Health Profiles of Newly-Arrived Refugee Children in the United States, 2006-2012

Data are necessary for developing public health screening guidelines, but this can be challenging when working with vulnerable, dispersed populations, such as resettled refugees. We created the first large-scale dataset for refugee children who arrived to the United States between 2006 and 2012.

WHAT WE KNOW



35,000 children enter the US each year as refugees





Comprehensive guidelines for clinicians caring for children are lacking due to inconsistent data and analyses



WHAT WE DID

SAMPLE: 8,184 CHILDREN

- → Bhutan
- → Burma/Thailand
- → Burma/Malaysia
- → Democratic Republic of Congo
 - → Ethiopia
 - → Iraq
 - → Somalia

EXAMINED DEMOGRAPHICS → Age at time of arrival in U.S.

- → Gender
- → Year of Arrival in the U.S. → Country of Origin
- → Country of Departure
- → Interval between the day of arrival
- in U.S. and Domestic Medical Exam

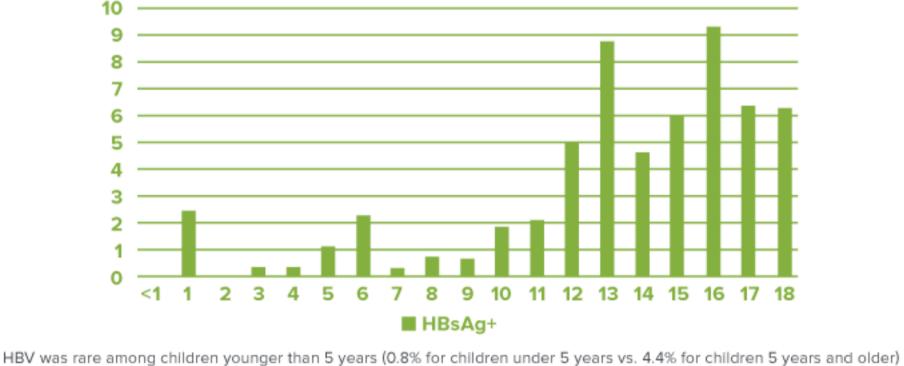
DOMESTIC MEDICAL EXAM

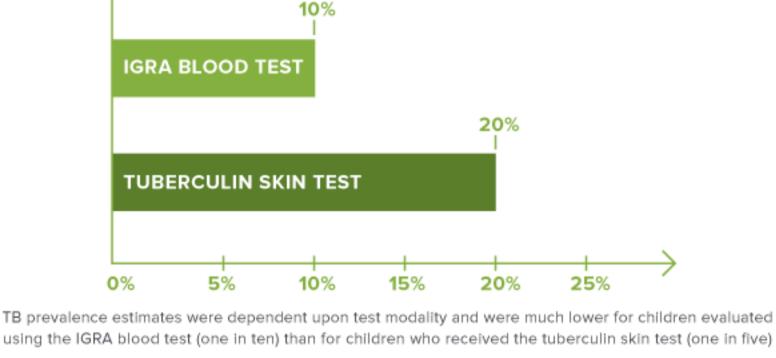
- → Blood Lead Level
 - → Anemia
- → Hepatitis B Infection (HBV) → Tuberculosis (TB)
 - - → Strongyloides

WHAT WE FOUND



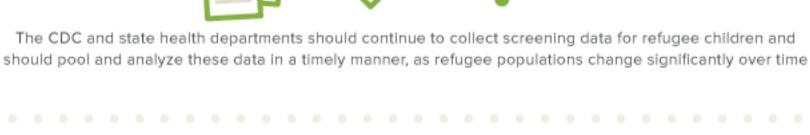
HEPATITS B INFECTION (HBsAg+) BY AGE IN YEARS, %





In general, conditions were more common among children from Burma who had lived in Thailand, Democratic Republic of Congo, Ethiopia, and Somalia. Conditions were less common among children from Iraq and Burma who had lived in Malaysia.

WHAT IT MEANS







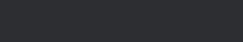
Katherine Yun, MD, MHS et al. Health Profiles of Newly-Arrived Refugee Children in the United States, 2006-2012. American Journal of Public Health, published Nov. 12, 2015. http://doi.org/10.2105/AJPH.2015.302873

Data should be analyzed according to both children's nationality groups and the countries in which they have lived before arrival in the U.S.





The Children's Hospital of Philadelphia*



RESEARCH INSTITUTE

