Refugee Health Screening

Provider Guide

Newly arriving refugee families and identified individuals seeking asylum are recommended a refugee health screening within 90 days of their arrival in the United States to achieve the following:

- Ensure follow-up of Class A & B health conditions identified overseas (TB, HIV, mental health issues, significant medical conditions, etc).
- Identify persons with communicable diseases of potential public health importance and provide treatment.
- Identify personal health conditions that adversely impact effective resettlement (e.g. job placement, language training or school attendance) and provide treatment.

Refugee Health Screening

The refugee health screening (as scheduled by the refugee agency) may include the following testing, evaluation and education, depending on risk assessment performed by a trained clinician:

- Review of present and past medical history, medications, and family and social histories
- Nutrition assessment
- Mental health assessment
- Complete physical exam, including vision and hearing screening
- Pregnancy testing/evaluation, as needed
- Dental screening, education, and referral
- Lab testing, as clinically indicated - tuberculosis, HIV, hepatitis B & C, complete blood count and differential, lead, gonorrhea, chlamydia, syphilis, urinalysis, newborn screen and thyroid function testing. Ideally, labs should be drawn 1-2 weeks prior to the RHA provider visit so labs can be reviewed at the time of the assessment
- Birth control education
- Health education, orientation to US healthcare system, and teaching regarding how to access health care and expectations for follow-up
- Referrals to sub-specialists and/or primary care medical home, as needed

1. **Refugee Health Guidance | Immigrant and Refugee Health | CDC**

Startup page- best place to get some idea of the landscape. Link to CareRef, specific disease page links.

2. **Home | CareRef (state.mn.us)**

For new providers it is strongly encouraged to use the CareRef tool (plug in countries or origin and ger step by step guide with evidence of what to screen for) when a new provider is just starting out.

Enter refugee country or origin and camp, DOB, and get checklist of all tests recommended.

This is a tool for clinicians that provides individualized guidance on post-arrival medical screenings based on Centers for Disease Control and Prevention (CDC) Domestic Refugee Screening Guidance,(link is external) demographic and geographic factors, and the specialized needs of refugee populations.

3. **Tutorials:**

- 3 Part series from Minnesota Center of Excellence in Newcomer Health- very good, in depth

Part 1: Review of Best Practices and Updates to Screening Guidance: Part 1Introduction to Refugee Health

Part 2: Review of Best Practices and Updates to Screening Guidance: Medical Screening of Refugee Children Pediatric specific, featuring Janine Young, a long-time prediatric refugee expert (High yield)

Immigrant and Refugee Health | Children's Hospital Colorado (childrenscolorado.org) (podcast- bonus, similar content as Part 2 if you prefer listening only)

Part 3: Medical Screening of Refugee Adults

- Good videos, more brief and focused on providers new to refugee health. Created by providers in Utah to help with onboarding, and have case based presentations to help walk through common scenarios (like presumptive treatment, common infectious diseases, loa loa endemic areas). There are four modules for new providers to watch prior to screening as part of the preliminary didactic:

1. Supporting Newcomers in Healthcare Settings
2. CDC Guidance for Health Screenings
3. Refugee Mental Health Screening
4. Overview of RHOS Data Entry

Additional resources: Utah's Domestic Refugee Health Screening Checklist (mostly for asymptomatic patients), Utah's Providers Resource Guide, and Indiana Guidelines for Medical Examination of Newly Arriving Refugees

4. **Presumptive treatment** CDC Overseas Parasite Guidelines, CDC Presumptive Treatment and Screening for Strongyloidiasis, Infections Caused by Other Soil-transmitted helminths, and Schistosomiasis Among Newly Arrived Refugees

Many refugee and immigrant children are eligible for presumptive treatment for parasites predeparture, and many have received all the recommended treatments. However, sometimes there was a barrier to this treatment, such as being out of stock, and you should ask if the child received all the non-directly

observed doses. If the treatment was not given, you may offer this to the child. Alternatively, you can wait for stool ova and parasite exam or test/treat based on symptoms alone. In many prediatric refugee providers' experience, children are poor symptom reporters, and with high rates (up to 40-60% depending on the population and the study) of positive ova and parasite examinations AFTER treatment, it is well worthwhile to provide the treatment and proceed with O/P for every refugee child. History of stunting, malnutrition, poor appetite should also prompt further investigation in the absence of rapid improvement post immigration.

- Use .hotirefparasite in Epic (can copy from Bichir) for guidance on interpretation and treatment, as well as documentation of positive findings on the ova and parasite exam

5. Communication tips / Cultural preparation

- Interpreter best practices For a patient who does not speak English or has limited English proficiency, all services must be provided using trained multilingual and multicultural medical interpreters. In-person medical interpretation is preferred.
- ***Introducing the visit purpose:*** For some refugees, the domestic medical examination may be the first full exam they have experienced; all steps should be clearly explained, and same-sex examiners provided if requested, when possible. Reassure patients that this examination is for their health and for their benefit. Consent and confidentiality may be novel concepts for refugees, so these (and their limits) should be explained at the beginning of the first visit in the refugee's preferred language.
- Refugee Health Profiles | Immigrant and Refugee Health | CDC (Bhutanese, Burmese, Central American, Congolese, Iraqi, Somali, Syrian)
- Infographics with statistics/country specific information in Colorado https://sites.google.com/state.co.us/refugeecoe/resources/infographics?authuser=0
- Early Childhood Cultural Backgrounders
    - Bhutanese Refugee Families
    - Refugees Families from Burma
    - Refugee Families from Iraq
    - Refugee Families from Somalia
- Afghan trainings:
    - Afghan Culture and Health Screening Considerations - YouTube
      A webinar by Center of Excellence in Newcomer Health describing potential entry pathways for Afghans, potential health concerns, and cultural considerations for providers
    - Afghan Evacuees Health Resources - Free Course (google.com) A free, four-hour online course helping providers to prepare for newly arrived Afghans, including cultural backgrounds, medical exams, mental health care, and clinical observations
    - Getting to Know Afghan Newcomers: Diversity, Ethnic Tensions, and Social Values webpage, not video

- Cultural humility Ethnomed: Practicing cultural humility when serving immigrant and refugee communities

6. Physical exam tips

- Recall no prenatal or newborn screening
    - pay attention to the thyroid (recall iodine deficiency common outside US)
    - heart murmurs should prompt echocardiogram, even if sounding innocent

    - radio-femoral or radio-pedal pulses are a must to evaluate for coarctation of the aorta
- □ Palpate well for spleen and liver enlargement and for lymph nodes in all areas
    - Large spleen in a patient from malaria endemic area should prompt treatment (coartem)
    - Hepatomegaly differential is broad: start with U/S , Schistosomiasis, B12, and metabolic workup
- □ Skin
    - Tinea capitis, pediculosis capitis, scabies are very common- look closely to everyone (with cultural sensitivity for hijab removal- men out of room)
    - Ask about scars, birthmarks, and look for BCG vaccine scar (L deltoid or forearm most common)
- □ GU exam:
    - Universal screening for puberty assessment and external genitalia anatomy. Advise patients this is done for everyone at checkups and it is understandable to feel shy especially if this is the first screening. Empower the child to choose who is looking/in the room but always use a chaperone. Advise the child they have the right to refuse but educate on the importance of screening due to potentially serious problems that they may not know are present. If refusing, offer to check at the followup so they have time to mentally prepare. Offer to transfer to gender concordant provider if this is preferred.
- □ FGM awareness
  Ask every patient about history of circumcision.
  Highest rates historically in Somalia (98%), Guinea, Djibouti, Egypt, Ethiopia, Nigeria, Sudan, Gambia, Benin, Ghana, Kenya, Iraq, Niger, Togo, Burkina Faso, Tanzania, Liberia, Mauritania but this is evolving based on local advocacy efforts and can be regional. Majority are cut by age 5, so it is important to ask early about this topic and intentions for young girl. This practice is illegal in the US. Girls who have been cut in any significant way (sometimes small prick is done instead) should be referred to Gynecology for counseling and management.
- □ Anthropomorphics + MUAC: malnutrition and stunting (short stature <5%ile and history of underweight BMI <5%ile) is very common. Mid upper arm circumference is a helpful way to to gauge subcutaneous thickness even without prior measurements available, and labs behind BMI recovery post immigration. This can be reassuring that focus on nutrition rather than thyroid testing or growth hormone is first step. Hypochromotrichia is a giveaway for malnutrition. Recall iodine deficiency may impact thyroid function. Test for micronutrient deficiencies in all children with history of malnutrition. Consider multivitamin for all children 6 years and under for first year after resettlement and older children depending on diet history and CBC result.
    - Malnutrition great video by Janine Young on malnutrition in newly arrived refugee children
    - MUAC measurement and website for purchasing a tape (but you can make one too)

7. Infection management

- CDC guidelines for presumptive treatment and specific infections are straightforward (such as albendazole for helminths, ivermectin for Strongyloides, praziquantel for Schistosomiasis, coartem for malaria), but it is important to revisit guidelines to ensure that nuances are not missed (such as ruling ot loa loa infection before ivermectin if from endemic area, or avoiding praziquantel in the case of unexplained seizures and the need for brain imaging to rule out neurocysticercosis). Giardia, when detected, can be treated with several options, including metronidazole- see the dot phrase .hotirefparasite from Dr. Bichir if using Epic.
- **Tuberculosis:**

    - TB testing is a requirement for immigration- TST is best for children under 5 years of age but there is risk of false positive with history of BCG vaccination (which is not always documented). Quantiferon is best for anyone with BCG history,and is routinely used for children 2 and older by most refugee health experts. If there is a documented negative test done within 6 months of the RHA, it does not need to be repeated.
    - Every refugee with tuberculosis as a class condition must be referred to the local health department TB clinic for assessment. CXR can typically be ordered/done by the health department but must be done to rule out active infection if not already completed. TB treatment is offered free of charge to patients without the ability to pay and the pills are in hand at the conclusion of the monthly TB clinic visit until treatment is completed. Across the US, barriers exist to accessing care, however, and LTBI treatment is not obligatory for immigration status. Less than 50% of all diagnosed latent tuberculosis is treated in the US, with most cases being imported via refugees, who have lived in high risk crowded areas with poor ventilation and less access to healthcare. In many areas with high immigrant populations, primary care providers are expected to treat latent tuberculosis due to excessive case numbers and only active TB management being handled by the health departments.
    - Basics from CDC
    - Treatment regiments from CDC for Latent TB infections – video direct observed therapy is best practice (synchronous or asynchronous), and the weekly regimen of isoniazid and rifapentine is popular and easier to achieve, especially for children 12 years and older where taking pills or crushed medications can be difficult. Highly recommend using schedule from CDC so patient understands dates for medications, and duration of treatment.
    - Treatment schedule and dose tracker
- **Hepatitis C:**
    - positive antibody should reflex to PCR. If not detected, consider sendout antibody test to another lab in case of false positive, especially with no family history or personal history of associated high risk activities. Consider repeat in 2 months if positive antibody but negative PCR to ensure not in early phase of infection.
    - If PCR is positive, refer to Gastrointestinal (preferably hepatology) specialist for treatment
- **Hepatitis B:**
    - Serology is not necessary if negative surface antigen documented overseas, but is commonly done. Vaccine non-responsiveness (negative surface antibody- HepBsAb) is common but repeat immunization can be offered. See dot phrase in Epic: .aphepbnonimmune for documentation in the assessment and plan.
    - Isolated core antibody means most likely past exposure and clearance, but the serology can be repeated in 2-3 months to ensure non in early infection phase. Obtain total core Ab and IgM core Ab (IgM means acute, and would need to follow). Positive surface antibody in this scenario is more reassuring.
    - Positive surface antigen with negative surface antibody means most likely chronic infection. Follow up testing with e antigen and referral to GI specialist is needed. See UptpDate guideline.
    - If high viral load and/or elevated transaminases, treatment may be indicated for pediatric patients (See dot phrase in Epic: .aphepbinfection)
    - Hepatitis B and Liver Cancer Videos: English, French, Karen, Kinyarwanda, Nepali, Somali, Swahili
- **Malaria**

- This is not routinely tested but thick and thin blood smear should be done for any newcomer from endemic area and found to have splenomegaly
- If within 90 days of arrival, consider testing for any newcomer with fever, with prostration (extreme fatigue, desire to lie down); ask if they have had malaria before and if this feels similar, since often they will know they have it
- Consult CDC malaria hotline or Infectious Diseases, but recall this is a serious and potentially fatal illness, so treatment should be initiated as soon as possible; if the child has severe anemia or signs of encephalitis then IV artesunate is needed and takes time to be flown in (not stocked in Ky yet due to $)

8. Social screening, Mental health screening

Screening for torture, imprisonment, and witnessing violence is necessary, especially for those children who were born in the country of origin (rather than in the refugee camp/country of asylum). As for all children, assess routinely for:

- Secondhand smoke exposure
- Safety: Availability of devices like carseats and helmets if needed (many newcomers are dependent on public transit but may have friends/family that offer a ride), crib, babygates, what to do if there is a problem with heat/cooling in home, and access to bodies of water/knowledge of drowning prevention. DV screening if appropriate, depending on makeup of household.
- Food insecurity: Hunger Vital Sign. https://childrenshealthwatch.org/wp-content/uploads/Hunger-Vital-Sign_translations.pdf see Bichir dot phrases

Mental health screening: Assess languages spoken in the home and literacy before using any screeners or handouts. Do not be surprised if the child/teen prefers a language different from the caregiver since they may have been born/raised in a different country from parent.

Positive screen should be sent to the mental health coordinator with the refugee agency (make note on bottom of followup form, see contact list for phone number if need to call and discuss urgently). It is common for newcomers to have a "honeymoon" period before the reality of their loss, the stress and problems of the US set in. Educate the family about the difficulty to come, available resources, and repeat screening in 3-6 months is recommended.

- For adults and teens age 14 years and up, the Refugee Health Assessment – 15 is a very useful tool and bilingual, available in many languages (see toolkit)
- Age 4-13 years: depending on language, consider using SDQ (Arabic, Dari, Pashto, Swahili), PHQ-9 (English, Spanish, Arabic, Swahili, Urdu), PSC (English, Haitian, French, Ukrainnian). None available for Kinyarwanda. SDQ with annotations and easy scoring guide available from Dr. Bichir.
- Younger child: assess milestones in detail if possible, verbally, and use
  - PEDS (Arabic, Congolese, Swahili, Farsi, Somali, Nepali, Karen, Burmese, French, Hindi), must buy the initial kit for the clinic and then email for additional languages
  - MCHAT (autism screen, ideally 18-30 months)

    - SWYC (2-60 months) if available in the desired language (Arabic, Spanish, French, Portuguese, Russian, Korean, Chinese, Traditional Chinese, Chuuksee, Khmer, Burmese, Nepali, Haitian-Creole, Vietnamese, Samoan, Somali, Tagalog, and Bengali)
- Depression screening: PHQ9 (many languages)
- Anxiety: SCARED (Arabic, Chinese, English, French, German, Italian, Portuguese, Spanish, Thai), GAD-7
- Local counseling resources: (see dot phrase in Epic .horefcounseling)
    - Louisville area has Seven Counties services (502-589-1100) with diverse offerings and interpretation services
    - New Hope has several languages available (French, Kinyarwanda, Swahili, Kirundi, Somali, Wolof). 502-822-3833 newhopeinternational502@gmail.com
    - Mindful Direction counseling for adults, children families, available in Amharic, Tigrinya 502-653-7439
    - Transformations 502-899-5411 available in Spanish
    - Whitten Psychological Services available in Spanish 502-895-0000
    - Glenda Alfonso, Life's Journey Counseling – Spanish speaking, 502-385-4151

9. Health Education for patients

Each family should receive education on:

- how to use their Medicaid benefits
- obtain prescribed medications (plus the concept of refills, the expected duration of treatment)
- learn the name of their primary care provider and the concept of the medical home
- different phases of care, such as a clinic vs hospital vs urgent care
- how to schedule appointments for physicals, sick visits and vaccinations, depending on need
- what is a medical emergency and how to call 911
- Transportation options for medical appointments
- information on community resources available, including parks, libraries, YMCA for swim lessons if needed

Patients should be scheduled for their next appointments in the medical home or referred to another primary care clinic, based on where they live, for ongoing healthcare needs. Having appointments already scheduled and in hand at the end of the first assessment greatly increases the chances of followup and appointment attendance.

Helpful audio/video information:

- Videos and text for health tips including when to use emergency services (English, Kinyarwanda, and Swahili)
- Settle In information about immigration, health, and various topics about life in the US, orientation

Helpful handouts to help deliver information on many topics including safety, development, parenting

- Handouts by Language | Pediatric Patient Education | American Academy of Pediatrics (aap.org) costs ~$300 for annual subscription to handouts including Bright Futures in multiple languages
- Safety:

- Car safety: https://www.cincinnatichildrens.org/service/c/ccic/injury-prevention/car-safetyHandouts, videos in English and Spanish about when to use and how to install each type of carseat
- National Resource Center for Refugees, Immigrants, and Migrants many curated resources such as heat safety, water safety, lead poisoning, and repository of trainings, webinars, etc for provider education
  - Water and Heat safety available in English, French, Dari, Haitian, Kinyarwanda, Pashto, Russian, Spanish, Swahili, Ukrainian
  - Lead exposure counseling and prevention https://nrcrim.org/afghans/lead-poisoning
- Dogs and pet safety
- Healthinfotranslations Carseats, When to call the doctor, Smoking and babies, Ear infections, and more

- Vaccine counseling:
  - COVID-19 Vaccine handouts https://nrcrim.org/covid-19/covid-19-information-newcomers

- Translated COVID materials and videos https://sites.google.com/state.co.us/refugeecoe/resources/cultural-navigation-2-0/language-directory/cn-language-directory?authuser=0

- Bridging Refugee Youth & Children's Services: many languages and health topics, great handouts
- Refugee Health Information Network: Arabic (العربية), Burmese (myanmasa), Chin, Karen (Sgaw Karen), Nepali (नेपाली), Kinyarwanda, Tigrinya (ትግርኛ)
- Medline Plus Arabic(العربية), Burmese (myanmasa), Karen(Sgaw Karen), Nepali (नेपाली), Tigrinya (ትግርኛ)
- Healthy Translations: Arabic (العربية), Burmese (myanmasa), Chin, Karen(Sgaw Karen), Nepali (नेपाली), Tigrinya (ትግርኛ)
- EthnoMed Patient Education Materials: Arabic (العربية), Burmese (myanmasa), Chin, Karen(Sgaw Karen), Nepali (नेपाली), Tigrinya (ትግርኛ); large variety of health topics and orientation materials
- Emergency Preparedness Booklet: Amharic, Arabic, Burmese, Chinese, Farsi, French, Karenni (Kayah), Kinyarwanda, Nepali, Sgaw Karen, Somali, Swahili, Tibetan, Tigrinya
- Literacy (multilingual):
  - https://www.uniteforliteracy.com/louisville/growing-readers
  - Books online (encourage to download app) with Afghan, Rwandan, Guatemalan bookshelves and many others. Sign language and option for language to be read aloud as native or English: https://bloomlibrary.org/Afghan-Children-Read
- Development/School:
  - Ready for Kindergarten | JCPS (kyschools.us)
  - Countdown to Kindergarten Calendar activities to prepare as family in Arabic, French, Kinyarwanda, Nepali, Somali, Spanish, Swahili
  - Raising Young Children in a New Country: Supporting Early Learning and Healthy Development - PDFs available in English, Arabic, Nepali, Somali & Spanish
  - Anticipatory guidance English/Spanish
  - Vroom brainbuilding tips/flashcards for play (Eng, Span, Dari, French, Haitian, Somali, Ukrainian)

- Development OT help in Spanish

10. Join the Refugee Health Providers Community

- Kentucky AAP Child Immigrant Health Toolkit for more resources and email
  - Nicole.bichir@louisville.edu to sign up for task force
- Council on Immigrant Child and Family Health (COICFH) (aap.org)
- Society of Refugee Healthcare Providers https://refugeesociety.org
- Hosts North American Refugee Health Conference (NARHC) every July/early August, alternating from US and Canada. Fantastic place for networking, building competancy, and sharing resources. Highly recommended. This includes all newcomer type health information including asylum seekers, undocumented, unaccompanied minors. Leadership from CDC and WHO attended 2023.

11. Other helpful items for ensuring a smooth visit, documentation, billing:

- ICD10 code guide
- Stool collection handout, be sure to explain the need for collecting different stools from different days in the 2 tubes
- Catchup immunizations (recommend printing/purchasing pocket guide, and use dot phrases for those who are starting fresh .vaccinescatchup)
  - Strongly recommend scheduling followup and nurse only visits with catchup vaccine schedule detailed for patient to ensure ready for green card examination in 1 year
- Visual aides for exam rooms: items available at ICHTF toolkit, suggest pairing and laminate:
  - Milk types and nutrition information (includes Nido)
    - Flip side iron rich foods
  - Bristol stool scale
    - Flip side miralax instructions
  - Contraception options from bedside.org English/Spanish
  - Asthma inhalers and anatomy on flip side
- Ensure adolescents have 1 on 1 time with provider- UNIVERSAL screening
  - Screen for mental health, an adult to go to with problems, coping skills
  - Screen for pubertal concerns, menstrual problems, and offer information about contraception
  - Screen for experience with drugs, alcohol, smoking, vaping; advise these can be common among youth in US and make a plan in case these are offered, and offer educational information
- Language rights: Legal obligation to provide language access services (sometimes we reference this for our colleagues in specialties where they may not be aware)

  Programs that receive federal funding have a legal obligation to provide language access services to non-English and deaf/hard of hearing community members. Under the Title VI Civil Rights Act of 1964, Executive Order 13166 and the Americans with Disabilities Act, state, local, non-profit, private and sub-recipients of any federal funds are required to provide qualified interpreters, written

translated materials to all non-English speaking community members.
https://www.health.state.mn.us/docs/people/wic/localagency/program/civilrights/helpfultips.pdf

12. Toolkit with screeners, handouts

https://drive.google.com/drive/folders/1k1aKH67d9G-HENnYdN_1mptbj2RpU6lc?usp=share_link

13. Advanced tips

- Civil surgeon https://www.cdc.gov/immigrantrefugeehealth/civil-surgeons.html
- Unaccompanied minor
  https://www.hhs.gov/sites/default/files/uac-program-fact-sheet.pdf
- Forensic evaluation
  https://nasrhp.app.neoncrm.com/np/clients/nasrhp/neonPage.jsp?pageId=1&orgId=nasrhp