



NEWS

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APR 02 1993

TEXAS STATE
DOCUMENTS COLLECTION

Refugee Health Problems in Texas

The 1951 United Nations Convention defines a refugee as "Any person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable, or owing to fear is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable, or having such fear is unwilling to return to it."¹ The Organization of African Unity expanded this definition in 1969 to include persons fleeing from war, civil disturbance, and violence of any kind.²

The total refugee population in Texas is approximately 131,000.³ Forty-six percent of this population resides in Harris County and 38% in Dallas and Tarrant Counties. Fifteen percent of the refugees are divided almost equally among the counties which include Amarillo, Beaumont, San Antonio, and Austin (Figure 1).

The U.S. Office of Refugee Resettlement estimates the total number of Southeast Asian refugees who have arrived in Texas since 1975 to be 76,000 as of April 30, 1992. Since 1984 roughly 75% of all refugee arrivals have been from Southeast Asia, 12% from Russia and Eastern Europe, 6% from Ethiopia, and 6% from the Middle East. Recently refugees from Vietnam, Russia, and Iraq have made up an increasing proportion of arrivals (Figure 2). Refugee arrivals for 1992 will total approximately 6,000.

HEALTH PROBLEMS OF REFUGEES

Tuberculosis. Purified protein derivative (PPD) reactivity must be assumed to indicate tuberculosis infection. Although some refugees have received

bacillus Calmette-Guerin (BCG) vaccination, overall PPD reactivity rates of 40%-50% demonstrate that refugees are at high risk for both tuberculosis infection and disease.⁴ Among Southeast Asian refugees, the risk of disease among those infected is greatest in the first year after arrival.⁵ This risk has been estimated to be one to two percent, which is similar to the disease risk in tuberculosis case contacts.⁶ Up to ten percent of infected refugees may eventually develop disease if not preventively treated.⁷

Hepatitis B. Refugees — especially those from Southeast Asia, Africa, the Middle East, and parts of Eastern Europe — are a high-risk group for Hepatitis B infection, carriage, and transmission. Ten to fifteen percent of childbearing women from those regions are carriers, posing a significant risk to newborns in these populations. Infected infants develop chronic HBV infection at a rate of 70-90%. HBV carriers have approximately a 25% risk of cirrhosis from chronic active hepatitis. They also have a risk of developing primary liver cancer that is 12-300 times greater than that of other persons.⁸

Parasites. Various studies have concluded that 30-80% of refugee groups are infected with intestinal parasites, even in the absence of symptoms.⁹ In addition to the morbidity and occasional mortality associated with these infections, untreated infections in the refugee population may result in transmission within households and within the general community, specifically in the food service industry and in day-care centers.^{10,11}

Other Medical Problems. Refugees arrive with a variety of other medical conditions which need evaluation and treatment or referral. Some of the most common conditions are vision or hearing

Continued 

Figure 1. Refugee arrivals to Texas, 1984-1992
Areas supported by program contracts
and other settlement areas

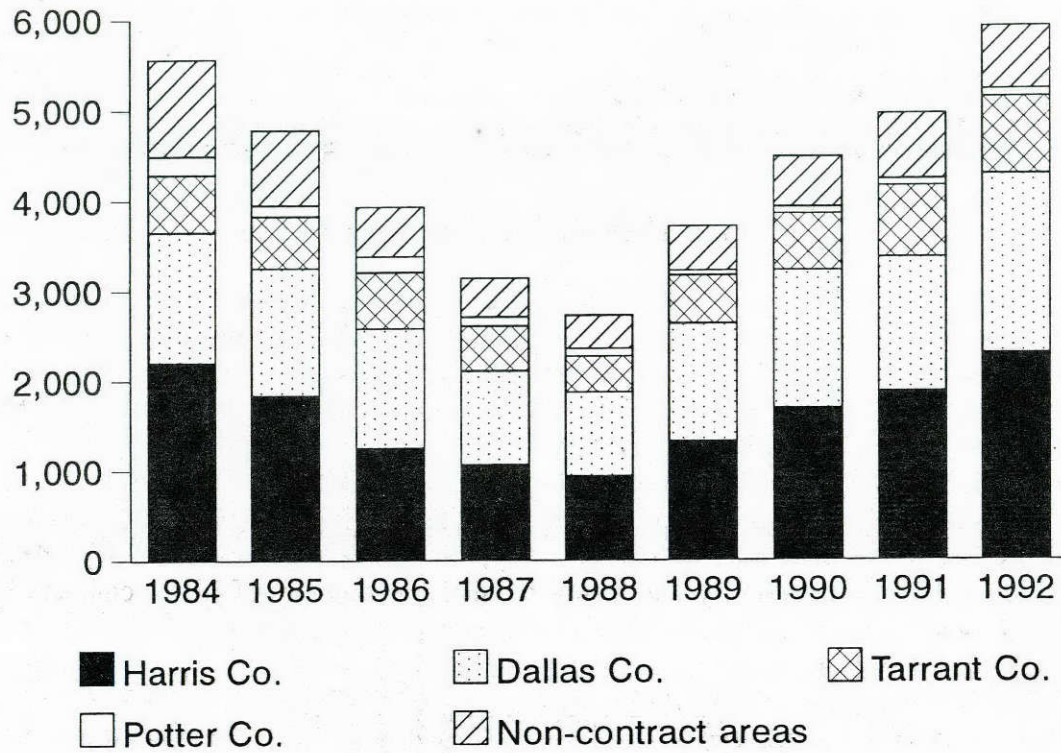
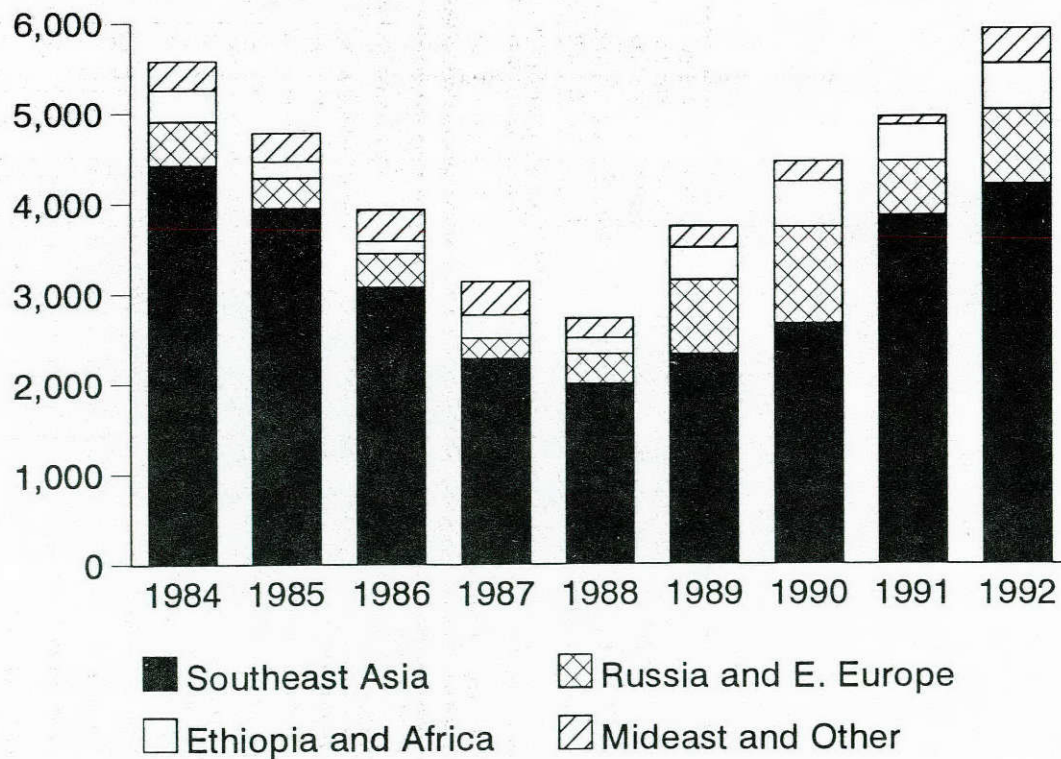


Figure 2. Refugee arrivals to Texas, 1984-1992
World region of origin



impairment, dental problems, goiter, hypertension, heart conditions, and anemia. In addition, immunization histories are often incomplete, unreliable, or non-existent.

TDH REFUGEE HEALTH SCREENING PROGRAM RESULTS

The TDH Refugee Health Screening Program (TDH/RHSP) brings newly arrived refugees with problems of public health significance or serious personal consequence into the public health system for health assessment and referral. Program-supported local refugee health screening efforts exist in the Houston, Dallas, Fort Worth, and Amarillo areas. These areas receive approximately 85% of refugee arrivals. Six thousand arrivals are expected for 1992. Program funds presently support six full-time and two part-time multi-lingual interpreter and outreach workers. Program activities focus primarily on screening for tuberculosis infection and evaluation of the need for preventive therapy or treatment of disease. Screening for intestinal parasites, immunization status, and other medical conditions is limited and varies by locality. The Harris County program includes a Hepatitis B prenatal screening and infant immunization effort that targets the Southeast Asian refugee population.

Tuberculosis. Of all arrivals to contract areas from July 1991 through June 1992, 83% received a tuberculin skin test. The overall reactor rate among those tested was 42%. Of reactors eligible for chemoprophylaxis (CPX) based on skin test results, age, and X-ray criteria, 90% were reported to have been placed on CPX. In a study of refugees arriving between July and December 1989, TDH/RHSP documented that 60% of refugees placed on CPX had completed at least six months of therapy by April 1991.

The success of screening and CPX efforts can be quite variable, due to ethnic/cultural differences, varying tuberculosis infection rates, and the age of the population. (CPX is contraindicated in persons over age 35, unless certain other high-risk medical conditions are present, or X-ray evidence of previous disease exists.) For instance, ethnic differences can affect participants' cooperation with the screening and evaluation process.

The program is most successful with refugees from Vietnam, who account for 68% of all arrivals. In the 1989 study, 77% of Vietnamese refugees placed on CPX, completed therapy. This success may be attributed, in part, to the fact that most outreach staff are Vietnamese.

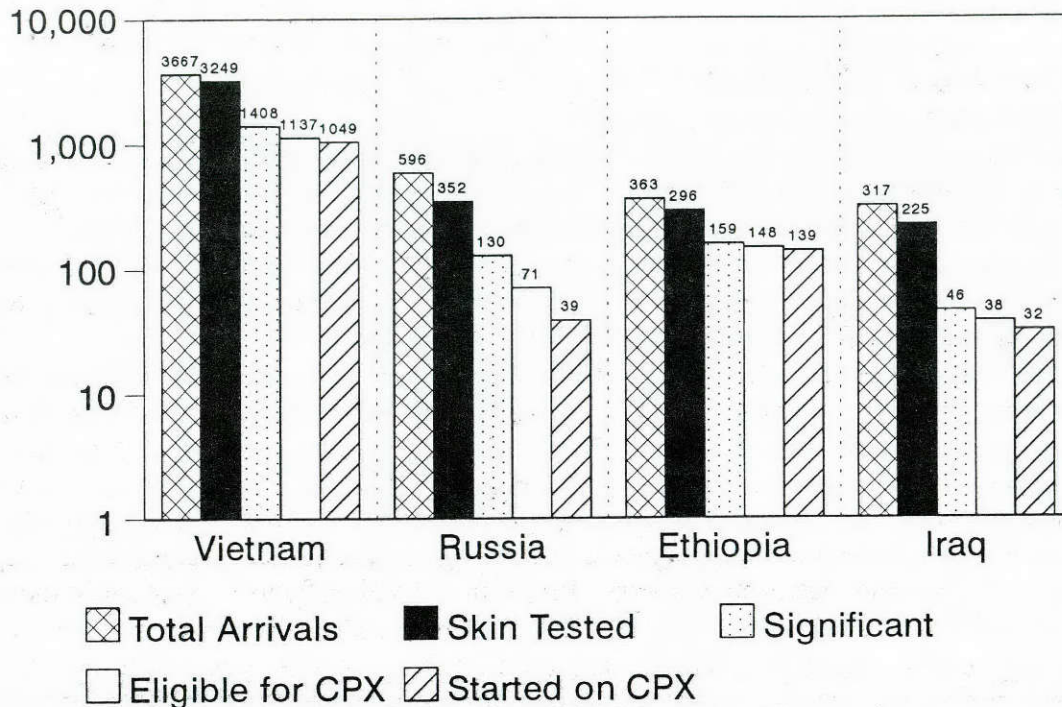
Ethiopian outreach staff and cooperative Ethiopian voluntary agency personnel are present in the major settlement area for that population. This program has moderate success with screening and good success with initiation of therapy efforts.

Russian refugees are the least cooperative with publicly supported screening and preventive therapy efforts. Many refuse screening. This behavior may be related to attitudes toward bureaucracies, histories of repeated BCG vaccinations, apprehension about x-ray exposure, and the availability of private, voluntary health screening within the Jewish medical community (Figure 3).

Refugee Health Screening Program outreach workers bring approximately 4,300 refugees into the public health system annually for tuberculin skin testing and evaluation for preventive therapy (CPX). An average of 40-45% of those tested have significant skin tests and 70-75% of those start preventive therapy. Tuberculosis programs are able to complete CPX on approximately 60-65% of refugees placed on preventive therapy. In Texas this amounts to at least 900 successful completions among refugees annually. In the absence of preventive therapy, about 10% (90) would develop tuberculosis eventually. Treatment of these prevented cases, based on the cost of drugs and personnel involved in a directly-observed therapy program, would cost \$4,000/patient, or \$360,000.¹² Since current refugee health screening program contracts with local health departments in Texas total approximately \$180,000, the RHSP should save the state this same amount in 1992.

Hepatitis B. Since the Houston/Harris County prenatal Hepatitis B screening program's inception in 1985, 1,420 pregnant Southeast Asian refugee women have been tested for HBsAg. The percent of carriers among those tested has been 13.2%. More than 99% of infants born to these carrier mothers have begun an HBIG/HBV series. As of September 1992, 157 infants born to carrier

**Figure 3. Refugee Health Screening Program
TB screening and initiation of CPX
July 1, 1991 - June 30, 1992**



Total contract area arrivals = 5,221

mothers have been fully immunized. In addition, an average of 1.9 household contacts per carrier have been tested, and 34% of them have been found susceptible. Eighty-nine percent of those who are susceptible have begun an HBV series.

Based on the expected long-term mortality for HBV-infected newborns, to date this program has prevented 35 future liver cancer or cirrhosis deaths in infants born to carrier mothers, at an average cost of \$400 for each death prevented.

The prenatal Hepatitis B program, staffed by a single outreach worker, screened 246 women in Harris County in 1991. To evaluate this screening program, TDH/RHSP estimated the 1990 number of births in Harris County to women from Southeast Asia to be 723. This estimate was based on a sampling of TDH Vital Statistics birth records for Harris County. The data collected indicated that the program is reaching approximately 34% of the target population in the Houston/Harris County area.

Parasites. At the present time, the TDH/RHSP does not provide support to local health departments for routine screening for intestinal parasites. The TDH laboratory will perform parasite testing on physician-submitted specimens from symptomatic individuals. Two local health departments have their own screening programs. Thirty-seven percent of refugee arrivals to these localities from January 1991 through June 1992 who were screened, were infested. Refugee health assessment forms submitted by local screening programs identified several parasite species. The most common species found include Hookworm (16%), *Ascaris lumbricoides* (16%), *Trichuris trichiura* (9%), *Giardia lamblia* (3%), *Strongyloides stercoralis* (3%), *Entamoeba histolytica* (2%), and *Clonorchis sinensis* (1%).

The Refugee Health Screening Program can assist local health departments and voluntary agencies



with public health information, educational materials, and evaluation of refugee arrival and screening data. For additional information, contact:

**Texas Department of Health
Refugee Health Screening Program
1100 West 49th Street, T-402
Austin, Texas 78756-3199
(512) 458-7594
FAX (512) 458-7601**



Submitted by: Sam Householder, Director; and Paula Watrous, Public Health Technician, Refugee Health Screening Program, TDH.

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Erratum ☹

In the notice titled "Flu Update" (PDN Vol. 52, No. 21, page 6), there is a mistake on the dates of the cultures collected. The proper years should read **1992**, not 1991.

Avoid the Turkey's Revenge

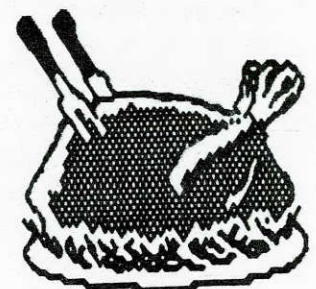
Holiday Food Safety Tips

Bacteria that naturally occur on turkey and other raw meat and poultry products can multiply to dangerous levels when food is handled poorly. With proper refrigeration, handling, and cooking, these harmful bacteria are usually eliminated.

Important tips for preparing and cooking turkeys are:

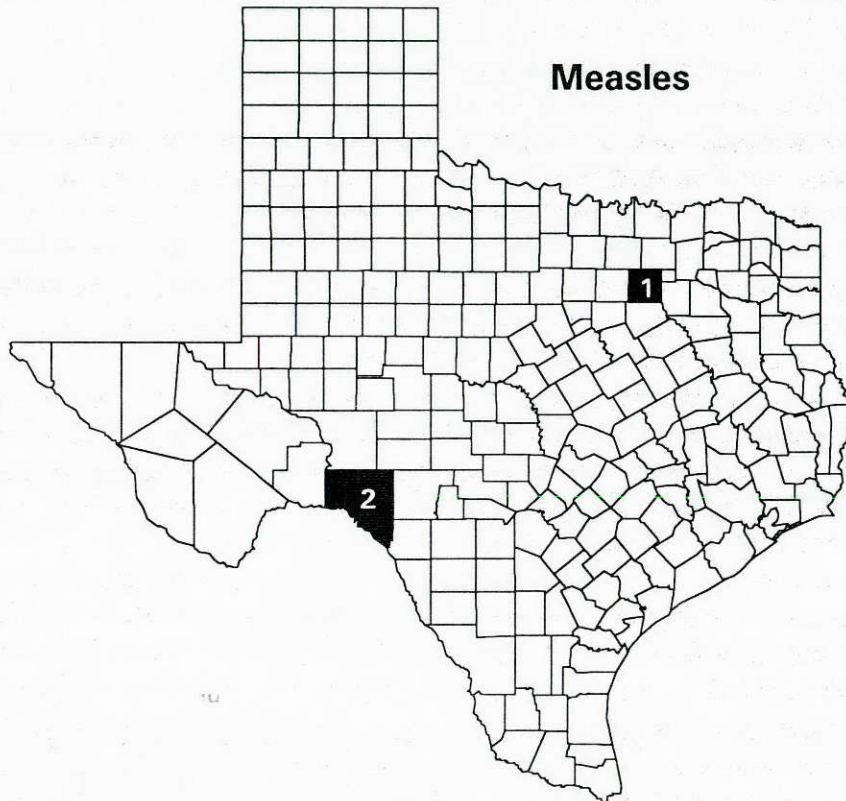
1. Defrost your turkey in the refrigerator, **not** on the counter. Plan on 24 hours per five pounds of turkey for defrosting.
2. Wash the inside and outside of the bird with cold water before cooking. Wash hands, sink, counter, utensils, and platters well with soap and hot water before and after handling the raw turkey.
3. Home economists recommend not stuffing the turkey. Prepare the stuffing on the stove or bake in a separate dish. If you desire to stuff the turkey, do so immediately before cooking.
4. Buy a meat thermometer. For safe cooking, turkey should reach 180° Fahrenheit; stuffing should reach 165° Fahrenheit.
5. Put the meat thermometer in the inner thigh. Roast 15-18 minutes per pound for an unstuffed turkey, 18-24 minutes per pound for a stuffed turkey.
6. Let the turkey sit 20 minutes before carving. The turkey should not remain out for more than two hours. Refrigerate meat and stuffing as soon as possible.

To help consumers with safe food handling and ease the stress of preparing a large holiday meal, the U.S. Department of Agriculture, Food Safety and Inspection Service conducts a meat and poultry hotline. For assistance call 1-800-535-4555.



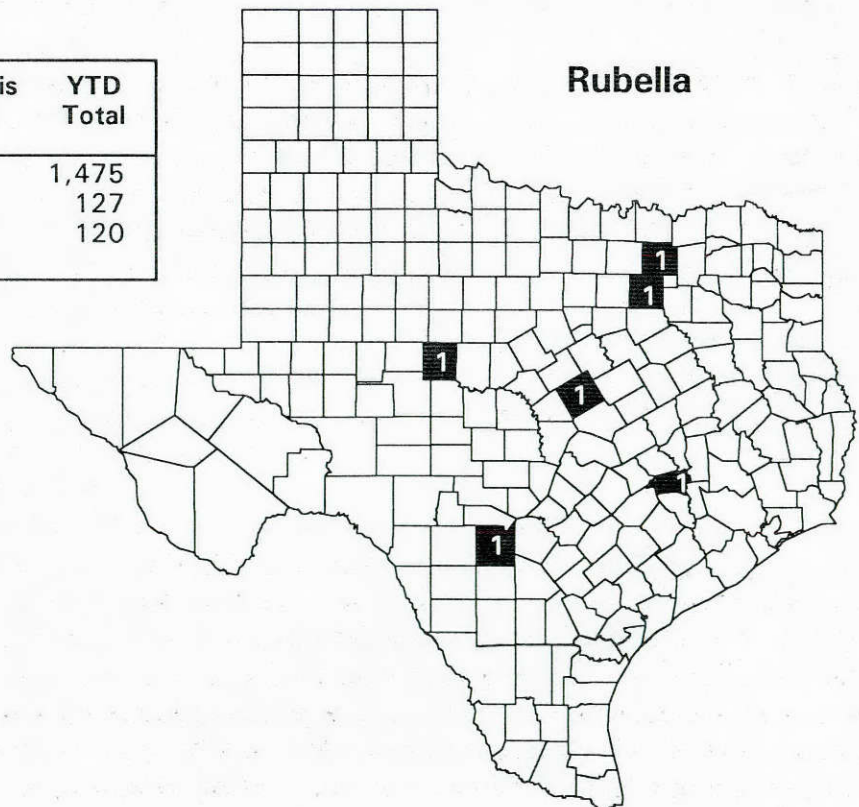
VACCINE-PREVENTABLE DISEASE UPDATE

Suspected/Confirmed Cases Reported With
Onsets From November 1-14, 1992 ¹
Weeks 45-46



Summary of Suspected/Confirmed Cases Reported YTD:

	Latest Onset Date	Total This Period	YTD Total
Measles	11/14/92	3	1,475
Rubella	11/06/92	6	127
Pertussis	10/08/92 ²	—	120



¹ Total cases with onset dates during reporting period.
² No cases of Pertussis were reported to TDH during this period.

MONTHLY STATISTICAL SUMMARY OF SELECTED REPORTABLE DISEASES

October, 1992

SELECTED DISEASES/CONDITIONS	PUBLIC HEALTH REGION								SELECTED TEXAS COUNTIES								THIS MONTH		CUMULATIVE (to this month)	
	1	2	3	4	5	6	7	8	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	1991	1992	1991	1992
SEXUALLY TRANSMITTED DISEASES*																				
Syphilis, primary and secondary	45	2	1	129	70	7	24	7	5	42	1	80	0	3	26	7	400	285	4,112	2,865
Congenital Syphilis	2	0	1	31	1	0	2	1	0	1	0	0	1	0	0	0	15	10	174	251
Penicillinase-producing Neisseria gonorrhoeae (PPNG)	28	0	5	11	5	16	0	0	15	2	5	9	0	0	1	2	205	65	2,209	1,073
ENTERIC DISEASES																				
Salmonellosis	10	2	5	2	12	4	4	5	0	4	3	0	0	2	4	2	223	44	2,016	1,323
Shigellosis	37	8	11	4	18	5	4	8	3	3	7	2	0	0	8	24	185	95	1,951	2,386
Hepatitis A	3	2	12	5	17	11	0	9	10	4	9	1	1	0	6	2	207	59	2,405	1,283
Campylobacteriosis	6	1	0	0	1	1	2	1	1	0	0	0	0	0	1	5	67	12	741	771
BACTERIAL INFECTIONS																				
H. influenzae, invasive	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	8	1	132	34
Meningococcal, invasive	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	1	75	82
Lyme disease	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	1	56	62
Vibrio species	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	24	10
OTHER CONDITIONS																				
Influenza & flu-like illness	328	1,111	95	406	459	92	167	734	81	0	0	390	0	697	0	0	13,182	3,392	145,167	40,613
Hepatitis B	5	0	1	3	19	2	0	2	1	9	1	2	0	0	7	4	192	32	1,671	1,226
Adult elevated blood lead levels	0	6	0	0	20	0	0	0	0	20	0	0	0	0	0	0	29	26	499	334
Animal rabies - dogs and cats	1	0	1	0	1	0	0	2	0	0	0	0	0	0	0	0	5	5	46	52
Animal rabies - total	10	0	10	1	5	1	2	9	0	0	5	0	0	1	0	7	47	38	391	405
TUBERCULOSIS DISEASE*																				
Children (0-14 years)	5	0	0	0	1	1	3	1	1	1	0	6	1	0	0	2	7	17	184	167
Adults (> 14 years)	23	10	11	105	68	17	10	14	14	34	7	71	5	1	19	9	270	252	1,741	1,758
INJURIES*¶																				
Spinal cord injuries	2	3	1	6	8	7	5	0	5	3	1	5	0	0	0	1	N/A	32	N/A	160

* Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset.

¶ Voluntary reporting.

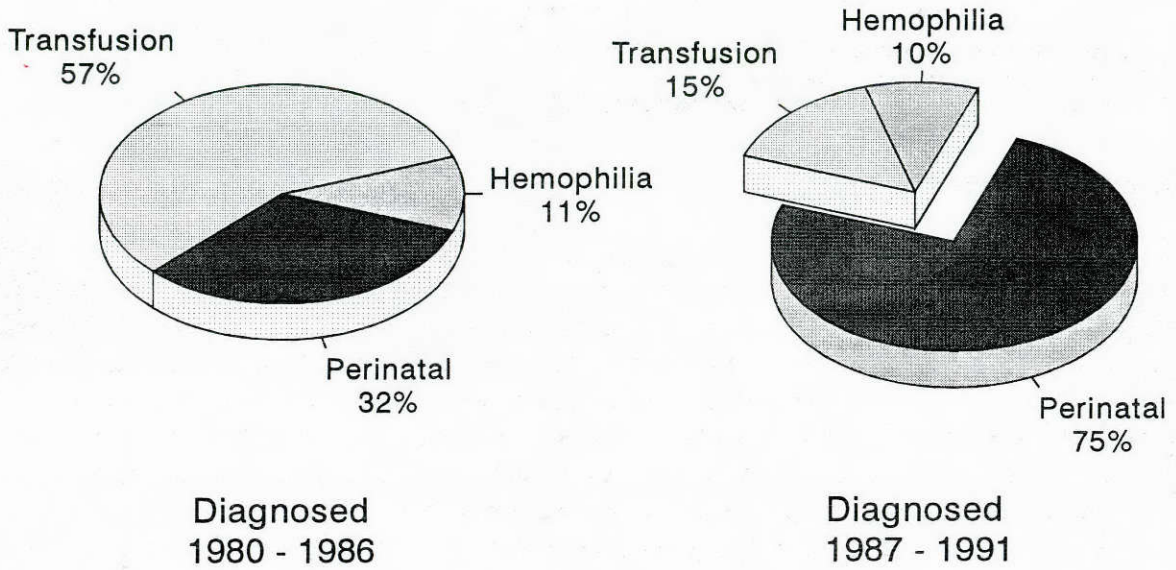
1991 POPULATION ESTIMATES

PUBLIC HEALTH REGIONS	
1	1,760,924
2	741,857
3	1,148,201
4	4,343,872
5	4,848,688
6	1,640,610
7	1,224,653
8	1,550,883

SELECTED TEXAS COUNTIES	
Bexar	1,195,510
Dallas	1,870,753
El Paso	604,389
Harris	2,872,645
Hidalgo	395,398
Nueces	293,965
Tarrant	1,177,915
Travis	584,682



Texas Pediatric AIDS Cases Changes in Modes of Exposure



Reported as of July 16, 1992

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