

New Arrival Refugees - Guidelines for Primary Care Providers

Newly arrived refugees receive a domestic health screening examination within 90 days of arrival. This examination is provided by Public Health Seattle & King County (PHSKC) Refugee Screening Clinic. Following each visit, the clinic faxes a visit summary to the patient's primary care provider (PCP). The PCP may see a client before or after the domestic health screening. For patients who moved to King County from another state, medical records may be requested from the screening clinic where the examination occurred. *These guidelines reflect current screening practice in King County, WA as of 10/1/2015. Please note that refugees screened prior to this date or outside of King County may have received a different screening.*

Table 1 – Laboratory Tests Performed at the Domestic Health Screening

Tests / Vaccinations	Age Range (*See below for information on clients <6 months of age)					
	6-23 months	2-9 years	10-14 years	15-16 years	17 years	18+ years
CBC with differential	✓	✓	✓	✓	✓	✓
Serum Lead Level <i>(children and all pregnant women)</i>	✓	✓	✓	If clinically indicated		
Tuberculin Skin Testing / PPD	✓					
QuantiFERON Gold (QFT-G)		✓	✓	✓	✓	✓
Varicella titer			✓	✓	✓	✓
HIV-1/HIV-2 AG/AB EIA			✓	✓	✓	✓
Hepatitis A virus total antibody			✓	✓	✓	✓
Hepatitis B virus surface antigen (HBsAg)	✓	✓	✓	✓	✓	✓
Hepatitis B virus core antibody (anti-HBc)	✓	✓	✓	✓	✓	✓
Hepatitis B virus surface antibody (anti-HBs)	If clinically indicated		✓	✓	✓	✓
Hepatitis C virus surface antibody (anti-HCs)						✓
RPR-Qualitative with reflex confirmatory testing <i>(if no documented RPR/VDRL at overseas exam)</i>				✓	✓	✓
Vitamin B12 level <i>(Bhutanese refugees)</i>	✓	✓	✓	✓	✓	✓
Measles, Mumps, Rubella immunity profile <i>(if indicated, e.g., pregnant women)</i>				If clinically indicated		
Urine Pregnancy test <i>(if indicated, for women of childbearing age)</i>				If clinically indicated		
Vaccinations - Information regarding all vaccinations and immunity to vaccine preventable diseases is recorded in the Washington Immunization Information System (WAIS, formerly "Child Profile"), regardless of age, including 0-5 mo. olds.						

*For clients <6 months of age, blood work is NOT performed. Refugee Screening for this age group includes vaccines, height, weight, and head circumference. PCPs SHOULD obtain a newborn screening test for all clients up to 6 months of age.

<p>If seeing patient <u>after</u> Domestic Health Screening:</p> <ul style="list-style-type: none"> Review the faxed visit summary from Refugee Screening Clinic including: laboratory results; overseas treatment for intestinal parasites and malaria; and vaccinations administered. If your clinic has not received this information, please call the Refugee Screening Clinic at 206-477-8214 or fax request to 206-296-3140. Follow-up on any abnormal results identified during the refugee health screening. There may be information on one family member's record that is pertinent to the health of other family members. Check Washington Immunization Information System (WAIS, formerly Child Profile) for vaccinations provided, QFT-G, TST, and vaccine preventable disease immunity results (e.g., Varicella). 	<p>If seeing patient <u>prior to</u> Domestic Health Screening:</p> <ul style="list-style-type: none"> Do not perform the above tests unless clinically indicated at the time of the patient's visit. If, for clinical reasons, laboratory testing for any of the tests in Table 1 is done during the visit, please fax a copy of the result to the Refugee Screening Clinic (206-296-3140) to avoid duplication. Refugee Screening Clinic assesses the vaccination status of every refugee patient and initiates vaccination series per ACIP guidelines based upon age. Vaccinations should not be initiated by the PCP prior to domestic health screening. If a client receives any live virus containing vaccine, they must wait 4-6 weeks before tuberculosis screening with a TST or QFT-G can be accurately performed; not doing so risks a false negative reading.
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Information by Topic*

*Note: All title headings are hyperlinks to CDC Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees by topic.

Immunizations	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • An assessment of recommended vaccinations per ACIP guidelines, including review of overseas records, will be completed during the Domestic Health Screening examination. Vaccinations will be initiated by PHSKC at this time. • All immunization related information is recorded in WAIS regardless of age including: <ul style="list-style-type: none"> ○ Overseas immunization records ○ Vaccinations administered ○ Laboratory testing (e.g., varicella, hepatitis A antibody and hepatitis B surface antibody) 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • Vaccinations will be initiated by PHSKC. • Ensure refugee patients have a plan for receiving follow-up vaccinations. Public Health will offer to schedule a second immunization visit if needed. Some patients may want to receive follow-up vaccinations administered at their PCP. • Refugees must have vaccinations completed per ACIP guidelines in order to adjust their immigration status (green card). If you have questions about the vaccination schedule for refugee patients, or if you are unsure of which vaccinations your patient still requires, please consult with the Refugee Screening Clinic at 206-477-8214. • Refugees must be up-to-date for age and complete an immigration form (USCIS form I-693) in order to adjust their legal status. Refugee clients can get this form completed for free by PHSKC 12 to 16 months after arrival in the U.S. To schedule a Civil Surgeon visit, call the Refugee Screening Clinic at 206-477-8214
Tuberculosis	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • All refugees are evaluated for active tuberculosis overseas within 3-6 months of departure. • After arrival to the US, PHSKC TB Control Program evaluates only those who are identified as needing TB follow-up at the time of the overseas medical examination (e.g., abnormal chest x-ray). Clients who completed evaluation through the TB Control Program have a summary of evaluation sent to primary care providers. • Refugee Screening Clinic checks a QFT-G test or TST for all newly arrived refugees for tuberculosis at the time of the domestic health screening, unless the patient is already being evaluated by PHSKC TB Control Program as above. • Results of tuberculosis screening performed at the Domestic Health Screening [tuberculin skin test (TST) or QuantiFERON TB Gold (QFT-G)] are included in the faxed visit summary for each client. Results are also available on WAIS (formerly Child Profile). 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • For children <2 years, perform TST if a result is not recorded in WAIS. Testing for TB should be postponed until 4-6 weeks after the administration of any live virus vaccine. • Follow-up on any positive QFT-G or TST results by ruling out active TB, including clinical evaluation and chest radiograph. Note: Refugee Screening Clinic does NOT perform chest radiographs. • Latent TB infection: If latent TB is diagnosed, initiate treatment as appropriate. Clinical consultation is available from the PHSKC TB Control Program at 206-744-4579. • Active TB disease: The TB Control Program oversees and often directly manages the treatment of individuals with active TB disease. Confirmed or highly suspected cases of TB disease should be reported to the TB Control Program at 206-744-4579.

Hepatitis A, B, and C

Public Health Screening

- For hepatitis A, refugees ages 10 years and older receive screening for total HAV antibody.
- For hepatitis B, all refugees are screened for HBV surface antigen, HBV core antibody and HBV surface antibody.
- For hepatitis C, refugees ages 18 years and older are screened for HCV antibody and reflexive HCV RNA test.
- Results indicating acute or chronic infection are reported to PHSKC Communicable Disease Epidemiology.
- The client's case worker will be alerted of results indicating acute or chronic infection. Coordination of care will be arranged as needed. Results and plan of action are included in visit summary faxed to client's primary care provider.

Recommended Primary Care Follow-up

For adults with positive HBV, or HCV RNA, the following are recommended:

- Reinforce education for patients on the modes of transmission to reduce the risk of spread to close contacts. Close contacts should be screened and vaccinated against Hepatitis A and B if non-immune.
- Counsel to abstain from alcohol use and other potential hepatotoxins.
- Vaccinate patient against other hepatitis viruses, if non-immune (check WAIS for vaccinations initiated at health screening and immunity testing).
- Check liver function test (LFT) panel, prothrombin time (PT) & INR.
- Evaluate for treatment eligibility.
- Refer to a hepatologist for further management.

Additional Considerations for Hepatitis C

- For Hepatitis C, refer to [Guidance for Testing, Managing, and Treating Hepatitis C](#) or [HCV Online](#). If there are any questions, call the Hepatitis C Test & Cure team at 206-263-2017.

Additional Considerations for Hepatitis B

- If HBsAg is positive, check HB e antigen and HB e antibody, DNA quantitative level. Consider referral to a hepatologist.
- Depending on age and risk factors, consider screening for hepatocellular carcinoma every 6-12 months even the absence of cirrhosis.

Additional Considerations for Hepatitis A

- Persons with signs or symptoms of acute HAV infection (jaundice, abdominal pain, vomiting, elevated liver enzymes) should be evaluated with anti-HAV IgM.
- For persons who are total HAV antibody negative, vaccinate against Hepatitis A.

Syphilis

Public Health Screening

- All refugees aged 15 years and older are screened overseas for syphilis. Any individual identified with infection will be treated before arrival.
- Refugee Health Clinic reviews all overseas records and ensures syphilis testing was performed overseas. If syphilis testing was not performed overseas and the client is age 15 years or older, syphilis and confirmatory testing, is performed.
- All positive syphilis tests performed in King County are reported to the PHSKC HIV/STD Program. The HIV/STD Program follows up on all RPR results with a titer >1:32 in order to help PCPs to define a care plan. The program does not routinely follow up on cases with low titers.
- Client's caseworker will be alerted and coordination of care will be arranged as needed.
- Results and plan of action are included in visit summary faxed to client's provider

Recommended Primary Care Follow-up

- The HIV/STD Program Health Advisor is available to help PCPs coordinate care. If there are any questions, call the **HIV/STD Program** at **206-744-4376**.

<u>HIV</u>	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • All refugees aged 10 years and older are offered an HIV test. • All positive HIV tests are reported to the PHSKC HIV/STD Program, 206-263-2410. The HIV/STD Program will follow-up with the client to schedule an intake with a primary care medical provider. • The client’s caseworker will be alerted and coordination of care will be arranged as needed. • Results and plan of action are included in visit summary faxed to client’s primary care provider. 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • While most HIV+ clients are referred to the Madison Clinic at HMC, some may prefer to receive their health care from another clinic. PHSKC HIV/STD Program will contact the PCP to coordinate care for HIV+ patients under your care. • Refugees under 10 years of age are not routinely screened, and any refugee patient may decline an HIV test. If clinically indicated, testing is appropriate. Patients receiving positive test results can be referred to the Madison Clinic Program Coordinator at 206-744-5155. • HIV+ children should establish health care in the community and receive HIV care from Children’s Hospital at 206-987-2073.
<u>Malaria</u>	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • Most refugees departing from sub-Saharan Africa receive presumptive treatment overseas for malaria with artemether-lumefantrine. • Refugee Health Clinic examines all refugees at the domestic health screening and symptomatic clients are referred for further evaluation. • Information regarding receipt of treatment for malaria is included in the visit summary faxed to the client’s primary care provider. • Results and plan of action are included in visit summary faxed to client’s primary care provider. 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • If an asymptomatic refugee patient from sub-Saharan Africa received artemether-lumefantrine, no further follow-up is recommended. Note that this treatment is not effective against the dormant hypnozoites of <i>P. vivax</i> and <i>P. ovale</i> during the liver stage of infection. • If an asymptomatic refugee patient from sub-Saharan Africa did not receive artemether-lumefantrine, consider presumptive treatment. Refer to CDC guidelines on evaluating and treating malaria for further information, including laboratory testing recommendations and information for special populations (e.g., children and pregnant women). • Any patient with malaria-like symptoms should receive laboratory testing with 3 thick and thin smears separated by at least 12 hours each to detect <i>Plasmodium</i> infection, regardless of overseas treatment received. Positive results should be reported to PHSKC Communicable Disease Epidemiology at 206-296-4774. Treatment based upon Plasmodium species is available on the CDC guidelines
<u>Intestinal Parasites</u>	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • Presumptive anti-parasitic treatment is currently provided to the largest groups of US-bound refugees. • Information regarding receipt of presumptive treatment for intestinal parasites is included in the visit summary faxed to the client’s primary care provider. • Information regarding exposure to <i>Loa loa</i> endemic areas is included in the visit summary faxed to the client’s primary care provider and should be taken into consideration if treating for intestinal parasites. More detailed information is available from CDC Domestic Intestinal Parasite Guidelines 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • For asymptomatic refugees who have received no or incomplete pre-departure treatment for parasitic infections, CDC recommends post-arrival presumptive treatment or post-arrival screening based upon the client’s travel history. • CDC algorithms for treatment or screening: <ul style="list-style-type: none"> • Refugees who have not received pre-departure treatment: CDC algorithm • Refugees who have received incomplete pre-departure treatment: CDC algorithm • Refer to management of asymptomatic refugees who received no pre-departure treatment for further information. • For symptomatic patients, consider referral to infectious disease specialist.

Mental Health	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • All refugees ages 14 years and older receive mental health screening using the Refugee Health Screener-15 (RHS-15). The RHS-15 was developed in a community public health setting to be an efficient and effective way to detect the range of emotional distress common across refugee groups. • Patients who screen positive are offered a referral for culturally and linguistically appropriate mental health services. A positive score is defined as: Questions 1 to 14: ≥ 12 or Question 15: ≥ 5. • Results are included in visit summary faxed to client's primary care provider. 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • If the client has screened positive at Public Health, the PCP should inquire whether or not they are interested in counseling services and whether they are already connected to care. • PCPs may also choose to administer the RHS-15, PHQ-9 or another clinically appropriate instrument. Clients should be offered referral for mental health issues if clinically appropriate. • Note that there is often stigma associated with mental health in many refugee communities. It is helpful for providers to discuss the issue in terms of symptoms, like 'trouble sleeping,' 'crying all the time,' and 'too many worries,' rather than diagnoses such as 'depression' or 'anxiety.' • If you choose to re-screen using the RHS-15, or offer a referral based on RHS-15 scores, these introductory and referral scripts may be helpful. • Contact information for the three organizations in King County that provide culturally and linguistically appropriate behavioral health care: <ul style="list-style-type: none"> • International Counseling & Community Services: 206-816-3253 • Refugee Woman's Alliance: 206-721-0243 • Asian Counseling and Referral Service: 206-695-7600
Women's Health	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • Women of childbearing age receive a urine pregnancy test during the domestic health screening if indicated. • Pregnant women receive a serum blood lead test. Refugee women are identified as risk category for lead exposure. This includes residence of areas where ambient lead contamination is high 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • Refugee women may have special health care needs including family planning, maternal health and female genital cutting. Culturally and linguistically appropriate services are particularly important when it comes to women's health. • For medical advice, UW Medicine's NW Pediatric Environmental Health Specialty Unit http://depts.washington.edu/pehsu/ provides a Factsheet for managing lead exposure. • Some women may only feel comfortable with a female interpreter and a female provider. If this is true for your client, consider whether an all-female care team will be available prior to specialty referral. • For more information on women's health topics, visit http://ethnomed.org/clinical/womens-health. • The Women's Clinic at Harborview offers evaluation of female genital cutting. Phone: 206-744-3367 Fax: 206-744-6312
Special Considerations for Refugee Children and Pregnant Women: Serum Lead Level Screening	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • All children ages 6 months – 16 years of age receive a serum blood lead test. • Pregnant women receive a serum blood lead test. Refugee women are identified as risk category for lead exposure. This includes residence of 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • Within 3 to 6 months after arrival, perform follow-up blood lead test for all children ages 6 months – 6 years of age for lead, regardless of their initial blood lead level. • All blood lead level tests ≥ 5 ug/dL should be reported to the PHSKC Environmental

<p>areas where ambient lead contamination is high</p> <ul style="list-style-type: none"> • If RSC test results are high (≥ 5 ug/dL), results are reported to the PHSKC Environmental Health Lead Program, which sends a letter to the parents of the patient (in the patient's language) and to his or her PCP. 	<p>Health Lead Program at 206-263-8477. Depending on the severity of the test results, an in-home investigation may be required.</p> <ul style="list-style-type: none"> • For medical advice, UW Medicine's NW Pediatric Environmental Health Specialty Unit provides a Factsheet for managing childhood lead exposure. • The DOH Health Education Resource Exchange has education materials in various languages on lead poisoning.
<p>Special Considerations for Refugee Children: Nutrition and Post-RSC Intestinal Parasite Treatment</p>	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • For children ages 36 months and younger, Refugee Screening Clinic will record overseas growth measurements and growth measurements at the time of the domestic screening examination on the child's growth chart. • Children identified with malnutrition are referred to primary care and information is included in visit summary faxed to client's primary care provider. 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • Provide all children with multivitamins, and vitamin D supplement as indicated. • Newly arrived children who have not had presumptive treatment for intestinal parasites should be presumptively treated according to the CDC guidelines for presumptive treatment (see Intestinal Parasites above). • General caloric malnutrition can be treated by increased caloric intake. • If a child is not gaining weight well despite adequate caloric intake, consider screening for intestinal parasites regardless of prior presumptive treatment. • Given the high incidence of vitamin D deficiency in refugees, a vitamin D screen is clinically appropriate. <p>Nutrition assistance may be available through assistance programs such as WIC and SNAP. To find WIC resources by location, use this Resource Finder. WIC outreach materials can be ordered from WithinReach. WithinReach also has resources on other benefits, including SNAP.</p>
<p>Special Considerations for Refugee Children: Newborn Screening Tests and Hemoglobinopathies</p>	
<p>Public Health Screening</p> <ul style="list-style-type: none"> • Children ages <6 months of age at screening will be referred to their primary care provider for follow-up. • Information regarding newborn screening for refugee children will be sent to the child's primary care provider and included with the visit summary faxed to the primary care provider. 	<p>Recommended Primary Care Follow-up</p> <ul style="list-style-type: none"> • For children <6 months of age, perform a one-time newborn screening panel. Newborn screening tests can be done through Washington State Public Health Laboratories. • For older children with unexplained symptoms of abnormal or developmental delay, consider newborn screening panel. • Consider screening children ≤ 17 years of age for hemoglobinopathies (i.e. sickle cell disease, thalassemia).

Resources

Public Health Seattle & King County

- PHSKC Refugee Screening Clinic – Phone: 206-477-8214 Fax: 206-296-3140
- PHSKC TB Control Program - <http://www.kingcounty.gov/healthservices/health/communicable/TB.aspx> Phone: 206-744-4579 Fax: 206-744-4350
- PHSKC HIV/STD Program – Phone: 206-744-4376 or 206-263-2410
- PHSKC Communicable Disease Epidemiology – Phone: 206-296-4774

Community Clinics

- Madison Clinic (for HIV+ adults) – Program Coordinator Phone: 206-744-5155
- Children’s Hospital (for HIV+ children) – Phone: 206-987-2073
- International Counseling & Community Services – Phone: 206-816-3253
- Refugee Woman’s Alliance – Phone: 206.721.0243
- Asian Counseling and Referral Service – Phone: 206-695-7600
- Women’s Clinic at Harborview (offers evaluation of female genital cutting) - Phone: 206-744-3367 Fax: 206-744-6312

Guidelines and Resources

- Ethnomed - www.ethnomed.org
- CDC Immigrant and Refugee Health - <http://www.cdc.gov/immigrantrefugeehealth/index.html>
 - Immunizations - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>
 - Tuberculosis - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>
 - Hepatitis - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>
 - Syphilis - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/syphilis.html>
 - HIV - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>
 - Malaria - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/malaria-guidelines-domestic.html>
 - Intestinal Parasites - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html>
 - Mental Health - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>
 - Serum Lead Level Screening - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>
 - Nutrition and Growth in Refugee Children - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/nutrition-growth.html>
- Immunizations
 - Refugees must have vaccinations completed per ACIP guidelines in order to adjust their immigration status (green card).
 - Advisory Committee on Immunization Practices (ACIP) Immunization Schedules – <http://www.cdc.gov/vaccines/schedules/hcp/index.html>
- Tuberculosis

- TB Services Manual (full text, PDF) – <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/HealthcareProfessionals/TBServicesManual>
- DOH TB Program LTBI Guidelines - <http://www.doh.wa.gov/Portals/1/Documents/Pubs/343-122-LTBIGuide.pdf>
- TST in 3D (TST and IGRA interpreter) - <http://tstin3d.com/>
- Malaria
 - CDC Guidelines for Treatment of Malaria based on *Plasmodium* species - <http://www.cdc.gov/malaria/resources/pdf/treatmenttable.pdf>
- Intestinal Parasites
 - CDC Treatment Schedules for Presumptive Parasitic Infections - <http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html>
 - CDC algorithms for treatment and screening for parasitic infections
 - For refugees who have not received pre-departure treatment – <http://www.cdc.gov/immigrantrefugeehealth/pdf/fig1.pdf>
 - For refugees who have received incomplete pre-departure treatment – <http://www.cdc.gov/immigrantrefugeehealth/pdf/fig2.pdf>
- Mental Health
 - Refugee Health Screener-15 (RHS-15) - <http://ethnomed.org/clinical/refugee-health/refugee-health-screener-15-rhs-15-packet/?searchterm=RHS-15>
 - Introductory and Referral Scripts for the RHS-15 - <http://ethnomed.org/clinical/refugee-health/intro-referral-scripts-rhs-15>
 - Patient Health Questionnaire (PHQ-9) – <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>
- Women’s Health
 - Guidelines on Women’s Health - <http://ethnomed.org/clinical/womens-health>
 - Lead poisoning prevention for pregnant women - <http://www.cdc.gov/nceh/lead/tips/pregnant.htm>
- Nutrition
 - WithinReach Connection to Benefits - <https://profinder.parenthelp123.org/>
 - WithinReach WIC Resources - https://resources.parenthelp123.org/resource_finder/service/wic-nutrition-program-for-women-infants-children
 - WithinReach Outreach Materials - <http://www.withinreachwa.org/products-page/wic-the-nutrition-program-for-women-infants-children/>
- Newborn Screening
 - The Complete Guide to Newborn Screening in Washington State – <http://www.doh.wa.gov/Portals/1/Documents/5220/ProviderManual.pdf>

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