



Quick Reference Guide for Wisconsin Refugee Health Assessment

All refugees should have a comprehensive health screening within 90 days of arrival in the U.S. After the exam, **complete** the Wisconsin Department of Public Health Initial Refugee Health Assessment [F- 42017] and **return it to your local health department**.

The Screening Should Include:

HEALTH HISTORY, PHYSICAL EXAM INCLUDING VISION/ HEARING/ ORAL HEALTH ASSESSMENT

IMMUNIZATION REVIEW AND UPDATE

- Record previous documented vaccines, lab evidence of immunity or history of disease; doses are valid if given according to Wisconsin child or adult schedules.
- Do not restart a vaccine series.
- Update immunizations as indicated. **Note: Refugees are required to have certain vaccinations for adjustment of status (done one year post US arrival). Initiate all required vaccines (see F-42017).**
- If no documentation, assume patient is unvaccinated. Give age-appropriate vaccinations per the WI child or adult schedule.

TUBERCULOSIS SCREENING

- Apply Mantoux tuberculin skin test for patients, regardless of BCG history.
- Apply Mantoux skin test to all patients 6 months or under if the child has HIV infection or if the child was exposed to an individual with active TB disease.
- NOTE: Interferon-gamma release assay (IGRA) such as QuantiFERON-TB can be used in place of the Mantoux for all persons over the age of 17. No published data document the performance of IGRAs in children < 17.
- Read Mantoux within 48-72 hours (measure mm of induration, **not erythema**).
- Chest x-ray **MUST** be done if:
 - Mantoux is positive (≥ 10 mm) **OR**
 - Refugee has a Class A or Class B TB condition (per overseas exam) **OR**
 - Patient is symptomatic, regardless of Mantoux results or BAT results.
- Document treatment prescribed in Wisconsin and the date the treatment began.

TUBERCULOSIS (TB) IN WISCONSIN

- **62% of TB cases in Wisconsin are foreign-born.**
- Foreign-born persons are more likely to have drug-resistant TB.
- Wisconsin Public Health Department provides **FREE** TB medications for persons with infection or disease.

ORAL HEALTH

- Conduct a basic DPH oral health screening. Check screening "not done" if you have not been trained to do this screening. Ensure that oral health screening is initiated if you are unable to do it.
- Topical fluoride applications for infants and toddlers and dental sealant placement for children with erupted 6 and 12-year molars may be indicated in accordance with Medicaid Policy.

HEPATITIS B SCREENING

- Screen all new arrivals for HBsAg, anti-HBs, anti-HBc and IgM anti-HBc.
- Vaccinate all susceptibles (i.e. those who are negative for all HBV markers).
- Patients testing positive for anti-HBs are immune, no Hep B vaccine is needed.
- Refer all carriers (HBsAg positive) for additional medical evaluation. All susceptible household and sexual contacts of carriers should be screened and vaccinated.

(OVER)

SEXUALLY TRANSMITTED INFECTIONS (STIS)

- Consider HIV and STD screening for all person who have reached sexual maturity or how have a risk factor for HIV or an STD
- Screen for syphilis with VDRL or RPR; confirm all positives.
- Use urine testing for GC/chlamydia if possible.

PARASITE SCREENING

- Collect 3 stool specimens more than 24 hours apart. Eosinophilia requires further evaluation for pathogenic parasites, even with 3 negative stools.

MALARIA SCREENING

- Screen if symptomatic or if from an endemic area and suspicious history. Obtain 3 thick and thin smears to screen.

LEAD SCREENING

- Screen children ages 6 months to 16 years of age within 90 days of arrival in the U.S.
- Refer to Public Health and medical follow-up if BLL \geq 10mg/DL.
- Repeat screening of children ages 6 months to 6 years (and older children if warranted) 3 to 6 months after placement into a permanent residence, regardless of initial test results.

RECOMMENDED LAB TESTS FOR FIRST VISIT

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| <input type="checkbox"/> Varicella titer if no report of disease history or vaccination. | <input type="checkbox"/> Blood lead level for all children up to age six and others as indicated. |
| <input type="checkbox"/> Hepatitis B screening (HBsAg, anti-HBs, anti-HBc and IgM anti-HBc). | <input type="checkbox"/> Stools for ova and parasites; send home containers and instruct patient on collection. |
| <input type="checkbox"/> VDRL or RPR, urine for GC/chlamydia if indicated. | <input type="checkbox"/> CBC with differential. |
| <input type="checkbox"/> Hemoglobin/hematocrit. | <input type="checkbox"/> Malaria screening if history or symptoms are suspicious of malaria. |
| <input type="checkbox"/> Pregnancy test, if indicated. | <input type="checkbox"/> Other labs, as appropriate, for follow up |
| <input type="checkbox"/> UA/UC, if indicated. | |

REFUGEE HEALTH RESOURCES

- Wisconsin Refugee Health Program
<http://dhs.wisconsin.gov/international/refugee/index.htm>
- Wisconsin Tuberculosis Program
<http://dhs.wisconsin.gov/TB/>
- Wisconsin Immunization Program
<http://dhs.wisconsin.gov/immunization/index.htm>
- Minnesota Refugee Health Program Provider Guidelines
<http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html>
- Refugee Health Information Network
<http://rhin.org/>

**YOUR LOCAL HEALTH
DEPARTMENT IS:**