

REFUGEE HEALTH AND HEPATITIS B

All refugees originating from countries where hepatitis is intermediately or highly endemic (hepatitis B virus surface antigen prevalence >2%), as well as those who are at risk for hepatitis B infection should be tested for hepatitis B virus infection and existing immunity. Refugees who are chronically infected with hepatitis B should receive further evaluation and monitoring. Refugees who are not immune and not chronically infected should be offered vaccination.

Countries with high or intermediate rates of hepatitis B infection:

The world can be divided into three areas where the prevalence of chronic HBV infection is high (>8%), intermediate (2-8%), and low (<2%). To see a list of these countries, go to <http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/hepatitis-b.htm>

High endemicity areas include south-east Asia and the Pacific Basin (excluding Japan, Australia and New Zealand), sub-Saharan Africa, the Amazon Basin, parts of the Middle East, the central Asian Republics and some countries in eastern Europe. In these areas, about 70 to 90% of the population becomes HBV-infected before the age of 40, and 8 to 20% of people are HBV carriers. In countries such as China, Senegal and Thailand, infection rates are very high in infants, and continue through early childhood. At that stage the prevalence of HBsAg in serum may exceed 25%. In Panama, New Guinea, Solomon Islands, Greenland and in populations such as Alaskan Indians, infection rates in infants are relatively low and increase rapidly during early childhood. Low endemicity areas include North America, Western and Northern Europe, Australia and parts of South America. The carrier rate here is less than 2%, and less than 20% of the population is infected with HBV. The rest of the world falls into the intermediate range of HBV prevalence, with 2 to 8% of a given population being HBV carriers.

Refugees, unlike most immigrant populations, are not required to have any vaccinations before arrival in the United States. In addition, many vaccines have limited or no availability in some developing countries or in specific refugee settings. Therefore, most refugees, including adults, will not have had complete Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations when they arrive in the United States. However, depending on health-care access, organized vaccination programs and initiatives, and availability of vaccines, refugees may have some documented vaccinations. During the medical screening visit for new arrivals, the provider must review any written vaccination records presented by the refugee, assess reported vaccinations for adherence to acceptable U.S. recommendations, and subsequently, initiate necessary immunizations.

For additional information, please refer to the following guidance from CDC:

“Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees”

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>