DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
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ORR State Letter

 # 95-37 **Date: November 21, 1995**

TO: **STATE REFUGEE COORDINATORS**
STATE REFUGEE HEALTH COORDINATORS

FROM: **Regina Lee** RLee
Deputy Director
Office of Refugee Resettlement

SUBJECT: **Medical Screening Protocol for Newly Arriving Refugees**

Attached please find the Office of Refugee Resettlement Medical Screening Protocol for Newly Arriving Refugees. This protocol was developed by ORR in collaboration with the Office of Refugee Health (ORH) and the Division of Quarantine, Centers for Disease Control and Prevention and State health coordinators. Last summer, we circulated the draft to state and local providers for review and comment. Many helpful comments were received and we have incorporated most of them into this protocol.

The protocol represents the first of a two-part document regarding medical screening for newly arrived refugees using ORR funding, particularly the Refugee Medical Assistance (RMA) program. ORR anticipates issuing the second portion of the guidelines regarding the use of RMA for medical screening early in calendar year 1996.

Section 400.107 of the ORR regulation authorizes the use of refugee medical assistance funds provided that:

(1) The screening is in accordance with requirements prescribed by the Director, or his or her designee; and

(2) Written approval for the screening program or project has been provided to the State by the Director, or designee.

We are issuing the protocol now to give States an instrument to review their programs and to plan for changes or improvement as necessary. States which have not had a medical screening program under their RMA program may use this protocol to initiate discussion with their counterparts in the Health Department. States which have approved medical screening programs may continue to operate them until the guidelines are issued but should be advised not to add new components without ORR approval.

In addition, the ORR Health Task Force would appreciate it if States would send a copy of their existing health screening plans to ORR for information purposes. We would appreciate receiving these by November 30. The plans should be sent to the attention of Nguyen Kimchi.

While States may use RMA funds for some or all of the costs of health screening, ORR is encouraging all states to maximize the use of other resources (e.g., Medicaid, public health funds for common contagious diseases such as immunization funds, or funds for the prevention of tuberculosis and hepatitis B) to the extent that they are available to citizens.

We hope you will be exploring these resources to enhance the program and will be working with you in preparing for the RMA guidelines. If you need further information, please contact your State analyst or Nguyen Kimchi at (202) 77401-4556.

Attachment: Medical screening protocol

MEDICAL SCREENING PROTOCOL FOR NEWLY ARRIVING REFUGEES

INTRODUCTION

Under the Refugee Act, section 412 (b) (5), the Director, Office of Refugee Resettlement (ORR) is responsible for the provision of medical screening and initial medical treatment to all arriving refugees.

The purposes of the medical screening are as follows:

- 1) to ensure follow-up (evaluation, treatment and/or referral) of Class A and B conditions identified during the overseas medical exam and reported on OF 157,

- 2) to identify persons with communicable diseases of potential public health importance, and

- 3) to identify personal health conditions that adversely impact on effective resettlement (e.g., job placement, language training, or attending school).

The following guidelines for medical screening have been developed by ORR in collaboration with the Public Health Service (PHS), the Office of Refugee Health (ORH), and the Division of Quarantine, the Center for Disease Control and Prevention (CDC). These are guidelines of the principal elements for the medical screening of newly arriving refugees. They are not all inclusive. States are encouraged to adapt these guidelines consistent with their health care delivery systems and the medical needs of the arriving population. The objective is to allow adaptability and flexibility for inclusion of additional testing to the basic screening protocol as may be prudent.

The need for flexibility is recognized because of the unique challenges in providing health services to culturally and linguistically diverse populations. As much as possible, the individual state medical screening plan should incorporate the use of existing mainstream resources, e.g. State/county immunization and T.B. programs. If these services are included in the initial screening protocol because access to the mainstream resources is not feasible for the refugee population the state medical screening plan should clarify.

Ideally, the initial screening should be done within 30 days of arrival and with a qualified interpreter, if the refugee does not speak English. The screening can be done by a licensed provider such as a nurse practitioner, physician assistant, public health or extended role nurse with maximal use of trained assistants (e.g., for blood pressure measurements, vision screening).

In order to assure effective resettlement of newly arrived refugees by the prompt identification and treatment of medical problems, state plans should also provide for close coordination and linkages with reception and placement services provided by voluntary resettlement agencies. State plans should also reflect the following principles which are critical to an effective medical screening; programs should:

- be accessible to the client
- be supported by effective data systems
- be flexible
- be sensitive to cultural issues
- utilize a variety of community resources

To assure continuity of care, refugees should be referred for primary health care services to local public health facilities and/or with providers in the community for treatment and follow-up. When refugees are referred, the referral health care providers should receive the results of the initial health screening through established procedures for release of records. When necessary services for Class A and Class B conditions are unavailable locally or access for treatment or referral for refugee populations is not feasible, treatment and follow-up elements should be part of the initial screening protocol.

The medical screening encounter is the refugee's introduction to the U.S. health care system and an opportunity for referral to appropriate continuing care. Health education in the native languages of refugees, information about the local community health resources, and information on accessing the health care system should be an integral part of the initial screening encounter.

Providers who are involved in the initial screening of refugees should have an understanding and be sensitive to the physical and psychological trauma refugees may have experienced in the migration process. Questions on sensitive issues such as torture, rape or family violence should be reserved for trained experts in a setting of a trusting relationship. It is essential that providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact in terms of building a new life in this country for some individuals, the treatment of mental health needs of refugees is not the focus of the initial screening encounter. The initial screening process can however, serve as an opportunity for providers to briefly educate refugees about some of the psycho-social difficulties they may experience during resettlement.

Many refugees come from areas where disease control, diagnosis and treatment have been lacking and health systems infrastructure and surveillance have been interrupted for several years. Acquisition and management of data on the occurrence of health conditions and the costs of screening and follow-up care are integral to the screening process. To this end, it is recommended that State and local health providers use the data collection instrument recommended by the Division of Quarantine, CDC.

Several reference attachments are included as a part of the screening protocol. A review of the recommendations contained within these documents will assist in a determination by each program as to whether to include additional baseline screening test/s as a part of their State plan for refugee health screening.

REFUGEE HEALTH SCREENING PROTOCOL
CORE SCREENING PROCEDURES
ALL REFUGEES

Recommendations:

- 1. The refugees have been instructed by the VOLAG case worker to bring copies of the OF-157, chest x-ray, immunization record, and other medical records to the exam.

- 2. Maximum use will be made of other available public programs (e.g., immunizations under available programs, nutritional evaluation and support by Women and Infant Children (WIC); and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

Obtain personal and other demographic information such as:

1. Name, date of birth, sex

2. Country of origin and length of time in the country of last residence

3. Date of arrival

Review:

1. OF-157

2. Chest x-ray(s)

3. Immunization record, if available.

4. Medical History and other medical records as available.

Cultural factors may limit the uninhibited and free exchange of medical history.

Question for:

1. Recent fever, diarrhea, cough, weight loss, night sweats, hemoptysis

2. Other recent illness in self or family

3. Known medical problems (including medications, allergies)

Provide evaluation, referral for primary health services and/or treatment, as appropriate:

1. Follow-up (evaluation, referral for treatment) of Class A and B conditions identified during the overseas medical exam & reported on OF 157.

2. Physical examination
   Basic evaluation, general condition (including heart, lungs, ENT, skin evaluation)
   Gross evaluation of vision and hearing
   Height, weight
   Blood Pressure (5 years and older)

3. Hematocrit

4. Dental Screen (2 years and older) - gross evaluation

5. PPD (6 months and older)

6. TB diagnosis, initial treatment and appropriate referral for follow up treatment or prophylaxis if indicated.

7. Immunizations, as needed.

8. Sexually Transmitted Disease follow up for STD identified on OF 157.

9. General assessment of orientation to place, date, and time (mental status).

Additional screening tests or referrals to primary health services as indicated for:

1. Stool for ova and parasites if height, weight are less than 5th percentile; and/or diarrhea, anemia, gastrointestinal symptoms are present. For detailed guidelines refer to the resource attachment, *Health Assessment of Refugees: Parasites.*

2. Hepatitis B screening. For detailed guidelines refer to the resource attachment, *Recommendations for the Control and Prevention of Hepatitis B Virus Infection among Refugees Entering the United States.*

3. Further evaluation (preferably to a health care facility that will ultimately provide routine care) if any screening tests are significantly abnormal.

4. Referral for routine medical and dental care.

5. Social services evaluation if vision, hearing, self care capability or mobility is significantly decreased and/or the ability of the family to provide care is questionable.

6. Mental health programs as appropriate. Providers should be aware and recognize symptoms of mental illness, and conditions that negatively affect the refugees ability to adjust.

For all ages there should be provisions within the established refugee medical screening process to include other specific screening procedures when identified as appropriate with a particular refugee sub-population

ADDITIONAL AGE SPECIFIC RECOMMENDATIONS

These recommendations may need adjustment as indicated by history, prior laboratory results, cultural mores, and/or professional judgment.

Children less than 5 years of age

- 1. Core elements as identified previously
- 2. Head circumference
- 3. Screening for developmental milestones

Children 5-15 years

- 1. Core elements as identified previously
- 2. Developmental level/mental status evaluation

- 1. Nutritional evaluation if height, weight less than 5th percentile
- 2. Evaluation for hypertension if blood pressure is elevated
- 3. CBC or RBC indices, lead level, malaria smear if hematocrit less than 30%

- 4. Testing for sickle cell, thalassemia, or Tay Sachs
- 5. Chest x-ray if PPD positive
- 6. DRL if indicated (by history or abnormal exam)
- 7. HIV test if indicated (by history or abnormal exam)

Refugees 16 years and above:

- 1. Core elements as identified previously
- 2. All Females between 16 and 50:

  Hepatitis B surface antigen screen

  Pregnancy test if indicated

Additional screening tests or referral to primary health services (age 16 - adult) when indicated by history or initial assessment.

- 1. Further evaluation if weight greater than 10% under or greater than 40% over normal range
- 2. Evaluate for hypertension if blood pressure is elevated
- 3. CBC or RBC indices, sickle cell prep (or hemoglobin electrophoresis), malaria smear if hematocrit less than 30%
- 4. Current chest x-ray if PPD positive
- 5. VDRL if indicated (by history or abnormal exam)
- 6. HIV tests if indicated (by history or abnormal exam)
- 7. Adults 46 years of age and above: stool exam for blood (hemoccult)
- 8. Adults 46 years of age and above: fasting glucose, cholesterol
- 9. Cancer information and referral for further evaluation as appropriate

ATTACHMENTS

1. *Global Epidemiology of Tuberculosis*, JAMA, January 18, 1995 - Vol 273, No. 3

2. *Preventive Health Care and Screening of Latin American Immigrants in the United States*, JABFP, July - August 1994, Vol.7 No.4

3. *Recommendations for the Control and Prevention of Hepatitis B Virus Infection among Refugees Entering the United States*, Centers for Disease Control and Prevention, National Center for Infectious Diseases, Division of Viral and Rickettsial Diseases, Hepatitis Branch, April 24, 1994.

4. Health Assessment of Refugees: Malaria
   CDC DRAFT -

5. Health Assessment of Refugees: Parasites
   CDC DRAFT -

6. *Screening for Tuberculosis and Tuberculosis Infection in High Risk-Populations* - Recommendations of the Advisory Council for the Elimination of Tuberculosis (Draft - expected to be published in several weeks).

7. *Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children*, AMJ Respiratory and Critical Care Medicine 1994:149: 1359-1374

8. *General Recommendations on Immunization, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report, January 28, 1994, Vol. 43, No. RR-1.

9. *1993 Sexually Transmitted Diseases Treatment Guidelines*, Recommendations and Reports, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report, September 24, 1993, Vol 42, No RR-14.1