

Infectious Disease Problems in Indochinese Refugees

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PERSPECTIVE

The United States has historically been a nation of immigrants and a haven to political and religious refugees. With occasional lapses and subject to strict regulation, this tradition continues today.

Since 1975, more than 1.25 million refugees have fled Vietnam, Cambodia, and Laos. Of these, more than 500,000 have settled in the U.S. Since 1980, this nation has committed itself to absorb 168,000 Indochinese refugees annually. The Refugee Act of 1980 established procedures and programs to regulate and implement this policy,^{1,2} and, annually, the federal government allocates large sums of money (in excess of 1.1 billion dollars in fiscal year 1982) to move, resettle and assist the newest arrivals.³

The influx of large numbers of Southeast Asians, many coming from crowded and deprived conditions, raises concerns regarding their health status and peculiar medical needs as well as the impact of their arrival on public health. The U.S. Public Health Service (PHS), responsible for overseeing medical aspects of the refugee program as they affect both the individual immigrant and the community at large, has accumulated many data which address these concerns. This article will review the general and specific infectious disease issues germane to care of this population. In this discussion, the following

reassuring themes concerning Indochinese refugees recur:

- 1) They are generally healthy.
- 2) Most of their medical problems are common rather than exotic.
- 3) Most of their medical problems are of personal significance only.
- 4) They do not significantly jeopardize the public health. No outbreaks of infectious diseases in the U.S. have been attributable to Indochinese refugees.

OVERSEAS MEDICAL SCREENING^{4,5}

Medical screening of candidates for immigration to the U.S. is conducted abroad by the Intergovernmental Committee for European Migration (ICEM) according to guidelines formulated by the Centers for Disease Control (CDC) of the United States Public Health Service. The purpose of such screening is to identify potential immigrants afflicted with excludable medical conditions. These excludable conditions, as specified by the Immigration and Nationality Act, are: 1) untreated venereal disease (syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum); 2) active tuberculosis (excludability may be waived if, under treatment, the patient produces two sputum samples on consecutive days which are negative for acid fast bacilli); 3) infectious leprosy; and 4) mental disorders, past or present (mental retardation, insanity, severe personality disorders including alcoholism and drug addiction). Standard screening procedures include a brief medical history, serology for syphilis (for those 15

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