

SOMALI REFUGEE DATA SUMMARY 12/2013 – PRELIMINARY REPORT

Large numbers of Somali refugees started coming to Wisconsin in 2012, when there were 166 arrivals.

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

Of the Somali arrivals in 2012, 46.4% (n=77) were female and 53.6% (n=89) were male.

Of the Somali refugees who arrived in 2012 (n=166), approximately 76.5% (n=127) have been screened. Those who were not screened may not have been screened because they moved back to their country of origin, moved to a different state, or were lost to follow-up.

Table 1 – Days to Screen - (for refugees who were screened). Total number of refugees screened in 2012 was n=127.

Year	Within 30 days	Within 90 days	Over 90 days
2012 (n=127)	54.33%	40.16%	5.51%

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. Approximately 34% (n=44) of Somali refugees tested positive for TB using a blood test.

Children under the age of six are tested for lead levels. Wisconsin changed to this screening age because children this age are more likely to have elevated levels of lead. (Before April 2011, children under the age of 16 were tested for lead.) Of the 10 children under the age of six, only 40% (n=4) were screened for lead. Of those screened, none 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).

Of those screened for syphilis (n=80), 12.5% (n=10) had a positive test. Those who 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, the majority of those screened were susceptible, indicating that Hepatitis B vaccine should be given routinely. Thus Hepatitis B vaccine should be given routinely to incoming Somali refugees. Of those who entered Wisconsin and received their health screening exam (n=127), approximately 53% (n=67) have received their Hepatitis B vaccine.

Of those Somali refugees who received their refugee health screening (n=127), 70.9% (n=90) were tested for HIV and none tested positive. Those who were not tested for HIV may not have been tested because of age or lack of sexual activity.

Table 2 – Parasite Screening Results - This table highlights the Somali refugees with or without a parasite as well as those who were not screened for parasites. It should be noted that the Somali 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
2012 (n=127)	50.39%	35.43%	1.57%	3.15%	9.45%

From the data obtained for Table 2, it was found that about 12% of those screened had blastocystis hominis, which frequently causes diarrhea, abdominal pain, cramping, and gas. Other common parasites found were giardia and entamoeba coli.

Also, approximately 89% (n=113) of the refugees did not receive their oral health screening. Of those that did not receive an oral health screening, approximately 83% (n=94) were referred to a dentist for oral care, early carries, urgent dental care or prevention.

In 2012, after health screenings were completed, Somali refugees were given referrals to various health care providers, including primary care, dental and vision.

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

Population by Year	Primary	Dental	Vision	Mental	Enteric	LTBI	Communicable	Hep	GYN
2012 (n=127)	83.46%	85.04%	76.38%	0.00%	26.77%	3.94%	0.79%	0.00%	0.00%



WISCONSIN DEPARTMENT OF HEALTH SERVICES
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