

Domestic Medical Screening Guidelines Checklist for Newly Arriving Refugees

Primary Care 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.

PRIMARY CARE BASED SCREENING		
Activity	Adults	Children
<p><u>History</u></p> <ul style="list-style-type: none"> 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
<p><u>Physical Exam & Review of Systems</u></p> <ul style="list-style-type: none"> Measure height, weight, blood pressure, pulse, respiration, temperature, and head circumference (if ≤36 months). Perform complete physical exam and review of systems based upon travel history and country of origin. <ul style="list-style-type: none"> Identify indicators of infectious health concerns: fever, weight loss, pulmonary complaints, diarrhea, abdominal cramps, pruritis and skin lesions/rashes. Evaluate for vision impairment, hearing impairment and dental issues. Provide basic nutritional screening to identify individuals with nutritional deficiencies that require further evaluation and/or treatment. Identify indicators of nutritional deficiencies including: chronic diarrhea, wasting, weight loss, failure to thrive, hospitalization for nutritional issues, enrollment in supplementary feeding program, feeding children with special formulas. Measure anthropometric indices to characterize malnutrition: <ul style="list-style-type: none"> 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
<p><u>Mental Health Screening</u></p> <ul style="list-style-type: none"> 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. 	✓ Defined groups per screening tool guidelines	
<p><u>Vitamins</u></p> <ul style="list-style-type: none"> Children ages 6 months – 59 months should be given an age-appropriate multivitamin. Adults and children >6 years of age with clinical evidence of poor nutrition may benefit from a multivitamin or specific supplementation. 	✓ Defined groups	✓ Defined groups

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<p><u>Complete Blood Count with Differential</u></p> <ul style="list-style-type: none"> Perform complete blood count with differential for all adults and children. 	<p align="center">✓ All</p>	<p align="center">✓ All</p>
<p><u>Serum Chemistries</u></p> <ul style="list-style-type: none"> Metabolic panel can be considered at clinician discretion for adults and children. 	<p align="center">✓ As indicated</p>	<p align="center">✓ As indicated</p>
<p><u>Urinalysis</u></p> <ul style="list-style-type: none"> Urinalysis can be considered at clinician discretion for all individuals old enough to provide a clean catch specimen. 	<p align="center">✓ As indicated</p>	<p align="center">✓ As indicated</p>
<p><u>Pregnancy Testing</u></p> <ul style="list-style-type: none"> Perform urine pregnancy testing for women and girls of childbearing age when clinically indicated. 	<p align="center">✓ As indicated</p>	<p align="center">✓ As indicated</p>
<p><u>Cholesterol Screening</u></p> <ul style="list-style-type: none"> Perform cholesterol testing (total cholesterol and HDL) for adults in accordance with US Preventative Services Task Force (USPSTF) guidelines. 	<p align="center">✓ Defined groups</p>	<p align="center">[Greyed out]</p>
<p><u>HIV Testing</u></p> <ul style="list-style-type: none"> 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 and older is encouraged. 	<p align="center">✓ Defined groups</p>	<p align="center">✓ Defined groups</p>
<p><u>Hepatitis B Screening and Vaccination</u></p> <ul style="list-style-type: none"> Adults (≥18 years old): <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> 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 assess 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. 	<p align="center">✓ All</p>	<p align="center">✓ All</p>

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<p><u>Hepatitis C Screening</u></p> <ul style="list-style-type: none"> • Perform anti-HCV testing for adults and children who are members of high-risk groups, including: <ul style="list-style-type: none"> ○ Persons who ever injected illegal drugs. ○ Persons with body art, including scars, tattoos or body piercings. ○ Persons with potential exposures to reused or non-sterile medical devices. ○ Persons who are HIV positive. ○ Persons who received whole blood, blood components or organ transplants prior to migration. ○ Persons with a history of multiple sexual partners or of sexually transmitted infections. ○ Persons with other risk factors such as chronic hemodialysis. ○ Children born to HCV-positive women. • Consider screening for hepatitis C in individuals who have resided in countries with a high prevalence of chronic HCV (e.g., Egypt). • A person whose anti-HCV test is reactive should be considered to either 1) have current HCV infection or 2) have had HCV infection in the past that has cleared. Persons who initially test anti-HCV positive should be tested by an HCV nucleic acid test (NAT). • Refer individuals with hepatitis C infection for follow-up and notify the local health department. 	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>
<p><u>Blood Lead Level Screening</u></p> <ul style="list-style-type: none"> • Perform blood lead level test for children ages 6 months to 16 years. 		<p>✓ Defined groups</p>
<p><u>Syphilis Screening and Confirmatory Testing</u></p> <ul style="list-style-type: none"> • Evaluate overseas records of syphilis testing. • If no documentation, obtain venereal disease research laboratory (VDRL) or rapid plasma regain (RPR) for the following: <ul style="list-style-type: none"> ○ All refugees ≥15 years old ○ Refugees <15 years old if: <ul style="list-style-type: none"> ▪ 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. 	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>
<p><u>Chlamydia Screening</u></p> <ul style="list-style-type: none"> • Screen: <ul style="list-style-type: none"> ○ Women ≤25 years old who are sexually active ○ Women >25 years old with risk factors (e.g., new or multiple partners) ○ Individuals with a leucoesterase (LE) positive on urine sample ○ Women or children with history of or at risk for sexual assault 	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>

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<ul style="list-style-type: none"> ○ Any refugee with symptoms 		
<p><u>Newborn Screening Tests</u></p> <ul style="list-style-type: none"> ● All children under 6 months of age should receive full newborn screening. ● For older children with unexplained symptoms of abnormal or developmental delay, consider newborn screening panel. ● Washington State Office of Newborn Screening recommends that all children ≤17 years of age receive a hemoglobin screening for sickle cell and other hemoglobinopathies. ● All newborn screening tests, including screening for hemoglobinopathies, can be done through Washington State Public Health Laboratories. 		<p>✓ Defined groups</p>
<p><u>Immunizations</u></p> <ul style="list-style-type: none"> ● 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. 	<p>✓ All</p>	<p>✓ All</p>
<p><u>Tuberculosis (TB) Screening</u></p> <ul style="list-style-type: none"> ● For all adults and children: <ul style="list-style-type: none"> ○ 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). <ul style="list-style-type: none"> ○ 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. 	<p>✓ All</p>	<p>✓ All</p>
<p><u>Malaria Screening</u></p> <ul style="list-style-type: none"> ● 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 receive 	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>

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<p>presumptive treatment on arrival (preferred if no contraindications) or have laboratory screening to detect <i>Plasmodium</i> infection.</p> <ul style="list-style-type: none"> Asymptomatic refugees arriving from <i>P. falciparum</i> malaria-endemic areas outside sub-Saharan Africa or non-falciparum malaria areas should not receive routine testing or presumptive therapy. 		
<p><u>Stool Ova and Parasite Testing</u></p> <ul style="list-style-type: none"> 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. <p><i>Note from CDC algorithms:</i></p> <ul style="list-style-type: none"> 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. 	<p align="center">✓ Defined groups</p>	<p align="center">✓ Defined groups</p>
<p><u>Strongyloidiasis Presumptive Treatment</u></p> <ul style="list-style-type: none"> 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. <p><i>Notes from CDC algorithms:</i></p> <ul style="list-style-type: none"> 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. 	<p align="center">✓ Defined groups</p>	<p align="center">✓ Defined groups</p>
<p><u>Schistosomiasis Presumptive Treatment (refugees from sub-Saharan Africa only)</u></p> <ul style="list-style-type: none"> 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. <p><i>Notes from CDC algorithms:</i></p> <ul style="list-style-type: none"> 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. 	<p align="center">✓ Defined groups</p>	<p align="center">✓ Defined groups</p>

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Vitamin B12 Screening <ul style="list-style-type: none">• Test for Vitamin B12 in identified risk groups (e.g., Bhutanese) and for others at clinician discretion.	✓ Defined groups	✓ Defined groups