

BHUTANESE REFUGEE DATA SUMMARY 12/2013 – PRELIMINARY REPORT

Bhutanese refugees started coming to Wisconsin in 2009. We had 17 arrivals that year. In 2010, 2011, and 2012 we had 84, 91, and 93 arrivals respectively. The total number of Bhutanese arrivals between 2008 and 2012 is 285.

Arrivals span the lifespan, with the majority of refugees under age 35. This is consistent with other refugee migrations; first the young families come and later older members join their families.

Of the Bhutanese arrivals between the years of 2009 and 2012, 47.4% (n=135) were female and 52.6% (n=150) were male.

Of the Bhutanese refugees who arrived in 2009 and 2010, 100% (n=17) and 98.8% (n=83) were screened respectively. Of the Bhutanese refugees who arrived in 2011 and 2012, 100% (n=91) and 94.6% (n=88) were screened respectively.

Table 1 – Days to Screen – (for refugees who were screened). From 2009 to 2012 a total of 279 Bhutanese were screened.

Year	Within 30 days	Within 90 days	Over 90 days
2009 n=17	65%	35%	0%
2010 n=83	42%	54%	4%
2011 n=91	68%	32%	0%
2012 n=88	69%	31%	0%

For the data in Table 1, it should be noted that Dane County has recently changed their protocol. The initial date will be changed to the first time the nurse visits a refugee at their place of residence. A refugee is normally seen between their first and second week of arrival. Originally, the initial date of screening was the first day a refugee was seen at one of the clinics. Sometimes it takes the clinics over 30 days to see a patient due to limited availability for appointments.

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, indicating that only about 20% of these refugees have TB infection. U.S.-born rate of TB infection is 5-10%.

Children under the age of 6 are tested for lead levels; none was found to have lead levels at 10 or above (the danger area, which requires action to bring down the lead concentration in the body).

Of the few people tested for syphilis, none had positive tests. For various reasons, few were tested for syphilis, with the main reason being age.

Despite coming from a part of the world where Hepatitis B is endemic, 48% (n=134) of those incoming refugees screened (n=279) were susceptible to Hepatitis B. This indicates that Hepatitis B vaccine should be given routinely to incoming Bhutanese refugees. Of those who entered Wisconsin and received their health screening exam between 2009 and 2012, approximately 79% (n=219) have received their Hepatitis B vaccine.

Tests for HIV were almost never done. Of the few done in 2010 and 2011, all were negative. 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. Dane County has started to do routine HIV screenings as of November 17, 2011. In 2012 more HIV testing was done, with approximately 52% (n=46) of incoming refugees in 2012 (n=88) taking the test. No tests were positive in 2012.

Table 2 – Parasite Screening Results - This table highlights the Bhutanese refugees with or without a parasite as well as those who were not screened for parasites. It should be noted that the Bhutanese 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
2009 n=17	35%	29%	0%	35%
2010 n=84	58%	31%	4%	7%
2011 n=91	79%	12%	0%	9%
2012 n=88	72%	25%	0%	3%

From the data obtained for Table 2, it was found that about 25% of those screened in 2010 had blastocystis hominis, which frequently causes diarrhea, abdominal pain, cramping, and gas. The other most common parasitic infection was giardia and entamoeba coli.

We also found that overall between 2009 and 2012, 86% (n=241) of the refugees coming into Madison/Dane County received their oral health screening (14% [n=38] did not receive their oral health screening). Of those that had an oral health screening, 87% (n=209) of them were referred to a dentist for early carries, urgent dental care or for prevention. Of those that had **no** oral health screening, 95% (n=36) of them were referred to a dentist.

Table 3 – Oral Health Screening Results – This table shows the number of Bhutanese refugees who have had their health screenings as well as the results of their oral health screenings.

Year	Had Oral Screening	Had No Oral Screening	Early	Prevention	Urgent	No Obvious Problem	No Comment
2009 n=17	100%	0%	24%	24%	41%	6%	6%
2010 n=84	90%	10%	35%	27%	14%	2%	21%
2011 n=91	78%	22%	32%	18%	14%	4%	31%
2012 n=88	90%	10%	17%	3%	5%	1%	74%

From 2009-2012, after health screenings were completed, Bhutanese refugees were given referrals to various other health care providers; referrals for primary care, dental and vision were the most common given. In addition to these referrals, other referrals included dermatology, communicable diseases, hearing and family planning.

Table 4 – Referrals – This table illustrates the type of referrals given to the Bhutanese refugees after completion of health screening.

Year	Primary Care	Dental	Vision	Dermatology	Communicable disease	Hearing	Family Planning	WIC	Other
2009 n=17	59%	76%	18%	6%	41%	6%	12%	6%	0 %
2010 n=84	67%	82%	29%	5%	16%	13%	2%	12%	7%
2011 n=91	67%	75%	37%	2%	24%	9%	7%	7%	4%
2012 n=88	92%	90%	44%	3%	31%	16%	11%	27%	23%



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