

UDOH REFUGEE HEALTH MANUAL

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Introduction

Article 14 of the 1948 “Universal Declaration of Human Rights” is the right “to seek and to enjoy in other countries asylum from persecution.” This recognizes that victims of human rights abuse must be able to leave their countries freely and to seek refuge elsewhere. The Refugee Act of 1980 aids individuals fleeing persecution in their homelands and provided a formal definition of “refugee” as:

“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”

Once an individual is determined to be a refugee, a joint effort, conducted by the Department of State and the International Organization for Migration (IOM), brings these individuals to the United States. United States voluntary agencies and the Office of Refugee Resettlement (ORR) then initiate programs to assist with their resettlement.

In the United States, more than two million refugees, driven from their homelands by war, political change, and social, religious, and ethnic oppression, have arrived since the Refugee Act of 1980 was established. The first of these arrivals were refugees primarily from Southeast Asia and the Soviet Union in the 1970s and 1980s during the *Cold War period*, followed by Europe in the 1990s during the *Balkans period*, and now a growing number from Africa in the 2000s during the *civil conflict period*. In 2001, 78 percent of all refugees came from 10 areas: Afghanistan, Angola, Burma, Burundi, Congo-Kinshasa, Eritrea, Iraq, the Palestinian territories, Somalia and Sudan. Palestinians are the world's oldest and largest refugee population, and make up more than one-fourth of all refugees. Asia hosts 45 percent of all refugees, followed by Africa (30 percent), Europe (19 percent) and North America (5 percent).

Utah has resettled over 10,000 refugees since 1995. Part of the resettlement process in Utah is ensuring each refugee receives a Domestic Health Screening within 30 days of arrival to eliminate health related barriers to successful resettlement, while protecting the health of Utah residents and the U.S. population. Additional information on where recent arrivals are from can be found on the [Utah Department of Health Refugee Health Program](#) website.

Resources

A number of agencies are dedicated to assisting refugees to resettle in Utah upon their arrival. The following is a list of agencies and staff involved in Refugee Health.

DEPARTMENT OF HEALTH - TB CONTROL AND REFUGEE HEALTH PROGRAM

Program Manager (Cristie Chesler, BA): This individual is responsible for Program administration of the Refugee Health Program activities and provides contract oversight.

Community Health Specialist (Genevieve Greeley, BS, CHES): This individual assists with creating culturally appropriate health publications for use by various refugee service providers.

Epidemiologist II (Larry Niler, MS, RN): This individual is responsible for screening incoming refugee assurance forms for Class B TB and for processing Class B TB notifications to and from the Division of Global Migration and Quarantine.

Epidemiologist II (Jerry Carlile, MSPH): This individual is responsible for supervising Program employees and assisting with statistical report generation and dissemination.

Office Specialist (Cindy Allen): This individual assists with data entry into the Refugee Health database and is responsible for the medication program for the Program.

Refugee Health Program Specialist (Jelena Pasalic, BS): This individual is responsible for following-up on refugees that require a mental health evaluation and for those with positive TB skin tests and/or abnormal chest x-rays detected in the overseas and/or U.S. health screenings. This person also conducts the "Bridging the Gap" medical interpreters' training and represents the UDOH on various committees pertaining to refugees.

Surveillance and Follow-Up Health Program Specialist (Gerrie Dowdle, MSPH): This individual is responsible for maintaining the Refugee Health database, generating and disseminating statistical reports, and managing the medical interpreters' listserve. This individual is also responsible for following-up on persons with Class B TB status and health conditions other than TB detected in the refugee health screening.

**DEPARTMENT OF WORK FORCE SERVICES
REFUGEE SERVICES OFFICE**

Director (Gerald Brown)
State Refugee Coordinator (Norman Nakamura)
Program Specialist (Irina Pierpont)

INTERNATIONAL RESCUE COMMITTEE

Regional Resettlement Director (Patrick Poulin)
Refugee Resettlement Officer (Elissa McConkie)
Health Program Coordinator (Amelia Self)

CATHOLIC COMMUNITY SERVICES

Immigration and Refugee Resettlement Director (Aden Batar)
Refugee Resettlement Program Manager (Vladimir Kljajic)
Health Program Coordinator (Lorena Badran)

**ASIAN ASSOCIATION OF UTAH and UTAH REFUGEE EMPLOYMENT &
COMMUNITY CENTER**

Director, Utah Refugee Center (Lina Smith)
Interpreting Coordinator (Jim Marshall)

Refugee Health Program Goals and Objectives

Purpose

To ensure that goals and objectives are established and maintained for health screening related activities of newly arriving refugees.

Program Goals and Objectives

The Program will contract with resettlement agencies to ensure that at least 90% of newly arriving refugees receive a health screening within 30 days of arrival, and that referral needs are met as required by the Utah Refugee Resettlement Program State Plan.

The Program will continue to offer technical assistance to resettlement agencies to ensure that at least 90% of refugees receive preventive health care education as part of their health care orientation.

The Program will continue participation in the Refugee Immunization Program. Program staff will conduct two site visits annually with each provider to encourage continued participation and reduce barriers that may occur. Program staff will monitor usage, provider participation and the numbers of refugees served on a quarterly basis.

The Program will encourage at least 75% of newly arriving refugees of reproductive age to access family planning services.

The Program will continue to provide education to individuals serving as medical interpreters to improve understanding of the medical interpreter role, codes of conduct, medical terminology and other skills necessary to provide culturally competent, medically appropriate service.

References

State of Utah, Department of Workforce Services: Utah Refugee Resettlement Program State Plan

Follow-Up Responsibility

TB/Refugee Health Program Manager

Cultural Competency

Purpose

To establish a policy to promote the Office for Civil Rights policy guidance on the Title VI prohibition against conducting programs, activities and services in a manner that subjects any person or class of persons to discrimination on the grounds of race, color or national origin.

Policy

The Program provides educational offerings to update providers and institutions on current standards and policies regarding cultural competency, Title VI of the Civil Rights Act of 1964 and issues related to literacy, health and the law. The sessions range in length of time from two hours up to 40 hours. The educational sessions can be tailored to fit the specific needs of the group.

Procedure

To schedule the free educational offerings listed below or if you have questions on these issues, please contact the Program's Health Educator.

- Educational programs regarding the Title VI of the Civil Rights Act of 1964.
- Educational programs addressing Cultural Competency issues.
- Expert consultation regarding Title VI of the Civil Rights Act of 1964.
- Expert consultation regarding Cultural Competency.

References

[Title VI, The Department of Health and Human Services, Office for Civil Rights, Room 506 F, 200 Independence Avenue, S.W., Washington D.C., 20201, \(202\) 619-0805, TDD 1-800-537-7697](#)

Follow-Up Responsibility

Health Educator

Medical Interpreting/Translation Resources

Purpose

To establish a policy on improving the availability of well trained/qualified medical interpreters/translators to ensure that clients using these services receive accurate and quality care.

Policy

At the present time in the United States, the role of the medical interpreter/translator is not well defined, largely because it is the newest branch of the interpreting field. Medical Interpreting is an oral medium, rendering an oral message from one language into another. Translation is a written medium, rendering a text in one language into an equivalent text in another language.

The Refugee Health Program provides consultation regarding questions related to medical interpreting and translation in order to assist agencies to comply with Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000, et seq. which applies to agencies receiving federal money, grants, subsidies, or any type of U.S. government assistance. This law prohibits federal financial assistance recipients from discrimination in their subsidized programs or activities based on race, color or national origin. Language-based discrimination equates with national origin discrimination.

Procedure

The Refugee Health Program provides and coordinates services related to providing linguistically and culturally appropriate interpretation/translation services.

The following is a short list of resources available in the area of medical interpreting/translating:

- NCIHC published the [National Standards of Practice for Interpreters in Health Care](#). This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- [Utah Medicaid, PCN and CHIP Interpretive Services](#) Interpretive (translation) services during a medical appointment are free for

Medicaid clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter. For clients who are not enrolled in an HMO, Utah Medicaid pays for the interpreter. The provider is responsible to arrange for an interpreter. Medicaid contracts with several interpretive agencies. When the provider calls, the agency needs to know the client's Medicaid identification number, the language needed, and the date, time and place for the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hours care.

- [Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions](#) This article, published by the American Translators Association, explains when and when not to use telephone interpretation.
- Telephone Interpretation Companies:
Language Line Services 1-800-752-6096
Propio Language Services, LLC 1-888-804-2044
Institute for Cultural Competency 1-800-654-6231
Pentskiff Interpreting Services 1-801-484-4089

References

[National Council on Interpreting in Health Care \(NCIHC\)](#)

[Utah Department of Health, Bureau of Eligibility Services, Medicaid Program](#)

[Working with Interpreters in Health Care Settings](#) This fact sheet offers tips to work successfully with interpreters in health care settings.

Follow-Up Responsibility

Refugee Health Program Specialist

Medical Interpreters' Training

Purpose

To establish a policy to ensure the provision of linguistically and culturally appropriate interpreters for individuals with limited English proficiency (LEP) in Utah.

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon translation and interpretation services, and an increased cultural competence among Utah health service providers.

Policy

The Utah Department of Health, TB Control and Refugee Health Program, provides a 40-hour basic/intermediate training course called "Bridging the Gap."

There is no registration fee to attend this course and all course material is provided free-of-charge. Participants are expected to attend the course in its entirety. In addition to being fluent in English, all participants MUST be fluent in a second language and must be willing to act as a medical interpreter. Priority will be given to applicants who work within the refugee health, tuberculosis control, HIV and STD prevention settings.

All participants who attend the entire 40-hour training and successfully complete the final exam will receive a certificate of completion.

The Program also provides a course entitled "Promoting Health Among Limited English Speaking Clients." This 40-hour course is provided in collaboration with the Foundation for Culture and Health Promotion to address promoting health among limited English speakers through developing skills among participants in culturally appropriate individual behavior change, medical interpreting and cultural competency.

All participants who attend the entire 40-hour "Promoting Health Among Limited English Speaking Clients" training, and successfully complete the final exam, will receive a certificate of completion.

Procedure

The "Bridging the Gap" course covers:

- basic interpreting skills (role, ethics, conduit and clarifier interpreting, intervening, managing the flow of the session);
- information on health care (introduction to the health care system, how doctors think, anatomy, basic medical procedures);
- culture in interpreting (self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture-brokering); and,
- communication skills for advocacy (listening skills, communication styles, appropriate advocacy).

To schedule the “Promoting Health Among Limited English Speaking Clients” educational offerings, or if you have questions on this course, please contact the Program’s Health Educator.

References

Learn more about the National Medical Interpreters Code of Ethics through the [Cross Cultural Health Care Program \(CCHCP\) website](#):

Additional training dates can be found at the TB Control and Refugee Health website on the ["Medical Interpreters" page](#).

Follow-Up Responsibility

Refugee Health Program Specialist and Program Health Educator

Medical Interpreters' Listserve

Purpose

To establish a policy for the Utah Department of Health, Bureau of Communicable Disease Control, Tuberculosis Control and Refugee Health Program listserve for medical interpreters and others involved with refugee health. The listserve provides members with an easy way to exchange information and to discuss issues such as:

- Upcoming medical interpreters' training courses and refresher courses
- Situations and/or areas where medical interpreters are needed
- Other issues of concern to medical interpreters
- Refugee health issues
- Upcoming workshops, etc., related to medical interpreters and/or refugee health

Policy

Listserve members receive email messages from other members. **Anything sent out to members on the listserve will be reviewed by one of the administrators for approval before posting on the listserve.**

The ground rules for the listserve are:

- a) Respect everyone's privacy. Don't send messages that would allow readers to identify a patient, health care provider or clinic. The only exception to this rule is when a health care provider or clinic wishes to ask for assistance from a member of the listserve; and,
- b) Please be polite when sending or replying to messages. Don't send messages that belittle or criticize others. If you have a problem with a health care provider or clinic, please contact them directly.

Procedure

How to Join the Listserver:

- a) To subscribe (or join) the listserver, send an email a message to: lyris@list.utah.gov and type "subscribe utah_medical_interpreter1" in the subject line (leave out the quotation marks). You will receive a confirmation of your subscription. Another way is to send an email to one of the following administrators requesting approval:

[Gerrie Dowdle - gdowdle@utah.gov](mailto:gdowdle@utah.gov)

[Jelena Pasalic - jpasalic@utah.gov](mailto:jpasalic@utah.gov)

[Jerry Carlile - jcarlile@utah.gov](mailto:jcarlile@utah.gov)

To unsubscribe, send another message to the same address with “unsubscribe utah_medical_interpreter1” in the subject line (and leave out the quotation marks).

- b) To send a message to be posted on the listserver, email your message to: utah_medical_interpreter1@list.utah.gov Be sure to include a subject line with your message.

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Refugee Overseas Medical Examination

Purpose

To establish a policy for ensuring refugees receive an Overseas Medical Examination before entering the United States. The Refugee Overseas Medical Examination is the mandatory examination designed to exclude individuals who have communicable diseases of public health significance, physical or mental disorders that involve harmful behaviors, or problems with current drug abuse or addiction.

Policy

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. to ensure that refugees seeking to enter the U.S. do not have health conditions, which would create social or economic burdens to our government. This exam is performed in refugee camps or areas of significant refugee settlement.

The International Organization for Migration Physicians (IOM), or a local panel of physicians approved by the CDC, performs the examination using locally available facilities and documents their findings on the Overseas Medical Form.

The quality of the Overseas Medical Examination varies and depends on such factors as the site of the examination, the panel of physicians and the length of time for which the examination process has been in-place at a given location.

The Overseas Medical Examination is valid for six months prior to departure.

Procedure

- a) Medical history and physical examination.
- b) Chest x-ray for age ≥ 15 years (for South Asian refugees, the age is ≥ 2 years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active TB.
- c) Serologic test for syphilis for age ≥ 15 years. Persons with positive results are required to undergo treatment prior to departure for the U.S.
- d) Physical exam for evidence of other STDs or HIV infection. HIV antibody testing for age ≥ 15 years. Pre and post-test counseling are part of the testing.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six

- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives, and any documentation such as medical and hospitalization records.
- g) Departure of refugees with communicable diseases that preclude their entry into the U.S. (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and they are no longer infectious.
- h) Following treatment, refugees will be allowed to immigrate to the U.S. Waivers may be requested for conditions that are grounds for exclusion. Medical conditions are categorized as Class A or B.

References

[Utah Department of Health Refugee Health Program](#)

Follow-Up Responsibility

Refugee Health Program Specialist

Domestic Refugee Health Screening

Purpose

To establish a policy to conduct a Domestic Refugee Health Screening assessment within the first 30 days of arrival, and to eliminate health-related barriers to successful resettlement while protecting the health of Utah residents and the U.S. population.

Policy

The first interaction that refugees have with the health care system in the U.S. begins with the Domestic Refugee Health Screening assessment. The Refugee Federal Act of 1980 entitles each newly arriving refugee to a complete health-screening exam within the first 30 days after arriving in the U.S.

The Overseas Medical Examination is valid for up to six months, so there is the potential for a lengthy lag period between medical clearance and arrival in Utah. The possibility exists for an individual to develop medical conditions, such as active tuberculosis after the overseas exam, which may remain undetected until the Domestic Health Screening assessment is completed.

Procedure

- a) Refugee resettlement agencies schedule the Domestic Refugee Health Screening for all newly arrived refugees within the first 30 days after arrival.
- b) The Refugee Health Program Specialist collaborates with the resettlement agencies to make sure that each newly arrived refugee/granted asylee is scheduled for the Domestic Health Screening assessment.
- c) The Refugee Health Program Specialist follows-up with the resettlement agencies for each refugee who has tested positive for TB.
- d) The Refugee Health Program Specialist collects data and enters it into the spreadsheet for all refugees who have tested positive for TB to ensure they receive a chest x-ray.

References

[Utah Department of Health Refugee Health Program](#)

Follow-Up Responsibility

Refugee Health Program Specialist

Immunizations for Refugees

Purpose

To establish a policy for ensuring refugees receive required immunizations.

Policy

The U.S. Advisory Committee on Immunization Practices (ACIP) vaccination requirements do not apply to refugees at the time of their initial admission to the U.S. However, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the U.S. (one year or more after arrival).

Procedure

- a) The Domestic Health Screening should be done within 30 days of arrival and with a qualified interpreter that the resettlement agency provides.
- b) At the Domestic Health Screening Assessment, the refugee immunization record is assessed and documented on the REFUGEE HEALTH SCREENING FORM.
- c) Additional needed vaccinations are given and documented on the REFUGEE HEALTH SCREENING FORM.
- d) Updated [immunization recommendations and schedules](#) are followed per the CDC and ACIP. All vaccinations provided to refugees are entered into the Refugee Database for quarterly and ad hoc reports of vaccinations by age and vaccine.

References

[MMWR: General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices \(ACIP\): December 1, 2006](#)

[MMWR: Recommended Immunization Schedules for Persons Aged 0 – 18 Years – United States, 2007: January 5, 2007](#)

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Medications

Purpose

To establish a policy for treatment of refugees identified during their Domestic Health Screening with tuberculosis or other infectious diseases.

Policy

Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription for the medication.

Procedure

- a) The Domestic Refugee Health Screening should be done within 30 days of arrival and with a qualified interpreter that the resettlement agency provides.
- b) Evaluation for an infectious condition occurs at the Domestic Health Screening Assessment.
- c) The Utah Refugee Health Program provides close coordination with reception and placement services provided by voluntary resettlement agencies (IRC, CCS) from refugees with an infectious condition.
- d) The Utah Refugee Health Program monitors closely that refugees with an infectious condition received the appropriate treatment.
- e) Refugees with an infectious condition may be treated directly at the Salt Lake Family Health Clinic (SLFHC) or a prescription will be sent to the resettlement agency sponsoring the refugee. Treatment for infectious for reportable conditions can be found on the [Disease Fact Sheets A-Z](#).
- f) Refugees identified at risk for tuberculosis are referred to the SLVHD.
- g) The Surveillance and Follow-Up Health Program Specialist collects all data related to health screening appointments and treatment of infectious conditions.
- h) Recommended medications for treatment of parasitic and worm infections:

Giardia

Children aged three through adult:

Tindamax – one dose given at the SLFHC per physician order.

- The SLFHC notifies the Surveillance and Follow-Up Health Program Specialist when the dose has been given, who in turn, notifies the SLVHD.

If clients have not been in for treatment within two weeks, the SLFHC will notify the Surveillance and Follow-Up Health Program Specialist who will then contact the SLVHD.

- The SLVHD has a standing order for Tindamax to be filled at Rite Aid.
- The SLVHD nurse assigned to the client will call the Health Coordinator at the agency and request the refugee and/or parent, if for a child, be brought to the SLVHD or arrange to meet them for dosing.

Children under three:

Metronidazole – liquid form twice a day for five days.

- The SLFHC sends the prescription to the health coordinator at the resettlement agency.
- A letter accompanying the prescription is interpreted by the case manager instructing the parent how to give the medication and the reason he/she needs to give it to his/her child.
- The case manager will take the parent and child with the prescription to either the SLFHC or the SLVHD for education and instructions on taking the medication.
- The first dose will be observed at this time.
- The Surveillance and Follow-Up Health Program Specialist will be notified by either the SLFHC or the SLVHD when the child has been treated.

Hymenolepis nana

Praziquantel – dose given at the SLFHC per physician order

MALARIA

Malarone – dose given at the SLFHC per physician order

ONCHOCERCIASIS

Ivermectin – dose given at the SLFHC per physician order

SCABIES

Ivermectin – dose given at the SLFHC per physician order

SCHISTOSOMIASIS

Praziquantel – dose given at the SLFHC per physician order

STRONGYLOIDES

Albendazole – dose given at the SLFHC per physician order

Ivermectin – dose given at the SLFHC per physician order

References

Control of Communicable Diseases Manual 18th Edition: Heymann, David L., APHA 2004

Red Book 26th Edition: American Academy of Pediatrics 2003

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Follow-Up for Tuberculosis

Purpose

To establish a policy for evaluation, treatment and referral for refugees found to test positive for tuberculosis.

Policy

Refugees with a positive test for tuberculosis should be carefully evaluated to rule out active TB disease (ATBD).

If no evidence of ATBD is found then the refugee is encouraged to receive treatment for latent TB infection (LTBI). Refugees are persons at high-risk for TB and would benefit from treatment of LTBI.

Procedure

- a) The Domestic Refugee Health Screening assessment should be completed within 30 days of arrival and with a qualified interpreter that the resettlement agency provides.
- b) A critical piece of the initial Health Screening Assessment includes TB testing.
- c) The Refugee Health Program Specialist coordinates with the voluntary resettlement agencies (IRC, CCS) to ensure that refugees who tested positive for TB receive follow-up services.
- d) The Refugee Health Program Specialist ensures that each refugee who tested positive also receives a chest x-ray.
- e) For those refugees whose Medicaid card is pending, the chest x-ray may be completed at the Salt Lake Valley Health Department. For those refugees who have received a Medicaid card, the chest x-ray may be completed at an approved Medicaid clinic.
- f) Refugee children (<18 y.o.) who have tested positive for TB are referred to Primary Children's Medical Center for a chest x-ray.
- g) The Refugee Health Program Specialist collects all information regarding the Domestic Health Screening assessment, TB screening and chest x-ray completion, and enters it into the spreadsheet.

References

[MMWR: Recommendations for Prevention and Control of Tuberculosis Among Foreign-Born Persons: September 18, 1998](#)

Follow-Up Responsibility

Refugee Health Program Specialist

Screening for Tuberculosis using QuantiFERON[®]-TB Gold (QFT-G)

Purpose

To implement serological testing for latent tuberculosis infection (LTBI) of newly arriving refugees during the initial domestic health screening process. QuantiFERON[®]-TB Gold (QFT-G) is an alternative testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity.

Policy

Targeted testing for latent tuberculosis infection (LTBI) is a strategic component of TB control. It identifies persons at high-risk for developing TB disease who would benefit from treatment, if detected. Newly arriving refugees are at high-risk for developing active TB disease and would benefit from treatment of latent TB infection, if detected.

Procedure

- a) A minimum of 7 mL (10 mL is preferred) of whole blood draw in a Na Heparin or Li Heparin (Green Top) blood tube is required. Four mL of plasma are needed for the test.
- b) Keep the blood at room temperature after the draw and during transportation to the laboratory (this is a departure from usual practices of keeping blood refrigerated or on ice). The blood must be received at the Utah Public Health Laboratory (UPHL) within 12 hours of the blood draw Monday through Thursday (excluding holidays). Test will be batched and run on Friday.
- c) Reports will be returned to clients as desired by the client via mail, fax or email.
- d) There will be a cost of \$40/test in order for the UPHL to be able to offer this testing.
- e) The UPHL asks that customers call in advance to set-up a client account so that the UPHL may plan its testing accordingly. Call 801-584-8400 and request to set-up an account for QuantiFERON testing. The lab will need the name of the facility, address, phone number, email address, fax number and how reports should be returned (e.g. fax, email or mail). Please provide the same contact information for where invoices (billings) will be sent if it differs from where reports are sent.

References

[Utah Public Health Laboratory. Microbiology Client Services Manual](#)

[MMWR: Guidelines for Using the QuantiFERON®-TB Gold Test for Detecting *Mycobacterium tuberculosis* Infection: December 16, 2005](#)

Follow-Up Responsibility

Refugee Health Program Specialist

Screening for TB – Tuberculin Skin Testing

Purpose

To establish a policy for administering the tuberculin skin test (TST), also known as the Mantoux tuberculin skin test, to screen for tuberculosis (TB) in newly arriving refugees during the initial domestic health screening process. While the Refugee Health Program utilizes QuantiFERON[®]-TB Gold (QFT-G), TSTs are an alternative method for screening for TB in venues where QFT-G is not available.

Policy

Early detection of cases of active TB disease (ATBD) and targeted testing for latent TB infection (LTBI) are strategic components of TB control. Newly arriving refugees with suspected or confirmed ATBD should be started on appropriate treatment. Newly arriving refugees with LTBI are at high-risk for developing TB disease and would benefit from treatment of LTBI.

Procedure

- a) The TST should be administered by the Mantoux technique as described in the [CDC Core Curriculum](#), Fourth Edition, 2000, and should only be administered by a trained individual.
- b) Reading of the TST should only be done by a trained health care worker. Clients should never be allowed to read their own reaction. Measure the hard, swollen area, known as induration, and record the size of the induration in millimeters, not as “positive” or “negative.” Results are read 48–72 hours after administering the test. If the client fails to return for the scheduled reading but returns up to one week after the test administration, examine the test site and measure any induration present. If there is no reaction or it is too small to be classified as a positive, repeat the test.
- c) Classifying the results should be done using: [A Guide to the Classification of Mantoux Tuberculin Skin Test \(TST\) Results and the Management of TST-Positive and Other Clients](#), Utah Department of Health, Tuberculosis Control/Refugee Health Program, March 2005.

- d) Tuberculin skin testing is not contraindicated for persons who have been vaccinated with Bacillus Calmette-Guérin (BCG), and the skin test results of such persons are used to support or exclude the diagnosis of LTBI. The booster phenomenon may occur among persons who have had a prior BCG vaccination. A diagnosis of LTBI and the use of treatment for infection should be considered for any newly arriving refugee, including BCG-vaccinated persons who have a TST reaction of ≥ 10 mm of induration.
- e) For more information about the tuberculin skin test, refer to the [TB Control Program Manual](#).

References

[CDC Core Curriculum on Tuberculosis, What the Clinician Should Know, Fourth Edition, 2000 \(Page 25-33\)](#)

[Utah Department of Health Tuberculosis Control/Refugee Health, A Guide to the Classification of Mantoux Tuberculin Skin Test \(TST\) Results and the Management of TST-Positive and Other Clients, March 2005](#)

Follow-Up Responsibility

Refugee Health Program Specialist

TB Evaluation for Class B Arrivals

Purpose

To establish a policy for follow-up of refugees/immigrants whose overseas medical examinations are consistent with findings for tuberculosis (TB).

Policy

U.S. immigration law requires an overseas medical examination of all immigrants and refugees for TB, and a chest x-ray is required for applicants older than 14 years. Persons with abnormal chest x-rays (CXR) suggestive of clinically active TB or who are otherwise suspected of having active TB, have sputum smear examinations to determine if they have infectious disease. Refugees/immigrants identified with active TB disease (ATBD) are started on treatment prior to departure for the United States (U.S.). Once the refugee/immigrant is no longer contagious, U.S. resettlement can occur.

Additionally, the Centers for Disease Control and Prevention (CDC) has implemented a special "B Other" category for refugees arriving from Thailand where outbreaks of multidrug-resistant tuberculosis (MDR-TB) in refugee camps have occurred. These refugees have undergone a special TB screening overseas that includes tuberculin skin tests (TSTs), CXRs, and sputa collection if necessary. Any refugee arriving from Thailand with a TST ≥ 5 mm is classified as a TB Class B Other.

Class B conditions indicate the need for the refugee/immigrant to follow-up upon arrival to the U.S. The TB Control Program considers persons with Class B TB conditions at high-risk for active TB disease until an evaluation is complete. The UDOH and/or the LHDs have 45 days to locate and evaluate Class B refugees or immigrants.

Procedure

- a) The TB Control Program receives a Notice of Arrival of Alien with Tuberculosis on newly-arriving persons identified with a Class B-1 or B-2 condition. For refugees arriving from Thailand, a Pre-departure TB Classification Coversheet is received.
- b) The TB Control Program forwards the Class B report to the appropriate local health district (LHD) for follow-up. If the new arrival is a refugee, the Refugee Health Program is also notified, and the Program will assist in locating the client and arranging for interpreting services if needed.

- c) The LHD completes an evaluation for tuberculosis. If the refugee/immigrant has ATBD, the TB Control Program is notified and appropriate treatment begins. If the refugee/immigrant has LTBI, treatment for LTBI is offered.
- d) The Class B evaluation form is completed and sent back to the TB Control Program.
- e) The TB Control Program forwards the completed report to the CDC Division of Quarantine and maintains a copy in the Class B refugee/immigrant files.

References

[MMWR: Recommendations for Prevention and Control of Tuberculosis Among Foreign-Born Persons: September 18, 1998](#)

Follow-Up Responsibility

TB Control Program Epidemiologist I

Follow-Up of Other Conditions

Purpose

To establish a policy ensuring refugees who have been identified as having other health conditions receive follow-up care by a health care provider.

Policy

Refugees found to have health conditions requiring follow-up care will be referred to an appropriate health care provider.

Procedure

- a) The Domestic Health Screening Assessment should be done within 30 days of arrival and with a qualified interpreter that the resettlement agency provides.
- b) Part of the Domestic Health Screening Assessment includes:
 - i. a review of systems sufficient to assist in determining the presence and the severity of Class A or Class B conditions (described in Health Screening);
 - ii. symptoms that suggest cardiovascular, pulmonary, musculoskeletal, psychiatric disorders and communicable diseases (described in Disease Reporting);
 - iii. a physical examination that includes, at a minimum, examination of the eyes, ears, nose and throat, extremities, heart, lungs, abdomen, lymph nodes, skin and external genitalia; and,
 - iv. all diagnostic tests required for the diagnosis of the diseases identified as [communicable diseases of public health significance](#) and other tests identified as necessary to confirm a suspected diagnosis of any other Class A or Class B condition.
- c) When the examination reveals an illness or condition requiring further evaluation or treatment for conditions not relevant to the Domestic Health Screening, a referral is made for appropriate diagnostic evaluation and treatment:
 - i. the Surveillance and Follow-Up Health Program Specialist receives a copy of the Refugee Health Screening Form identifying conditions requiring further evaluation or treatment;
 - ii. these conditions are entered into a spreadsheet and forwarded to the Health Coordinator at the resettlement agency;

- iii. the Health Coordinator will make an appointment with a primary care provider or specialist for the appropriate diagnostic evaluation and treatment;
- iv. the Surveillance and Follow-Up Health Program Specialist is notified by the agency Health Coordinator when an appointment has been made; and,
- v. the Surveillance and Follow-Up Health Program Specialist will update the spreadsheet to include the appointment time and provides this to the SLFHC who will forward screening information on to the primary care provider or specialist.

References

[CDC: 2008 Technical Instructions for Civil Surgeons, Technical Instructions for Medical Examination of Aliens in the United States](#)

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Refugee Mental Health

Purpose

To establish a policy to assure that refugees requiring mental health referrals have access to culturally appropriate services.

Policy

Many refugees are at high-risk for mental health problems as a direct result of the refugee experience. Primary factors leading to this increased risk are war/trauma experience and displacement. Many refugees also experience psychosocial and environmental problems in the host country that negatively affect their mental health.

While most refugees adapt successfully to their new lives in the United States on their own, some may need extra support and services in order to do so effectively.

People from different cultures respond to trauma in different ways, the manners in which they talk about their feelings also vary.

Procedure

Although the Domestic Health Screening assessment does not specifically have a mental health component, mental health referrals are made and addressed in the initial screening process.

- a) General referrals of the effect that war, trauma, violence and torture have on refugees are established at the initial refugee health screening assessment. The Refugee Health Program Specialist coordinates all initial mental health referrals with the Utah Health & Human Rights Project (UHHP) and the resettlement agencies.
- b) General mental health concerns are identified during the initial refugee health screening assessment such as depression, anxiety and post-traumatic stress disorders, etc. The Refugee Health Program Specialist facilitates between the resettlement agencies and Valley Mental Health (VMH).
- c) The Refugee Health Program Specialist coordinates with the UHHP, VMH and the resettlement agencies, provides support, evaluates effectiveness and makes recommendations of the mental health referrals for the newly arriving refugees.
- d) The Refugee Health Program coordinates with the Asian Association of Utah's Counseling Program who is committed to providing culturally sensitive, respectful and compassionate Mental Health Counseling, Domestic Violence Counseling, Substance Abuse Treatment and

Anger Management Groups to Asian, Pacific Islanders, refugees and other immigrants in Salt Lake City.

- e) The Refugee Health Program Specialist educates health providers regarding the patients' legal right to a culturally and linguistically trained medical interpreter (Title VI of Civil Rights Act of 1964).
- f) Once to twice a year, the Refugee Health Program Specialist provides 40-hours of training for medical interpreters entitled "Bridging the Gap."

References

[The Utah Health and Human Rights Project \(UHHP\)](#)

[Valley Mental Health \(VMH\)](#)

Follow-Up Responsibility

Refugee Health Program Specialist

Database

Purpose

Establish a database to collect and analyze information on refugee arrivals and the Domestic Refugee Health Screening Assessment findings.

Policy

Information on all refugees arriving in Utah is entered and stored in a secure Access database in the Tuberculosis Control and Refugee Health Program shared drive.

Procedure

- a) The Utah Refugee Health Program receives the following demographic information on all arriving refugees from the voluntary resettlement agencies (IRC, CCS):
 - i. Sponsoring agency
 - ii. Alien ID (case) # - unique number for each refugee
 - iii. Date of arrival
 - iv. First and last name
 - v. Sex
 - vi. Country arriving from
 - vii. Place of birth
 - viii. Nativity (ethnicity or culture)
 - ix. Date of birth
 - x. Date of health screening
- b) Demographic information is entered in the database by the Surveillance and Follow-Up Refugee Health Program Specialist.
- c) Following the Domestic Health Screening Assessment, the Surveillance and Follow-Up Refugee Health Program Specialist receives a copy of the Refugee Health Screening Form. Information on physical findings, diagnostic tests and vaccinations provided are entered into the database.
- d) Laboratory results are documented on the final copy of the Refugee Health Screening Form. This form is picked-up by the Surveillance and Follow-Up Refugee Health Program Specialist to deliver to the Tuberculosis Control and Refugee Health Program Office Specialist who updates the laboratory results in the database.
- e) Programs have been written in the database to run monthly, quarterly, annually and ad hoc reports including:
 - i. Arrivals by Gender, Agency, Age, Nativity, Country
 - ii. Health Screening by Gender, Agency, Age
 - iii. Vaccines provided by Vaccines for Children (VFC), Age, Age Group

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Pandemic Influenza Response and Emergency Response Preparedness

Purpose

To establish a policy to assure the language and cultural needs/differences of refugees are taken into account in emergency response/influenza response planning.

Policy

All State agencies are required to have an emergency response plan that includes first response, emergency support functions and continuity of operations plans (COOP). The State Refugee Health Program, in coordination with the Bureau of Epidemiology, will have the primary role of designing and implementing public health measures such as surveillance, containment procedures, and infection control and treatment programs for the refugee community.

Procedure

- a) Provide demographic information regarding the refugee population for inclusion in the State's planning effort.
- b) Provide coordination and dissemination of information and training materials to the refugee community.
- c) Refugee community leaders from refugee Mutual Assistance Associations and non-incorporated refugee communities will be engaged to assist in developing, adapting and translating information materials and the development of a communication plan.
- d) Engage refugee Mutual Assistance Associations and non-incorporated refugee communities to develop and provide training in the refugee communities for preparation, planning and plan implementation in the event of an emergency.

References

[State of Utah, Department of Workforce Services: Utah Refugee Resettlement Program State Plan](#)

Follow-Up Responsibility

TB/Refugee Health Program Manager

Confidentiality in Refugee Health

Purpose

To establish a policy for maintaining confidentiality in Refugee Health.

Policy

The Refugee Health Program recognizes that **confidentiality** is an essential issue in many different aspects of refugee health. All information pertaining to individual clients shall be maintained in strict confidentiality according to this written policy.

Resettlement agency and health care workers need to be aware of their agency policies on confidentiality, as well as those that are relevant to client-resettlement/health care worker encounters. The collection, management and sharing of data gathered on Refugee Health Program clients must be held in the strictest confidence.

Procedure

Refugee Health Program employees must read and sign the Utah Department of Health, Bureau of Communicable Disease Control Client Confidentiality Policy upon hire and when updated.

References

The Utah Department of Health, Bureau of Communicable Disease Control Client Confidentiality Policy

Follow-Up Responsibility

TB/Refugee Health Program Manager

Disease Reporting

Purpose

To establish a policy for the identification and reporting of diseases deemed to be of public health significance.

Policy

Diseases identified in refugees that are found to have a [communicable disease or disease of public health significance](#) will be reported to the local health department and Utah Department of Health.

Procedure

- a) The Domestic Health Screening should be done within 30 days of arrival and with the qualified interpreter that the resettlement agency provides.
- b) Evaluation for the following diseases of public health significance occur at the Domestic Health Screening:
 - i. Tuberculosis
 - ii. HIV
 - iii. Syphilis
 - iv. Hepatitis B and C
 - v. *Giardia*
 - vi. Blood lead level
- c) When the laboratory results are positive for a communicable disease of public health significance:
 - i. The Surveillance and Follow-Up Health Program Specialist receives notification.
 - ii. The Surveillance and Follow-Up Health Program Specialist reports the result to the local health department and the Health Coordinator at the resettlement agency.
 - iii. The Health Coordinator will notify the Surveillance and Follow-Up Health Program Specialist when a nurse has been assigned to the case.

References

[Utah Administrative Code R386-702, Communicable Disease Rule](#)

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Refugee Health Program Services

Purpose

To establish policies and procedures to ensure that refugees receive a comprehensive domestic health screening within 30 days following arrival in Utah. The Program will also establish policies and procedures to ensure that medical referrals are made following the domestic health screening, as indicated.

Policy

All newly arriving refugees are entitled to a domestic health screening, to be initiated as soon as possible, but within the first 30 days following arrival. The Refugee Health Program has been designated to monitor the provision of these health assessment services. Funding support comes from the Department of Workforce Services (DWS).

The Program contracts with the Salt Lake Family Health Center to provide comprehensive health screening services in a culturally and linguistically appropriate manner. Catholic Community Services, International Rescue Committee and the Asian Association receive funding to provide case management services.

Procedure

[CDC: Technical Instructions for Civil Surgeons, Technical Instructions for Medical Examination of Aliens in the United States](#) is used as the guideline for screening criteria. The health screening focuses on the following categories of risk assessment and health promotion:

tuberculosis	hepatitis B	HIV/AIDS
anemia	parasites	hearing acuity
diabetes	cardiovascular dis.	visual acuity
hypertension	immunizations	STD
lead screening	pregnancy	

Program staff coordinate with the Salt Lake Family Health Center and the resettlement agencies regarding referrals for health problems identified through the domestic health screening. The health program representative ensures that additional services such as referral for dental and vision, coordination of mental health evaluations, and outreach assistance is completed in a timely manner.

Refugees receive health education on applicable topics including tuberculosis, immunizations and family planning. The Program also

maintains a library of materials on refugee health issues, health education information and language appropriate resources.

The Program provides courses, at least twice a year, which focus on improving the availability of well-trained/qualified medical interpreters within the State.

References

State of Utah, Department of Workforce Services: Refugee Health Work Plan

[CDC: Technical Instructions for Civil Surgeons, Technical Instructions for Medical Examination of Aliens in the United States](#)

Follow-Up Responsibility

TB/Refugee Health Program Manager

Ordering Refugee Health Medications

Purpose

To establish a policy for ordering and obtaining medications for newly-arriving refugees.

Policy

The Refugee Health Program (RHP) provides immunizations and medications for vaccinations and treatment of infectious conditions identified during the refugee health screening. The purchase of refugee health medication is based upon funding availability. Should funding become impacted, these services may be reduced or eliminated. The Refugee Health Program reserves the right to make decisions on client eligibility based on current medical practice, funding availability, and recommendations from the most current immunization schedule and infectious disease treatment guidelines.

Procedure

- a) Local health departments will establish a relationship with a local pharmacy to provide dispensing services.
- b) Medications for refugees will be provided through the following channels:
 - i. The Salt Lake Family Health Clinic (SLFHC), where refugee health screenings are conducted, coordinates with the RHP to purchase medications and vaccinations for dispensing at the Clinic;
 - ii. The SLFHC coordinates with the RHP to purchase and send medications to the local pharmacy for dispensation;
 - iii. The Salt Lake Valley Health Department coordinates with the RHP to purchase and send medications to the local pharmacy for dispensation;
 - iv. Refugees covered by Medicaid may have prescriptions filled by any pharmacy approved by their plan.
- c) Minimum inventories will be maintained at each pharmacy to allow sufficient access for clients.

Follow-Up Responsibility

Office Specialist

Required Reports and Forms

Purpose

To establish a policy for required reports and forms for the Refugee Health Program.

Policy

In a timely manner, agencies involved in the Refugee Health Screening process must submit to the Program information regarding refugee arrivals, health screenings, and any follow-up that was required.

Procedure

- a) The Salt Lake Family Health Center (SLFHC) and any other organization receiving purified protein derivative (PPD) from the TB Control Program is required to submit, by the tenth of each month, a [Monthly TB Skin Test Report form](#).
- b) Agencies involved in the resettlement of refugees are asked to submit the following refugee arrival information to the Refugee Health Program on a monthly basis:
 - last name, first name, alien ID number, date of arrival, country arriving from, place of birth, nativity/culture, gender, date of birth, date of health screening appointment, and date of follow-up appointment.
- c) The SLFHC, and any other organization submitting blood samples for QuantiFERON testing at the Utah Public Health Laboratory, should contact the lab in advance to set up an account (801-584-8400). The Bacteriology/Bioterrorism/Molecular Diagnostics/TB Test Request form can be found in the [Microbiology Client Services Manual](#).

References

[Utah Public Health Laboratory. Microbiology Client Services Manual](#)

Follow-Up Responsibility

Surveillance and Follow-Up Health Program Specialist

Education

Purpose

To establish a policy to promote health education for refugees during their domestic health screening, particularly, tuberculosis screening/treatment options and the need for immunization updates.

Policy

The Refugee Program provides training, education, material development, and expert consultation to the resettlement agencies, Asian Association, clinics, local health departments, and other service providers involved with the Refugee Health Program in Utah. This would include:

- educational materials and other needed resources identified by service providers;
- the Health Program Specialist provides a Refugee Health Orientation to resettlement agencies regarding the refugee health screening, TB screening, and follow-up visits related to screening results and chest x-ray follow-up;
- educational programs regarding refugee health issues as requested; and,
- a library of materials on refugee health issues, health education information, and language appropriate resources.

Procedure

For more information or to access these services, please contact:

TB Control/Refugee Health Program
Utah Department of Health
Box 142105
Salt Lake City, Utah 84114-2105
(801) 538-6096

References

State of Utah, Department of Workforce Services, Utah Refugee Resettlement Program State Plan

Follow-Up Responsibility

Health Educator and Health Program Specialist

Terms and Abbreviations Used

AAU	Asian Association of Utah
ACIP	Advisory Committee on Immunization Practices
ATBD	Active tuberculosis disease
BCG	Bacillus Calmette-Guérin
CCS	Catholic Community Services
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plans
CXR	Chest x-ray
DWS	Department of Workforce Services
FDA	Food and Drug Administration
HHS	Health and Human Services, Department of
HIV	Human immunodeficiency virus
IOM	International Organization for Migration
IRC	International Rescue Committee
LEP	Limited English proficiency
LHD	Local health district
LTBI	Latent tuberculosis infection
MDR-TB	Multidrug-resistant tuberculosis
ORR	Office of Refugee Resettlement
SLFHC	Salt Lake Family Health Clinic
SLVHD	Salt Lake Valley Health Department

STD	Sexually transmitted diseases
TB	Tuberculosis
TST	Tuberculosis skin test
UDOH	Utah Department of Health
UHHP	Utah Health and Human Rights Project
USCIS	United States Department of Citizenship and Immigration Services
VFC	Vaccines for Children
VMH	Valley Mental Health
VOLAGS	Voluntary agencies (IRC, CCS)
XDR-TB	Extensively drug-resistant tuberculosis

Glossary of Terms

Active tuberculosis disease (ATBD) – Condition caused by infection with a member of the *M. tuberculosis* complex that has progressed to causing clinical (manifesting symptoms or signs) or subclinical (early stage of disease in which signs or symptoms are not present, but other indications of disease activity are present [see below]) illness. The bacteria can attack any part of the body, but disease is most commonly found in the lungs (pulmonary TB). When the only clinical finding is specific chest radiographic abnormalities, the condition is termed "inactive TB" and can be differentiated from active TB disease, which is accompanied by symptoms or other indications of disease activity (e.g., the ability to culture reproducing TB organisms from respiratory secretions or specific chest radiographic finding).

Asian Association of Utah (AAU) – Is a non-profit community based organization formed in 1977 and has served thousands of refugees and immigrants. The agency provides multiple social service, intensive employment services and immigration services to all refugees who have been in the country from six months up to five years.

Asylees – Persons who are in the United States and make their claim for refugee protection here, rather than from overseas. Like refugees, asylum applicants seek protection based on persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion or membership in a social group.

Catholic Community Services (CCS) – One of the voluntary agencies sponsoring refugee resettlement. They serve newly arrived refugees from arrival up to six months, when the cases are transferred to the AAU.

Class A Conditions – Conditions that preclude a refugee from entering the United States. They include communicable diseases of public health significance, mental illnesses associated with violent behavior and drug addiction. Class A conditions require approved waivers for U.S. entry and immediate follow-up upon arrival.

- Chancroid, Gonorrhea, Granuloma inguinale, Lymphogranuloma venereum, Syphilis
- Tuberculosis, active, infectious
- Drug addiction
- HIV infection
- Hansen's disease, infectious (leprosy)
- Mental illness with violent behavior

Class B Conditions – Significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to substantial departure from normal well-being. Class B Conditions require follow-up within 30-days after arrival in the United States.

- Tuberculosis
 - B1 - active, not infectious
 - B2 - inactive, old
 - B3 - any possible past TB disease
- Hansen’s disease, not infectious
- Other significant physical disease, defect or disability

Extensively drug-resistant tuberculosis (XDR TB) – A rare type of multi-drug resistant TB (MDR TB) caused by *M. tuberculosis* organisms that are resistant to isoniazid, rifampin, fluoroquinolones, and at least one of three injectable drugs (i.e., amikacin, kanamycin or capreomycin).

Immigrants – Persons admitted to the United States as lawful, permanent residents. They may be issued immigrant visas by the Department of State overseas or adjusted to permanent resident status by the Immigration and Naturalization Service in the United States. Immigration preference is given to close family members of United States residents and to persons with needed job skills.

International Rescue Committee (IRC) – One of the voluntary agencies sponsoring refugee resettlement. They serve newly arrived refugees from arrival up to six months, when the cases are transferred to the AAU.

Interpreting – Rendering an oral message from one language into another.

Latent tuberculosis infection (LTBI) – In some persons who are exposed to and who inhale *M. tuberculosis* bacteria, the bacteria are not promptly cleared by respiratory defense systems, and the bacteria multiply and are spread throughout the body, thereby infecting the exposed person. In the majority of persons who become infected, the body is able to fight the bacteria to stop the bacteria from growing, further establishing a latent state. The bacteria are inactive, but they remain alive in the body and can become active later.

Multidrug-resistant tuberculosis (MDR TB) – TB disease caused by *M. tuberculosis* organisms that are resistant to at least INH and rifampin.

Nativity – This is the ethnicity or culture of the refugee. It may be different from their place of birth or the country from which they arrived.

Parolees – Persons who normally would not be admissible into the United States but are allowed to enter temporarily for humanitarian, medical and legal reasons.

Parole does not constitute a formal admission to the United States and confers temporary admission status only.

QuantiFERON®-TB Gold (QFT-G) – A new in vitro test approved in 2005 for use to diagnose *M. tuberculosis* infection. The test only requires a single patient encounter, and the result can be ready within one day. QFT-G is not affected by prior BCG vaccination and is less influenced by prior infection with nontuberculous mycobacteria.

Refugees – Persons who are outside their country of nationality and who are unable or unwilling to return to that country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion or membership in a social group. Individuals apply for refugee admission to the United States and are interviewed by Immigration and Naturalization Service (INS) officers overseas.

Translating – A written medium, rendering a text in one language into an equivalent text into another language.

Tuberculosis skin test (TST) – A diagnostic aid for finding *M. tuberculosis* infection. A small dose of tuberculin is injected just beneath the surface of the skin (in the United States by the Mantoux method), and the area is examined for induration by palpation 48 - 72 hours after the injection. The indurated margins should be read transverse (perpendicular) to the long axis of the forearm.

XDR-TB – See extensively drug-resistant tuberculosis.

Cultural Information

Up-to-date cultural information about refugee groups can be found at the following website:

Cultural Information Resource Center

<http://www.cal.org/co/>

Ethnomed

<http://ethnomed.org/>

World Culture Encyclopedia

<http://www.everyculture.com/>