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Refugee Medical Screening Guidance For Wisconsin Providers

P-02820 5/2021

Refugee Medical Screening Overview

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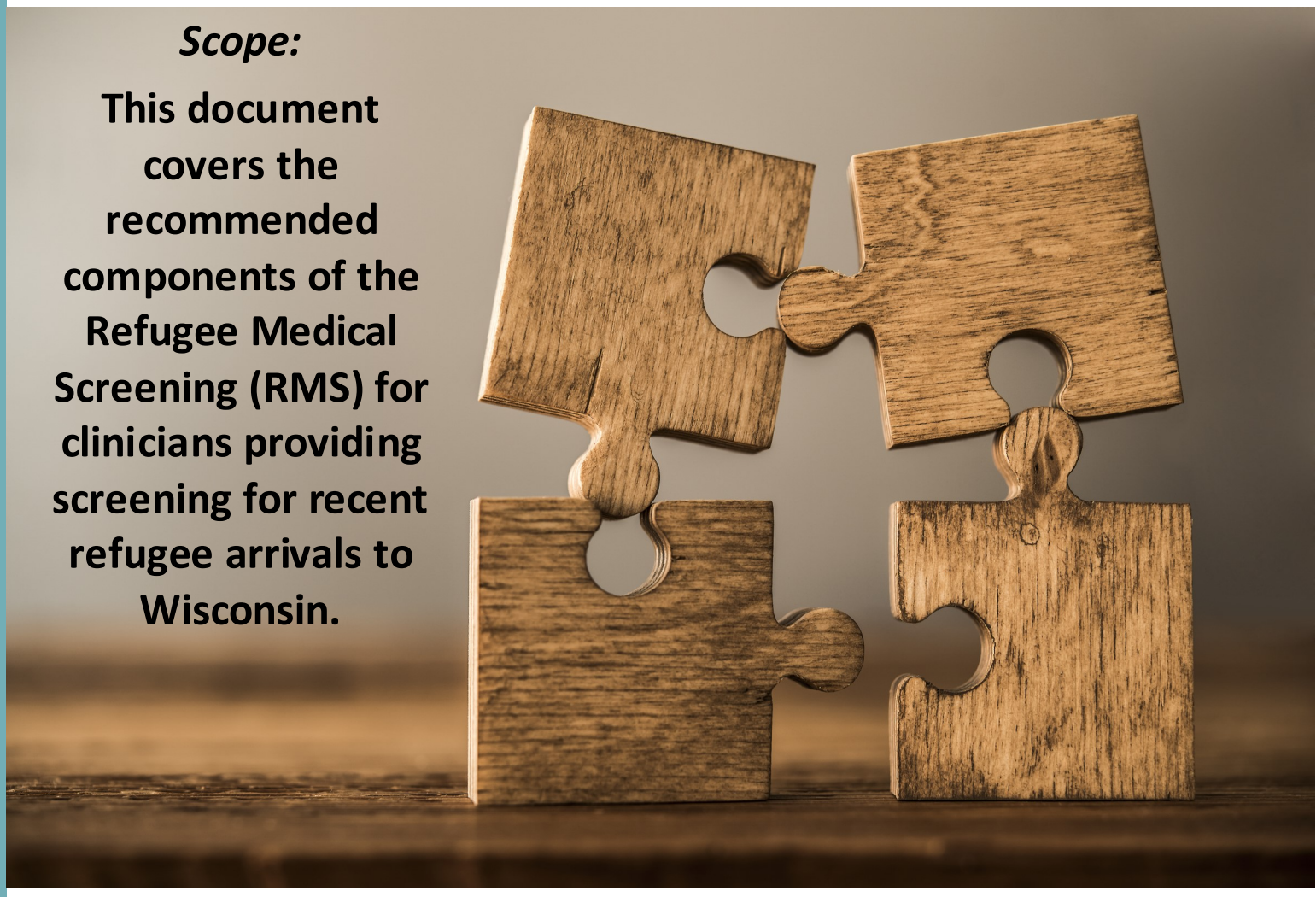
Overview of Refugee Medical Screening (RMS)



Scope:

This document covers the recommended components of the Refugee Medical Screening (RMS) for clinicians providing screening for recent refugee arrivals to Wisconsin.

New refugees ideally go through RMS within 30 days after they arrive in the United States (U.S.). This screening is a complete physical exam with an emphasis on communicable diseases. The screening is billed to Medicaid as a new patient exam or well child exam. Prior to the screening, clinicians review overseas screening results (if available) to obtain basic information about the refugee's health and immunizations. In some parts of Wisconsin, public health nurses (PHNs) play a hands-on role in care coordination. They meet with the refugees face to face, review their overseas medical screening results, and write a letter to their intended RMS clinician outlining any needs that should be addressed during the appointment. In other parts of the state, the refugee's Voluntary Resettlement agency (Volag) will provide this coordination.

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Logistics of RMS

The RMS is done with two face-to -face visits or a visit to the laboratory (for a blood draw) followed by a face-to-face exam with a clinician.

In Wisconsin the RMS should be done through:

An approved provider in Dane County

-OR-

A clinic or health department that has a contract with the Wisconsin Department of Children and Families (DCF) Refugee Programs Section

-OR-

Another site in Wisconsin (if the refugee is part of the United States Conference of Catholic Bishops (U.S.CCB)'s) remote placement program.

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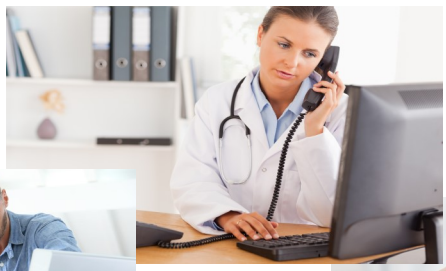
Volunteer Resettlement Agencies (Volags)

The U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM) has cooperative agreements with Volags to deliver refugee reception and placement services. Thus, all refugees will have a sponsoring organization working with them upon arrival to Wisconsin. The local affiliates of national Volags are responsible for refugee resettlement throughout the state, as well as assisting refugees in achieving self-sufficiency. Volag staff work with all newly arriving refugees on issues such as employment, English-language training, health service referrals, and housing. Volags ensure the refugee completes their RMS. They secure transportation for refugees to travel to appointments related to the screening.



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Purpose of RMS

While refugees undergo extensive medical screening before travel, RMS is important for successful resettlement. The overseas screening is designed to identify any medical conditions which may exclude a person from traveling to the U.S. In contrast, the domestic screening is intended to reduce any existing health-related barriers a refugee may encounter during their resettlement, while also protecting the health of their neighbors.

Wisconsin endorses the Center for Disease Control (CDC) guidance for RMS. CDC has developed evidence-based guidance to assist state public health departments and clinicians in conducting the routine domestic medical screening of newly arrived refugees. In addition to the CDC guidance, the Minnesota Department of Health (in partnership with CDC) has developed CareRef, an online interactive tool for clinicians throughout the United States, which customizes screening guidance for individual refugees based on age, sex, and country of origin. The recommendations put forth by CareRef for patients are based on current CDC Guidelines.

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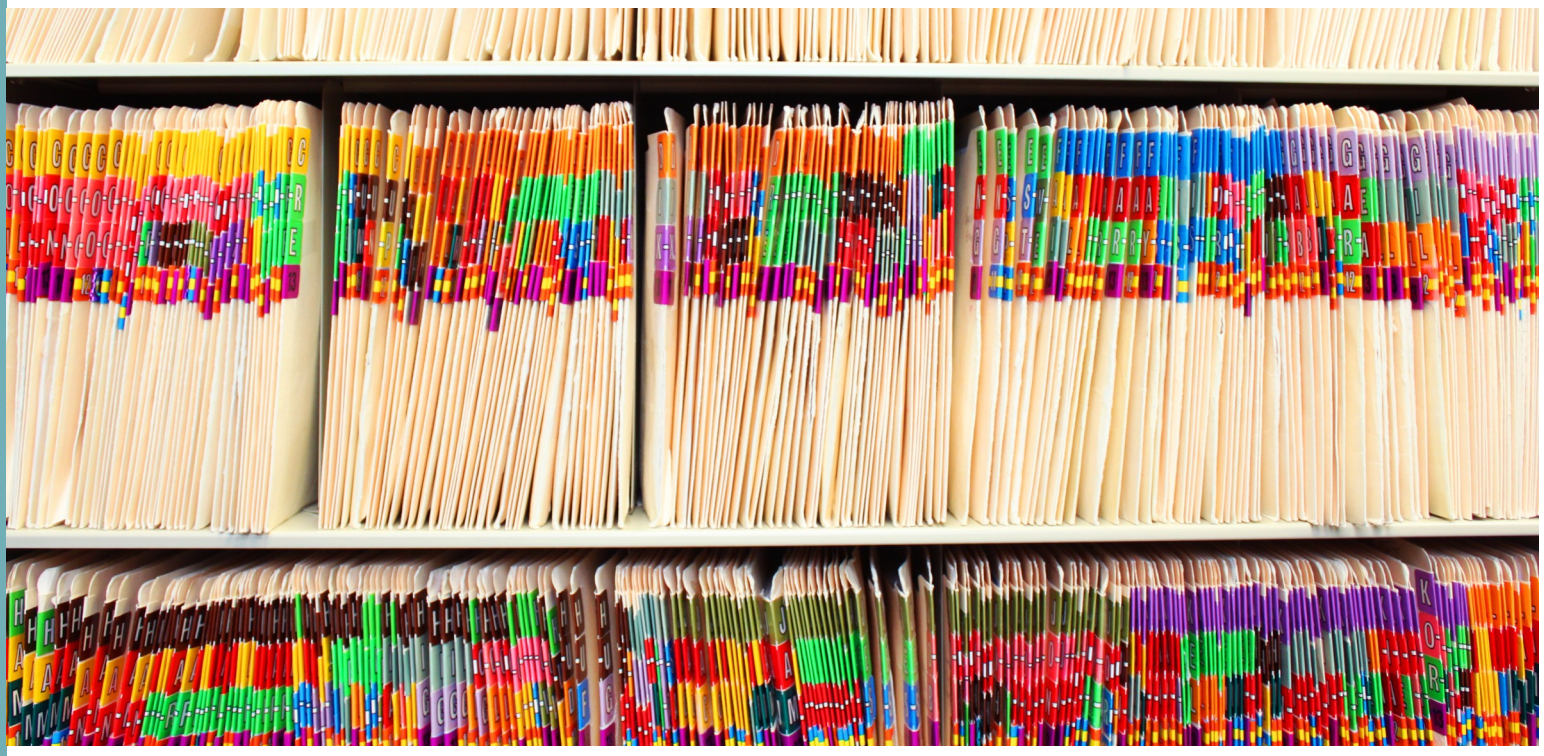
Before the RMS

All refugees receive a medical screening overseas prior to their travel to the U.S. The refugee carries a copy of the screening results with them to the U.S. At U.S. ports of entry the information is copied and transmitted electronically to the jurisdiction in which they will resettle. Review of the overseas screening records prior to an RMS is highly recommended. If the refugee does not bring this information to their RMS appointment or if the information is incomplete, providers can access the information either through the refugee's Volag or by contacting the Department of Health Services (DHS), Wisconsin State Refugee Health Coordinators office:

Refugee Health Office Associate
DHSWITBProgram@dhs.wisconsin.gov
608 - 266 - 7473

If needed, the State Refugee Health Coordinator can also approve clinic-level access to the CDC's Electronic Disease Notification (EDN) System. Contact Savitri Tsering directly for additional information: savitri.tsering@dhs.wi.gov.



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Components of a Domestic RMS

Any board-certified health care provider can perform the RMS.

The RMS should include:

- General medical exam including:
  - ⇒ Health history and physical examination
  - ⇒ Nutrition and growth assessment
  - ⇒ Dental, vision, and hearing exams
  - ⇒ Immunization review and update
  - ⇒ Reproductive assessment
- General lab testing including:
  - ⇒ A complete blood count with differential and platelets
  - ⇒ Urinalysis
  - ⇒ Glucose and serum chemistries
  - ⇒ Cholesterol levels for adults
  - ⇒ Metabolic panel for infants.
- Mental health screening
- Lead testing (in children 6 months to 16 years of age)
- Malaria screening (if history or symptoms warrant)
- Intestinal parasites screening and/or presumptive treatment
- Sexually transmitted diseases screening, including:
  - ⇒ Syphilis
  - ⇒ Chlamydia
  - ⇒ Gonorrhea
- HIV infection screening
- Hepatitis B screening and vaccination
- Hepatitis C screening (if indicated).

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After the RMS

After Visit Summary

It is important that clinics print out the "After Visit Summary" document upon completion of a patient's health screening. This document provides medical advice and information on health concerns that were identified. It also lists any referrals needed for the refugee. A copy should be provided to the patient as well as their Volag/PHN.

Reportable Conditions

Wisconsin law requires that physicians, health care facilities, and laboratories report communicable diseases to the local health departments within 24–72 hours. Components of the health assessment that are reportable to the patient's local health department (LHD) include cases of: tuberculosis, latent tuberculosis infection, lead poisoning/exposure, malaria, syphilis, chlamydia, gonorrhea, hepatitis B, and hepatitis C. HIV infection should be reported directly to the Wisconsin HIV Surveillance Team.

Reimbursement

The RMS is billable to Medicaid. If the refugee is not eligible for Badgercare (Wisconsin's Medicaid) they could qualify for Refugee Medical Assistance (RMA) for the first eight months after they have been either admitted to the United States or in the case of asylees, after they have been granted asylum.

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Special Considerations

Many refugees have not had age-appropriate screening for chronic diseases such as heart disease, diabetes, cancer, hearing, vision, or dental problems. These needs should be addressed in early follow-up visits. Several cancers are more prevalent in migrant populations, such as cervical, liver, stomach, and nasopharyngeal cancers. Introduce refugees to age-appropriate cancer screening tests, such as mammography, colonoscopy, and Papanicolaou tests during the RMS.

Integrate mental health screening into the RMS. Providers should screen for acute risk factors and triage refugees in need of urgent mental health treatment.

Providers should be considerate of a refugee patient's cultural and religious beliefs during the RMS, accommodating them as much as possible. For example, providers should be respectful of their patients' preferred physician and interpreter gender. Interpreters of the opposite gender from the patient may need to stand behind a curtain or screen. In some instances, the patient may not speak freely in front of an interpreter or provider of a different gender.

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Special Considerations - Children

When examining refugee children it is important for providers to remember they will have similar fears and anxieties as their U.S . counterparts. Furthermore, refugee children are at a high risk for developmental delay and behavioral issues. The provider should attempt to include a standardized developmental stage assessment in the RMS. Lastly, refugee children have high prevalence of malnutrition and growth delays. A standardized growth chart should be used by providers to determine whether a referral to the Women, Infant and Children (WIC) program, and other nutritional support, is needed.

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The Domestic RMS Checklist

This checklist represents the Wisconsin Refugee Health Program's recommendations for the domestic RMS of newly arriving refugees to Wisconsin. It is not a list of mandatory components, but rather is intended to guide clinicians in completing a comprehensive examination. The Wisconsin Refugee Health Program recognizes individual clinics' autonomy in making necessary deviations to provide tailored care for each patient. The checklist should be used when screening asymptomatic refugees. Refugees presenting with clinical concerns should have further workup as indicated.

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General Medical Examination

Review of Systems

- ☐ Review: constitutional symptoms, eyes, ears, nose, mouth, throat, cardiovascular, respiratory, gastrointestinal, genitourinary, gynecologic, musculoskeletal, skin, neurological, mental health, endocrine, hematologic, lymphatic, allergic/immunologic.

Physical Exam

- General
  - ☐ Examine: ears, nose, mouth, throat, neck, cardiovascular, respiratory, back, breasts, genitourinary, external genital exam, abdomen, extremities, musculoskeletal, skin, gastrointestinal, neurological.
- Nutrition and Growth
  - ☐ Take dietary history (e.g., restrictions, cultural dietary norms, etc.).
  - ☐ Collect anthropometric indices, including weight, height, and, for young children, head circumference.
  - ☐ Recommend therapeutic vitamins if any nutritional deficiencies are identified.
- Dental
  - ☐ Perform a basic dental screening.
    - ⇒ Looking for obvious cavities, open sores, fillings/sealants, or reported oral pain.
  - ☐ If indicated by Medicaid Policy, apply (or refer patient for application of) topical fluoride for infants and toddlers and dental sealant for children with erupted 6- and 12-year molars.
- Vision and Hearing
  - ☐ Perform a basic vision screening.
  - ☐ Perform a basic hearing screening.
- Reproductive Assessment
  - ☐ Perform a pregnancy test if clinically indicated prior to administration of any vaccines or medications which may present a risk.
  - ☐ Recommend prenatal vitamins and provide a referral for services if pregnant.

General Medical Examination

Immunizations

☐ Record previous vaccines, lab evidence of immunity, or history of disease.

- Much of this information should be provided in the overseas medical examination paperwork.

☐ Give age-appropriate vaccines as indicated.

- Complete any series that has been initiated. Do not restart a vaccine series.
- Doses are valid if given according to accepted ACIP schedule..
- **If a patient has no documentation, assume they are not vaccinated.**
- Laboratory evidence of immunity is an acceptable alternative, as determined by the provider.

Mental Health

☐ Conduct a mental health screening which could include:

- Specific questions developed by your clinic that assess mental health.
- A standardized tool (e.g., RHS-15, Your Trauma Questionnaire, Post-traumatic Stress Disorder Checklist).
- Look for the following throughout the examination:
  - ⇒ Overseas medical record indicating diagnosis of mental illness
  - ⇒ Physical signs of maltreatment
  - ⇒ Patient becomes unusually anxious or agitated during the physical exam.
- Consider asking the following throughout the examination:
  - ⇒ Have you experienced trouble sleeping? Have you experienced any nightmares?
  - ⇒ Have you experienced any change in your energy level?
  - ⇒ Have you experienced any unexplained somatic symptoms (headaches, stomach aches, or back pain)?
  - ⇒ Have you had any change in your appetite? Weight?
- **If these questions raise mental health concerns, ask:**
  - ⇒ Do you have thoughts of harming yourself or hurting others?
  - ⇒ Are you willing or interested in speaking with a mental health professional?
  - ⇒ Refer to a professional for follow-up, as indicated.

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Laboratory Testing

General Laboratory Testing (recommended for all refugees)

- ☐ Perform complete blood count with differential and platelets.
- ☐ Conduct urinalysis (optional in persons unable to provide a clean-catch specimen).
- ☐ Perform glucose and serum chemistry tests.
- ☐ Conduct a cholesterol test (for adults).
- ☐ For Infants: Conduct infant metabolic screening, according to state guidance.

Disease-Specific Laboratory Testing

- Tuberculosis (TB)
  - ☐ Review overseas records for a Class B classification, indicating further follow-up
  - ☐ Evaluate for signs or symptoms of disease or a history of close contact to someone with infectious TB.
  - ☐ *If no previous. positive test is reported on the overseas papers*, conduct a Tuberculin Skin Test (TST) or interferon gamma release assay (IGRA) for all refugees (Note: IGRA is preferred in patients over 2 years old).
  - ☐ In the case of a positive TST or IGRA, perform a chest x-ray and sputum testing, as indicated (TST: What's Next, IGRA: What's Next).
  - ☐ **Both TB and Latent Tuberculosis Infection (LTBI) are reportable conditions; report to the patient's LHD within 24 or 72 hours respectively.**
  - ☐ After reporting suspected or confirmed TB or LTBI, send the appropriate, completed form (LTBI, TB) to the LHD for further follow-up.
  - ☐ If TB or LTBI are diagnosed, refer the patient for follow-up or recommend initiation of indicated treatment (LTBI, TB).

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Laboratory Testing

Disease-Specific Laboratory Testing

- Lead
  - ☐ Perform a lead screening on all refugee children 6 months to 16 years of age.
  - ☐ Conduct an additional lead test on all children aged 6 months to 6 years within 3—6 months of placement in a permanent residence, regardless of the results of the initial lead test.
  - ☐ **Lead poisoning/exposure is a reportable condition (within 48 hours) to the patient's LHD.**
  - ☐ After reporting a case of lead poisoning/exposure to the LHD, send the appropriate, completed form to the LHD for further follow-up.
- Malaria
  - **Note**: All sub-Saharan African (SSA) refugees who arrived from countries that are endemic for *Plasmodium falciparum* and who do not have a contraindication should be assumed to have received pre-departure presumptive antimalarial therapy with artesunate-combination therapy (ACT).
  - ☐ Perform post-arrival testing or presumptive treatment for the following:
    - SSA refugees receiving no presumptive treatment prior to departure. This includes any pregnant or lactating women, or children weighing less than 5 kg at the time of departure, for whom presumptive treatment was contraindicated.
    - Any refugee from a malaria-endemic country with signs or symptoms of infection should receive a thorough evaluation.
    - Refugees **not** requiring post-arrival testing or presumptive treatment include SSA refugees who received presumptive treatment prior to departure and all non-symptomatic refugees from malaria endemic countries outside SSA.
  - ☐ **Malaria cases are reportable (within 72 hours) to the patient's LHD.**
  - ☐ After reporting a case of malaria to the LHD, send the appropriate, completed form to the LHD for further follow-up.

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Laboratory Testing

Disease-Specific Laboratory Testing

- Intestinal and Tissue Invasive Parasites (ITIP)
  - Post-arrival screening for invasive parasites (IP) will depend on the region of departure and pre-departure presumptive therapy received
  - Currently, all refugees without contraindications from the Middle East, South and Southeast Asia, and Africa receive a single dose of albendazole prior to departure. In addition, all SSA refugees without contraindications receive treatment with praziquantel for schistosomiasis. The only population currently receiving presumptive therapy for strongyloides is Burmese refugees, who receive ivermectin if they do not have contraindications.

☐ Perform ITIP screening in the following ways:

- For all refugees regardless of their pre-departure treatment status:
  - ⇒ Do an absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).
- For refugees who received incomplete presumptive therapy :
  - ⇒ Provide the above in addition to:
    - ⇒ *Strongyloides* (all refugees): Provide presumptive therapy or conduct diagnostics for *Strongyloides* (e.g., serologies for *Strongyloides*, two or more stool ova and parasites examinations, and/or *Strongyloides* culture/agar method).
    - ⇒ Schistosomiasis: Provide presumptive therapy or conduct serologies for schistosomiasis.
- For refugees who had no pre-departure presumptive treatment :
  - ⇒ Provide the above in addition to:
    - ⇒ Roundworms/nematodes (all refugees): Conduct stool ova and parasites examination (two or more samples) or provide presumptive treatment.

Laboratory Testing

Disease-Specific Laboratory Testing

- Sexually Transmitted Diseases
  - Syphilis
    - ☐ If no documentation, obtain VDRL (venereal disease research laboratory) or RPR (rapid plasma regain) for the following:
      - All refugees 15 and older
      - Refugees younger than 15 if they are sexually active, have a history of sexual abuse, have a mother who tests/tested positive, or have exposure in a country endemic for other treponemal subspecies (e.g., yaws, bejal, pinta).
    - ☐ Conduct confirmatory testing for positive treponemal tests.
    - ☐ **Syphilis cases are reportable (within 72 hours) to the patient's LHD.**
    - ☐ After reporting a case of syphilis to the LHD, send the appropriate, completed form to the LHD for further follow-up**.**
  - Chlamydia
    - ☐ Conduct a urine nucleic amplification test for the following:
      - Women <25 years old who are sexually active.
      - Women >25 years old with risk factors (e.g., new or multiple partners).
      - Leucoesterase (LE) positive on urine sample.
      - Women or children with history of or at risk for sexual assault.
      - Any refugee with symptoms.
    - ☐ **Chlamydia cases are reportable (within 72 hours) to the patient's LHD**
    - ☐ After reporting a case of chlamydia to the LHD, send the appropriate, completed form to the LHD for further follow-up.
  - Gonorrhea
    - ☐ Conduct a urine nucleic amplification test for the following:
      - Leucoesterase (LE) positive on urine sample.
      - Women or children with history of or at risk for sexual assault.
      - Any refugee with symptoms.
    - ☐ **Gonorrhea cases are reportable (within 72 hours) to the patient's LHD.**
    - ☐ After reporting a case of Gonorrhea to the LHD, send the appropriate, completed form to the LHD for further follow-up.
  - ☐ Screen for other STDs if the patient is symptomatic or has had a possible exposure.

Laboratory Testing

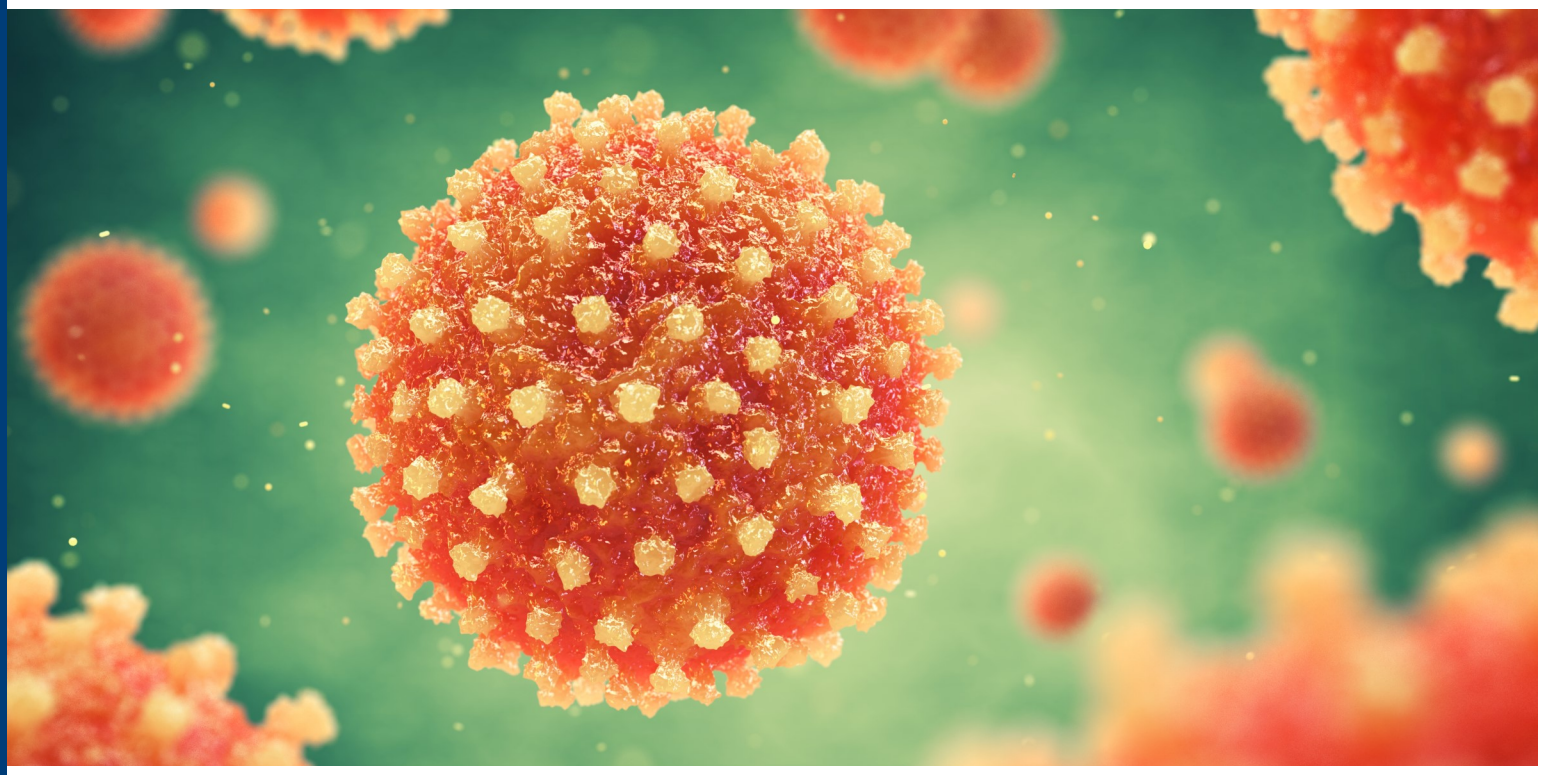
Disease-Specific Laboratory Testing

- HIV
  - As of January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the United States
  - ☐ Screen all refugees for HIV infection (unless they opt out). Refugees should be clearly informed orally or in writing when or if they will be tested for HIV.
  - ☐ Document the refugee's decision to decline an HIV test in their medical record.
  - ☐ Repeat screening 3—6 months following resettlement for refugees who had recent exposure or are at a high risk.
  - ☐ Provide culturally sensitive and appropriate counseling for all HIV-infected refugees in their primary spoken language, and ensure the competence of interpreters and bilingual staff to provide language assistance for these patients.
  - ☐ Refer all refugees confirmed to be HIV-infected for care, treatment, and preventive services.
  - ☐ **Cases of HIV infection are reportable (within 72 hours by phone) to the state HIV Surveillance Team.**
  - ☐ After reporting a case of HIV infection to the surveillance team, send the appropriate, completed form to the Wisconsin Bureau of Communicable Diseases Epidemiologist.
  - **Special considerations for children**:
    - Screen children 12 years old and younger unless the mother's HIV status can be confirmed as negative and the child is otherwise thought to be at low risk of infection (no history of high-risk exposures such as blood product transfusions, early sexual activity, or sexual abuse). In most situations, complete risk information will not be available; thus, most children 12 and under should be screened
    - For children <18 months of age, who test positive for HIV antibodies, test with DNA or RNA assays. Results of positive antibody tests in this age group can be unreliable because they may detect persistent maternal antibodies
    - Provide chemoprophylactic trimethoprim/sulfamethoxazole for all children born to or breast-fed by an HIV-infected mother, beginning at six weeks of age and continuing until they are confirmed to be uninfected
  - **Special considerations for pregnant women:**
    - Screen all pregnant refugee women as part of their routine post arrival and prenatal medical screening and care

Laboratory Testing

Disease-Specific Laboratory Testing

- Hepatitis B
  - ☐ Screen all new arrivals for surface antigens (HBsAg), surface antibodies (anti-HBs), anti-HBc and IgM anti-HBc.
  - ☐ Individuals who are hepatitis B surface antigen (HBsAg) positive should be screened for hepatitis D virus (HDV) in accordance with national recommendations.
  - ☐ Refer all carriers (HBsAg positive) for additional medical evaluation.
  - ☐ **Hepatitis B cases are reportable (within 72 hours) to the patient's LHD.**
  - ☐ After reporting a case of Hepatitis B to the LHD, send the appropriate, completed form to the LHD for further follow-up.
  - ☐ Vaccinate all arrivals who are negative for all HBV markers. Patients testing positive for anti-HBs are immune and no vaccine is needed.
- Hepatitis C
  - ☐ Universal hepatitis C virus (HCV) screening is recommended for all new adult arrivals.
  - ☐ **Hepatitis C cases are reportable (within 72 hours) to the patient's LHD.**
  - ☐ After reporting a case of Hepatitis C to the LHD, send the appropriate, completed form to the LHD for further follow-up.



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Sample Standing Orders

STANDING ORDERS

Refugee Lab Orders

*****Patients need to be fasting for 9 hours before bloodwork**

Children 0—18 years:

CMP
CBC
VZV
HIV
HEP B
Quantiferon
URINANALYSIS
LEAD (under 17 years)
CHLAMYDIA (for Females 12+ years)
RPR (for Both Genders 15+)
PREG (for Females 15+)

Adults 18 + years:

CMP
CBC
VZV
HIV
HEP B
HEP C
Quantiferon
URINANALYSIS
RPR
PREG
Chlamydia: Nucleic Acid Amp. Spec-URINE (for Females 18—24 years)
Lipid Panel (for Males 35+ and Females 45+)

Order **Strongyloides Antibody IgG** for everyone coming from the following countries: Angola, Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Nigeria, South Sudan.

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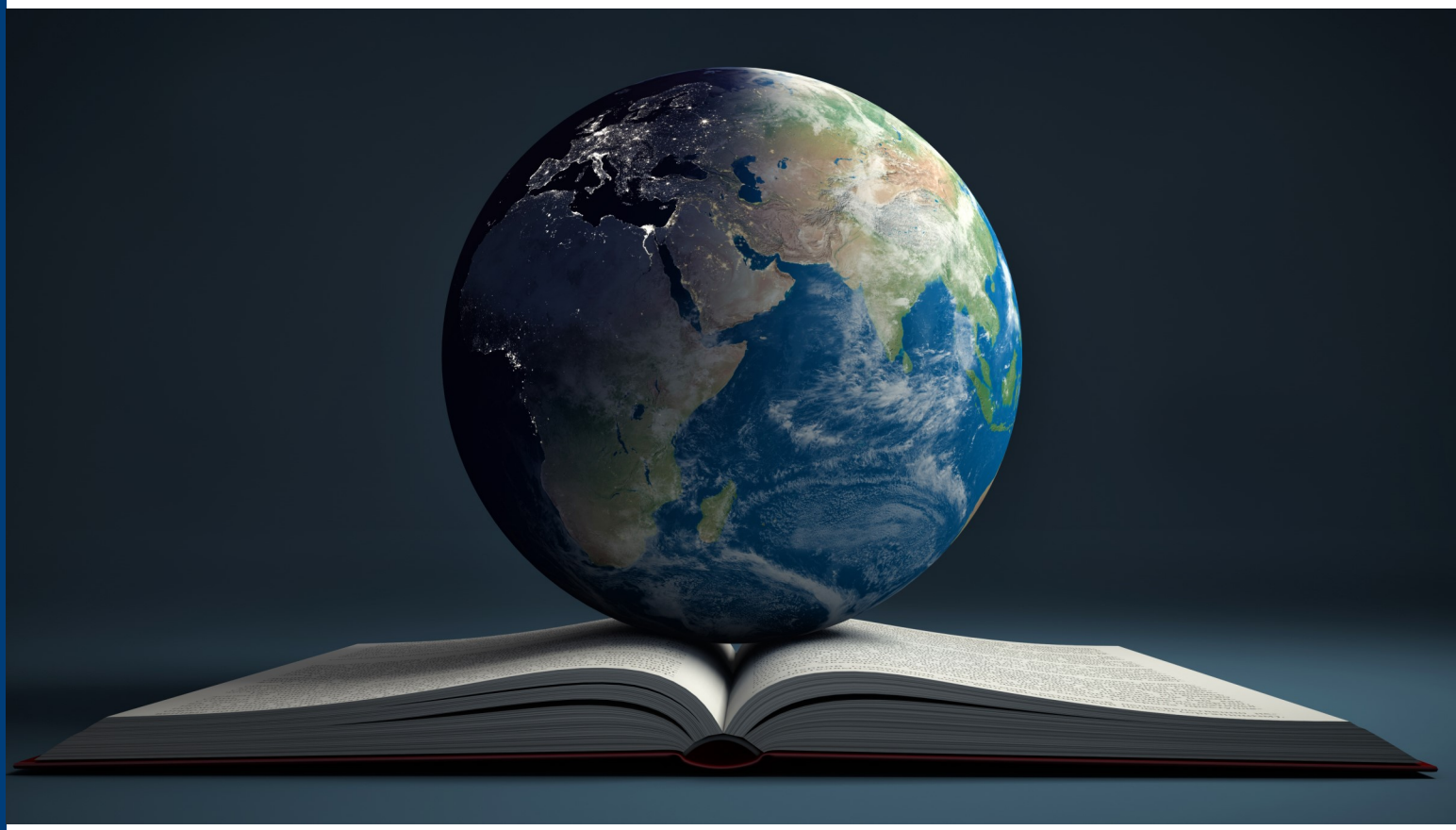
Resources

Minnesota Initial Refugee Health Assessment

CDC's checklist

Office of Refugee Resettlement Domestic Medical Screening Guidance Checklist

Association of Refugee Health Medical Screening Committee Tools and Recommendations *(July 2010)*



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