

Minnesota Refugee Screening Protocol

Refugee Health Program
Cross-Cutting Epidemiology, Programs and Partnerships Section
Infectious Disease, Epidemiology and Prevention Division

Refugee Health Screening Overview

Guidelines for Refugee Health Screenings in Minnesota are issued by the MDH Refugee Health Program and informed by the national guidance provided by CDC.

- Please follow state guidelines:

[Minnesota Domestic Refugee Health Screening Guidance](http://www.health.state.mn.us/communities/rih/guide/index.html)
(www.health.state.mn.us/communities/rih/guide/index.html)

- National Guidance from CDC for context:

[CDC: Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees](http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html)
(www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html)

Domestic Screening Exam Components

- Health history
- Physical exam
- Immunization review and update
 - Using ACIP guidelines
- TB screening
- Hep B screening (Hep D if hep B positive)
- Hepatitis C
- Screening for intestinal parasites
- CBC with differential
- Lead screening (under age 17, pregnant and breastfeeding women)
- Sexual and Reproductive Health
 - HIV, syphilis
 - Other STI risk assessment and screening, per provider discretion
 - FGC assessment (based on country of origin)
- Mental health screening
- Assessment for chronic health conditions
- Assessment for dental, vision, WIC, etc.

CareRef

- Use CareRef to generate age and sex specific screening guidance by country of nationality:
[CareRef *https://careref.web.health.state.mn.us/\)](https://careref.web.health.state.mn.us/)
- Integrates the most current CDC's refugee screening guidance.
 - Note: Some of the Minnesota screening guidance differs from the CDC guidance based on input from local experts and MDH screening guidance.



Clinic Workflow Best Practices

- Schedule refugees as a family unit
- Schedule a trained medical interpreter for all visits (in person or by phone)
- Arrange transportation to clinic if needed
- Make reminder calls for each clinic visit
- Partner with Resettlement Agency case worker
 - Request updated contact info if needed
 - With ROI in place, work with case worker to support new arrival in understanding health and follow-up needs
- Integrate patient education, including concepts of informed consent and confidentiality, into the screening
- Ensure time for provider to review lab results with patient/family
 - Most clinics have adopted a two-visit model for refugee health screenings (example on next slide)

First Visit: Nurse or Provider

- Take medical history
- Check for documentation of overseas screening and treatments
- Screen for acute medical or social issues
- Plot children on growth charts
- Hearing and vision check
- Collect labs; For complete list, refer to [Minnesota Initial Refugee Health Assessment Form \(www.health.state.mn.us/communities/rih/hcp/assesfrm.pdf\)](http://www.health.state.mn.us/communities/rih/hcp/assesfrm.pdf)
 - If stool needed for O&P, provide kit and explanation
- Assess and initiate immunizations as appropriate; draw supplemental titers if appropriate
- Initiate screening for TB:
 - Screen for signs and symptoms, review overseas screening
 - CXR if patient is TB Class B1
 - Draw IGRA (T-spot or Quantiferon Gold) if 2 years or older. <or> administer Tuberculin Skin Test (TST) if younger than 2 y.o.
- Schedule return appointment in 1-2 weeks

Second Visit: Provider

- Perform physical exam, include dental assessment.
- Continue immunization as appropriate. Discuss plan for completing any additional immunizations.
- Growth and Development Screening
- Mental Health Screening
- Obtain PA and Left Lateral CXR for all with positive IGRA/TSTs.
- Review lab results. Explain findings and treat as appropriate. Discuss plan for any appropriate follow-up labs or treatment.
- Make referrals if needed (primary care, hearing, vision, dental, family planning, WIC, pediatrics, mental health, other specialties).

Situations Requiring a Third Visit

If patient:

- **needs O&P:** will need to return with sample(s).
- **needs TST skin test:** will need to return 48 – 72 hours after placement for reading.
- **has multiple medical conditions or abnormal lab work:** may require an additional provider visit or nurse care coordinator visit to plan for addressing health needs. This may be structured as a primary care visit or a third screening visit.