

## Ebola and the Refugee Health Program

October 7, 2014

- I. Background Information:
  - a. Refugee Health Programs most likely to receive refugees from Ebola at risk areas are: Duval, Hillsborough, Orange and possibly Palm Beach
  - b. Refugees most often come to Florida through the New York airport
  - c. Need to know that a refugee's country of origin is not always where they have been for the last year because they may be in an asylum situation and have been in an asylum country for years prior to leaving for the U.S.
    - i. Overseas health assessment and exam is done within a year prior to departure – so might have been done nine months prior to leaving
    - ii. Pre-departure screening sometimes occurs
- II. Refugee Health (RH) Medical and Travel History
  - a. Currently documenting a client's temperature is not in the RH program guidelines  
**Recommendations:**
    1. Document all RH client temperature;
    2. Follow the DOH's guidance document: *Checklist for Patients Being Evaluated for Ebola Virus Disease (EVD) in the United States.*
- III. Do all LHDs have the same waiting areas for all clients or are refugees held in a different area?
  - a. Each LHD is different
    - Sometimes co-located in the TB program (different waiting room) or with the immunization clinic (Hillsborough)
    - Some LHDs see the refugees as a primary care client so they are in main waiting rooms
    - Miami – standalone building but they receive primarily Cuban refugees**Recommendation:**
    1. When a refugee arrives for their first visit and it is known the refugee is coming from an area of risk have a plan in place for where the refugee will wait to be seen **and** notify the LHD Epi program of the arrival's appointment.
- IV. Tracking and Monitoring for new Refugee Arrivals
  - a. LHDs currently get a general CDC automated email notification when there are new refugees in their area (this notification is in addition to the Electronic Disease Notification System (EDN); it does not indicate where the refugees are from)
  - b. All LHDs have access to and should check the EDN on a daily basis to identify clients from areas of Ebola risk (the EDN provides the client's information including country the refugee has left)
  - c. Central Office monitors EDN daily  
**Recommendations:**
    1. Ensure LHD staff are reviewing the EDN information daily and if a refugee is from an area at risk to immediately contact the refugee to schedule an appointment to be seen.

2. Ensure central office staff review the EDN information daily and if a refugee is from an area at risk to immediately inform the appropriate LHD as well as staff from the Bureau of Epidemiology.

V. Appointments for Refugees Sponsored by a Resettlement Agency: Resettlement agencies assist refugees with scheduling and attending their LHD health assessment; however, resettlement agency services are typically only available for 30 days from their date of arrival.

**Recommendations:**

1. When the resettlement agency contacts the LHD RHP to schedule an appointment, scheduling staff should make every effort to provide services immediately for refugees that come from a known Ebola at risk area so the resettlement agencies may assist the refugee with transportation and interpretation needs, etc.

VI. Appointments for Arrivals Not Sponsored by a Resettlement Agency: Arrival information is obtained by checking the EDN daily.

**Recommendations:**

1. The LHD RHP should schedule health assessments for refugees that come from a known Ebola area immediately.
2. If unable to contact by phone to schedule a clinic visit, a home visit should be conducted.