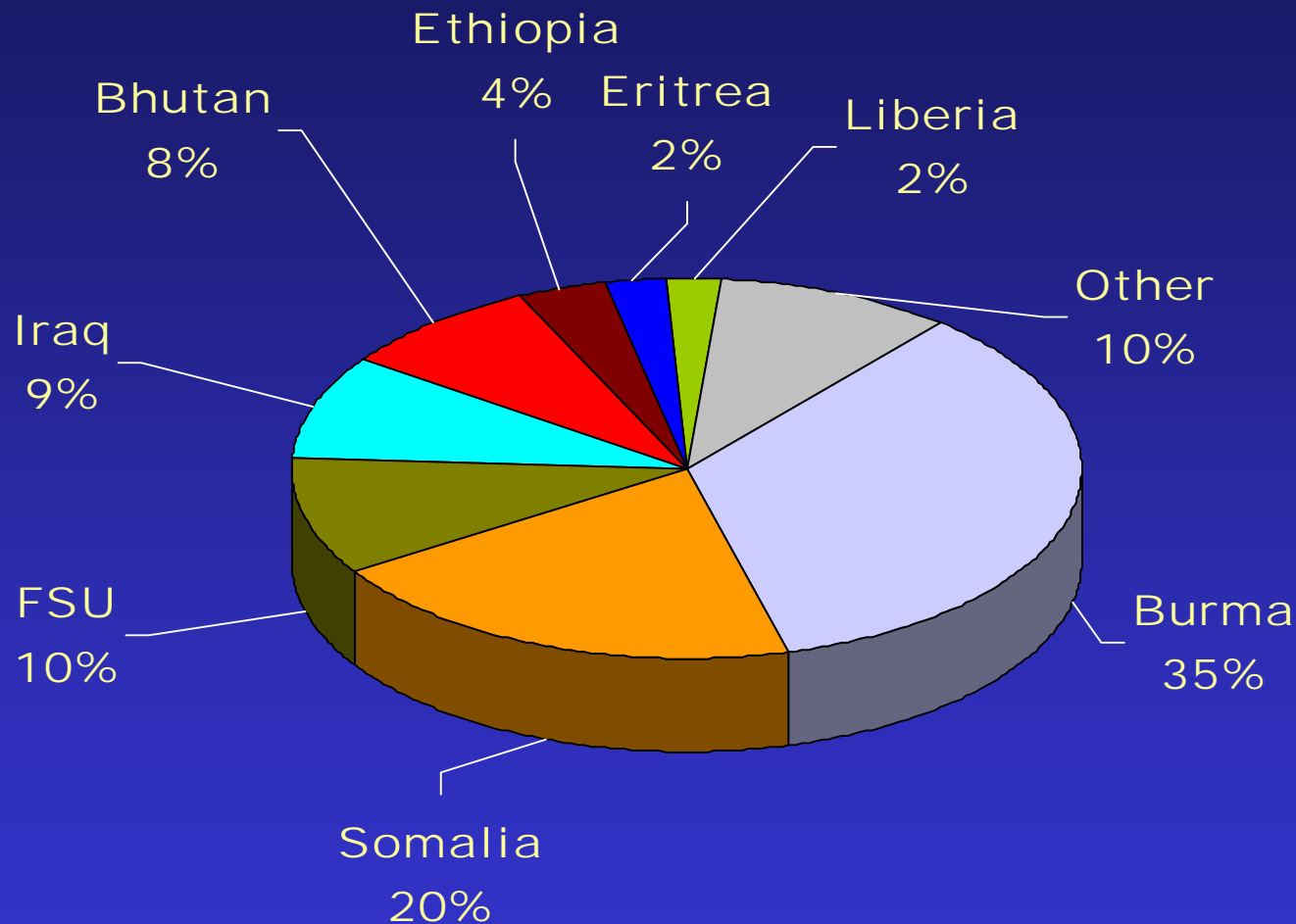


# Refugee Health Screening: 2010 Protocol Update

Minnesota Department of Health  
Refugee Health Program  
February 17, 2010

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



**N=1,264**

“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



## Components of Refugee Health Assessment

- ✓ Complete history
  - Review of systems
  - Physical examination
- ✓ Infectious disease
- ✓ Laboratory testing

## Best practice in a public health clinic or limited care setting

- ✓ Identify acute issues, indicators of chronic health concerns
- ✓ Begin problem list
- ✓ Refer to primary care and/ or specialty clinics as indicated
- ✓ Begin education regarding US health system
- ✓ Test for conditions:
  - treat with immediate, one-time, interventions
  - necessitate urgent interventions

## Extended best practice in a primary care clinic setting

*In addition to previous categories listed under best practice in a limited care setting:*

- ✓ Test for conditions requiring prolonged or chronic interventions

### ***Rationale for addressing chronic conditions:***

- chronic health disorders are common
- may pose greater long-term threat to the individual's health
- follow up testing and further evaluation consistent with established best practice



# 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)

# 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



# 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)

# 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-cavitory, 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)**



# 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



# 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. Gonorrhoea     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

# 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  Blastocystis  
 Pathogenic parasite(s) found  
 Results Pending  
 Not done

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

**Schistosoma** Treated?  Yes  No  
Species: \_\_\_\_\_  
*Diagnosis by* :  Stool  Serology  Stool + Serology

**Giardia** Treated?  Yes  No

**Trichuris** Treated?  Yes  No

**Hookworm** Treated?  Yes  No

**Strongyloides** Treated?  Yes  No  
*Diagnosis by* :  Stool  Serology  Stool + Serology

**Entamoeba histolytica** Treated?  Yes  No

**Hymenolepis** Treated?  Yes  No

**Paragonimus** Treated?  Yes  No


**Ascaris** Treated?  Yes  No

**Dientamoeba** Treated?  Yes  No

**Clonorchis** Treated?  Yes  No

**Other, (specify):** Treated?  Yes  No  
\_\_\_\_\_

If not treated, why not?



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***

# Plus

If **no documented** pre-departure treatment:

- conduct **stool examinations** for O&P
- eosinophilia
- additional **schistosoma serology** for sub-Saharan Africans
- repeat stool O&P and eosinophil count 3-6 mos. post-treatment

If **documented** pre-departure treatment:

- eosinophilia
  - single-dose treatment
    - **schistosoma serology** for sub-Saharan Africans
    - or
    - presumptive domestic treatment
  - high-dose treatment
    - **O&P**
    - or
    - repeat eosinophil count 3-6 mos. after arrival

***Persistent eosinophilia requires further evaluation***

# Malaria

## Malaria Screening: (check one)

- Not screened for malaria (e.g., No symptoms and history not suspicious of malaria) found in blood smears
- 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<br>% | BLOOD GLUCOSE (mg/dL) | <b>LEAD (&lt;17 yrs old)</b> | 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  | HEMATOCRIT (%) | 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

# 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:**  
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