

NEW IMMIGRANT CHILDREN: SCREENING AND TREATMENT GUIDELINES

3/27/2007

SUMMARY

Medical screening of immigrant children new to the Harborview Child and Teen clinic consists of five components, all of which may be completed over a series of several initial visits:

1. **Medical and Travel History**
2. **Physical examination**
3. **Screening Laboratory tests**
4. **Preventive Health interventions**
 - **General well-child related** history and counseling, including **development assessment**
 - **Immunization review and catch-up** as needed according to the current CDC recommended immunization schedule as outlined in the Redbook with the following exceptions:
 - MMR - Responding to recent information that measles-mumps-rubella ('MMR') vaccines received in other countries likely did not contain rubella vaccine, the Washington State public health department is recommending that children having recorded as having received an MMR overseas should receive a dose of MMR.
 - Varicella – All children over the age of 15 months with no history of varicella infection should be caught up. For schoolage children with unclear history of varicella infection, titers to varicella should be drawn to determine need for catch-up varicella vaccination as it is more cost-effective to check titers.
 - **Presumptive treatment for parasite infections** is more cost-effective given the high cost for stool O&Ps, unless there is a history of having already received anti-parasite medication before entering the US.
 - 1 – 2 years of age - Albendazole 200 mg q d x 3 days
 - 2 years and older - Albendazole 400 mg q d x 3 days
 - **Nutrition counseling** – In addition to arranging discussing dietary knowledge and practices; WIC nutrition referral should be considered, particularly for those children with evidence of undernutrition.
 - **Oral/dental assessment**, fluoride varnish, with dentist referral as needed
 - **Mental health risk assessment**, with referral as needed
5. **Social Work consultation**

Screening lab work for the immigrant child new to our clinic should include the following, unless documentation exists that these have already been performed since arrival to the US:

- **Tuberculin skin test (TST)** with purified protein derivative (PPD) for children
- **Hgb and ZPPH**
- **Serologies for Hepatitis A (Anti-HA) and B (HBsAg and Anti-HBs)**
- **Venous blood lead levels (BLL)** on all children 6 months to 16 years of age at entry to the US; and then repeated within 3 to 6 months for children aged 6 months to 6 years after settling in permanent residences.
- **RPR** All children from countries where treponemes are known to be endemic, and without documented prior testing, should be screened using RPR at the initial health screening. Please see endnotes for list of countries where *T. pallidum* is endemic.ⁱ
- **Serologies for varicella** (schoolage children) if no history vaccine or the disease.

Please call **206-296-4744** to find if screening tests or evaluations have already been conducted on a refugee child by the Health Department Refugee Screening Clinic - and to obtain faxed copies of any records.

ⁱ Countries endemic for *T. Pallidum* subspecies: **Africa:** Angola, Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Republic of the Congo, Cote d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Ghana, Guinea, Liberia, Mali, Mauritania, Niger, Rwanda, Senegal, Somalia, South Africa, Sudan, and Togo. **Middle East:** Saudi Arabia. **Asia:** Cambodia, India, Indonesia, Pakistan, and Sri Lanka. **Western Pacific:** Papua New Guinea, Solomon Islands, and Vanuatu. **Americas (4):** Colombia, Ecuador, Haiti, Guyana, Martinique, Mexico, Surinam, and Venezuela. **Europe:** none.