U.S. Needs to Improve Efforts to Get Refugees With Hep B Into Ongoing Care

The CDC analyzed outcomes among refugees tested by three urban clinics that screen refugees and found disappointing results.

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The United States needs to step up its game in getting refugees who have hepatitis B virus (HBV) into sustained medical care for the virus, according to a new Centers for Disease Control and Prevention (CDC) analysis.

Publishing their findings in the Morbidity and Mortality Weekly Report, CDC investigators assessed the care provided for chronic hep B by three urban sites—in Denver, St. Paul and Philadelphia—that perform medical exams and provide primary care for refugees.

Certain countries, mostly in Asia and Africa, have a high prevalence of hepatitis B. People who come to the United States from such nations have higher HBV rates than the U.S. population as a whole.

The three sites reviewed medical charts of refugees tested at their facilities. They conducted outreach to those with hep B to assess whether they were in care for the virus and to attempt to reengage them in such care if necessary.

Between the three clinics, 29% to 53% of the refugees with hep B had been linked to medical care for the virus, but just 11% to 21% had been retained in such care over time. Between 22% and 71% could not be located.

“Implementation and evaluation of interventions to improve linkage to and retention in hepatitis B care for refugees, including comprehensive, standardized counseling at the time of diagnosis and at all follow-up visits, removing barriers to care and real-time monitoring patient follow-up, are needed to improve disease management and prevent transmission,” the CDC investigators concluded.

To read the CDC report, click here.

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