



### *Objectives*

- Identify services that all counties should be able to provide to refugee families
- List other partners who may be able to fill any service gaps
- Discuss what additional polices your agency may need to assist refugees



### *Scenario 1*

- Congolese refugee family with five children show up at the front desk of the health department asking for “refugee screening” and vaccinations.
- Family arrived to North Carolina one week ago from refugee camp in Tanzania.
- No one in the family speaks English; however a male relative brought this family to the health department.
- Ages of the children range from 18 months to 15 years.
- Yesterday family went to DSS to apply for Medicaid/Refugee Medical Assistance.
- Relative is helping the husband/father find a job and enroll the children in school.
- Family was sponsored by Lutheran Services Carolinas in Raleigh.

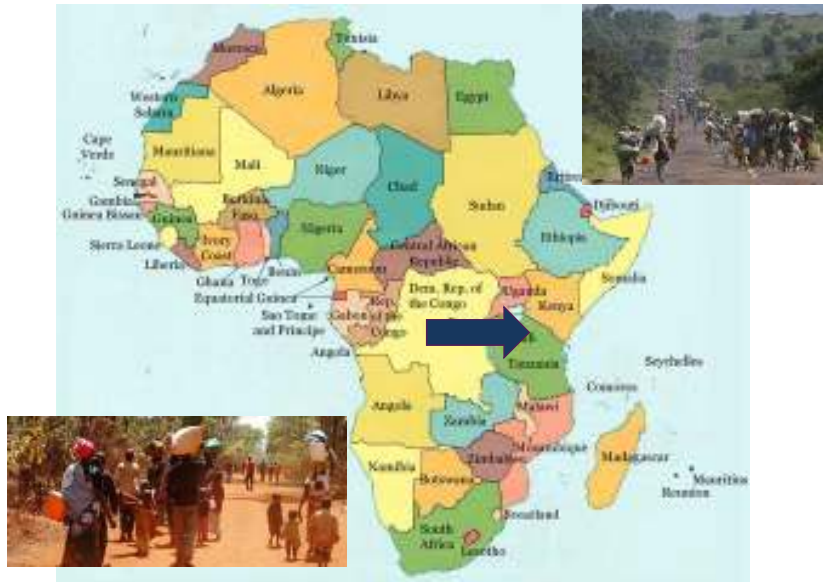
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### *Where are Democratic Republic of the Congo and Tanzania?*



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## Continent of Africa – fled from DRC to Tanzania



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## DRC – long history of conflict

- The Democratic Republic of the Congo (DRC), a Belgian colony formerly called Zaire, has a long history of internal conflict and turmoil. Ongoing refugee crisis is product of nearly 20 years of armed conflict and unrest.
- Highly complex conflict – at times involved the armies of nine countries and dozens of other armed groups – initiated when Rwanda and Uganda invaded eastern DRC in pursuit of the remaining perpetrators of the 1994 genocide who took refuge in eastern DRC and were regrouping in order to retake political leadership in Rwanda. Believed to be hiding in camps.
- Years of conflict followed. First and Second Congo Wars (1996-1997) and (1998-2003). The 1998 war is sometimes called “Africa’s World War”.
- In 1996 and 1997, Congolese refugees fled to neighboring countries.
- June 1998 situation calming and some left camps to return home- repatriated; however at same times wars in Rwanda and Burundi spilled over into DRC which caused further unrest. Over 90% of the refugees who had repatriated caught up in second crisis.
- Kivu Conflicts in eastern DRC (2004-present) – ethnic discrimination and rebel groups
- By end of 2012, more than 2.4 million Congolese were internally displaced and more than 470,000 had sought asylum in neighboring countries; mainly Uganda, Rwanda, Tanzania and Burundi.
- UNHCR referring DRC refugees for third country resettlement

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### The DRC: The Land and the People

- One of the world's poorest countries, yet has an abundance of natural resources.
- **Vast country** with land area about the size of the U.S. east of the Mississippi.
- **Rich in farming land and natural resources** – coffee beans, potatoes, tomatoes, yams, leeks, diamonds, gold, copper, cobalt, zinc, coltan (cell phones/electronics), cassiterite (food packaging).
- **Yet people remain poor** – few roads and railways. Health and education systems in ruins.
- Natural riches attracted adventurers, warlords, corrupt governments, and unscrupulous corporations. **Population is divided into competing ethnic groups.**
- Population of roughly 70 million people – ethnically diverse: 250 ethnic groups speaking 700 different languages and dialects.
- Largely Christian, but also includes Muslims, traditional African believers, and native Congolese Christian sect (Kambuangists).

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### Congolese refugees in Tanzania



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*Camp life*



More than 60,000 Congolese refugees live in Tanzania, mostly in Nyarugusu Camp.



*Camp life*



Children have access to primary school and some secondary school. However...





### Camp life

...opportunities for employment, to cultivate land, and sell or trade goods extremely limited.



SGBV widespread.



### Migration to North Carolina, USA



### Scenario 1

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- Family arrived to North Carolina one week ago from refugee camp in Tanzania.
- No one in the family speaks English; however a male relative brought this family to the health department.
- Ages of the children range from 18 months to 15 years.
- Yesterday family went to DSS to apply for Medicaid/Refugee Medical Assistance.
- Relative is helping the husband/father find a job and enroll the children in school.
- Family was sponsored by Lutheran Services Carolinas in Raleigh.
- **Carrying overseas medical records**

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### OVERSEAS MEDICAL EXAM FORMS

- Forms generally include:
- Demographics
  - Results of exam
  - TB worksheet
  - Medical history
  - Vaccination record

**PROTECTED IMAGE**

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### *Discussion*

- What other information do you need to address this situation?  
Documentation, guidance,...
- What resources (partners/colleagues) do you need to address this situation?
- Who do you call?

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### *Federal refugee health screening recommendations: CDC and Office of Refugee Resettlement*

#### **General list – dependent on age and risk factors, etc.**

- Vaccinations and Vaccine-Preventable Diseases – Hep B, varicella, Hep C
- Tuberculosis
- Blood lead
- Malaria
- Intestinal and tissue invasive parasites – strongyloidiasis, schistosomiasis
- STIs – syphilis, chlamydia, gonorrhea
- HIV
- Pregnancy
- CBC with differential and platelets
- Urinalysis
- Serum chemistries, glucose, cholesterol
- History and physical exam – mental health, dental, hearing, vision, nutrition and growth, reproductive assessment, health education, anticipatory guidance, vitamins, etc.
- Newborn/infant metabolic
- Population-specific screening

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

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### *State Refugee Health Program*

- Division of Public Health, Epidemiology Section, Communicable Disease Branch, Tuberculosis Prevention and Control Unit
- State Refugee Health Coordinator: Jennifer Morillo
  - Telephone: (919) 755-3181
  - [jennifer.morillo@dhhs.nc.gov](mailto:jennifer.morillo@dhhs.nc.gov)
  - Fax: (919) 733-0084
- Provide guidance to address this situation.
  - Client eligibility and needs
  - Obtain medical records – overseas, other states, etc.
    - *May have more up-to-date records than what they are carrying with them*
  - LHD services available
  - Other community services available
  - Other partners and resources

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### *Further Discussion*

- Who else in your health department could be a part of deciding how this situation would be handled? Who do you need to bring in?
- What kinds of resources and policies do you already have in place that could help you through a similar scenario?
- What resources and policies may you need to develop and/or research so you would be prepared for this possible scenario?

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### *Other considerations*

- Clients eligible for a “Refugee Health Screening/Assessment”
  - Refugee status
  - Asylees
  - Cuban/Haitian humanitarian parolees
  - Certain Amerasians
  - International trafficking victims
  - Iraqi/Afghan Special Immigrant Visa holders
- Vaccinations and screening recommendations can be very different than for U.S. born residents – risk and ages
- Most recommended vaccinations are required for refugees
- Some clients may have been sent by a civil surgeon for immigration testing and/or follow up – this is different than for screening for newly arrived refugees
- LHDs may opt to complete I-693 form for refugees
- LHDs often have much to offer refugees
  - Most have Medicaid or Refugee Medical Assistance for at least 8 months
  - No 5-year bar from public benefits like some immigrants
  - Usually more than one clinic needs to be involved

### *A word about Unaccompanied Children*

<https://www.acf.hhs.gov/orr/resource/unaccompanied-childrens-services>

**OFFICE OF REFUGEE RESETTLEMENT**  
 Division of Children's Services  
**AUTHORIZATION FOR RELEASE OF RECORDS**

Please complete this form, and attach any required documentation (see box II and III for what type of documentation will be required from you or your organization)

**THIS VERSION IS FOR REQUESTS OF VACCINATION RECORDS ONLY.**  
 Fax this form and attachments to (210) 208-5204, or email it to [information@ornccy.com](mailto:information@ornccy.com)

**I. Subject of record request.**

Subject of Record Request's Name: <u>N/A</u>	
UAC Name: _____	UAC Alias: _____
UAC Alien #: _____	Is the UAC currently in ORR custody? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
UAC Date of Birth: _____	UAC Age: <u>N/A</u>
Address (if UAC is currently in ORR custody name care provider): _____	
<u>N/A</u>	

**II. Reason for request. (Please check the boxes that apply and attach any required documents.)**

<b>I am requesting records for the purpose of:</b>	
<input type="checkbox"/> Representing the UAC in immigration court.	
<input checked="" type="checkbox"/> Other: <u>Providing medical care</u>	
<b>Type of request.</b>	
<input type="checkbox"/> This is a standard request.	
<input checked="" type="checkbox"/> This is an URGENT request because:	
<input type="checkbox"/> UAC has a court date within 30 days and I have attached a Notice of Hearing or other document confirming the court date.	
<input type="checkbox"/> UAC is turning 18 years old in less than 30 days.	
<input checked="" type="checkbox"/> Other: <u>Patient is being seen in the office/ need to determine which vaccinations to administer</u>	

<sup>1</sup> This is the person whose records you are requesting, usually an unaccompanied alien child (UAC) or a sponsor/potential sponsor of the UAC.  
<sup>2</sup> ORR maintains its records by UAC name. If the record request is for a sponsor or potential sponsor, please name the UAC to which the sponsor/potential sponsor's information would be connected.  
<sup>3</sup> Requests marked urgent for reasons other than those listed above are subject to approval by the ORR/DCS Division Director after consideration of exigent circumstances.



Part 2

*Measles in a refugee camp*

*The CDC notification*

- You're informed there is a measles outbreak in the camp from where one of your refugee families just departed.





Photo courtesy CDC- Colleen Mahar-Piersma, Center for Applied Linguistics.

### *What you should know*

Depending on disease outbreak, interventions may include

- deferral of travel
- additional vaccinations
- presumptive or directed therapy

Refugees don't have to receive vaccines before admission into United States but routine vaccinations are strongly recommended and offered overseas to

- protect health and prevent travel delays due to outbreaks
- allow rapid integration into schools after arrival in US for children

Vaccines given to Congolese refugees during overseas medical examination vary depending on the country where they reside during the exam



### Discussion

- 1) What information do you need to manage this situation? Hint....
- 2) Who do you call?
- 3) What documentation do you need?
- 4) What if you can't locate information?



More than **60%** of the **21.5 million** children who did **not** receive one dose of **measles** vaccine in 2013 came from only 6 countries

India: 6.4M | Nigeria: 2.7M | Pakistan: 1.7M | Ethiopia: 1.1M | Indonesia: 0.7M | DR Congo: 0.7M

A household in Ethiopia can lose 1 month's income if 1 child is sick from measles.

Measles is a leading cause of death among children around the world.

400 die every day, 16 every hour – despite the fact that a safe and effective vaccine has been available for over 50 years.



<http://measlesrubellainitiative.org/>



### *Where to Begin*

- What tasks need to be initiated immediately?
- How would you manage if one or more of your family members developed a fever and rash?
- Who is available to assist?
- How are you organizing to respond?

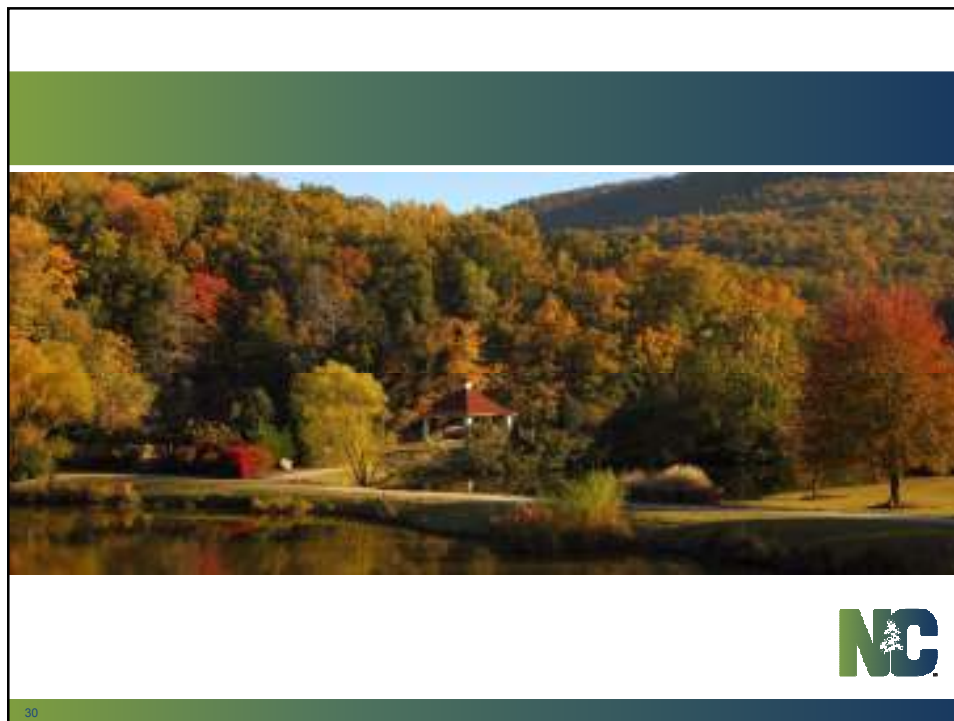


### *Where to Begin*

- What tasks need to be initiated immediately?
- How would you manage if one or more of your family members developed a fever and rash?
- Who is available to assist?
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Measles Investigation Overview		North Carolina Communicable Disease Branch	
<p>The following guidelines provide a brief overview of the steps of a measles contact investigation. Because measles investigations can be complicated, understanding of the <a href="#">WHO Surveillance Manual</a> chapter on measles is essential. Investigations that may be complicated by setting, high-risk individuals or other factors should be discussed with the N.C. DHH Communicable Disease Branch (315-715-5433).</p> <p>Endemic transmission no longer occurs in the United States. Rapid identification of travel-related cases is key to preventing spread. Contact investigations should proceed immediately for all cases of measles. When measles is strongly suspected, attempts to identify and provide prophylaxis to close contacts should proceed without delay. Prophylaxis (either given within 72 hours of exposure or to those within 4 days) may prevent disease. Measles is highly contagious with a 90% secondary attack rate in susceptible populations. Transmission of airborne measles virus has occurred up to 2 hours after a case occupied a room. Measles is a public health emergency.</p>			
<b>Basic Steps of a Measles Investigation</b>			
1. Determine immune status, clinical presentation and epidemiological factors of a suspected case	<ul style="list-style-type: none"> <li>Identify symptom onset for fever, cough, conjunctivitis, and rash onset date, and determine rash progression pattern.</li> <li>Determine immune status of patient. Refer to the <a href="#">WHO Surveillance Manual</a> for criteria of acceptable evidence of immunity. Patients who meet criteria are unlikely to acquire measles.</li> <li>Inquire about recent travel history and recent contact with ill persons.</li> <li>Rule out other causes like recent use of antibiotics or other illnesses (e.g. roseola, pertussis, Kawasaki disease).</li> </ul>		
2. Laboratory testing	<ul style="list-style-type: none"> <li>If patient meets criteria for suspicion of measles, laboratory specimens should be collected as soon as possible.</li> <li>An oropharyngeal or nasopharyngeal swab should be collected for PCR and viral culture within a day of rash onset (while not optimal, collection within 30 days may be acceptable; consult CDB).</li> <li>Serum should be collected for measles IgM testing 10 days after rash onset, unless the person was recently vaccinated.</li> </ul>		
3. Manage the case	<ul style="list-style-type: none"> <li>Verify that case has been appropriately tested and isolated using airborne precautions if hospitalized during the infectious period. Isolation orders may be issued.</li> <li>Use information collected from medical records or speak with patient to identify settings where the patient might have been exposed. Exposure period is 7-21 days before rash onset.</li> </ul>		
4. Identify all contacts of case during infectious period	<ul style="list-style-type: none"> <li>Infectious period: (Start: 4 days before rash onset. End: 4 days after rash onset)</li> <li>Contacts are any persons sharing air space with a case during the infectious period for up to 2 hours after a case has recovered that space.</li> <li>Immediately notify CDC Branch if case traveled on commercial air/vehicle while infectious.</li> <li>Documentation of contacts should be more active in high-risk settings such as healthcare facilities, day care and other settings with unimmunized persons.</li> </ul>		
5. Collect information about contacts	<ul style="list-style-type: none"> <li>Date and location of last exposure to case while infectious</li> <li>Symptoms of measles (febrile rash illness with cough, coryza, and conjunctivitis)</li> <li>Evidence of immunity</li> <li>Identify contacts with high-risk status (e.g. infants, pregnant women), and high transmission risk (e.g. health care workers)</li> </ul>		
6. Manage contacts	<ul style="list-style-type: none"> <li>Course of action will depend on time since last exposure, type of contact, presence of symptoms, immune status and risk status</li> </ul>		
> Asymptomatic contacts	<ul style="list-style-type: none"> <li>Refer to healthcare provider with prior arrangement for appropriate isolation and testing</li> <li>If measles is suspected, isolate/exclude until no longer infectious</li> </ul>		
> Immune contacts	<ul style="list-style-type: none"> <li>Contacts with documentation of immunity may self-monitor and report if symptomatic</li> </ul>		
> Asymptomatic contacts without acceptable evidence of immunity	<ul style="list-style-type: none"> <li>Meas vaccine should be administered to non-high-risk contacts as soon as possible</li> <li>It should be administered to high-risk contacts (infants, pregnant women, immunocompromised)</li> <li>Monitor for symptoms for 21 days via phone, text, or email using the contact monitoring form</li> <li>Exclude or quarantine as needed</li> </ul>		
> Asymptomatic contacts	<ul style="list-style-type: none"> <li>CDC Division of Global Migration and Quarantine (DMQ) will notify CB Branch of contacts in your jurisdiction; CB Branch will promptly contact you by phone, fax and/or email</li> <li>Contact names and addresses are provided to you; use and number, contact dates and results</li> </ul>		






*Presents for pre-natal care*

## Update on Prenatal Care

ADAM I. ZOLOTOR, MD, DrPH, and MARTHA C. CARLOUGH, MD, MPH  
*University of North Carolina at Chapel Hill, Chapel Hill, North Carolina*

*Am Fam Physician. 2014;89(3):199-208.*

Plus Zika virus testing?



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## ZIKA SCREENING TOOL FOR PREGNANT WOMEN

### Assess for Possible Exposure<sup>1</sup> to Zika Virus Infection

*(See references on back for more information.)*

Do you live in or do you frequently travel (daily or weekly) to an area with active Zika virus transmission?<sup>2</sup>

Have you traveled to an area with Zika<sup>3</sup> during pregnancy or just before you became pregnant (8 weeks before conception or 8 weeks before your last menstrual period)?

Have you had sex (vaginal, anal, or oral sex) without a condom or shared sex toys with a partner(s) who lives in or has traveled to an area with Zika?<sup>4</sup>

If your pregnant patient answered "NO" to all questions, she is at low risk for exposure to Zika.

### If Pregnant Patient Answered "Yes" to Any Question, Assess for Signs and Symptoms of Zika Virus Disease

Do you currently have or have you had (in the last 12 weeks) fever, rash, joint pain, or conjunctivitis (red eyes)?

If your pregnant patient answered "YES" to having any of these signs or symptoms, she might have contracted Zika virus infection. See in accordance with CDC guidance to recommend a partner.

If your pregnant patient answered "NO" to having any signs or symptoms, she has been exposed and might have an asymptomatic Zika virus infection. See in accordance with CDC guidance for asymptomatic pregnant women.



## Where is Zika Transmission Occurring?

### World Map of Areas with Risk of Zika



Search by location to find out if it's safe to travel

#### World Map

Search for a place by name or zoom and click on the map to see CDC's travel recommendations for Zika in that country. Follow the link in the pop-up message to read CDC's Zika travel health notices for that country.

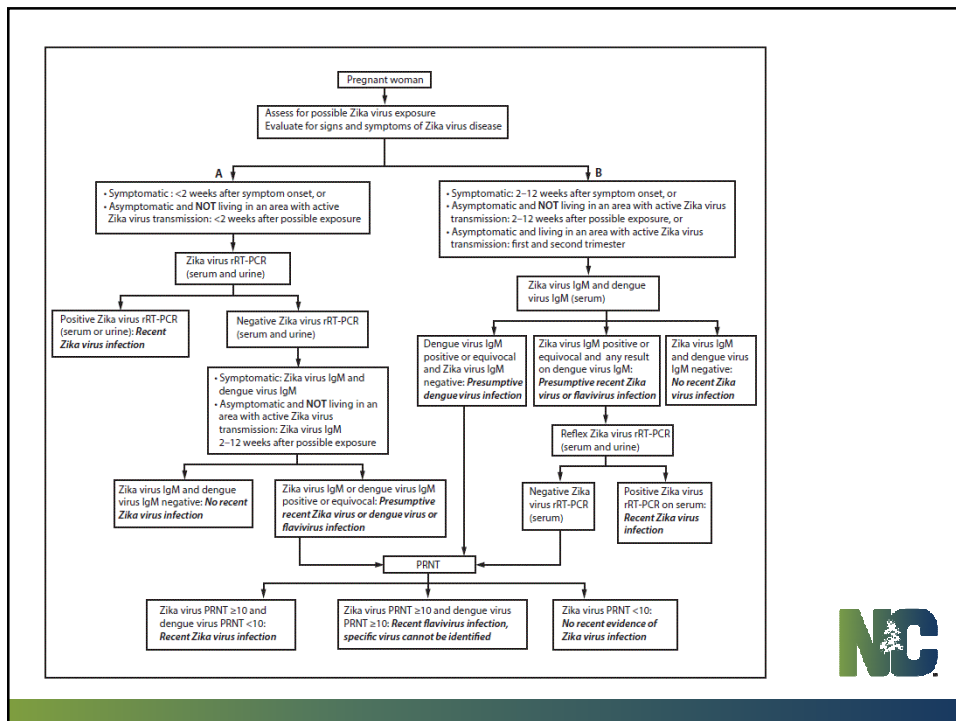


International areas  
 Zika Travel Recommendation: Low risk areas, High risk areas, No Known Zika



## Testing: Pregnant Women


- MMWR
- Update: Interim Guidance for Health Care Providers Caring for Pregnant Women with Possible Zika Virus Exposure — United States, July 2016
- Weekly / July 29, 2016 / 65(29);739–744
  
- Slides 20 to 32 adapted from CDC Clinician Outreach and Communication Activity (COCA) call 9 Aug 16





**Step 1: Evaluate patient & Assess exposure**

Assess for possible Zika virus exposure  
Evaluate for signs and symptoms of Zika virus disease




**Assess for possible Zika virus exposure**

1. Does she live in or has traveled to an area with active Zika virus transmission during pregnancy or in the periconceptional period?
2. Has she had sexual activity without barrier protection with a partner who lives in or traveled to an area with active Zika virus transmission during her pregnancy or in the periconceptional period?
3. How long ago was the last possible exposure
  - < 2 weeks ago
  - 2-12 weeks ago
  - >12 weeks ago

**Evaluate for signs/symptoms of Zika virus Dz**

1. Does the patient report currently having or has she had one or more signs or symptoms of Zika virus disease including:
  - Acute onset fever, rash, arthralgia, conjunctivitis
2. How long ago did the symptoms begin
  - < 2 weeks ago
  - 2-12 weeks ago
  - >12 weeks ago




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**Arm A: Pregnant Women Presenting for Care within 2 Weeks of Symptoms or Exposure**


**IF**


- *Symptomatic*: <2 weeks after symptom onset
- *Asymptomatic and NOT living in an area with active Zika virus transmission*: <2 weeks after possible exposure



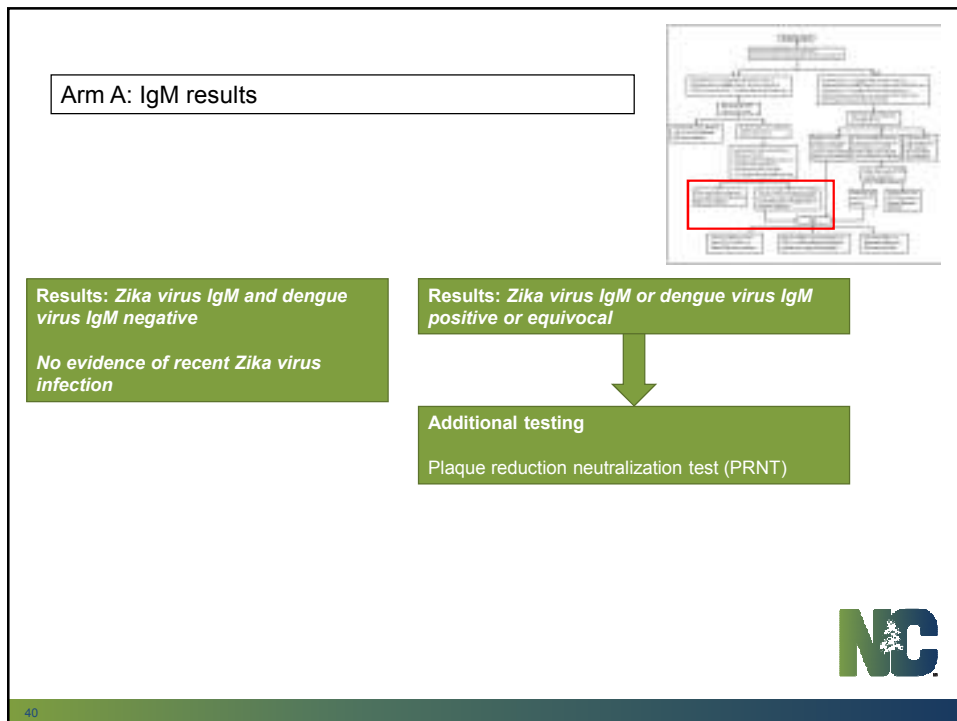
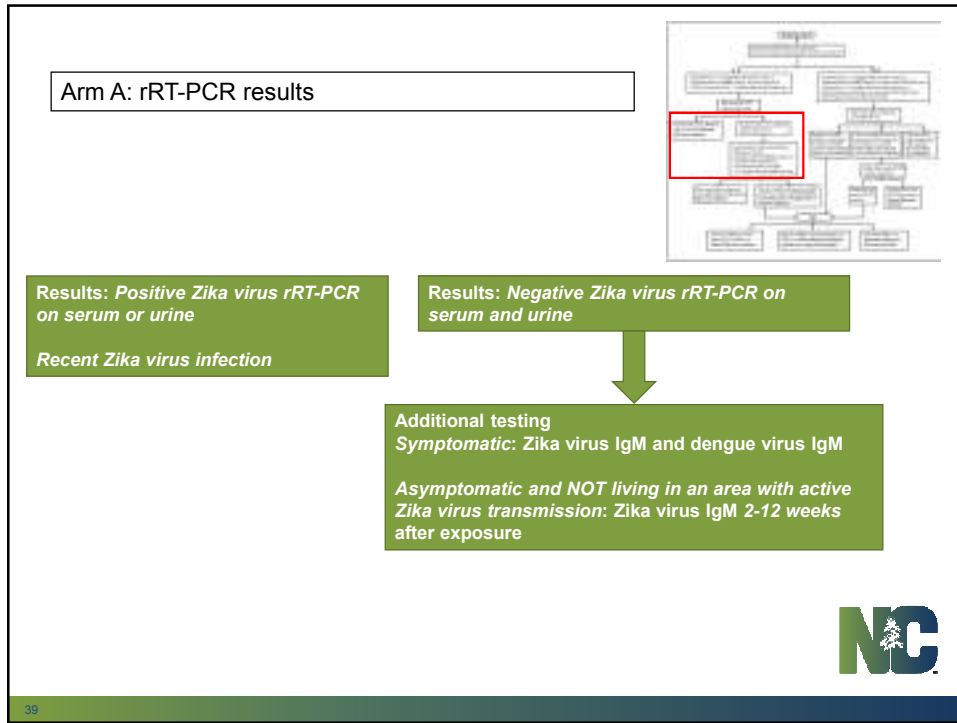
**Testing indicated:**

Zika virus rRT-PCR on serum and urine






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Arm A: PRNT results



Results: *Zika virus PRNT ≥ 10 and dengue virus PRNT <10*  
Recent *Zika virus* infection


Results: *Zika virus PRNT ≥ 10 and dengue virus PRNT ≥ 10*  
Recent flavivirus infection, specific virus cannot be identified

Results: *Zika virus PRNT < 10*  
No evidence of recent *Zika virus* infection



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Arm B: Pregnant Women Presenting for Care 2-12 Weeks after Symptoms or Exposure



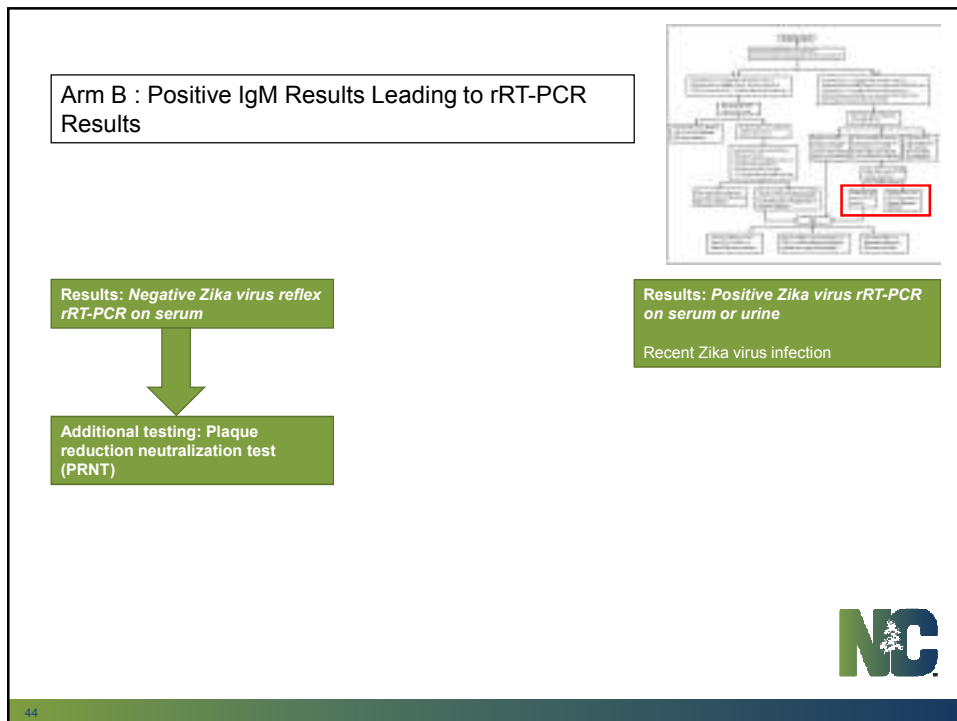
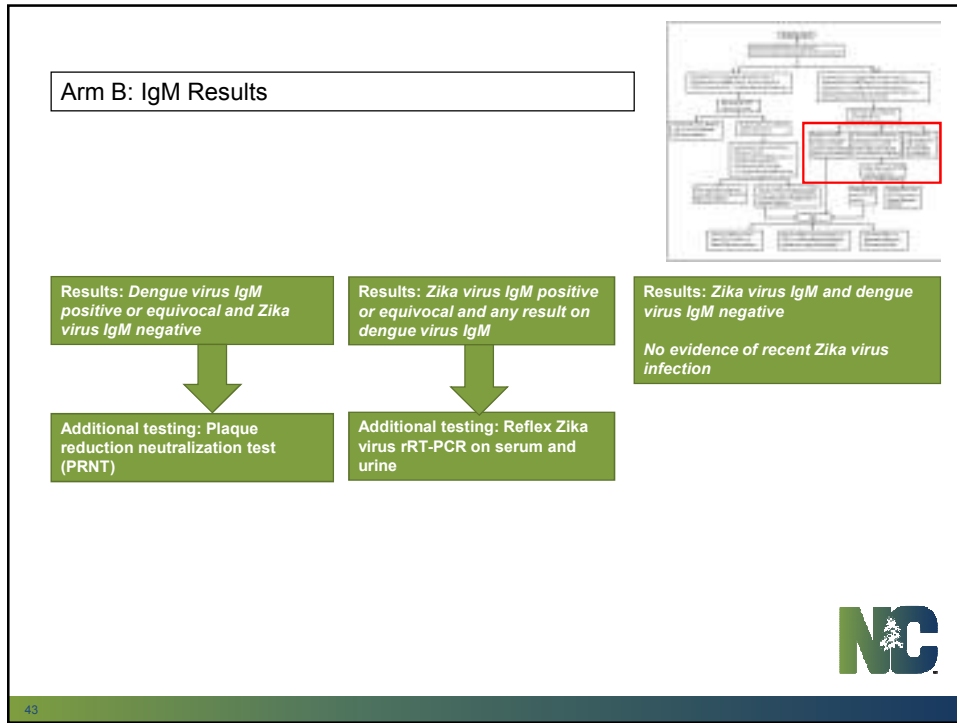
IF

- Symptomatic: 2-12 weeks after symptom onset, or
- Asymptomatic and NOT living in an area with active *Zika virus* transmission: 2-12 weeks after possible exposure, or
- Asymptomatic and living in an area with active *Zika virus* transmission: 1st & 2nd trimester

Testing indicated:  
Zika virus IgM and dengue virus IgM on serum



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Arm B: PRNT results



Results: Zika virus PRNT  $\geq 10$  and dengue virus PRNT  $< 10$   
Recent Zika virus infection

Results: Zika virus PRNT  $\geq 10$  and dengue virus PRNT  $\geq 10$   
Recent flavivirus infection, specific virus cannot be identified

Results: Zika virus PRNT  $< 10$   
No evidence of recent Zika virus infection



(1) Last Name: _____ (2) First Name: _____ (3) Address: _____ (4) City: _____ State: _____ Zip: _____ (5) Phone: _____ (6) Email: _____ (7) Date of Birth: _____ (8) Sex: _____ (9) Race: _____ (10) Ethnicity: _____ (11) Occupation: _____ (12) Date of Onset: _____ (13) Date of Specimen Collection: _____ (14) Date of Report: _____		(15) DO NOT WRITE IN THIS SPACE LABORATORY NUMBER: _____ PLEASE PRINT ALL INFORMATION ACCURATELY	(16) Department of Health and Human Services State Laboratory of Public Health 4700 Research Drive, Raleigh, NC 27612-1007
(17) Patient Type: _____ (18) Order Provider Name: _____ (19) Center Name: _____ (20) Patient Address: _____ (21) Patient Phone: _____ (22) Patient Email: _____ (23) Patient Insurance: _____ (24) Patient ID: _____ (25) Patient Date of Birth: _____ (26) Patient Sex: _____ (27) Patient Race: _____ (28) Patient Ethnicity: _____ (29) Patient Occupation: _____ (30) Patient Date of Onset: _____ (31) Patient Date of Specimen Collection: _____ (32) Patient Date of Report: _____		(33) SPECIAL SEROLOGY (34) SPECIMENS SUBMITTED: <input type="checkbox"/> ALLIGATOR SERUM (within 7 days of onset) <input type="checkbox"/> SERUM COLLECTED <input type="checkbox"/> CONVALESCENT SERUM <input type="checkbox"/> CSF <input type="checkbox"/> URINE (35) ONSET DATE: _____ (36) DO: _____ (37) Program: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Sure (38) INSECT BITE(S) AND SYMPTOM(S) (39) INSECT BITE(S): <input type="checkbox"/> Mosquito <input type="checkbox"/> Tick <input type="checkbox"/> Flea <input type="checkbox"/> Other _____ (40) SYMPTOM(S): <input type="checkbox"/> Fever <input type="checkbox"/> Headache <input type="checkbox"/> Muscle aches <input type="checkbox"/> Joint pain <input type="checkbox"/> Rash <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Stomach pain <input type="checkbox"/> Fatigue <input type="checkbox"/> Irritability <input type="checkbox"/> Confusion <input type="checkbox"/> Other _____ (41) INFECTIOUS AGENT(S) SUSPECTED AND TEST(S) REQUESTED (42) Single Agent Diagnostic Tests: <input type="checkbox"/> Dengue <input type="checkbox"/> Chikungunya <input type="checkbox"/> Zika <input type="checkbox"/> Other _____ (43) Please forward specimen to CLIC for testing (attach a completed CLIC 18.18 ICDPH form.)	





## *US Zika Virus Pregnancy Registry*

- Eligibility for the Registry
  - Pregnant women and infants who meet the following criteria are eligible for the US Zika Pregnancy Registry:
    - Pregnant women in the United States\* with laboratory evidence of Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and periconceptionally, prenatally or perinatally exposed infants born to these women.
    - Infants with laboratory evidence of congenital Zika virus infection (positive or equivocal test results, regardless of whether they have symptoms) and their mothers.

\* Includes the 50 US states, the District of Columbia, and the following jurisdictions: American Samoa, Federated States of Micronesia, Guam, Northern Mariana Islands, and Republic of the Marshall Islands, Republic of Palau, and US Virgin Islands.



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## *US ZPR Data Collection*



The USZPR collects follow-up information on all reported infants born to women with laboratory evidence of possible Zika virus infection (regardless of whether they have symptoms) and periconceptionally, prenatally, or perinatally exposed infants born to these women, including infants who appear healthy at birth. The inclusion of infants who appear healthy is important because the short-term and long-term effects of in utero exposure to Zika virus are unknown. The USZPR is collecting this information because the full range of potential fetal or infant effects of maternal Zika virus infection are unknown.



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