
- Asylee: an individual who arrives in the country and subsequently can not return to their homeland for the same reasons mentioned above.

Purpose of the Refugee Program

- The purpose of the Refugee Program is to provide effective resettlement of Refugees and Asylees and assist them in achieving self-sufficiency.
- Since 1975 over 2.6 million refugees have arrived in the U.S.



Refugee Program in Colorado

- Federally funded by the Office of Refugee Resettlement (ORR) through the Colorado Department, Public Health & Environment (CDPHE).
- Approximately 40,000 refugees and asylees reside in Colorado
- In 2010 we are expecting 2,600 new refugees.
- Populations currently arriving include: Burmese, Karen, Nepalese, Iraqi, Somali, Congolese, Ethiopian, ...

Purpose of the Refugee Health Screening

- All newly arrived refugees or newly identified asylees are offered a health screening within 90 days of their arrival to:
 - Ensure follow-up of Class A & B health conditions identified overseas (TB, HIV, mental health issues, etc.)
 - Identify persons with communicable diseases of potential public health importance
 - Identify personal health conditions that adversely impact effective resettlement (e.g. job placement, language training, or school attendance)

Refugee Health Screening Sites

- There are currently four refugee health screening sites:
 - Lowry Family Health Center
 - CAHEP- Colorado Asian Health Education and Promotion
 - Colorado Springs- Peak Vista
 - Salud Mobil Unit (Ft. Morgan)



* All clinics work closely with CDPHE's Viral Hepatitis Program.

Refugee Screening Services Offered

- Vitals: Height, weight, blood pressure, vision
- TB screening
- Lab testing- HIV, Hepatitis B & C, CBC
- Ova & Parasite screening
- Immunizations
- Health history and physical exam
- Mental health assessment
- Health education & access to care information
- Referral for care, if needed

Hepatitis B Testing

- All patients 18 years and older are offered Hepatitis B (HBsAb & HBsAg) testing.
- If a patient's HBsAg is positive, a confirmatory (Hepatitis B Neutralization) test is automatically performed.

Hepatitis C Testing

- All patients 18 and older are offered a Hepatitis C (anti-Hep C) test.
- If the signal to cutoff ratio is < 3.8 , a HCV RIBA is automatically performed.

Counseling

- All patients with a positive HBsAg & Neutralization and/or anti-Hep C (signal to cutoff >3.8) are counseled at the refugee screening site.
- All patients are counseled with an interpreter and with the utmost care for cultural sensitivity.
- Counseling includes:
 - A brief education on the infection
 - Patient exposure history
 - Health Information
 - Referral information
 - Transmission information
 - Contact investigation
 - Education materials in the native language of the patient

Hepatitis B Contact Investigation

- All household members and sexual contacts under the age of 18 are tested for Hepatitis B once a member of the household has been found to be positive.
- Based on these results:
 - If a household member is immune, no follow up is necessary
 - If a household member is negative, we offer the Hepatitis B vaccine series free of charge
 - If a household member is positive, they receive counseling and a referral for follow up care

Special Circumstances

- Pregnant Woman- All pregnant woman are referred directly to the Viral Hepatitis Perinatal Program at CDPHE and are followed closely by the Perinatal Case Managers.

Referral Process

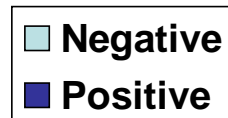
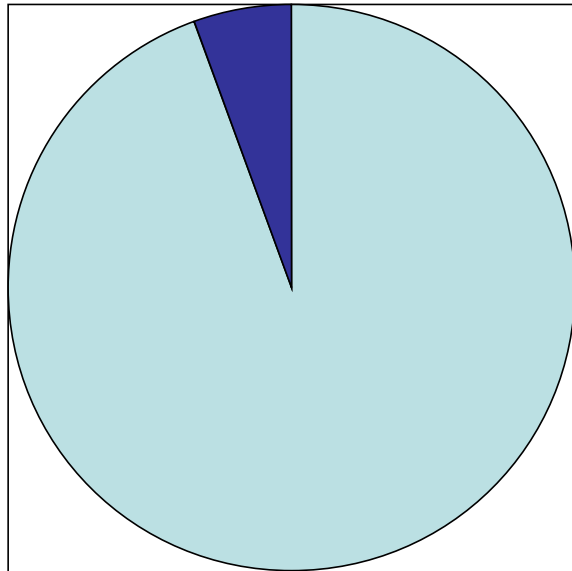
- All adult patients are referred for follow up care. They are typically seen at Denver Health, CAHEP, or MCPN.
- Patients are typically seen within 1 month of their counseling session.
- Children are referred to the Children's Hospital Liver Clinic.



Statistics



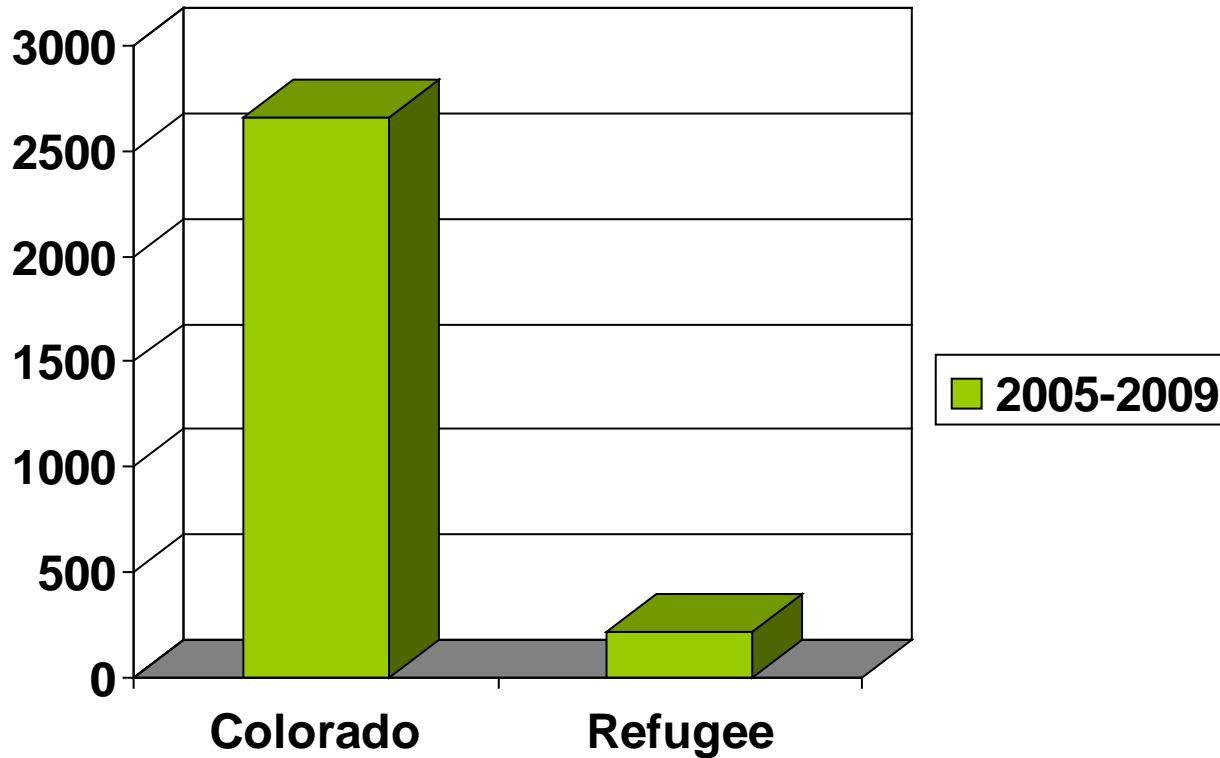
2005-2009



3818 refugees were screened for HBV from 2005-2009. 216 tested positive.

Therefore, about 6% of newly arriving refugees to Colorado have HBV.

% of Refugee HBV cases in Colorado

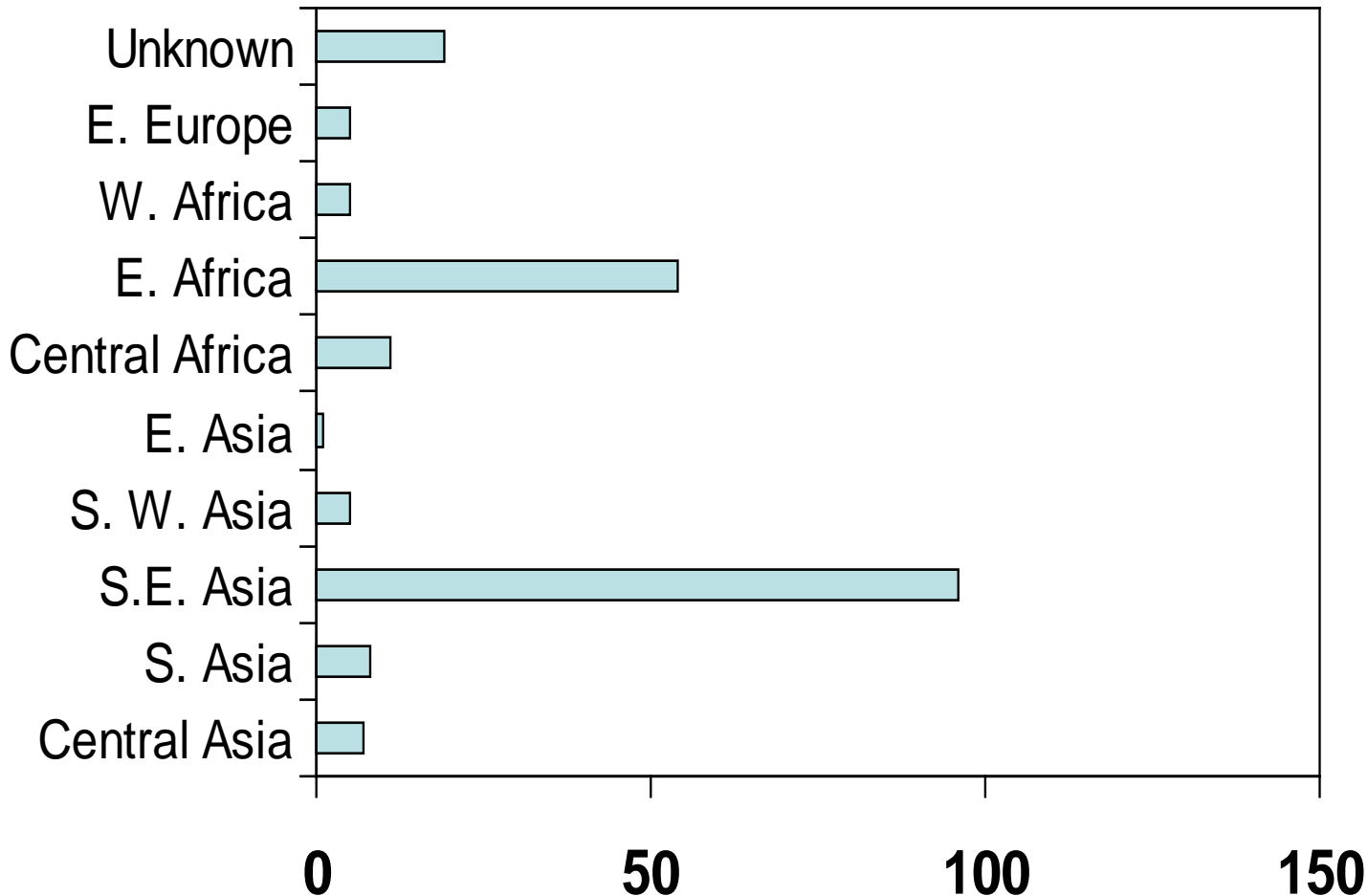


About 8% of Colorado's new HBV cases come from the refugee clinics.

2005-2009

Region of Origin

Region of Origin



E. Europe: Ukraine, Russia, Belarus

W. Africa: Liberia, Sierra Leone

E. Africa: Eritrea, Ethiopia, Somalia, Sudan, Uganda, Mauritania

C. Africa: Burundi, Congo, DR. Congo, Rwanda

E. Asia: China

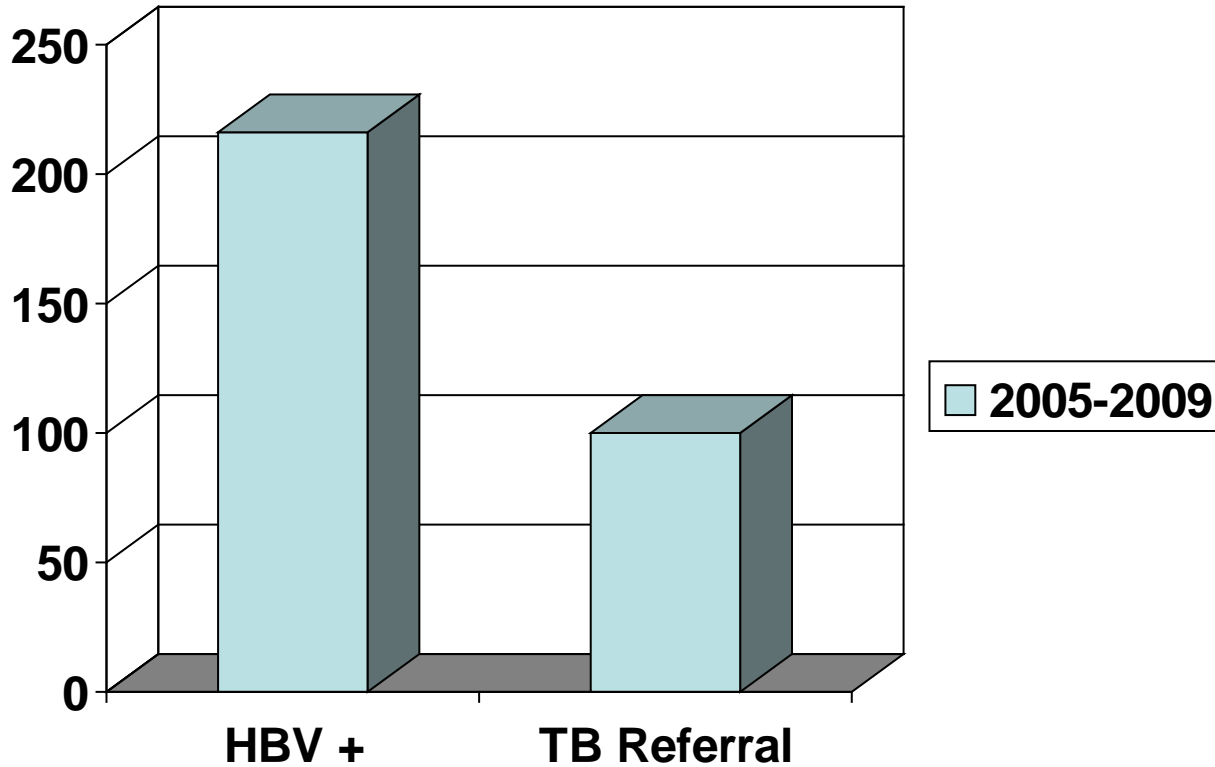
S.W. Asia: Afghanistan, Iran

S. E. Asia: Burma, Thailand, Vietnam

S. Asia: Bhutan,

C. Asia: Uzbekistan

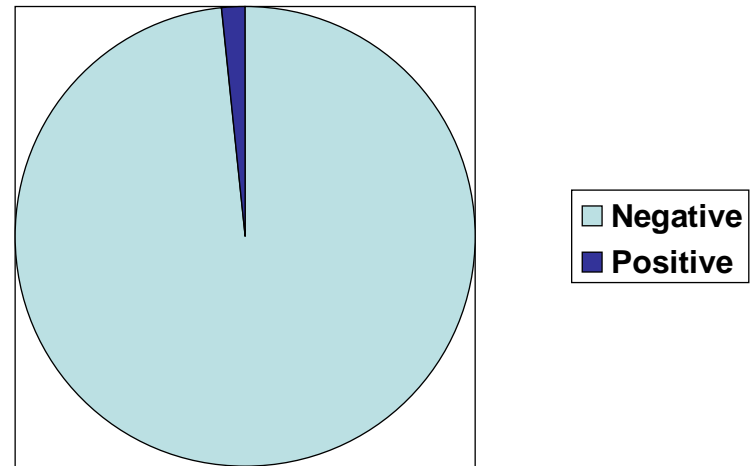
TB and HBV



Of the 216 positive HBV patients, 100 of them were also referred for TB follow-up due to either a positive PPD or an irregular chest x-ray overseas.

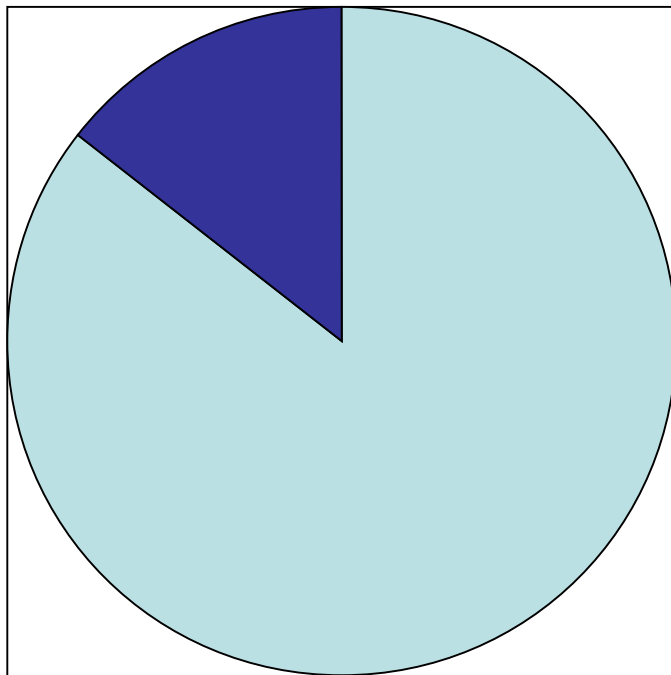
Hep C

- We began testing for Hepatitis C Antibody in refugee patients 18 years and older in November, 2009. Of these 446 patients, 8 have been positive.
- All of these patients are receiving the HAV and HBV vaccine series and were referred for follow up testing and care.



Referrals

- Attending appointments can sometimes be difficult for refugee patients. Lack of transportation, conflicts with work and/or school, or not understanding when and where their appointments are located can cause patients to miss their appointments.



86% of refugees received follow up testing and treatment if needed.

What we do to help

- We give a copy of the results to the patients so that they can give it to their provider.
- We create bus maps so people know how to get to their appointments.
- We write down information in their language.
- We provide educational information in their language.
- We do reminder phone calls
- We use interpreters.
- We work with their case managers.

Current and Future Goals

1. Provide education that is both culturally and educationally appropriate to our patients.
2. Ensure proper follow-up.
3. Prevent transmission to household and sexual contacts and to future children of HBV positive refugee patients.

Questions?

For additional information you may
contact:

Leslie Douglass at the Refugee
Health Clinic 720.956.2171 or
Candace Vonderwahl at CDPHE
303.692.2687

Many Thanks!

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- Refugee Patients, photos.