Domestic Medical Screening Guidelines Checklist for Newly Arriving Refugees
Local Health Jurisdiction Based Screening

The Domestic Medical Screening Guidelines Checklist for Newly Arriving Refugees is based upon the CDC Guidelines for the US Domestic Medical Examination for Newly Arriving Refugees and the Office of Refugee Resettlement (ORR) Domestic Medical Screening Guidelines Checklist. For detailed information on specific topics, visit the CDC website. The purpose of this document is to provide guidance around screening asymptomatic refugees. Clinical judgment should be used when implementing these guidelines.

LOCAL HEALTH JURSIDICTION BASED SCREENING		
Activity	**Adults**	**Children**
History • Review overseas medical records and note any concerns mentioned. • Obtain detailed history including current symptoms, past medical problems, medications, allergies, social/family history and mental health assessment.	✓ All	✓ All

Health Assessment & Review of Systems
• Measure height, weight, blood pressure, pulse, respiratory rate and temperature.
• Perform health assessment and review of systems based upon travel history and country of origin.
  ○ Identify indicators of infectious health concerns: fever, weight loss, pulmonary complaints, diarrhea, abdominal cramps, pruritis and skin lesions/rashes.
• Perform rudimentary evaluation for vision impairment, hearing impairment and dental issues.
• Measure anthropometric indices to characterize malnutrition:
  ○ Weight-for-Height (children)
  ○ Height-for-Age (children)
  ○ Weight-for Age (children)
  ○ Body mass index (BMI) calculation (children older than 2 years and all adults)
• Refer all children <5 years to WIC.
• Provide health education as needed.
	✓
	All
		✓
		All

Mental Health Screening • Perform mental health screening using the Refugee Health Screener 15 (RHS-15) per Pathways to Wellness guidelines. • If RHS-15 has not yet been implemented, consider using alternate mental health screening tool in interim.	✓ Groups per screening tool guidelines	
Complete Blood Count with Differential • Perform complete blood count with differential for all adults and children. • Alternative methods of assessing anemia (e.g., hemoglobin and hematocrit testing) may be used for children <6 months at clinician discretion.	✓ All	✓ All

LOCAL HEALTH JURSIDICTION BASED SCREENING		
Activity	**Adults**	**Children**
Pregnancy Testing • Perform urine pregnancy testing for women and girls of childbearing age when clinically indicated.	✓ As indicated	✓ As indicated
HIV Testing • Perform HIV testing for all individuals 13 – 64 years of age. • Children ≤ 12 years of age should be screened unless negative HIV status for the mother of the child can be confirmed and the child is otherwise thought to be at low risk of infection. • HIV screening of all refugees ≥65 years is encouraged.	✓ Defined groups	✓ Defined groups
Hepatitis B Screening and Vaccination • Adults (≥18 years old): ○ Test for hepatitis B surface antigen (HBsAg), regardless of immunization history. Testing for hepatitis B surface antibody (anti-Hbs) and hepatitis B core antibody (anti-Hbc) is strongly encouraged to assess immune status. ○ Refer individuals with hepatitis B infection for follow-up and notify the local health department. ○ Initiate or complete hepatitis B vaccination series per ACIP guidelines for all susceptible individuals. Note: Since some refugees will have received one or two doses of hepatitis B vaccine prior to departure, anti-HBs may be positive but is not considered protective if the full series was not administered. • Children (< 18 years old): ○ Test for hepatitis B surface antigen (HBsAg), regardless of immunization history. Screening for anti-HBc and anti-HBs is not routine but may be considered at clinician discretion to determine past exposure and immune status. Screening for anti-HBc and anti-HBs in children may be less cost effective. ○ Refer individuals with hepatitis B infection for follow-up and notify the local health department. ○ Initiate or complete hepatitis B vaccination series per ACIP guidelines for all HBsAg negative individuals. Note: Since some refugees will have received one or two doses of hepatitis B vaccine prior to departure, anti-HBs may be positive but is not considered protective if the full series was not administered.	✓ All	✓ All
Blood Lead Level • Perform blood lead level test for children ages 6 months to 16 years.		✓ Defined groups
Immunizations • Evaluate overseas immunization records to assess needed updates for all adults and children. • Initiate or complete age-appropriate vaccinations per ACIP guidelines. • Serologic testing for immunity is an alternative for certain antigens (e.g., varicella) when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records. • Record previous vaccines, lab evidence of immunity or history of disease into state immunization registry.	✓ All	✓ All

LOCAL HEALTH JURSIDICTION BASED SCREENING		
Activity	**Adults**	**Children**

Tuberculosis (TB) Screening
• For all adults and children:
  ○ Review overseas records of TB testing and/or treatment.
  ○ Evaluate history of tuberculosis disease, exposure and/or any treatment.
  ○ Assess signs or symptoms of disease.
• Screen for tuberculosis using a tuberculin skin test (TST) or interferon-gamma release assay (IGRA).
  ○ IGRA is the preferred test for adults and children ages 5 years and older.
  ○ TST should be performed in children <5 years.
• Perform chest x-ray and sputum testing as indicated to rule out active TB.
• All individuals with Class A or Class B TB designation should be evaluated for TB per local health jurisdiction TB program guidelines.
	✓
	All
		✓
		All

Syphilis Screening and Confirmatory Testing
• Evaluate overseas records of syphilis testing.
• If no documentation, obtain venereal disease research laboratory (VDRL) or rapid plasma regain (RPR) for the following:
  ○ All refugees ≥15 years old
  ○ Refugees <15 years old if:
  ▪ sexually active or history of sexual abuse
  ▪ mother tests or tested positive for syphilis
• If mother tests/tested positive, screen children and sexual partners for syphilis.
• Consider testing refugees <15 years old from countries that are endemic for other treponemal subspecies (e.g., yaws, bejal, pinta)
• Ensure confirmatory testing is performed if refugee screens positive for syphilis. In Washington, all reactive serologies for syphilis (non-treponemal and treponemal) must have a subsample submitted to Washington State Public Health Laboratory for a confirmatory test.
	✓
	Defined groups
		✓
		Defined groups

Malaria Screening • Evaluate overseas records and CDC website for information regarding pre-departure treatment (sub-Saharan Africa only). Note: pregnant women, breastfeeding women and children weighing <5 kg will not have received presumptive therapy before departure. • Perform screening for malaria symptoms during history and physical exam. Symptomatic individuals should be referred for further evaluation. • Asymptomatic sub-Saharan African refugees who have not received the recommended pre-departure treatment should be referred to primary care to receive presumptive treatment on arrival (preferred) or have laboratory screening to detect *Plasmodium* infection. • Asymptomatic refugees arriving from *P. falciparum* malaria-endemic areas outside sub-Saharan Africa or non-falciparum malaria areas should not receive routine testing or presumptive therapy.	✓ Defined groups	✓ Defined groups

LOCAL HEALTH JURSIDICTION BASED SCREENING		
Activity	**Adults**	**Children**
Stool Ova and Parasite Testing • Evaluate overseas records and CDC website for information regarding pre-departure treatment. Document pre-departure treatment information. • Determine follow-up recommendations for individual based upon CDC algorithms. • Refer to primary care for follow-up if required. *Note from CDC algorithms:* • If pre-departure presumptive treatment with a single dose of albendazole was not received, perform 2 stool ova and parasite examinations. Presumptive treatment may be considered at clinician discretion.	✓ Defined groups	✓ Defined groups
Strongyloidiasis Presumptive Treatment • Evaluate overseas records and CDC website for information regarding pre-departure treatment. Document pre-departure treatment information. • Determine follow-up recommendations for individual based on CDC algorithms. • Refer to primary care for follow up if required. *Notes from CDC algorithms:* • If pre-departure presumptive treatment with ivermectin or high dose albendazole (7 days) was not received, perform serologic testing or treat presumptively for strongyloides upon arrival if no contraindications exist. • Ivermectin is the drug of choice for presumptive treatment, but is contraindicated for some individuals. Ivermectin should not be given to refugees from Loa loa endemic areas of Africa. Recommendations for presumptive treatment and contraindications are available here.	✓ Defined groups	✓ Defined groups
Schistosomiasis Presumptive Treatment (refugees from sub-Saharan Africa only) • Evaluate overseas records and CDC website for information regarding pre-departure treatment. Document pre-departure treatment information. Note: pre-departure treatment with praziquantel for schistosomiasis infection is only recommended in refugees from sub-Saharan Africa. • Determine follow-up recommendations for individual based on CDC algorithms. • Refer to primary care for follow up if required. *Notes from CDC algorithms:* • If pre-departure treatment with praziquantel was not received, perform serologic testing or treat presumptively for schistomomiasis if no contraindications exist. Individuals from sub-Saharan Africa with contraindications to presumptive treatment should be tested rather than treated. • Recommendations for presumptive treatment and contraindications are available here.	✓ Defined groups	✓ Defined groups
Referral to Primary Care • All refugees should be referred to primary care with recommendations for follow-up.	✓ All	✓ All