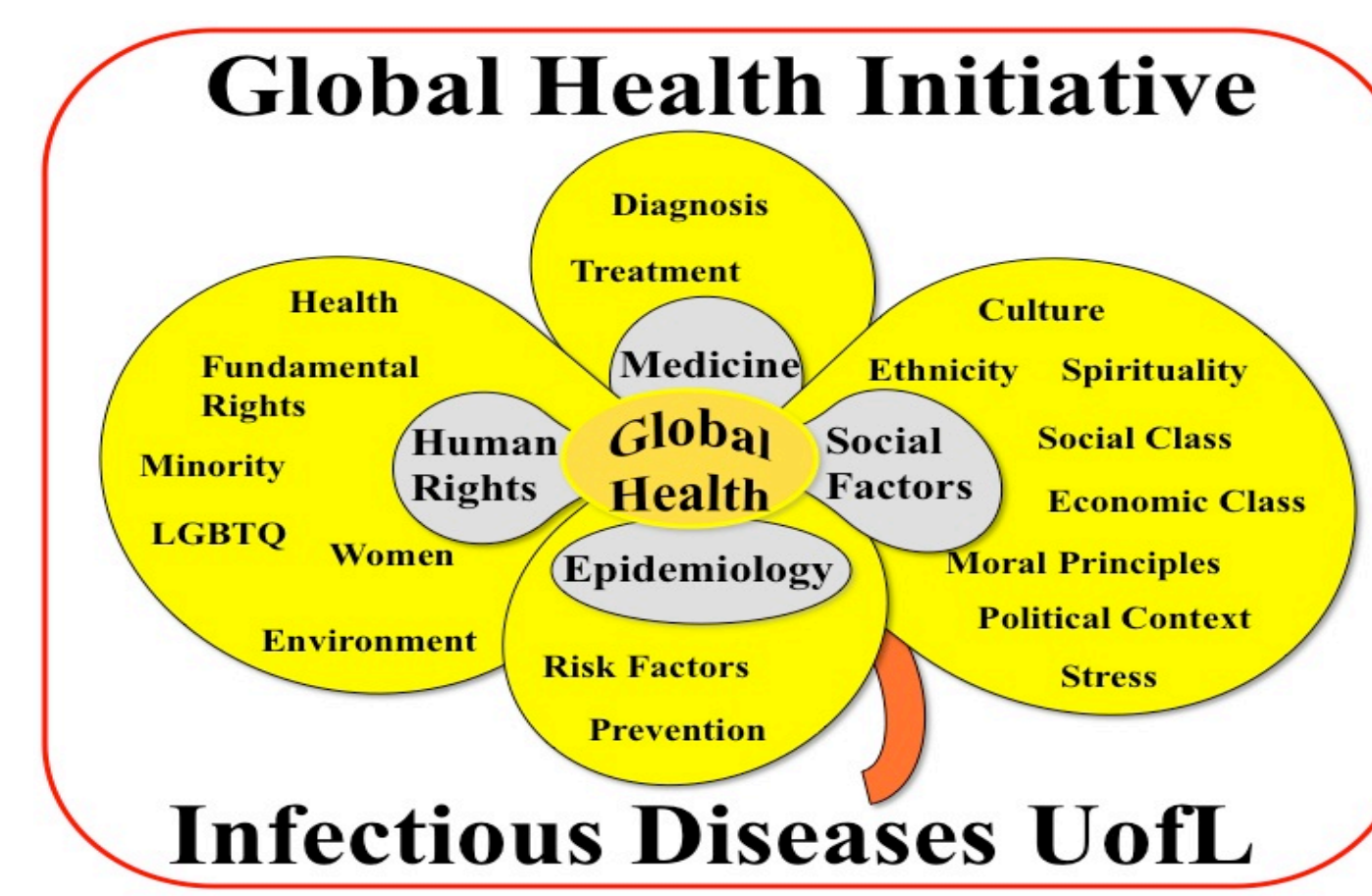


Global Health Initiative: State of Health Among Newly Arriving Congolese Refugees Seen in the 550 Clinic

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ABSTRACT

Refugees from the Democratic Republic of the Congo (are one of the groups seen in the 550 Clinic as part resettlement in Louisville. Congolese refugees are coming from refugee camps in Rwanda and Tanzania and represent one group of Africans that are increasingly being resettled in Louisville. The objectives of this study were to identify the existing health issues among Congolese refugees resettling in Louisville, Kentucky and to determine opportunities for health promotion interventions. Upon arrival to Louisville, each Congolese refugee was provided a domestic health screening also known as a refugee health assessment. Data from these assessments were collected and entered into REDCap, the research database that maintains refugee health data. Analysis was done using SPSS and Tableau.

From January to June 2014, 16 Congolese were seen in the 550 Clinic. Of the 16, 10 (62.5%) were children and six (37.5 %) were adult women; three of those six adult women (50%) were pregnant. 14 of the 16 (87.5%) demonstrated an increase in their BMI during the time between their overseas medical examination and the 550 Clinic health assessment. The RHS-15, a mental health screen, was performed on the six adult women; with one positive. All 16 were screened for tuberculosis with six (37.5%) having either a positive Quantiferon blood assay or a reactive skin test. Understanding health issues among Congolese refugees resettling in Louisville is a first step in developing programs to address existing health needs and guide establishment of health promotion programs aimed at single women who are head of household.

INTRODUCTION

- Since 1975, Americans have welcomed over 3 million refugees from all over the world where they have built new lives, homes and communities in all 50 states.¹
- Refugees from the Democratic Republic of Congo (DRC), known as Congolese, present distinct challenges due to their life in refugee camps.
- Today, more than 62,000 refugees live in the four Rwandan camps as they seek to escape the violence that currently exists in their home country. In addition, Tanzania maintains a large refugee camp for more than 66,000 Congolese refugees along with at least four additional settlement areas.² (Image 1)
- All of these camps and settlement areas have similar missions in addressing shared health concerns including gender-based violence, malnutrition, post traumatic stress disorder, and infectious diseases.
- The demographics of the Congolese in all of those camps represent the effects of war and insecurity in the DRC. Camp inhabitants are predominantly female, single head of their household, and have multiple children. Few adult men are in the camps due to death, kidnapping, and inclusion in the DRC armies. (Image 2)
- Understanding the health issues among Congolese refugees resettling in Louisville is a first step in developing programs to address the existing health needs and establish preventive programs that can sustain that population and assist them with successful resettlement in this community.



Image 1.

Rwandan Refugee Camp



Image 2.

Rwandan Refugee Camp Inhabitants

OBJECTIVES

The objectives of this study are to:

- 1) Identify the existing health issues among Congolese refugees resettling in Louisville, Kentucky.
- 2) Determine opportunities for health promotion interventions.

MATERIALS AND METHODS

Upon arrival to Louisville, each Congolese refugee is provided a domestic health screening also known as a refugee health assessment and addresses information required by the Office of Refugee Resettlement³. These refugee health assessments were performed at several sites in Louisville including the University of Louisville 550 Clinic, part of the Global Health Initiative.

Data from these refugee health assessment were collected and entered into REDCap, the research database that maintains all refugee health data. Data available from overseas medical examinations, if performed, were available for review and analysis. Analysis was done using SPSS and Tableau.

RESULTS

From January to June 2014 16 Congolese adult women and children refugees, were seen in the UofL 550 Clinic. There were no adult males seen in the 550 Clinic.

- 62.5% were children
- 37.5 % were adult women
- 50% of the adult women were pregnant
- All were originally from the DRC
- Four from a refugee camp in Rwanda
- 12 from camps in Tanzania.

Life in a refugee camp may impact nutritional status. 87.5% demonstrated an increase in their BMI between the time their overseas medical exam was performed in the camp and the time of their refugee health assessment in Louisville.

The top health conditions identified among Congolese refugees during their domestic health assessment in the 550 Clinic are shown in Figure 1.

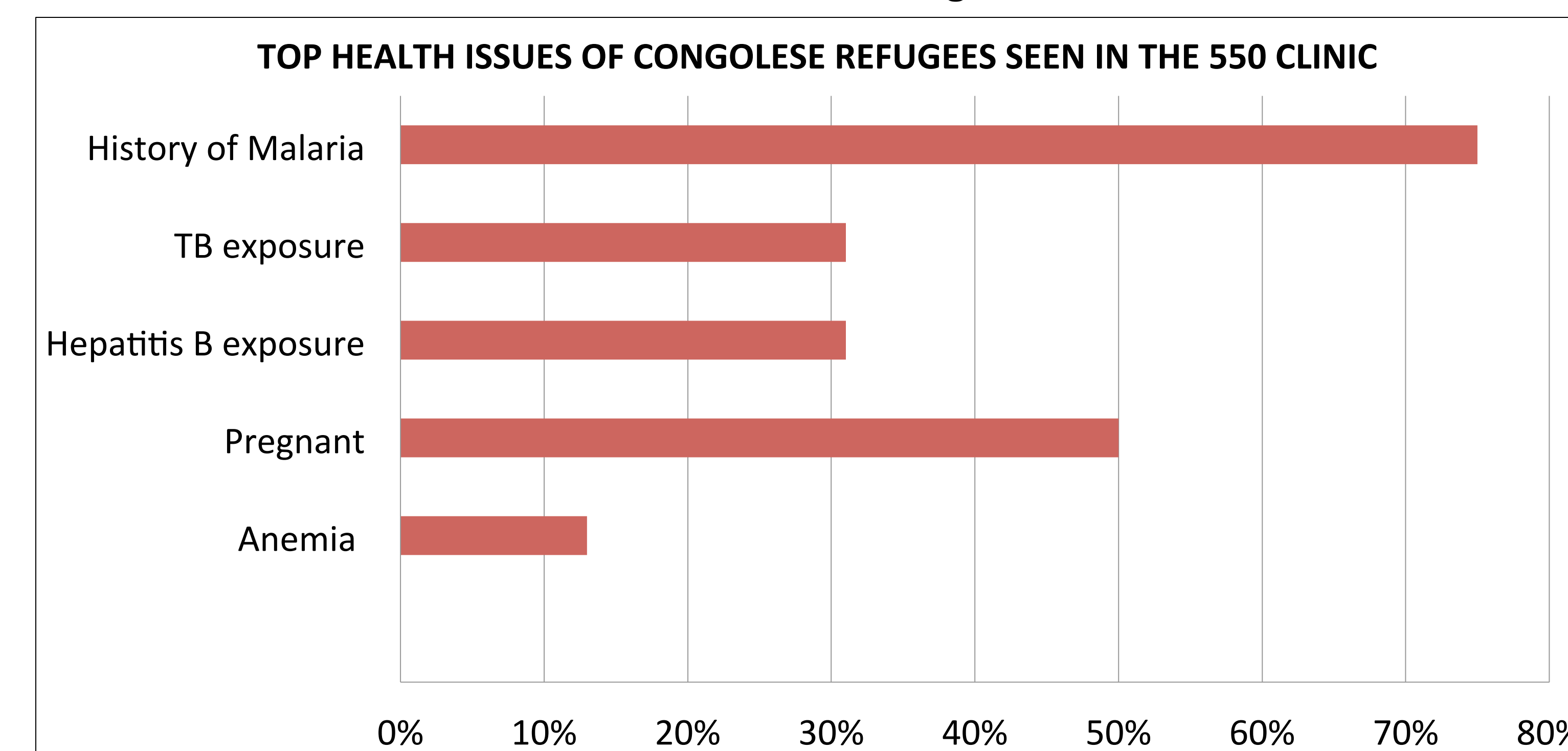


Figure 1. Top Health Issues of Congolese Refugees

RESULTS

- 68.8% treatment for malaria was provided
- 32.2% did not receive treatment due to contraindications including age and pregnancy.

All 16 refugees were screened for tuberculosis via skin testing or blood assay:

- 25% were positive by Quantiferon blood assay
- 12.5% had a reactive skin test
 - 37.5 % had a negative chest x-ray for active TB
- 62.5% had a documented negative Quantiferon blood assay or a non-reactive skin test

Having antibodies for Hepatitis B, meeting the global health screening criteria for exposure:

- 50% of the children
- 20% of the adults
- None were chronically infected.

Due to living conditions in the refugee camp, presumptive treatment for parasites was included in pre-departure care in preparation for resettlement in the US.

- Albendazole or praziquantel for treatment of strongyloidiasis (Rwanda and Tanzania) and schistosomiasis (Tanzania only).
- 87.5% were treated
- 12.5% were not treated (children \leq 2 years of age in which the treatment is contraindicated).
- 13% were anemic, anemia may be related to parasite infection.

CONCLUSIONS

- Major health issues among Congolese refugees include women's health, infectious diseases, and nutrition, they represent a prevention opportunity.
 - Family structure can be expected to pose challenges to successful resettlement.
1. Women's health issues should be addressed, including contraception, female empowerment, cancer screening, and prevention of sexually transmitted infection.
 2. Mental health promotion should be a priority in order to address the acculturation challenges involved in the transition between a worn torn environment, transition to and from a camp setting, and relocation to a city.
 3. Assure that interventions for recognized infectious diseases such as tuberculosis are adequately addressed in order to prevent reactivation and subsequent illness and transmission.
 4. Establish an intervention that focuses on healthy eating in a manner that a single woman living with children can successfully identify healthful foods that both she and her children will eat.

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