

2012 Refugee Data Summary as of 11/2013

In 2012, 1102 refugees arrived in Wisconsin. Although refugees were resettled throughout the state of Wisconsin, the majority, or 71% (n=781), were resettled within the City of Milwaukee.

Arrivals span the lifespan, with the majority of refugees, or 42% (n=466) between the ages of 25-45. This is consistent with other refugee migrations over the years; first the young families come and later older members rejoin their families.

Of the refugees who arrived in 2012, 57% (n=632) were male and 43% (n=470) were female.

In 2012, Burmese refugees are the largest group within the arrival population, 44% (n=484). Additionally, 18% (n=199) of incoming refugees were Iraqi, 15% (n=166) were Somali and 8% (n=93) were Bhutanese. Other refugee races identified include: Afghani, Arab, Chinese, Congolese, Cuban, Eritrean, Ethiopian, Hmong, Kenyan, Kurdish, Pakistani, Russian, Rwandan, Sudanese, Ukrainian and Vietnamese.

Of the 2012 arrivals, 90% (n=988) of refugees received their health screening. Refugees who were not screened had either moved within the US or were lost to follow-up. Table 1 depicts the varying number of days it took for refugees to be screened. It is important to note that of those refugees who were screened, 97% (n=959) were screened within 90 days after arrival.

Table 1- Days to Screen - This table shows within how many days it took refugees to be screened.

Year	Within 30 days	Within 90 days	Over 90 days
2012 n=988	67% (n=663)	30% (n=296)	3% (n=29)

Of those refugees who received their health screening, 97% (n=960) were screened for TB. Since early 2010, most refugees are tested for TB with a blood test rather than a skin test. These are more accurate in populations who have received BCG vaccine in their home countries. Only about 21% (n=190) of these refugees have TB infection. U.S.-born rate of TB infection is 5-10%.

Children under the age of six are tested for lead levels. Of the 149 children under the age of six who arrived in 2012, 77% (n=115) were screened for lead. Of those screened, 5% (n=5) had lead levels at 10 or above (the danger area, which requires action to bring down lead concentration in the body).

Of those screened for Syphilis, 4% (n=44) had a positive test. Those that were not screened for Syphilis were not screened due to their age or because they were not sexually active.

Despite coming from a part of the world where Hepatitis B is endemic, of those screened, the majority were susceptible, indicating that Hepatitis B vaccine should be given routinely. Of those screened, 66% (n=656) received a Hepatitis B vaccination.

Of those refugees who received their health screening, 0.1% (n=1) tested positive and 69% (n=683) tested negative for HIV. HIV testing was not done or the HIV status is unknown for 31% (n=304) of refugees who completed their health screening.

Table 2- Parasite Screening Results - This table highlights refugees with or without a parasite as well as those who were not screened for parasites. It should be noted that the refugees who were not screened for parasites may not have been screened for multiple reasons including constipation or inability to produce a stool.

Year	Screened, no parasites found	Screened, parasites found	Screened, results pending	Not screened	Unknown
2012 (n=988)	63% (n=622)	27% (n=265)	1% (n=6)	6% (n=58)	3% (n=37)

From the data obtained for Table 2, it was found that 27% (n=265) of refugees screened had at least one parasite. *Blastocystis hominis* was found in 32% (n=120) of refugees identified with a parasite. *Blastocystis hominis* can cause diarrhea, abdominal pain, cramping, and gas. When one is infected with *Blastocystis hominis* it is very common to have a co-infection of *Endolimax nana*, which causes the same types of symptoms. *Endolimax nana* was found in 12% (n=43) of refugees identified with a parasite. Additionally, *Entamoeba coli* and *Giardia* was found in 18% (n=67) and 16% (n=58) of refugees identified with a parasite, respectively.

The majority of refugees, or 83% (n=816), did not have an oral health exam. Of those that received their refugee health screening but did not receive an oral health exam, 88% (n=866) were referred to a dentist for oral care.

After health screenings were completed, 96% (n=950) of refugees were given at least one referral. Referrals for primary care, dental, and vision were the most common referrals made.

Table 3- Referrals- This table illustrates the type of referrals given to refugees after completion of health screening.

Year	Communicable Diseases	Dental	Dermatology	Enteric	Family Planning	Hearing	Primary Care	Public Health WIC	Vision	Other
2012 (n=988)	6% (n=56)	88% (n=866)	1% (n=9)	17% (n=167)	2% (n=23)	2% (n=20)	91% (n=897)	6% (n=62)	76% (n=752)	7% (n=71)

