REFUGEE HEALTH ASSESSMENT POCKET GUIDE
Connecticut Department of Public Health
Refugee and Immigrant Health Program
(Released 1/25/2013)

All refugees should have a comprehensive health assessment within 30 days of U.S. entry. Please complete the 2-page DPH Initial Refugee Health Assessment Form and return it to the DPH Refugee and Immigrant Health Program.

SCREENING COMPONENTS

Review overseas documentation. Conduct medical history and physical exam including: dental, hearing, vision, nutrition, & pregnancy assessments.

IMMUNIZATION REVIEW AND UPDATE

- Record previous vaccines, lab evidence of immunity or history of disease. Doses are valid if given according to the Connecticut DPH child or adult schedules. DO NOT RESTART A VACCINE SERIES.
- IF NO DOCUMENTATION, assume patient is ***not*** vaccinated.
- Give age-appropriate vaccinations according to the Advisory Committee on Immunization Practices (ACIP) guidelines.

TUBERCULOSIS SCREENING AND DIAGNOSIS

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

HEPATITIS B & C SCREENING

- Hepatitis B: **SCREEN ALL NEW ARRIVALS** for HBsAg, anti-HBs, and anti-HBc.
  - Positive anti-HBs and /or anti-HBc indicates immunity; no HBV vaccine needed.
  - Positive HBsAg indicates patient is infectious.
  - Vaccinate previously unvaccinated and susceptible children and adults.
  - Refer persons with chronic HBV infection for additional ongoing medical evaluation.
- Hepatitis C: Screen ONLY refugees in high-risk groups: (e.g., IDUs, HIV+; body piercings/tattoos, etc.: see CDC guidelines).

HIV & SEXUALLY TRANSMITTED INFECTIONS/DISEASES

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

- HIV: **All persons** 13-64 y.o.; Encourage screening for those ≤12 y.o. and ≥ 64 y.o.
- Syphilis: All refugees ≥ 15 y.o. ***regardless of overseas result***.
  - Screen for syphilis with VDRL/RPR or EIA; confirm.
- Chlamydia: Test women up to 26 y.o., or older with risk factors.
- Gonorrhea: only for specific groups, see CDC guidelines.
- Other STIs: Screen all sexually active patients for other STIs if appropriate.

PARASITE SCREENING

- **All refugees:**
  - Confirm pre-departure presumptive treatment.
  - Routine CBC for eosinophil count (elevated >400cells/µl).
  - Serology for strongyloides (all refugees) & schistosomiasis (sub-Saharan African refugees [SSA]).

  IF NO DOCUMENTED PRE-DEPARTURE PARASITE TREATMENT:
  - Stool microscopy for ova & parasites (O&P); collect 2 stool specimens more than 24 hours apart.
  - Eosinophilia requires schistosoma serology for SSA.

  IF DOCUMENTED PRE-DEPARTURE PARASITE TREATMENT:
  - Eosinophilia with single-dose pre-departure treatment requires schistosoma serology for SSA or presumptive domestic treatment.
  - Eosinophilia with high dose pre-departure treatment requires either O&P or repeat eosinophil count in 3-6 months after arrival.
- Malaria:
  - Screen or presumptively treat per CDC guidelines, according to pre-departure therapy, symptoms, or suspicious history.

LEAD SCREENING

- Screen ***ALL CHILDREN*** <17 years.

MENTAL HEALTH SCREENING

- Review overseas documentation for mental health assessment.
- Conduct history and physical examination related to mental health; conduct mental status assessment (e.g. signs of PTSD, depression, acute psychiatric disorders).

OTHER SCREENINGS: DENTAL, HEARING, VISION, NUTRITION/VITAMIN LEVELS, PREGNANCY

- Screen and refer.

RECOMMENDED LAB TESTS, INITIAL VISIT

- Titers, if appropriate
- Hepatitis B screening (anti-HBs, HBsAg, anti-HBc)
- VDRL/RPR or EIA; ELISA/HIV; urine test gonorrhea/chlamydia, if indicated
- Blood lead level if aged 6 mos. up to 17 y.o. Refer for medical follow-up for BLL >10mg/dl
- Urinalysis, serum chemistry, cholesterol (according to guidelines)
- CBC with differential (should include hemoglobin, hematocrit)
- Stools for O&P, serology for strongyloides
- Malaria screening
- Pregnancy test, if indicated
- Other follow-up labs, as appropriate

REFUGEE HEALTH RESOURCES

- DPH Refugee and Immigrant Health Program, TB Control Program / Phone: 860-509-7722, Fax: 860-509-7743. http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388562&dphNav_GID=1601
- Connecticut Immunization Program / Phone: 860-509-7929 http://www.ct.gov/dph/cwp/view.asp?a=3136&q=466892
- CDC Immunization hotline: 1-800-232-4636; www.cdc.gov/vaccines