

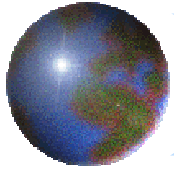
*CDC Guidelines for the
Initial Domestic
Refugee Health Exam*

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Refugee Health Conference

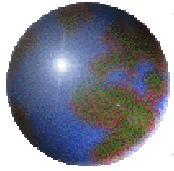
April 29, 2013



Initial Domestic Health Exam

PURPOSE

- To ensure follow-up of any Class A or Class B condition identified during medical overseas examination
- To identify conditions of public health importance
- To identify personal health conditions that may adversely affect resettlement



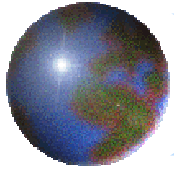
Initial Domestic Health Exam

● Timing:

- Completed within first 30–90 days of arrival

● Health Care Case Managers at Local Resettlement Agencies (LSS/IINH):

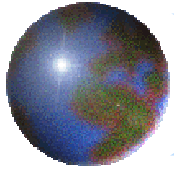
- Scheduling & Service Coordination
- Accompany clients to the appointments
- Conduct Health Orientation
 - Introduction to the U.S. Healthcare system, including concept of primary care, health insurance and other issues such as safety and when to call 911.



Initial Domestic Health Exam

COMPONENTS

- Health Screenings & Medical Examination
 - General screenings
 - Specific Screenings
 - History & Physical Exam
 - Review of Immunization status



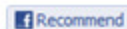
Initial Domestic Health Exam CDC GUIDELINES

- 12 Guidelines & Summary Checklist
- Continuously updated – latest revisions 2012
- For use when screening asymptomatic refugees upon arrival in the U.S.
- Refugees with clinical complaints should receive diagnostic testing guided by signs and symptoms

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>



Immigrant and Refugee Health

Immigrant and Refugee Health[About Refugees](#)[Medical Examination of Immigrants and Refugees](#)[Panel Physician Portal](#)[International Adoption](#)[Refugee Health Guidelines](#)**Domestic Guidelines**[Checklist](#)[Guidelines Development](#)[General Guidelines](#)[Guidelines for the History and Physical](#)[HIV Infection Screening Guidelines](#)[Immunizations Guidelines](#)[Intestinal Parasite Guidelines](#)[Lead Screening Guidelines](#)[Malaria Guidelines](#)[Mental Health Screening Guidelines](#)[Nutrition and Growth Guidelines](#)[Sexually Transmitted Diseases Guidelines](#)[Tuberculosis Guidelines](#)[Viral Hepatitis Guidelines](#)[Overseas Guidelines](#)[Immigrant and Refugee Health](#) > [Immigrant and Refugee Health](#) > [Refugee Health Guidelines](#)

Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees

The following guidelines were developed by CDC to assist State public health departments and medical professionals/clinicians in determining the best tests to perform based on evidence during routine post-arrival medical screening of refugees. These guidelines are intended as recommendations rather than as mandates.

On this Page

- [Checklist and Guidelines for Medical Screening](#)
- [Information on Presumptive Therapy Received](#)
- [Development of the Guidelines](#)

Checklist and Disease-Specific Guidelines for Medical Screening

Domestic Medical Screening Checklist


This checklist has been developed to summarize the guidelines. For more details about any specific task, click the links within the text to read specific sections of the complete guidelines.


Full Text of All Domestic Guidelines

Currently 12 guidelines are available.

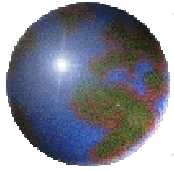
- [General Guidelines](#)
- [Guidelines for the History and Physical](#)
- [HIV Infection Screening Guidelines](#)
- [Immunizations Guidelines](#)
- [Intestinal Parasite Guidelines](#)
- [Lead Screening Guidelines](#)
- [Mental Health Screening Guidelines](#)
- [Malaria Guidelines](#)
- [Nutrition and Growth Guidelines](#)
- [Sexually Transmitted Diseases Guidelines](#)
- [Tuberculosis Guidelines](#)
- [Viral Hepatitis Guidelines](#)

[Print page](#)**Contact Us:**

 Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333

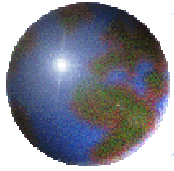
 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348

[Contact CDC-INFO](#)



12 Guidelines Currently Available

- ⊕ General
- ⊕ Guidelines for the History and Physical
- ⊕ HIV Infection Screening
- ⊕ Immunization
- ⊕ Intestinal Parasite
- ⊕ Lead Screening
- ⊕ Mental Health Screening
- ⊕ Malaria
- ⊕ Nutrition and Growth
- ⊕ Sexually Transmitted Diseases
- ⊕ Tuberculosis
- ⊕ Viral Hepatitis



Summary Checklist

⊕ General Medical Examination

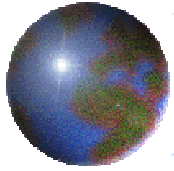
- ⊕ Nutrition and Growth
- ⊕ Pregnancy Test
- ⊕ Immunizations

⊕ Mental Health Screening

⊕ General Laboratory Testing

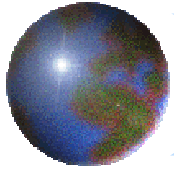
⊕ Disease-Specific Laboratory Testing

- ⊕ Tuberculosis
- ⊕ Lead Testing
- ⊕ Malaria
- ⊕ Intestinal and Tissue Invasive Parasites (ITIP)
- ⊕ Sexually Transmitted Diseases, including HIV



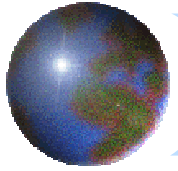
1. General Refugee Health Guidelines

- Guidelines recommend ***general*** tests to detect conditions commonly found in newly arriving refugees
 - e.g. hematological disorders, renal disease and metabolic disorders
- Conditions are suggestive of underlying disorders
- Further testing is often needed to identify the disease that is causing the abnormality.



General & Optional Testing for Newly Arrived Refugees

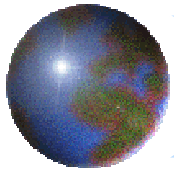
Recommended for All Refugees	<ul style="list-style-type: none">Complete Blood CountUrinalysisInfant metabolic screeningConsider
Recommended for Specific Populations	<ul style="list-style-type: none">Serum lipid profileCancer screeningUric acid (for Hmong refugees)
Optional	<ul style="list-style-type: none">Serum chemistries and glucose



2. *History & Physical Exam Guidelines*

- Refugee's first encounter with US healthcare
 - Allow adequate time
 - Create a trusting environment
 - Provide ***competent interpretation services*** to facilitate compassionate and culturally appropriate history acquisition and performance of the physical examination.

- Can identify issues and help refugees develop a sense of trust in provider / US medical system



History & Physical Exam

Medications

Social/family
history

Mental health
assessment



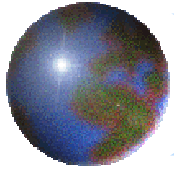
General

Oral exam

Skin exam

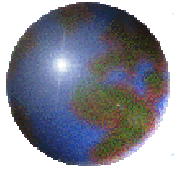
*Abdominal
exam*

*Genital
exam*



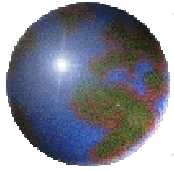
3. HIV Infection Screening Guidelines

- Beginning January 4, 2010, refugees no longer required to be tested for HIV-infection prior to arrival in US;
- Clinicians encouraged to screen all refugees on arrival;
- Recommend repeat screening 3-6 months following resettlement;
- Make effort to understand the context of HIV testing, diagnosis and care within cultural and societal norms;
- Special concerns for pregnant women & pediatric patients.



4. *Immunization Guidelines*

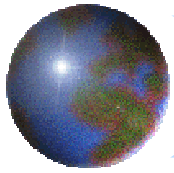
- Unlike other immigrant populations, refugees are ***not*** required to have any vaccinations before arrival in U.S.
- During initial medical exam, provider must:
 - **Review** any written vaccination records,
 - **Assess** reported vaccinations for adherence to acceptable U.S. recommendations, and
 - **Initiate** any necessary immunizations.
- Guidelines discuss when a provider can accept immunizations administered abroad as valid & ways to assess protection.



5. Intestinal Parasite Guidelines

● Background:

- Intestinal parasites are one of the most commonly detected conditions among newly arriving refugees;
 - Usually asymptomatic but have potential to become chronic infections & lead to serious health consequences
- Includes classification of commonly detected intestinal parasites
 - Describe pre-departure therapy
 - Sets forth guidelines for screening in general and special populations



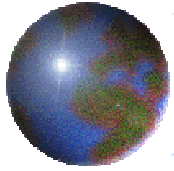
6. *Lead Screening Guidelines*

✚ Background:

- ✚ Refugee children have much ***higher*** rates of elevated blood lead levels (BLL) on average when they enter the U.S. due to exposures prior to resettlement;
- ✚ Refugee children are also at an above-average risk for lead poisoning for exposures in the U.S. (due to malnutrition, settlement in high-risk areas).

✚ Post-Arrival Evaluation & Treatment:

- ✚ Guidelines recommend checking BLL in all refugee children 6 months to 16 years of age;
- ✚ Consider “folk-remedies” as potential source of lead exposure.



7. *Mental Health Screening Guidelines*

✿ Background & Goal:

✿ ***Refugees may be at high risk for psychiatric symptoms***

- This is due to factors such as: exposure to war, violence and oppression (including torture, loss of or prolonged separation from family members), relocation stress, low socioeconomic status)

✿ ***Early intervention may be helpful***, despite cultural language, and other barriers to mental health treatment;

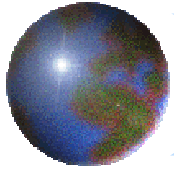
✿ Goal is to identify and triage refugees in need of treatment.

✿ Three (3) main action plans depending on symptom severity:

✿ Refugees with chronic, serious or acute mental illness requiring immediate follow-up

✿ Refugees with less acute mental illness requiring routine follow-up

✿ Refugees without identified mental illness or significant symptoms



8. *Malaria Guidelines*

✚ Background:

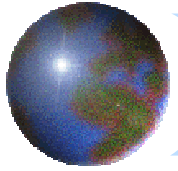
- ✚ Refugees from sub-Saharan Africa account for an increasing proportion of newly arriving refugees (now constitute approximately one-third of arrivals).
- ✚ Malaria is a disease of particular concern in this population.

✚ Pre-Departure Treatment Recommendations

✚ Post-Arrival Treatment Recommendations

✚ Precautions and Contraindications to Presumptive Treatment

✚ Refugees from other regions



9. Nutrition & Growth Guidelines

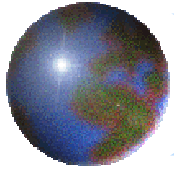
✿ Background:

- ✿ Malnutrition widely documented in many refugee populations;
- ✿ Poor nutrition and growth also exists among refugee children, although studies suggest most children experience catch-up and growth within 6-24 months of arriving in the U.S.
- ✿ There are also concerns about obesity/overweight.

✿ Common micronutrient deficiencies among refugees

- ✿ Include: iron, Vitamin D, others

✿ Goal: To identify those with deficiencies that require further evaluation and treatment.



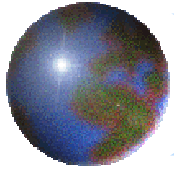
10. Sexually Transmitted Diseases Guidelines

✿ Background:

- ✿ Sexually transmitted diseases (STDs) major public health problem worldwide;
- ✿ Prevalence of STDs in refugee populations is not well characterized and likely varies among populations
- ✿ Certain refugee groups are at high risk for STDs

✿ Guidelines provide:

- ✿ Recommendations for post-arrival screening and evaluation of a range of STDs
- ✿ Detailed discussion of diagnostic tests for the various STDs.



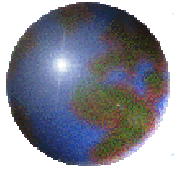
11. Tuberculosis Guidelines

● Background:

- In the U.S., TB is decreasing but there is a higher TB rate among foreign-born persons in U.S.
- Main goal of domestic screening is to identify refugees at risk for latent TB infection or TB disease and to facilitate timely treatment.

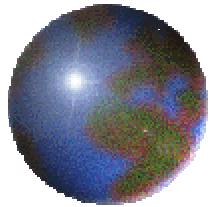
● TB Disease is infrequently encountered during domestic exam

● Confirmed or suspected cases must be reported



12. Viral Hepatitis Guidelines

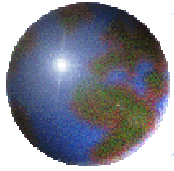
- ✚ Viral Hepatitis Guidelines are currently in the process of being revised
- ✚ For more information in the meantime, please visit the CDC's Viral Hepatitis webpage
<http://www.cdc.gov/hepatitis/>




CDC Guidelines Website

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>

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(603) 271-2688



Medical exam photo:

-  <http://www.google.com/imgres?q=physical+exam&hl=en&rls=com.microsoft:en-us:IE-SearchBox&biw=1280&bih=581&tbnid=PQG0TYA29Mv8sM:&imgrefurl=http://videos.med.wisc.edu/modules/18&docid=AgZMGokeCqjMqM&imgurl=http://videos.med.wisc.edu/images/stills/cv2011.jpg&w=479&h=359&ei=JD9eUYf2BaPn0gH8goAI&zoom=1&iact=hc&vpx=104&vpy=163&dur=4758&hovh=194&hovw=259&tx=166&ty=91&page=3&tbnh=131&tbnw=179&start=48&ndsp=25&ved=1t:429,r:49,s:0,i:299>