Iowa Refugee Program
Initial Health Assessment Form Instructions

Immunizations

Assess and update immunizations for each individual. ACIP recommends vaccines for certain age ranges in the general U.S. public. The ACIP recommendations determine which vaccines are age-appropriate for the general immigrant/refugee population.

Tuberculosis (TB)

Perform a **tuberculin skin test (TST) or *blood interferon gamma release assay (IGRA)** for TB for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results.

- A chest x-ray should be performed for all individuals with a positive TST or IGRA test
- A chest x-ray should also be performed regardless of TST results for those with a
  - TB Class A or B1 designation from overseas exam, **or**
  - Those who have symptoms compatible with TB disease.

*CDC Recommends IGRA's be used in place of the TST for testing persons who have received BCG vaccine, because it increases the diagnostic specificity and the patient is more accepting for treatment of latent TB[1]. QuantiFERON-TB Gold In-Tube (QFT-GIT)® is a blood test manufactured by Cellestis[2] that measures and compares the amount of interferon-gamma (IFN-γ) released in blood cells in response to three TB antigens. The QFT-GIT® assay was FDA approved in 2007. When compared to the TST, the benefits of QFT-GIT® assay are that it only requires a single patient visit to conduct the test, it does not boost responses measured by subsequent tests & prior BCG vaccination does not cause a false-positive IGRA test result. Therefore, fewer individuals need to be referred for further diagnostic testing such as a chest x-ray. A courier system is in place to transport specimens. The CPT code is 86480 and is reimbursable through Medicaid ($88.83). Additional information regarding specimen collection and shipping instructions for the State Hygienic Laboratory can be found in the Tuberculosis tab of the Quick Reference Guide for the Initial Domestic Refugee Health Assessment.

[1] Morbidity and Mortality Weekly Report. Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* Infection – United States, 2010. June 25, 2010 / Vol. 59 / No. RR—5 / Pg. 1 – 26.
[2] http://www.cellestis.com/IRM/Content/usa/qtfproducts_tbgoldintube.html

Hepatitis B

Administer a **hepatitis B screening panel** including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children, 0-18 years of age. Vaccinate susceptible adults at increased risk for HBV infection (due to close interaction within their communities) or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation.

Intestinal Parasites

For all refugee arrivals (asymptomatic and symptomatic):

- Confirm pre-departure presumptive treatment
- Evaluate for eosinophilia by obtaining a **CBC with differential** (eosinophilia>400 cells/ul)
- Strongyloides serology (Asians and sub-Saharan Africans / endemic areas)
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If **no documented** pre-departure presumptive treatment:

- Conduct stool examinations for ova and parasites (O & P); two stool specimens should be obtained more than 24 hours apart
- Eosinophilia requires additional schistosoma serology for sub-Saharan Africans

If **documented** pre-departure presumptive treatment:

- Eosinophilia with single-dose pre-departure treatment requires additional schistosoma serology for sub- Saharan Africans or presumptive domestic treatment
- Eosinophilia with high dose pre-departure treatment requires either O & P or repeat eosinophil count in 3 – 6 months after arrival

Sexually Transmitted Infections

Provide universal syphilis testing for arrivals from areas of the world with high prevalence of HIV/AIDS. (For persons with a documented negative test in the past 6 months and no sexual risk history during that time, report result and date of previously documented test.) Screen for syphilis by administering **VDRL or RPR**. Confirm positive VDRL or RPR by FTA-ABS or TP-PA or other confirmatory test. Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening. Use your clinical judgment to screen for chlamydia and gonorrhea using **urine specimen,** if possible. Screen other STDs if indicated by self-report or endemicity in homeland.

HIV

Beginning January 4th, 2010, refugees are no longer tested for HIV-infection prior to arrival in the U.S.

- Current CDC guidelines for the United States recommend HIV screening in health-care settings for all persons 13-64 years of age. Screening of all refugees 13-64 years of age is recommended in accordance with this policy. Screening of all refugees on arrival, including those ≤12 years and ≥64 years of age, is also encouraged.
- Repeat screening 3-6 months following resettlement is recommended for refugees with a recent exposure or high-risk activity to identify individuals who may be in the “window period” when they arrive in the United States. Subsequent screening should be done in accordance with CDC guidelines.
- Screening should be performed on all refugees unless they decline (opt out). Refugees should be clearly informed orally or in writing that HIV testing will be performed. Oral or written information should include an explanation of HIV infection and the meanings of positive and negative test results, and the patient should be offered an opportunity to ask questions. With such notification, consent for HIV screening should be incorporated into the patient's general informed consent for medical care on the same basis as other screening or diagnostic tests.

Malaria

Screen those refugees present with symptoms suspicious of malaria. For asymptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa, screen or presumptively treat if no documented pre-departure therapy (note contraindications for pregnant or lactating women and children < 5 kg)

Lead

Venous blood lead level (BLL) screening is recommended for all refugee children under 17 years. A public health agency will check for lead sources in children with elevated BLL ≥20 µg/dL or two results between 15-19; check BLLs in all family members. Follow up management. Prescribe daily pediatric multivitamins with iron for refugee children 6 to 59 months of age.

Mental Health

Assess for signs of post traumatic stress, acute psychiatric disorders; assess mental health as reflected in general health and well being (e.g., sleeplessness, headaches, nightmares, irritability).