Table 1. Country of Birth Among Refugees

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>No. (N=1787)</th>
<th>% of Arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq</td>
<td>564</td>
<td>31.6</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>448</td>
<td>25.1</td>
</tr>
<tr>
<td>Syria</td>
<td>182</td>
<td>10.2</td>
</tr>
<tr>
<td>Haiti</td>
<td>118</td>
<td>6.6</td>
</tr>
<tr>
<td>Somalia</td>
<td>72</td>
<td>4.0</td>
</tr>
<tr>
<td>Congo, DRC</td>
<td>61</td>
<td>3.4</td>
</tr>
<tr>
<td>Iran</td>
<td>46</td>
<td>2.6</td>
</tr>
<tr>
<td>Cuba</td>
<td>42</td>
<td>2.3</td>
</tr>
<tr>
<td>Kenya</td>
<td>41</td>
<td>2.3</td>
</tr>
<tr>
<td>Tanzania</td>
<td>31</td>
<td>1.7</td>
</tr>
<tr>
<td>Other</td>
<td>182</td>
<td>10.2</td>
</tr>
<tr>
<td>Total</td>
<td>1787</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 1. Geographic Distribution Among Refugees

- Near East, 46.7%
- Asia, 26.4%
- Africa, 15.6%
- Latin America/Caribbean, 10.2%
- Eur/Eurasia, 1%
- Eur, 1%

Table 2. Entry Status Among Refugees

<table>
<thead>
<tr>
<th>Type of entrant</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee</td>
<td>1085</td>
<td>60.7</td>
</tr>
<tr>
<td>SIV</td>
<td>494</td>
<td>27.6</td>
</tr>
<tr>
<td>Parolee</td>
<td>181</td>
<td>10.1</td>
</tr>
<tr>
<td>Asylee</td>
<td>27</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>1787</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 3. Framework for Refugees, Asylees, and VOTs

- **REFUGEE/HUMANITARIAN ENTRANT**
- **ON SHORE**
  - Asylum Seekers
  - Air Arrivals or Cross the Border
- **OFF SHORE**
  - Haitian Parolees
  - refugee
  - Special Humanitarian Program
  - Victims of Trafficking

Figure 2. Types of Refugees Arrival.

- Refugee 61%
- SIV 28%
- Parolee 10%
- Asylee 1%

Table 3. Distribution of Gender Among Refugees.

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. (n=1787)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>872</td>
<td>48.8</td>
</tr>
<tr>
<td>Male</td>
<td>915</td>
<td>51.2</td>
</tr>
</tbody>
</table>

Since many conditions may affect the health of refugees, all refugee arrivals are provided a full medical screening before coming to the United States. Upon arrival and as part of the RHAP assessment, refugees are rescreened to identify any individuals with latent tuberculosis infection (LTBI) to ensure timely treatment and control. LTBI is not infectious and those with the infection are not symptomatic. Nonetheless, 5 to 10% of those with LTBI develop active tuberculosis in their lifetime if left untreated. Treatment with antibiotics is provided to all refugees diagnosed with LTBI.

**Table 4. Tuberculosis Status Among Refugees**

<table>
<thead>
<tr>
<th>Tuberculosis Classification</th>
<th>No. (N=1702)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No exposure, no infection</td>
<td>1460</td>
<td>85.8</td>
</tr>
<tr>
<td>Exposure, no infection</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>TB infection, no disease - Latent Tuberculosis Infection</td>
<td>233</td>
<td>13.7</td>
</tr>
<tr>
<td>TB infection, clinically active</td>
<td>1</td>
<td>0.1</td>
</tr>
<tr>
<td>Previous TB disease, not clinically active</td>
<td>6</td>
<td>0.3</td>
</tr>
</tbody>
</table>

SEXUALLY TRANSMITTED DISEASES (STDs)

RHAP provides services for the prevention and control of communicable disease through health screenings. Early assessment and diagnosis of diseases and conditions provide an important means to monitor and evaluate health status for the refugee population. PHS utilizes the data to develop prevention and intervention strategies and to allocate resources to reduce disparities and prioritize health equity.

Table 5. Sexually Transmitted Diseases Among Refugees

<table>
<thead>
<tr>
<th>Disease</th>
<th>Test Result</th>
<th>No. (N)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5A. Chlamydia</strong></td>
<td>Positive</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>292</td>
<td>99.3</td>
</tr>
<tr>
<td><strong>5B. Hepatitis B (HBsAg)</strong></td>
<td>Non-reactive</td>
<td>972</td>
<td>97.7</td>
</tr>
<tr>
<td></td>
<td>Reactive</td>
<td>23</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>5C. Hepatitis C</strong></td>
<td>Non-reactive</td>
<td>1013</td>
<td>98.9</td>
</tr>
<tr>
<td></td>
<td>Reactive</td>
<td>11</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>5D. HIV</strong></td>
<td>Positive</td>
<td>7</td>
<td>0.4</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>1763</td>
<td>98.7</td>
</tr>
<tr>
<td></td>
<td>Declined</td>
<td>16</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>5E. Syphilis</strong></td>
<td>Non-reactive</td>
<td>1109</td>
<td>99.2</td>
</tr>
<tr>
<td></td>
<td>Reactive</td>
<td>9</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The RHAP program also screens for parasitic infection and vector borne diseases that may be prevalent in the area of departure.

**Table 6. Parasitic Infection and Vector Borne Diseases Among Refugees.**

<table>
<thead>
<tr>
<th>6A. Ascariasis</th>
<th>6B. Dientamoeba Fragilis</th>
<th>6C. Giardiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Result</strong></td>
<td><strong>No. (N=1787)</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>No</td>
<td>1785</td>
<td>99.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6D. Blastocystis Hominis</th>
<th>6E. Entamoeba Histolytica</th>
<th>6F. Hymenolepiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Result</strong></td>
<td><strong>No. (N=1787)</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>515</td>
<td>28.8</td>
</tr>
<tr>
<td>No</td>
<td>1272</td>
<td>71.2</td>
</tr>
</tbody>
</table>

Table 7. Elevated Lead Levels Among Refugee Children Aged 6 months to 15

<table>
<thead>
<tr>
<th>Test Result</th>
<th>No. (N=692)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated</td>
<td>94</td>
<td>13.6</td>
</tr>
<tr>
<td>Not elevated</td>
<td>598</td>
<td>86.4</td>
</tr>
</tbody>
</table>

Figure 5. Age Distribution of Refugee Children with Elevated Lead Levels (N=94)

### Table 8. Chronic Disease Among Refugee Arrivals

<table>
<thead>
<tr>
<th>Conditions</th>
<th>No. (N=1787)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Caries</td>
<td>277</td>
<td>15.5</td>
</tr>
<tr>
<td>Obesity</td>
<td>120</td>
<td>6.7</td>
</tr>
<tr>
<td>Poor Eyesight</td>
<td>73</td>
<td>4.1</td>
</tr>
<tr>
<td>Hypertension</td>
<td>80</td>
<td>4.5</td>
</tr>
<tr>
<td>Polyarthritis</td>
<td>4</td>
<td>0.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>45</td>
<td>2.5</td>
</tr>
<tr>
<td>Heart Murmur</td>
<td>21</td>
<td>1.2</td>
</tr>
<tr>
<td>Asthma</td>
<td>17</td>
<td>1.0</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>17</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Thank you!

For further questions and inquiries, please contact Christine Murto, PhD
Refugee Health Program Coordinator
(619) 692-8611

On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.