



Quick Reference Guide for Wisconsin Refugee Health Assessment

All refugees should have a comprehensive health screening ideally within 30 to 90 days of arrival in the U.S. After the exam, **complete** the Wisconsin Department of Public Health Initial Refugee Health Assessment [F- 42017] and **return it to the WI Refugee Health Coordinator via fax at 608-266-0049.**

The screening should include:

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

ASSESS IMMUNIZATIONS

- Record previous documented vaccines, lab evidence of immunity or history of disease; doses are valid if given according to Wisconsin child or adult schedules. Do not restart a vaccine series.
 - Lab evidence of immunity in lieu of vaccine is acceptable for Hepatitis A, Hepatitis B, measles, mumps, rubella and varicella. Reliable history for varicella is also acceptable.
- Update immunizations as indicated. **Note: Refugees are required to have certain vaccinations for adjustment of status (done one year post US arrival). Initiate all required vaccines (see F-42017).**
 - Refugees <19: update series, or begin primary series if no immunization dates are documented.
 - Refugees ≥19: assess for vaccines that are medically appropriate.
- If no documentation, assume patient is unvaccinated. Give age-appropriate vaccinations per Wisconsin schedule.

TUBERCULOSIS SCREENING

REGARDLESS OF TESTS DONE OVERSEAS, ALL refugees with a class A, B1, or B2 status must have testing and evaluation repeated in the US. All testing is done with the intent to treat persons with TB disease OR infection.

- TB Interferon Gamma Release Assay (IGRA; Quantiferon™; T-Spot™) is recommended for persons ages five (5) years and older, as these tests do not react to BCG vaccine.
- Apply tuberculin skin test for patients between 6 months and five (5) years, regardless of BCG history.
- Apply skin test to all patients 6 months or under if the child has HIV infection or if the child was exposed to an individual with active TB disease; negative tests should be repeated in 3 – 6 months.
- Read tuberculin skin test within 48 - 72 hours of placement (measure mm of induration, **not erythema**). Report this on the Wisconsin Initial Refugee Health Assessment (F-42017).
- Chest x-ray **MUST** be done if:
 - Tuberculin test is positive (≥10 mm) or IGRA is positive **OR**
 - Refugee has a Class A or Class B TB condition (per overseas exam) **OR**
 - Patient is symptomatic, regardless of tuberculin or IGRA results **OR**
 - Patient has been in contact with someone with active TB disease (make immediate public health referral).
- For all positive tests, record skin/IGRA and chest x-ray on TB Record form F-44756 and provide patient an immediate public health referral to facilitate further testing and initiation of treatment. Indicate if there are medical risk factors for breaking down with active TB.

TUBERCULOSIS (TB) IN WISCONSIN

- **69% of TB cases in Wisconsin were foreign-born.** Foreign-born persons are more likely to have drug-resistant TB and extrapulmonary TB.
- The [Wisconsin Tuberculosis Program](#) provides **FREE** TB medications and case management for persons with infection or disease. Report all suspect or confirmed cases to local health department.

ORAL HEALTH

- Conduct a basic Division of Public Health oral health screening. Ensure that oral health screening is initiated if you are unable to do it.
- Topical fluoride applications for infants and toddlers and dental sealant placement for children with erupted 6-year and 12-year molars may be indicated in accordance with Medicaid Policy.
- All health departments with health screening contracts from the Department of Children and Families (DCF) must provide oral health screening to refugees.

(over)

HEPATITIS B SCREENING

- Screen all new arrivals for surface antigens (HBsAg), surface antibodies (anti-HBs), anti-HBc and IgM anti-HBc.
- Vaccinate all susceptibles (*i.e.*, those who are negative for all HBV markers).
- Patients testing positive for anti-HBs are immune; no Hep B vaccine is needed.
- Refer all carriers (HBsAg positive) for additional medical evaluation. All susceptible household and sexual contacts of carriers should be screened and vaccinated.

SEXUALLY TRANSMITTED INFECTIONS (STIs)

- Offer HIV testing routinely to all clients between the ages of 13 and 64 years. All clients with initial positive EIA or rapid test should have a follow-up confirmatory test. Positive confirmatory test should be reported to the State AIDS/HIV Surveillance Unit.
- Offer STI screening for all persons who have reached sexual maturity or now have a risk factor for an STI.
 - Screen for syphilis with VDRL or RPR; confirm all positive VDRL or RPR by confirmatory test.
 - Screen for chlamydia and gonorrhea, even if asymptomatic.
 - Screen for other STIs if symptomatic or possible exposure.

PARASITE SCREENING

- Collect 3 stool specimens more than 24 hours apart.
 - If parasites are identified, one stool sample should be submitted 2-3 weeks after completing treatment.
- Evaluate eosinophilia with a CBC w/differential; may need further evaluation for pathogenic parasites, even with 3 negative stools. Note: Rapid tests are not recommended for identifying these parasites.

MALARIA SCREENING

- Screen if symptomatic or if from an endemic area and suspicious history. Obtain 3 thick and thin smears to screen.

LEAD SCREENING

- Screen children ages 6 months to 6 years of age within 90 days of arrival in the U.S.
- Refer to Public Health and medical follow-up if Blood Lead Level (BLL) $\geq 10\text{mg/DL}$.
- Repeat screening of children ages 6 months to 6 years (and older children if warranted) 3 to 6 months after placement into a permanent residence, regardless of initial test results.

RECOMMENDED LAB TESTS FOR FIRST VISIT

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| ➤ Varicella titer if no report of disease history or vaccination. | ➤ Blood lead level for all children up to age six and others as indicated. |
| ➤ Hepatitis B screening (HBsAg, anti-HBs, anti-HBc and IgM anti-HBc). | ➤ Stools for ova and parasites; send home containers and instruct patient on collection. |
| ➤ HIV, VDRL or RPR, GC/chlamydia | ➤ CBC with differential. |
| ➤ Hemoglobin/hematocrit. | ➤ Malaria screening if history or symptoms are suspicious of malaria. |
| ➤ Pregnancy test, if indicated. | ➤ Other labs, as appropriate, for follow-up |
| ➤ UA/UC, if indicated. | |

REFUGEE HEALTH RESOURCES

- [Wisconsin Refugee Health Program](#)
- [Wisconsin Tuberculosis Program](#)
- [Wisconsin Immunization Program](#)
- [Minnesota Refugee Health Program Provider Guidelines](#)
- [Refugee Health Information Network](#)

**YOUR LOCAL HEALTH
DEPARTMENT IS:**