BURMESE REFUGEE DATA SUMMARY 12/2013 – PRELIMINARY REPORT

Burmese refugees started coming to Wisconsin in 2008. We had 374 arrivals that year. In 2009, 2010, 2011 and 2012, there were 381, 332, 317 and 484 arrivals respectively. The total number of Burmese arrivals between 2008 and 2012 is 1,888.

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 rejoin their families.

Of the Burmese arrivals between 2008 and 2012, 48.1% (n=908) were female, 51.5% (n=973) were male and 0.37% (n=7) were unknown.

Of the Burmese who arrived between 2008 and 2012 (n=1,888), 93.3% (n=1,762) of Burmese refugees have received their health screening.

Table 1 – Days to Screen – (for refugees who were screened). Total number of refugees screened between 2008 and 2012 was n=1762.

Year	Within 30 days	Within 90 days	Over 90 days
2008 (n=346)	39.88%	59.25%	0.87%
2009 (n=365)	10.14%	81.64%	8.22%
2010 (n=298)	48.99%	48.99%	2.01%
2011 (n=301)	42.19%	55.81%	1.99%
2012 (n=452)	67.70%	29.42%	2.88%

Since early 2010, most refugees are tested for TB with a blood test rather than a skin test. These are more accurate in populations that have received BCG vaccine in their home countries. Most have been negative, indicating that only about 20% of these refugees have TB infection. The 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 267 children under the age of six, only 77.90% (n=208) were screened for lead. Of those screened, 12.02% (n=25) 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, only 1.82% (n=32) had a positive test. Those who were not screened for syphilis were not screened due to their age, or they were not sexually active.

Despite coming from a part of the world where Hepatitis B is endemic, the majority of those screened were susceptible, indicating that Hep B vaccine should be given routinely.

HIV tests were almost never done on incoming refugees. HIV testing was not conducted for various reasons, including age. As of January 2010, the Centers for Disease Control (CDC) recommended that testing 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 Burmese refugees with or without a parasite as well as those who were not screened for parasites. It should be noted that the Burmese 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=346)	50.87%	43.93%	0.00%	3.76%	1.45%
2009 (n=365)	64.93%	30.41%	0.27%	4.11%	0.27%
2010 (n=298)	58.39%	31.54%	1.34%	4.03%	4.70%
2011 (n=301)	59.80%	34.55%	0.33%	4.32%	1.00%
2012 (n=452)	70.13%	25.66%	0.44%	1.33%	2.43%

From the data obtained for Table 2, it was found that about 20% of those screened had Blastocystis hominis, which frequently causes diarrhea, abdominal pain, cramping, and gas. Additionally, approximately 20% of those screened had giardia and entamoeba coli.

We also found that overall between 2008 and 2012, 92.1% (n=1,623) of the refugees who received their health screening (n=1,762) did not receive their oral health screening. Of those who did not receive an oral health screening, 85.1% (n=1,500) were referred to a dentist for oral care, early carries, urgent dental care or for prevention.

From 2008-2012, after health screenings were completed, Burmese refugees were given referrals to various other health care providers. Referrals for primary care, dental, vision and other referrals have increased since 2008.

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

Population by Year	Primary	Dental	Vision	Mental	Enteric	LTBI	Communicable	Lead	Hep	GYN
2008 (n=346)	40.75%	77.46%	70.52%	0.58%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%
2009 (n=365)	86.85%	96.16%	92.60%	0.55%	1.92%	0.27%	0.00%	0.00%	0.00%	0.00%
2010 (n=298)	88.26%	87.92%	84.90%	0.00%	26.51%	3.02%	0.00%	0.34%	1.34%	0.34%
2011 (n=301)	94.68%	95.35%	93.69%	0.00%	28.57%	13.95%	0.00%	1.33%	1.33%	0.33%
2012 (n=452)	95.13%	92.04%	89.60%	0.00%	20.13%	2.65%	3.76%	0.00%	0.22%	0.44%