



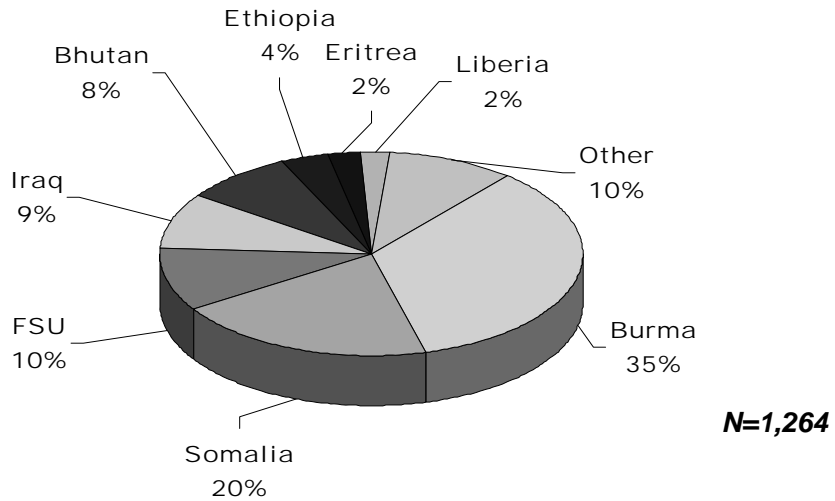
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"Recorded Sessions": *Refugee Health Screening: 2010 Protocol Update*

## Primary Refugee Arrivals, Minnesota 01/01/2009 - 12/31/2009



"Other" includes Benin, Bolivia, Cameroon, China (incl. Tibet), Congo (DR & Rep), Cuba, Djibouti, Gambia, Guatemala, Guinea, Indonesia, Iran, Kenya, Laos, Mali, Mexico, Nepal, Sudan, Thailand, Togo, Vietnam and Zimbabwe

"FSU" includes Belarus, Kyrgyzstan, Moldova, Russia and Ukraine

Refugee Health Program, Minnesota Department of Health

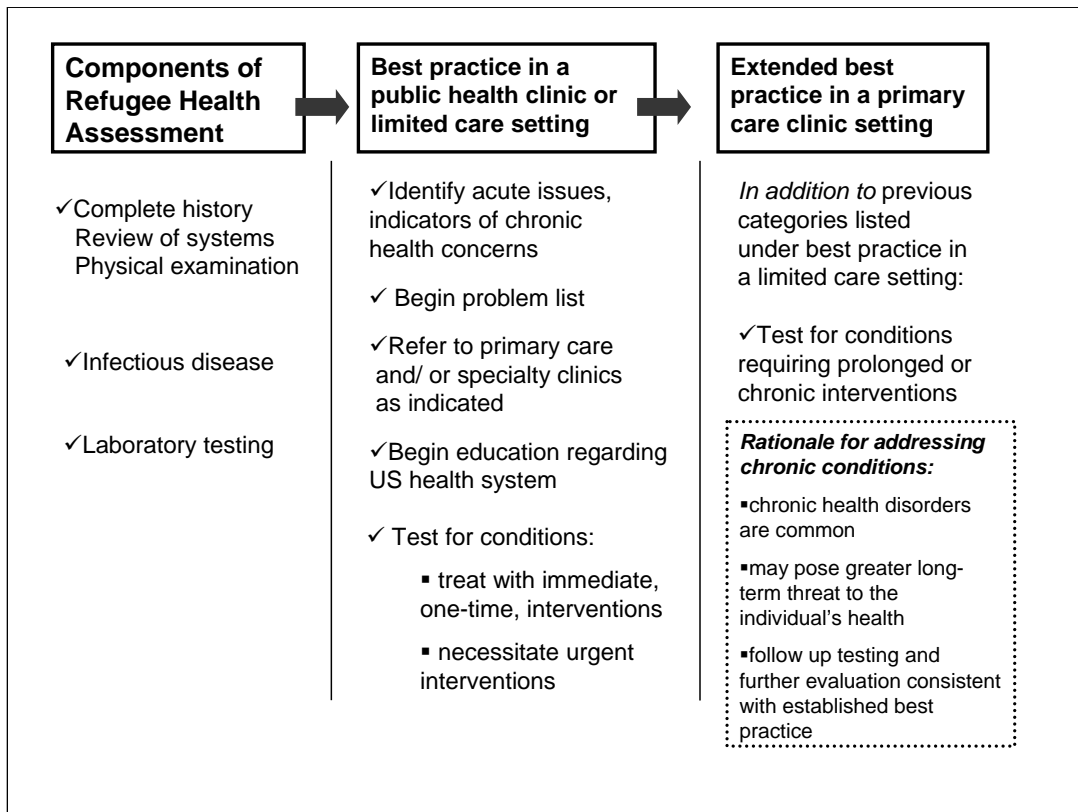
### 2009 arrivals (numbers):

Burmese	440
Somalis	253
Iraqis	113
Bhutanese	105

### Cases without US ties (formerly called "free cases")

In 2009: 178 cases total

Iraq	29% (52)
Somali	31% (55)
Burma	19% (34)



This slide provides an overview and framework for the refugee health assessment. We can look at the refugee health assessment as having three interlocking components: complete history, review of systems, physical exam; screening for infectious disease; and lab testing. As you review these recommendations it can be useful to view the “pink form” as a template to be used as a guide for the screening exam, keying into specific health conditions that are particular to or a likely part of the refugee experience.

(2<sup>nd</sup> column):

Keeping in mind one of the basic tenets of a screening –testing for conditions that can be effectively treated- the intent of the protocols is to promote best practice that reflects both the realities of a limited care setting, such as a public health clinic, but also has the capacity to address conditions that may demand prolonged or chronic intervention or repeat testing for diseases or conditions of long latency (e.g. tuberculin skin test) parasites). In a limited care setting we recommend what we typically see as the standard used by providers which is to: identify acute issues, begin the problem list, refer to primary care or specialist as needed, and begin preventive health education.

(3<sup>rd</sup> column):

We also want to highlight and recommend to providers that if you do have opportunity to establish a medical home in a primary care setting to look more closely at chronic conditions. While infectious diseases continue to be significant for this population, they can be readily addressed when identified. However there is increasing recognition that chronic health disorders are common among new arrivals and may pose greater long-term threat to the individual's health. Follow up testing and further evaluation of conditions causing abnormal results is consistent with established best practice in ongoing patient care.

# Immunizations

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**\*\*NEW CRITERIA as of Dec. 14, 2009:**

- The vaccine must be age-appropriate for the immigrant applicant
- Must protect against a disease that has the potential to cause an outbreak
- Must protect against a disease that has been eliminated or is in the process of being eliminated in the United States

[www.cdc.gov/immigrantrefugeehealth/pdf/2009-ti-vaccination.pdf](http://www.cdc.gov/immigrantrefugeehealth/pdf/2009-ti-vaccination.pdf)

Starting with the first section of the pink form, which is immunizations:

CDC put new vaccination criteria in place for refugees & immigrants

- 1) These criteria allow CDC to decide which of the ACIP-recommended (Advisory Committee on Immunization Practices) vaccines should be required for U.S. immigration.  
– prior to this – they were tied into a legalistic interpretation of what vaccinations had to be administered.
- 2) The new vaccination criteria are:
  - The vaccine must be age-appropriate\* for the immigrant applicant  
[\*ACIP recommends vaccines for a certain age range in the general U.S. public. These ACIP recommendations will be used to decide which vaccines are age-appropriate for the general immigrant population.
  - The vaccine must protect against a disease that has the potential to cause an outbreak.
  - The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States.
- 3) The bottom line is, based on the new criteria, zoster and HPV vaccinations will no longer be required for U.S. immigrants who are overseas seeking a U.S. visa or those in the United States who seek to adjust their status.
- 4) You can find more information about the new criteria here:  
[http://www.cdc.gov/ncidod/dq/laws\\_regs/fed\\_reg/vaccine/revised-vaccination-immigration.htm](http://www.cdc.gov/ncidod/dq/laws_regs/fed_reg/vaccine/revised-vaccination-immigration.htm)

# Immunizations

Vaccine-Preventable Disease/ Immunization	✓ if there is lab evidence of immunity immunization	Immunization Date(s)					
		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles							
Mumps							
Rubella							
Varicella (VZV)							
Zoster (shingles)							
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)							
Diphtheria-Tetanus (Td, Tdap)							
Polio (IPV, OPV)							
Hepatitis B (HBV)							
Human Papilloma Virus (HPV)							
Meningococcal conjugate							
<i>Haemophilus influenzae</i> type b (Hib)							
Hepatitis A							
Influenza							
Pneumococcal							
BCG <input type="checkbox"/> Yes-Date(s) <input type="checkbox"/> No <input type="checkbox"/> Unknown							

- Capture more titers
- Added all Advisory Council on Immunization Practices (ACIP) recommended immunizations to list

- 1) The pink form now reflects all the ACIP recommended immunizations. Children and adults should be immunized based on the recommendations for the general US population using the child and adult schedules; kids will need for school.
- 2) Keep in mind we consider susceptible refugee adults from endemic countries at increased risk for HBV infection (due to close interaction within their communities) and we recommend vaccinating them.
- 3) Also needing to keep in mind, particularly for adults, they will be needing these immunizations for their adjustment of status in one year, so it's prudent to get people immunized while they have insurance during that first 8 months in the US. Zoster and HPV are not required for adjustment of status.
- 4) Another point to highlight is that for those arrivals from Thailand there is additional immunization documentation with the refugee –info that is not included in the overseas papers MDH sends-done right before departure -should look for that – sent out email about 3 weeks ago regarding this. May not be in any particular order in their papers - some providers pointed out that - the documentation is not sequential in relation to documentation of previous immunizations so look carefully for it

## VFC: Under- & Uninsured Adults/ Refugees & Immigrants

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- Available to order through August 2010
- Eligible through LPH, FQHC (Federal Qualified Health Clinic), RHC (Rural Health Centers)

### An update:

- Current VFC for under and uninsured refugee (and immigrants for Adjustment of Status) available to order through Aug 2010
- Eligible through LPH or FQHC (Federal Qualified Health Clinic); Rural Health Centers
- Criteria:
  - Patient is a Minnesota Health Care Program (MHCP) enrollee
  - Patient is uninsured
  - Patient's insurance will not pay for vaccination (hasn't met deductible or has reached an annual cap)

# TB

**Tuberculosis Screening:**

**Tuberculin Skin Test (TST)**  
(regardless of BCG history)

\_\_\_\_ mm Induration (not redness)

- Past history of positive TST (66)
- Given, not read (77)
- Declined test (88)
- Not done (99)

**IGRA Test:**  QFT  Tspot

- Positive
- Negative
- Indeterminate
- Not done

**Chest X-Ray – done in U.S.**  
(If TST or QFT positive, Class B, or symptomatic)

- Normal
- Abnormal, stable, old or healed TB
- Abnormal, cavitory
- Abnormal, non-cavitary, consistent with active TB
- Abnormal, not consistent with active TB
- Pending
- Declined CXR
- Not done

**Diagnosis**  
(must check one)

- No TB infection or disease
- Latent TB Infection (LTBI)\*
- Old, healed not prev. Tx TB\*
- Old, healed prev. Tx TB
- Active TB disease – (suspected or confirmed)\*
- Pending
- Incomplete eval., lost to F/U

\*Complete TB treatment section

**Treatment**  
(for TB disease or LTBI)

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*or Reason for not treating*

- Completed Tx overseas
- Declined treatment
- Medically contraindicated
- Moved out of MN
- Lost to follow-up
- Further eval. pending
- Other: \_\_\_\_\_

**TB treatment follow-up clinic if not the same as screening clinic:** \_\_\_\_\_

- Changed terminology: **Interferon Gamma Release Assay (IGRA)**

No changes to protocol; only terminology. Previously titled QFT, now broader terminology, IGRA.

# Hepatitis B

## Hepatitis B Screening:

1. Anti-HBs (✓ one)     Negative     Positive; *Note if positive, patient is immune.*     Indeterminate     Results pending

2. HBsAg (✓ one)     Negative     Positive\*     Indeterminate     Results pending

*\*Note: if positive HBsAg, patient is infected with HBV and infectious to contacts. It is especially important to screen all household contacts.*

If positive HBsAg, were all household contacts screened?     Yes → were all susceptibles started on vaccine?    \_\_\_Yes \_\_\_No  
 Contacts not screened → why not? \_\_\_\_\_

3. Anti-HBc (✓ one)     Negative     Positive     Results pending     Not done

- No changes

- 1) HBV is endemic in many of the refugee-producing parts of the world.
- 2) Use of all three serologies offers the most comprehensive information to evaluate for immunization and further counsel.
- 3) All susceptible refugees should be considered at risk. While the newly arrived refugee is no longer experiencing an endemic environment in the U.S., refugee communities tend to congregate and may continue to passively act as a host environment for those who are infected with HBV.

# HIV Testing

**Sexually Transmitted Infections:** (check one for each of the following)

1. Syphilis     Negative     Positive; treated: \_\_\_yes \_\_\_no     Results pending     Not done, why not? \_\_\_\_\_

2. Gonorrhea     Negative     Positive; treated: \_\_\_yes \_\_\_no     Results pending     Not done, why not? \_\_\_\_\_

3. Chlamydia     Negative     Positive; treated: \_\_\_yes \_\_\_no     Results pending     Not done, why not? \_\_\_\_\_

4. HIV     Negative     Positive; referred to specialist? \_\_\_yes \_\_\_no     Not done, why not? \_\_\_\_\_

5. Other, specify: \_\_\_\_\_     Negative     Positive; treated? \_\_\_yes \_\_\_no     Results pending

- New screening guidelines
  - No longer testing for HIV overseas as part of medical exam
- Routine screening for HIV, ages 13- 64 years
- Universal testing of HIV and syphilis for arrivals from areas of the world with high prevalence of HIV/AIDS
- CDC HIV guidelines

This is a significant shift in our recommendations in that MDH now strongly recommends HIV testing as part of the health screening exam. This change is premised on the removal of HIV as an inadmissible condition regarding immigration by the Department of Health & Human Services (HHS) and Centers for Disease Control and Prevention (CDC). HHS and CDC cite the following rationale for rule change:

- HIV is not a communicable disease based on current scientific knowledge.
- While HIV infection is a serious health condition, it doesn't represent a communicable disease that is a significant threat for introduction, transmission and spread to the US population through casual contact.
- US was one of a dozen countries that denied entry if person had HIV: Armenia, Brunei, Iraq, Libya, Moldova, Oman, Qatar, Russian Federation, Saudi Arabia, South Korea, Sudan and the US.

HHS and CDC had an open comment period in July /August 2009.

MDH ITIH commented to the Federal Register. Position: screen overseas, class B if positive; identification important for treatment; if HIV positive, contraindicated for certain immunizations. However this was not adopted, thus the strong recommendation for screening during the domestic exam to include:

- Routine screening for HIV, (opt out) ages 13- 64 years using Anti-HIV 1+2 assay; clearly explained orally or in writing ; Test entire family if indicated.
- Universal testing from areas of the world with high prevalence of HIV/AIDS

Might expect to see an increase initially in the number of cases (those who may have held back from applying for immigration papers pending discontinuing HIV screening/waiver process); possibly those who may seroconvert whom we normally would not have tested with less aggressive screening recommendations. This as an opportunity for education for providers and the community.

# HIV

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- Removal of HIV infection from list of diseases that keep people who are not U.S. citizens from entering the United States
- Effective date: January 4, 2010
- No longer overseas screening for HIV
- Implications for refugee health exam in US

# Intestinal Parasites

1. CBC with differential done?  Yes  No  
 If yes, was Eosinophilia present?  Yes  No  Results pending  
 If yes, was further evaluation done?  Yes  No

**Intestinal Parasite Screening:**

1. Was screening for parasites done? (✓ one)  Yes  No If No, why not? \_\_\_\_\_

2. Serology Test  Positive  
 Negative  
 Indeterminate  
 Results Pending  
 Not done

3. Stool Test?  No parasites found  
 Non-pathogenic parasites found  Blastocysts  
 Pathogenic parasite(s) found  
 Results Pending  
 Not done

*(If positive for pathogenic parasite(s), check all that apply)*

<input type="checkbox"/> Schistosoma Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Species: _____ Diagnosis by: <input type="checkbox"/> Stool <input type="checkbox"/> Serology <input type="checkbox"/> Stool + Serology	<input type="checkbox"/> Strongyloides Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis by: <input type="checkbox"/> Stool <input type="checkbox"/> Serology <input type="checkbox"/> Stool + Serology	<input type="checkbox"/> Ascaris Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Giardia Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Entamoeba histolytica Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Dientamoeba Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Trichuris Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hymenolepis Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Clonorchis Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hookworm Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Paragonimus Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other, (specify): Treated? <input type="checkbox"/> Yes <input type="checkbox"/> No _____

If not treated, why not? \_\_\_\_\_

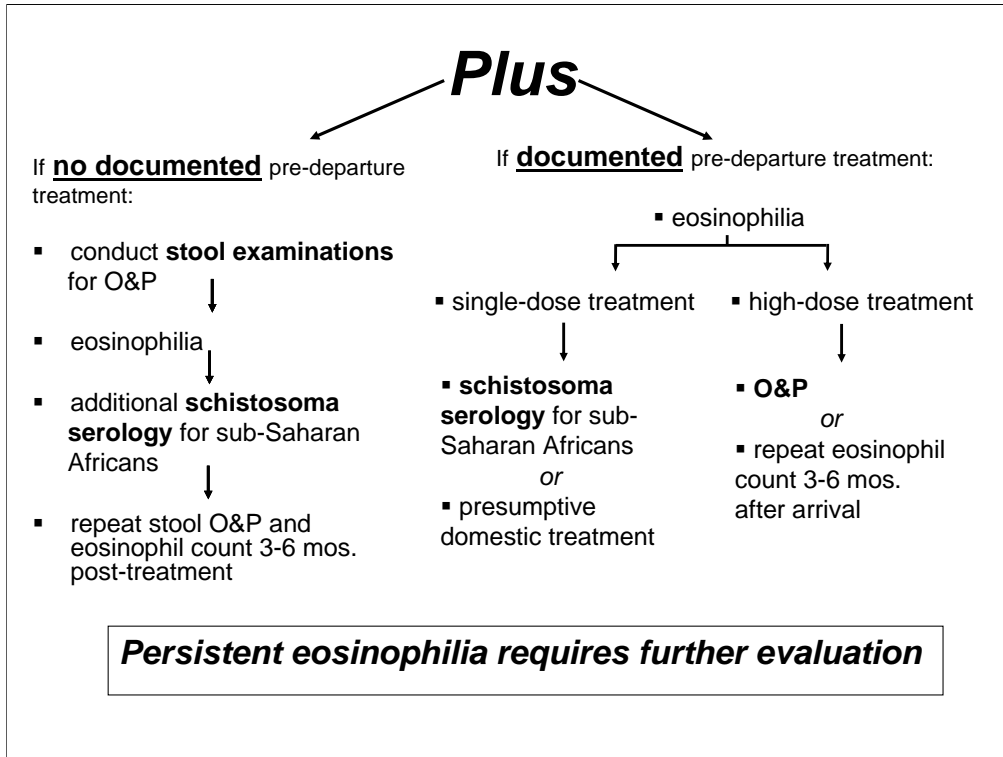
- 1) Intestinal parasites are endemic worldwide in many areas of the world where refugees are coming from both, pathogenic and non-pathogenic
- 2) MDH had been recommending CDC's protocol, until last spring when Hennepin County Public Health started to see some results with their testing indicating that eosinophilia (eosinophilia >400cells/μl) as a marker or indicator for particularly strongyloides was not as reliable as previously thought.
- 3) Updated protocol follows Hennepin's lead to recommend a specific blood serum test for strongyloides as part of initial screen
- 4) Also encouraging providers to check for pre-departure treatment for parasites, as more documentation seems to be available with the refugee.

For **all** refugee arrivals  
(asymptomatic and symptomatic):

- Confirm pre-departure presumptive treatment
- Evaluate for eosinophilia by obtaining a **CBC with differential**
- \* **Strongyloides serology** (Asians and sub-Saharan Africans / endemic areas)

***PLUS***

Since last year have heard that clinics are finding additional documentation with the refugee on pre-departure treatments.



- 1) Conduct stool examinations for ova and parasites (O&P); two stool specimens should be obtained more than 24 hours apart
- 2) Eosinophilia requires additional schistosoma serology for sub-Saharan Africans
- 3) Persistent eosinophilia requires further diagnostic evaluation.
- 4) For background information and treatment guidelines see CDC's *Evaluation of Refugees for Intestinal and Tissue-Invasive Parasitic Infections during Domestic Medical Examination*, as well as *The Medical Letter on Drugs and Therapeutics: Drugs for Parasitic Infections*.

# Malaria

**Malaria Screening:** (check one)

- Not screened for malaria (e.g., No symptoms and history not suspicious of malaria)       Screened, no malaria species found in blood smears
- Screened, malaria species found (please specify): \_\_\_\_\_       Screened, results pending
- If malaria species found:      Treated?     Yes     No    →    Referred for malaria treatment?     Yes     No
- If referred for malaria treatment, specify physician/clinic: \_\_\_\_\_

- No changes

# Lead

Please fill in for all refugees:

HEMOGLOBIN	HEMATOCRIT %	BLOOD GLUCOSE (mg/dL)	LEAD (<17 yrs old)	HEAD CIRCUM. (< 3 yrs old)
HEIGHT (in)	WEIGHT (lbs)	BP- SYSTOLIC	BP-DIASTOLIC	PULSE

- Screening extended through 16 years of age
- Check BLLs in all family members, if needed to determine source
- Prescribe daily pediatric multivitamins with iron for refugee children 6 to 59 months of age

## Chronic Disease, Growth & Development

Please fill in for all refugees:

HEMOGLOBIN	HEMATOCIT	BLOOD GLUCOSE (mg/dL)	LEAD (<17 yrs old)	HEAD CIRCUM. < 3 yrs old (cm)
HEIGHT (in)	WEIGHT (lbs)	BP- SYSTOLIC	BP-DIASTOLIC	PULSE

Currently Pregnant  Yes  No  Not done

**Mental Health Concern**  Yes  No  Not done

**Hearing Problems**  Yes  No  Not done

**Dental Problems**  Yes  No  Not done

**Vision Loss**  Yes  No  Not done

- **Collecting additional measurements:**
  - Implications for chronic disease, growth & development
- **Highlighting assessments:**
  - Mental health      -Vision      -Hearing      -Dental

We are aware providers are likely performing all these – our intention in re-formatting the pink form and eSHARE is to reflect this best practice, draw attention, highlight and also begin to be able to collect data on indicators of chronic disease.

One last word – important to completely fill out form!!

## Rollout of Protocol: 2010

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- Refugee Health Assessment “Pink” Form
- eSHARE
- Refugee Health Provider Guide on web
- ❖ WEBINAR: recorded
- Pocket guide

**\*Resources \*CEUs  
\*Contact Information**

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***Refugee Health Provider Guide***  
Chapter 2, "Pink" Assessment Form

**[www.health.state.mn.us/refugee](http://www.health.state.mn.us/refugee)**

**CDC Refugee Health Guidelines**  
**[www.cdc.gov/ImmigrantRefugeeHealth/](http://www.cdc.gov/ImmigrantRefugeeHealth/)**

**CEUs & Questions:**  
**[Susan.dicker@state.mn.us](mailto:Susan.dicker@state.mn.us)**

**651-201-5510**