



Guidelines for Completing Refugee Health Screenings: Virtual Reception & Placement (VR&P) Program

Dear Primary Care Provider,

The Refugee Health Screening (RHS), also known as the Domestic Medical Screening (DMS) or Refugee Health Assessment (RHA), is an essential first step for recently arrived refugees getting connected to health care in their area of residence in the U.S. The RHS is *a thorough physical exam divided into two appointments* that also includes comprehensive screening for diseases that can be spread quickly from person to person in close quarters in large groups.

Thank you for your support in assessing and addressing the health needs for newly arrived refugees. Your role is critical to ensuring their well-being and smooth integration into the community. You are receiving this letter because the client was unable to get into a clinic that normally performs these screenings, or they live outside of an area that has a clinic. *This letter outlines recommended health screening guidelines which are in accordance with the Centers for Disease Control and Prevention (CDC) recommendations for the U.S. Domestic Medical Examination for Newly Arriving Refugees (QR code below).* If you have additional questions, please reach out to your State Refugee Health Coordinator.



Purpose of the Refugee Health Screening

The refugee health screening aims to:

- Identify and address acute and chronic health conditions.
- Prevent the spread of communicable diseases.
- Facilitate entry into primary care services
- Provide necessary referrals to specialists

Recommended Screening Components

1. Patient/Family Medical History

Refugees have exposures that affect physical and mental health in the premigration, migration, and postmigration stages of their journey. It is important to consider the migration journey may include several countries and environmental exposures other than the country of origin.

2. Medical History and Physical Exam

Physicians should inquire about prior medical records, current or recent medications or use of curative remedies such as herbs, balms, or pills; history of trauma, abuse, torture, human trafficking; past surgeries; blood transfusions; tattoos, other traditional cutting or scarification; female genital cutting; past and current substance use; sexual history (consensual/non-consensual); family structure noting current caregiver for children; social support; educational assessment; dental, vision and hearing screening. *Each client should come to the US with a comprehensive **Medical Examination for Immigrant or Refugee Applicant form (MEF)** also known as Form **DS-2054**. Please ask them to bring it to their next appointment if they do not come with it.*

3. Mental Health Assessment for Adults and Children

[The CDC Guidance for Mental Health Screening during the Domestic Medical Examination for Newly Arrived Refugees webpage](#) contains tools used for refugee populations of differing ages.

4. Recommended Laboratory Tests

History & Physical Exam			
History (includes review of overseas medical records)	✓		
Physical Exam & Review of Systems (includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.)	✓		
Laboratory Tests			
Complete Blood Count with Differential	✓		
Serum Chemistries	✓		
Urinalysis	✓		
Cholesterol		✓ In accordance with the US Preventive Services Task Force guidelines	
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach or with consent from guardian
HIV Testing	✓ Opt-out approach		
Hepatitis B Testing	✓		
Hepatitis C Testing		✓ Individuals with risk factors (e.g., persons who have body art, received blood transfusions, etc.)	✓ Children with risk factors (e.g., hepatitis C -positive mothers, etc.)
Blood Lead Level			✓ Children 6 months to 16 years
Syphilis Testing		✓	✓ Children 15 years or older; children under 15 years old with risk factors
Syphilis Confirmation Test		✓ Individuals with positive VDRL or RPR tests	✓ Children with positive VDRL or RPR tests

Chlamydia Testing		✓ Women ≤25 years who are sexually active or those with risk factors	✓ Girls 15 years or older who are sexually active or children with risk factors
Newborn Screening Tests ¹			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations ²		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening ³	✓		
Stool Ova and Parasite Testing ⁴		✓ Individuals who had contraindications to albendazole at pre-departure (e.g., women in the first trimester of pregnancy)	✓ Children who had contraindications to albendazole at pre-departure (e.g., under 1year)
Strongyloidiasis Presumptive Treatment ^{2,5}		✓ Individuals who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had contraindications at departure (e.g., pregnant) should be presumptively treated after arrival	✓ Children who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had a contraindication (e.g., <15 kg) at departure should be presumptively treated after arrival
Schistosomiasis Presumptive Treatment ^{2,6}		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures) that are not resolvable should be tested rather than treated	✓ Children from sub-Saharan Africa who had contra-indications to presumptive treatment at pre-departure (e.g., under 4 years)
Malaria Testing ^{4,6}		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, lactating)	✓ Children from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., < 5 kg)
Vitamins		✓ Individuals with clinical evidence of poor nutrition	✓ All children 6-59 months of age; children 5 years and older with clinical evidence of poor nutrition

¹ According to state standards; see: <http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm>

² Serological testing is an acceptable alternative

³ Tuberculosis screening may include IGRA or TST/PPD testing and/or chest x-ray

⁴ Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved

⁵ Ivermectin is the drug of choice, but is contraindicated in refugees from Loa loa endemic areas of Africa. In African refugees from Loa loa endemic areas, presumptive treatment is more expensive and complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing with treatment of those found to have infection

⁶ Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.

5. Treatment and Reporting Requirements for Communicable Diseases

Medical professionals should follow treatment and reporting guidelines for communicable diseases, including treatment for latent TB infection.

6. Immunizations

Update all adult and childhood immunizations following CDC immunization schedules (see notes under Additional Guidance section).

Adult Vaccines Required to Adjust Status to Lawful Permanent Resident

- Measles, Mumps, Rubella dose # 1 and # 2
- Tetanus and Diphtheria Toxoids dose # 1 and # 2
- Pertussis single dose (can be administered as part of Tdap)
- Hepatitis A
- Hepatitis B
- Varicella dose # 1 and # 2
- COVID-19 dose # 1 and # 2
- Seasonal Influenza Vaccine

Child Vaccines Required to Adjust Status to Lawful Permanent Resident

- All children must be up-to-date on all vaccines, including seasonal influenza. Covid-19 vaccine(s) are required- as deemed age appropriate. Titers to test for disease serology are of limited utility in pediatric patients and should be avoided.

Subject to local resources and patient preference, documentation of serological immunity to hepatitis A, hepatitis B, measles, mumps, and rubella can replace empiric vaccination. This is also acceptable for asylee adjustment of status to lawful permanent resident. Patients who report a history of chicken pox or have positive serology for varicella do not need to be vaccinated for varicella.

Note: Physicians can provide tests and vaccines necessary for adjustment of status/Green Card, but only registered civil surgeons are permitted to conduct the I-693 medical exam required for such applications. [The US Citizen and Immigration Services Website](#) has more information on civil surgeons.

7. Refer for Dental and Vision Care

Additional Screening Resources

To customize recommendations for the clinical assessment of individual refugees/asylees see the [CDC funded electronic CareRef Tool](#).

For up-to-date urgent health notices which may pertain to refugee populations, see the [CDC Health Alert Network \(HAN\)](#).

Additional Guidance for Refugee Population Health Screening

Lipid Panel: All men > 35 yrs. and women > 45 yrs. Screen men 20-35 yrs. and women 20-45yrs. who are at increased risk for CHD. Risk factors include: diabetes, obesity – BMI \geq 30, personal history of cardiovascular disease, hypertension, tobacco use or familial risk factors.

Soil Transmitted Helminth Infections: Please visit the [CDC website about Screening and Treatment of Intestinal Parasites](#). Before treating presumed or proven helminth infections with albendazole it is important to consider whether the patient is also at risk of neurocysticercosis and/or Loa Loa, since adverse reactions can result from anti-helminthic therapy if either condition is also present.

Malaria: Sub-Saharan Africa only, unless an asylee is from an endemic area and presents signs or symptoms of malaria, in which case they should receive diagnostic testing for Plasmodium and treatment for confirmed infections. A detailed migration history is important because many asylees from non-endemic areas have travelled through endemic areas. Please refer to the following CDC websites about [Malaria Screening and Treatment for Refugees Relocating from Sub-Saharan Africa to the United States](#) and [Overseas Refugee Health Guidance](#).

Serum Strongyloides: Conduct diagnostics for Strongyloides using Strongyloides IgG serology and offer treatment to those with confirmed infection.

Vaccination: If patient has no documentation, assume they are not vaccinated and either test for serological immunity to vaccine preventable illnesses or give age-appropriate vaccines following CDC recommendations.

- For children 18 and under see the [CDC Immunization Schedule Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger](#).
- For adults 19 and older, see the [CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older](#).
- Live vaccines (including MMR, varicella, influenza, and rotavirus) are generally contraindicated in pregnancy and for immunocompromised people.
- Note: Some asylees may have received vaccines prior to entry which may be found in the county immunization registry or the CA Immunization Registry (CAIR2).
- Children who entered as unaccompanied minors have received vaccines with the Office of Refugee Resettlement. These records can be found in their packet of documents on release or can be requested from the [Office of Refugee Resettlement's Unaccompanied Children Program's Website](#).
- Digital COVID-19 Vaccine Records can be accessed through the [State of California's Digital COVID-19 Vaccine Records](#).

Coordination and Follow-Up

Please provide copies of all test results and vaccination records to the client to facilitate integration into their long-term health care plans and records for immigration purposes. Ensure referrals are made for any necessary follow-ups or specialist care.

Cultural and Language Sensitivity

We encourage the use of interpreters and culturally appropriate communication tools during these assessments. Many refugees may be unfamiliar with the U.S. healthcare system, and your guidance and understanding are invaluable.

We also recognize the importance of being sensitive to gender-specific needs and preferences during health screenings. In some cases, refugees may feel more comfortable discussing certain health concerns, such as reproductive or mental health issues, with a provider of the same gender. We encourage you to consider these preferences and, whenever possible, accommodate them to ensure a safe and respectful environment for patients. Additionally, please be mindful of cultural norms related to gender and modesty, particularly during physical exams, and use appropriate communication to build trust and comfort. Your awareness and sensitivity in these areas can make a significant difference in the quality of care provided.