Refugee Health Assessment Form

I. Refugee Identifying Information

Obtain and document all indicated demographic information.

(Please note Refugee Health Assessments must be conducted within 90 days of arrival in the U.S. Also note, interpretation services must be provided for refugees who have Limited English Proficiency (LEP) to ensure appropriate access to services and ensure the quality of those services.)

II. Overseas Medical Information

Review Overseas Medical Information Packet, including:

- "Medical Examination for Immigrant or Refugee" (Form DS-2053 or DS-2054), also called the overseas medical exam.
- Chest X-ray film(s) and "Chest X-Ray and Classification Worksheet" (Form DS-3024 or DS-3030).
- Immunization records, including "Vaccination Documentation" (Form DS-3025).
- "Medical History and Physical Examination Worksheet" (Form DS-3026).
- Pre-Departure Medical Screening Form and any other available medical records.

Note any Class A or Class B Tuberculosis identified.

Note any Class B Other conditions identified.

Note Overseas Chest X-ray results where available.

III. Medical History

Interview and note:

- Personal and family medical history, medications, allergies.
- Recent fever, cough, weight loss, night sweats, hemoptysis, diarrhea.
- Other recent illnesses or conditions in self or family.
- History of drug use, including alcohol and tobacco.
- Cultural mores and health practices which might impact diagnostic and treatment needs.
- Social history (including refugee camp and migration experiences, etc.)

IV. General Laboratory Screening

Conduct laboratory screening according to criteria indicated below and note any abnormal findings. If not done, a reason must be specified.

- CBC with Differential – All refugees. Include elevated eosinophil count, as well as any anemia with description, in abnormal findings.
- Serum Chemistries – A basic panel, including blood urea nitrogen and creatinine, if indicated by signs, symptoms, or comorbidities.
- Cholesterol – In accordance with US Preventive Services Task Force Guidelines https://www.uspreventiveservicestaskforce.org/uspstf/ (testing should include, at a minimum, total cholesterol and HDL).
- Urinalysis - All refugees able to provide a clean-catch specimen.
- Newborn Screening – Follow NYSDOH Newborn Screening Guidelines which can be found at https://www.wadsworth.org/programs/newborn/screening/providers/faq
  Tests are optimized for newborns (<28 days old). Initial specimens will be accepted for a child up to one year of age at the discretion of the provider.
- Population-specific Testing – To be determined by examining clinician.
- Pregnancy Test – Women of child-bearing age, using opt-out approach. Girls of child-bearing age, using opt-out approach or with consent of guardian.

V. Physical Examination

Conduct each element of the physical exam for all refugees, unless otherwise indicated below, and note any abnormal findings. If not done, a reason must be specified.

- Nutritional Status – height, weight, head circumference (less than 3 years old), BMI (greater than 2 years old).
- Physical findings – note any abnormal findings such as physical disabilities, injuries, structural or orthopedic impairment, etc.
- Vital signs, including - blood pressure (5 years and older), heart rate, respiratory rate.
- Gross evaluation of vision and hearing.
- Careful oral examination.

- General physical examination: review of systems, including heart, lungs, lymph nodes, abdomen, ENT, neurological, genital and skin evaluation.
- External genital exam for all refugees. A pelvic exam and/or Pap smear should be deferred until a trusting relationship is developed with a primary care physician, unless, in the provider's clinical judgment, it is deemed necessary to perform at the health assessment.
- Prescreening is advised to determine if there are signs/symptoms of FGM/C. Direct examination is generally not recommended until a trusting relationship is developed. Providers may choose to begin discussion of cultural practices which may indicate FGM/C. Defer further assessment for primary care or GYN specialist. https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/#fgmc
- General assessment of mental status/developmental level.
- Indicate any physical or mental conditions likely to limit employability or school attendance.
- Multivitamins are to be given to all children ages 6-59 months, and all children > 5 years of age and adults with poor nutritional status.

VI. Disease-Specific Screening

Conduct disease-specific screening as indicated below. If a required screening test is not done, a reason must be specified.

Tuberculosis:

- Review overseas records. Overseas exam includes IGRA testing of most children 2-14 years old; refugees ≥15 years old receive a chest x-ray only. Overseas IGRAs and chest x-rays are considered reliable and do not need to be repeated.
- Evaluate for signs or symptoms of disease, history of contacts and physical examination.
- Conduct an IGRA for all eligible refugees not receiving the test overseas, beginning at 2 years old and including refugees who received only a chest x-ray. Note Results.
- For a positive IGRA, perform a chest x-ray (,when not done overseas) and make a referral to the county health department where the refugee resides.

Lead:

- Screen all infants and children ≤16 years of age. Older adolescents (>16 years old) should be screened if there is a high index of suspicion (sibling with elevated level, suspected environmental exposure, etc.)
- Please note for future primary care referral, all children ≤ 6 years of age should receive an additional lead test 3-6 months after the initial test, regardless of the results of the initial screening result. Repeat testing is also recommended for children 7-16 years of age with an elevated level on initial screening.
- Document blood lead level and indicate normal/abnormal. The CDC has established a blood lead level of ≥ 5 mcg/dL as the reference value for childhood lead exposure, while NYS Public Health Law has a longstanding definition of an elevated blood lead level in children as ≥ 10 mcg/dL. For the purpose of the health assessment, providers are asked to document results of ≥ 5 mcg/dL as abnormal.. Please note all lead screening results are reported to NYSDOH and the appropriate county health department via electronic laboratory reporting, which will initiate action in cases where indicated.

Malaria:

- Sub-Saharan African (SSA) refugees that did not receive presumptive treatment prior to departure, such as pregnant or lactating women or children weighing less than 5 kg. at the time of departure, will require post-arrival presumptive treatment or testing. All other SSA refugees receive treatment overseas with artemisinin-based combination therapy (ACT). Documentation of the pre-departure treatment may be found in the Overseas Medical Information Packet. If documentation is lacking, clinicians can reasonably assume pre-departure treatment was provided to SSA refugees per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees (https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html).
- If considering testing, PCR is the most sensitive test for persons with sub-clinical malaria.
- CDC does not recommend testing or treatment for refugees from malaria-endemic countries outside SSA, unless there are signs or symptoms of infection.

Intestinal and Tissue Invasive Parasites:

Note: Per CDC guidelines, "In cases when the documentation is not available it is reasonable to assume presumptive treatment has been received by the individual refugee if the refugee is from a population where the program is currently implemented per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees (https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html) and as long as they had no contraindications at the time of departure."

- For refugees who received pre-departure treatment, either documented in the Overseas Medical Packet or per the CDC Treatment Schedule (link above), check the "Yes" box. No further treatment or testing is required.
- For refugees who did not receive pre-departure treatment:
  - As a general rule, it is recommended clinicians consider presumptive treatment in lieu of testing for eligible refugees while taking precautions to avoid duplicating overseas treatment.

And

- For all refugees, provide presumptive treatment for soil-transmitted helminths (STH) for refugees ≥ 6 months of age. For infants less than six months, testing should be performed if the infant has symptoms or signs of infection (including elevated eosinophil count).
- For all refugees, provide presumptive treatment for Strongyloides. Exclusions include refugees from Loa loa-endemic areas who may have contraindications to presumptive treatment with Ivermectin and European refugees who are not likely to be exposed to Strongyloides (per the CDC). If presumptive treatment is not provided, conduct diagnostics for Strongyloides (serology and/or blood smear). For more details, especially regarding refugees with potential exposure to Loa loa, see https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html
- For all SSA refugees, provide presumptive treatment for Schistosomiasis. If presumptive treatment is not provided, conduct serologies for Schistosomiasis.

• For refugees who received incomplete pre-departure presumptive treatment:
- Refer to CDC guidance on testing and/or presumptive treatment found at https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html

• For refugees who received complete pre-departure presumptive treatment:
- Note: a persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.

Sexually Transmitted Infections (STI):

Obtain history for signs and symptoms of STIs and conduct physical examination.

• Syphilis

Review Overseas Medical Information Packet for documentation of pre-departure syphilis screening; note results. If overseas screening is negative, no further screening is required. If documentation of overseas screening is not available:

Conduct VDRL or RPR for

- All refugees ≥ 15 years of age,
- Refugees < 15 years of age if sexually active, history of sexual abuse, mother who tests positive, or exposure in a country endemic for other treponemal subspecies (e.g. yaws, bejal, pinta.)
- Conduct confirmation testing for positive treponemal tests

• Chlamydia and Gonorrhea

Conduct urine nucleic amplification test for

- Women ≤ 25 years old who are sexually active
- Women > 25 years old with risk factors
- Women or children with history of or at risk for sexual assault
- Any refugee with symptoms
- The same test/testing guidelines apply to gonorrhea screening. While not required as part of the Refugee Health Assessment, providers are encouraged to screen for gonorrhea in refugees not tested overseas to minimize or prevent illness and transmission.

• HIV

All refugees should be screened unless they opt out.

- Children ≤ 12 years of age should be screened unless the mother's HIV status is confirmed negative and the child is otherwise thought to be at low risk.
- Refugees should be clearly informed orally or in writing when/if they will be tested for HIV.
- Note for future referral, screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
- Provide culturally sensitive and appropriate counseling for HIV-infected refugees in their primary language.
- Refer refugees confirmed to be HIV-infected for care, treatment, and preventive services.

Hepatitis:

• Hepatitis B

Review Overseas Medical Information Packet for documentation of pre-departure hepatitis B screening; note results. If overseas screening is negative, vaccine series should be initiated or completed if there are missing doses according to the overseas vaccine record (DS3025). If documentation of overseas screening was not conducted or is not available:

- Conduct hepatitis B serologic testing, including HBsAG, HBsAb, and HBcAb screening, for all refugees from endemic countries regardless of vaccination history.
- If HBsAG is negative, the refugee should be offered vaccination.
- If HBsAg is positive, Testing for HDV infection is required. Hepatitis D testing can be conducted at primary care, or by a specialist. Document as a referral. https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html#hav
- It is not recommended to vaccinate in lieu of testing to ensure identification of those with active disease.

- **Hepatitis C**

  All adult arrivals (≥18 years of age) should be screened for Hepatitis C. Screen pregnant women ≤17 years old and children born to HCV+ mothers.
  https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html#hav

VII. Immunizations

- Most refugees, regardless of age, will have a New York State Immunization Information System (NYSIIS) record pre-populated with demographic and overseas vaccine information. Check NYSIIS before administering vaccines. Refugees who do not have an overseas vaccine record, will not have a NYSIIS record.
- Provide initial doses of all missing or undocumented age-appropriate vaccines per ACIP guidelines for children and adults. Record dates of vaccines administered at health assessment.
- The NYSDOH Refugee Health Program recommends entering adult vaccines into NYSIIS if a record exists.

VIII. Dates of Health Assessments

Record Visit #1 and Visit #2 dates. Note health assessments must be conducted within 90 days of the refugee's arrival in the U.S.

IX. Referrals Made

Referrals must be made for ongoing primary care and indicated on the health assessment form (including a primary care referral to the same facility providing the health assessment). Referrals must also be made for routine dental care and specialty care for any conditions noted on the health assessment requiring follow-up evaluation and/or treatment.

Comments

1. There may be exceptions to these screening guidelines based on country of origin, culture and family/social/medical history.
2. Age-specific recommendations may need to be adjusted based on patient history, prior laboratory results, cultural knowledge and professional judgment.
3. Reasons for not conducting screening procedures must be documented on the Refugee Health Assessment form.
4. Screening results must be discussed at a second office/clinic visit, and all appropriate referrals made.
5. "Referral" means setting up a specified appointment with a designated provider. Referral information should be shared with the resettlement agency to facilitate communication and follow through with scheduled appointments.
6. Providers must provide immunizations if any are indicated at the time of the visit. Providers will be reimbursed for initial vaccines given to adults (age 19 and older) during the health assessment per contract and are encouraged to use Vaccines for Children Program to offset costs of providing childhood immunizations.
7. The original signed copy of the Refugee Health Assessment must be submitted to the Refugee Health Program at the time of billing. A copy must be given to the refugee, and a copy retained with the health assessment provider.
8. Providers must ensure only eligible individuals receive a refugee health assessment. The individual's alien number (A#) and arrival date must be recorded on the health assessment form to document eligibility. Individuals given one of the following designations by the US Department of State are eligible to receive a refugee health assessment:

   Refugee - Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Includes Unaccompanied Refugee Minors.

   Asylee - Individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum. This status acknowledges the person meets the definition of a refugee (as above) and allows them to remain in the United States.

   Entrant or Parolee - Any individual granted parole status or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti. In contrast to refugees, Cuban and Haitian entrants continue to reside in their country of origin while their application for parole is evaluated.

   Victim of Trafficking - Any individual certified as someone (child or adult) subjected to a severe form of trafficking, which includes: Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

   Special Immigrant VISA - Special Immigrant Visa (SIV) is a program for certain Iraqi and Afghan nationals who provided valuable service to the U.S. government while employed by or on behalf of the U.S. government in Iraq or Afghanistan, for not less than one year, and who have experienced or are experiencing an ongoing serious threat as a consequence of that employment.

   PLEASE NOTE: For more details regarding individual health assessment components, please see the CDC guidelines at:
   http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html