Screening Refugees for Infectious Diseases Case Study

War, famine, and politicalrepression displace millions of people around the world. Some families are internally displaced, meaning that they must leave their homes but can still remain within their country; others become refugees, migrating to another country to find peace or safety. The United States receives a large share of these refugees. The largest numbers come from the Near East (especially Iraq and Iran) and southern Asia. Many also emigrate from eastern Asia, especially Burma, and from Africa, particularly Somalia and Sudan. In 2008, the United States received 60,191 refugees.

When refugees arrive in another country, they need housing, food, and medical attention. Since many refugees come from areas having high rates of diseases that are not common in the United States, health care workers follow a set of guidelines in order to provide the needed care. One of the first tests run is a CBC, or complete blood count, in which a quantity of blood is drawn and analyzed. One type of white blood cell, the eosinophil, is a particularly useful diagnostic tool for the refugee population. An elevated eosinophil count often means the patient has a worm or parasite infection.

* Why don’t health care providers test refugees for very specific diseases rather than for increased eosinophils?
* Refugees arriving in the United States must also worry about encountering diseases they have not been exposed to before. What might some of these diseases be?