REFUGEE HEALTH ASSESSMENT POCKET GUIDE

All refugees should have a complete health screening within 90 days of arrival in the U.S.

THIS SCREENING SCHEDULE SHOULD INCLUDE:

HEALTH HISTORY, PHYSICAL EXAM INCLUDING VISION / HEARING / DENTAL ASSESSMENT

IMMUNIZATION REVIEW AND UPDATE

- Record prior vaccines, lab tests showing immunity or history of disease; regard doses as valid if given according to the Advisory Committee on Immunization Practices (ACIP) child or adult schedule and recommendations.
- Do not restart a vaccine series.
- Assume patient is unvaccinated if they have no records or if records are incomplete.
- Administer vaccines following the ACIP child or adult schedule and recommendations.

TUBERCULOSIS SCREENING

- Perform a Mantoux tuberculin skin test (TST) for patients > 6 months of age or blood assay for M. tuberculosis (e.g., IGRA), despite BCG history.
- Read TST within 48-72 hours (measure mm of induration, not erythema).
- MUST complete Chest x-ray if:
  - Positive TST (≥10mm induration) or positive IGRA results OR
  - Refugee has a TB Class A or B1/B2 status from an overseas exam OR
  - Patient has symptoms, despite TST or IGRA results.
- Record whether treatment was prescribed and date started.

TUBERCULOSIS (TB) IN WASHINGTON

- An estimated 2,500 refugees will arrive annually.
- Foreign-born persons make up 76% of TB cases.
- Drug-resistant TB occurs more often among foreign-born persons.

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HEPATITIS B SCREENING

- Screen new arrivals for HBsAg, anti-HBs, and anti-HBc.
- Consider patients immune if they test positive for anti-HBs and/or anti-HBc; no hep B vaccine needed.
- Vaccinate prior unvaccinated and susceptible children ages 0-18 yrs old.
- Vaccinate susceptible adults at increased risk for HBV infection.
- Refer those with chronic or acute HBV infection for further ongoing medical evaluation.

SEXUALLY TRANSMITTED INFECTIONS (STI)

- Screen for syphilis with VDRL or RPR; confirm all positives.
- At provider's judgment, screen sexually active patients for other STIs.
- Use urine testing for GC/Chlamydia, if possible.

PARASITE SCREENING

- Collect 2 stool samples more than 24 hours apart.
- Eosinophilia requires further evaluation for pathogenic parasite, even with 2 negative stools.

MALARIA SCREENING

- Screen if symptomatic or suspicious history.
- Screen or begin treating refugees with no symptoms from highly endemic areas (i.e., sub-Saharan Africa) if they have no records of pre-departure treatment.
- Obtain 3 thick and thin smears to screen, or use PCR.

LEAD SCREENING

- Screen child if < 6 yrs of age.
- Refer to Public Health and medical follow-up if BLL > 10 µg/dL.

RECOMMENDED LAB TESTS FOR FIRST VISIT

- Varicella titer if no report of disease history or vaccination
- Hepatitis B screening (anti-HBs, HBsAg, anti-HBc)
- VDRL or RPR, urine GC/ Chlamydia, if indicated
- CBC with differential (should include Hgb/Hct)
- Pregnancy test, if indicated
- UA/UC, if indicated
- Blood lead level if < 6 yrs
- Stools for ova and parasites; give patient containers and instruct patient on collection
- Malaria screening if history or symptoms are suspicious of malaria, or from highly endemic area
- Other follow-up labs

REFUGEE HEALTH RESOURCES

- DSHS Refugee Health Program 360-725-4626
- DOH TB Program 360-236-3443, www.doh.wa.gov/cfh/tb
- DOH Immunization Program 1-866-397-0337, 360-236-3595

http://static.doh.wa.gov/cfh/Immunize/immunization/default.htm