All refugees should have a comprehensive health screening within 90 days of arrival in the U.S. Complete the MDH Initial Refugee Health Assessment Form and return it to your county health department.

**Screening Components:**

**Health History, Physical Exam including Vision / Hearing / Dental / Mental Health Assessment**

**Immunization Review and Update**

- Record previous vaccines, lab evidence of immunity or history of disease; doses are valid if given according to Minnesota child or adult schedules. *Do not restart a vaccine series.*
- If no documentation, assume patient is unvaccinated.
- Give age-appropriate vaccinations as indicated.

**Tuberculosis Screening**

- Administer a Mantoux tuberculin skin test for patients > 6 months of age or age-appropriate interferon-gamma blood assay regardless of BCG history.
- Chest x-ray MUST be done if:
  - Positive TST (>10mm induration) or blood assay results OR
  - TB Class A or B designation from overseas exam OR
  - Symptomatic, regardless of TST or IGRA results.
- Record whether treatment was prescribed and date started.
  - *MDH provides free TB medications.*

**Hepatitis B Screening**

Screen all new arrivals for HBsAg, anti-HBs, and anti-HBc.
- Positive anti-HBs and/or anti-HBc indicates immunity; no HBV vaccine needed.
- Vaccinate previously unvaccinated and susceptible children and adults.
- Refer persons with chronic or acute HBV infection for additional ongoing medical evaluation.

**Sexually Transmitted Infections (STI)**

*Universal testing of HIV and syphilis for arrivals from mid-high HIV prevalence regions.*

- Screen for syphilis with VDRL or RPR; confirm.
- Screen for HIV if 13-64 years and from non-endemic region; screen all family members if person is positive; confirm.
- Screen sexually active patients for other STIs if appropriate.
  - Use urine testing for GC/chlamydia, if possible.
**Parasite Screening**

All refugees:
- Confirm pre-departure presumptive treatment
- Evaluate eosinophilia (elevated >400 cells/µl)**

**Plus** if no documented pre-departure parasite treatment:
- O&P; collect 2 stool specimens ≥ 24 hours apart
- Strongyloides serology (all refugees)*
- Schistosoma serology for sub-Saharan Africans (SSA)*

**If documented** pre-departure parasite treatment:
- Single-dose albendazole with no praziquantel → strongyloides serology (all)*, schistosoma serology (SSA)* or presumptive domestic treatment
- Single-dose albendazole + praziquantel → strongyloides serology (all)*
- High-dose albendazole + ivermectin + praziquantel → no immediate treatment

*Treat positive

**In all cases, if positive for eosinophilia, re-check AEC 3-6 months after arrival. Persistent eosinophilia or symptoms require further diagnostic evaluation.**

**Malaria Screening**

- Screen if symptomatic or suspicious history; obtain smears or PCR
- Screen or presumptively treat if asymptomatic, from highly endemic areas (i.e., SSA), and no documented pre-departure therapy.

**Lead Screening**

- Screen if child is <17 years.
- Refer to Public Health and medical follow-up if BLL >10mg/dl.

**Recommended Lab Tests for First Visit**

- Titers, if appropriate
- Anti-HBs, HBsAg, anti-HBc
- VDRL or RPR, ELISA/HIV; urine GC/chlamydia, if indicated
- UA/UC, if indicated
- Blood lead level if <17 years
- CBC with differential; hemoglobin/hematocrit
- Serology or stools for O&P, as indicated; instruct patient on collection
- Malaria screening, as indicated
- Other labs, as appropriate, for follow up

**Refugee Health Resources**

- MDH Refugee Health Program, TB Prevention and Control Program
  651-201-5414 or 1-877-676-5414
  www.health.state.mn.us/refugee • www.health.state.mn.us/tb
- Minnesota Immunization Program
  651-201-5503 or 1-800-657-3970
  www.health.state.mn.us/immunize
- CDC Immunization hotline
  1-800-232-4636 • www.cdc.gov/vaccines