

## IRAQI REFUGEE DATA SUMMARY 12/2013 – PRELIMINARY REPORT

Iraqi refugees started coming to Wisconsin in 2008 with 54 arrivals that year. In 2009, 2010, 2011, and 2012 we had 172, 147, 22, and 199 arrivals respectively. The total number of Iraqi arrivals between 2008 and 2012 is 594.

Arrivals span the lifespan, with the majority of refugees under the age of 40. This is consistent with other refugee migrations; first the young families come, and later older members join their families.

Of the Iraqi arrivals between 2008 and 2012, 41.75% (n=248) were female, 58.08% (n=345) were male and 0.17% (n=1) was unknown.

Of the Iraqi refugees who arrived in 2008 and 2009, approximately 85% (n=192) have been screened. Of the Iraqi refugees who arrived in 2010, 2011 and 2012 (n= 368), approximately 94% (n=345) have been screened.

**Table 1 – Days to Screen** - (for refugees who were screened). Total number of refugees screened between 2008 and 2012 was n=537.

Year	Within 30 days	Within 90 days	Over 90 days
2008 (n=48)	52.08%	47.92%	0.00%
2009 (n=144)	9.72%	83.33%	6.94%
2010 (n=139)	63.31%	35.97%	0.72%
2011 (n=22)	54.55%	45.45%	0.00%
2012 (n=184)	73.91%	25.54%	0.54%

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. Most have been negative, but about 15% 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. Wisconsin changed the age of screening to six because they are more likely to have elevated levels of lead. Of the 63 children under the age of six, only 79.37% (n=50) were screened for lead. Of those screened, 2.00% (n=1) were found to have lead levels at 10 or above (the danger area, which requires action to bring down the lead concentration in the body). Before April 2011 children under the age of 16 were tested for lead. However, only children under the age of six are now screened for lead as lead levels are highest among children under the age of six.

Of those screened for Syphilis (n=335), only 3.88% (n=13) 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 region of the world where Hepatitis B is endemic, 47.97% (n=263) of those incoming refugees screened (n=537) were susceptible to Hepatitis B. This indicates that Hepatitis B vaccine should be given routinely to incoming Iraqi refugees. Of those who entered Wisconsin and received their health screening exam between 2008 and 2012, approximately 75% (n=401) have received their Hepatitis B vaccine.

HIV tests were almost never done on incoming refugees. HIV testing was not conducted for various reasons including age. As of January 2010, CDC recommended testing should be offered to all refugees 13-64 years of age. As of January 2010, patients are routinely tested for HIV unless they opt out of testing.

**Table 2 – Parasite Screening Results** - This table highlights the Iraqi refugees with or without a parasite as well as those who were not screened for parasites. It should be noted that the Iraqi 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, parasite(s) found	Screened, results pending	Not Screened for Parasites	Unknown
2008 (n=48)	52.08%	39.58%	0.00%	6.25%	2.08%
2009 (n=144)	59.03%	23.61%	4.17%	8.33%	4.86%
2010 (n=139)	71.94%	20.86%	0.72%	2.16%	4.32%
2011 (n=22)	72.73%	22.73%	0.00%	0.00%	4.55%
2012 (n=184)	65.76%	21.20%	0.52%	8.70%	3.80%

From the data obtained for Table 2, it was found that about 25% of those screened had blastocystis hominis, which frequently causes diarrhea, abdominal pain, cramping, and gas. Other common parasites found were giardia and entamoeba coli.

We also found that overall between 2008 and 2012, approximately 92% (n=494) of the refugees did not receive their oral health screening. Of those that did not receive an oral health screening, approximately 88% (n=435) of them were referred to a dentist for oral care, early carries, urgent dental care or prevention.

From 2008-2012, after health screenings were completed, Iraqi refugees were given referrals to various other health care providers; referrals for primary care, dental and vision increased from 2008-2010, but declined in 2011. Referrals increased for primary care, dental, and vision in 2012.

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

Population by Year	Primary	Dental	Vision	Mental	Enteric	LTBI	Communicable	Hep	GYN
2008 (n=48)	60.42%	75.00%	72.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2009 (n=144)	81.94%	87.50%	87.50%	0.00%	2.78%	0.00%	0.00%	0.69%	0.00%
2010 (n=139)	94.96%	92.09%	91.37%	0.00%	11.51%	0.00%	0.00%	0.00%	0.00%
2011 (n=22)	81.82%	81.82%	72.73%	0.00%	9.09%	13.64%	0.00%	4.55%	0.00%
2012 (n=184)	91.85%	88.59%	75.54%	1.09%	10.87%	0.00%	2.72%	0.00%	1.09%



**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

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