

## Washington State Domestic Medical Screening Guidelines

The Domestic Medical Screening Guidelines is based on the CDC Guidelines for the US Domestic Medical Examination for Newly Arriving Refugees and the Office of Refugee Resettlement (ORR) Domestic Medical Screening Guidelines Checklist. For details on specific topics, visit the [CDC website](#). This document provides guidance for clinicians providing the domestic medical screening examination in Washington State. Clinical judgment and local risk factors should be used when implementing these guidelines.

State and local public health recommendations regarding COVID-19 should guide refugee health screening activities, including timing of screening and use of telehealth.

Activity	Adults	Children
<p><b><u>Medical interpretation</u></b></p> <ul style="list-style-type: none"> <li>Medical interpreters should be used for any patient with limited English proficiency.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All</p>
<p><b><u>History and Physical</u></b></p> <ul style="list-style-type: none"> <li>Review overseas medical records and note any concerns mentioned.</li> <li>Obtain detailed history including current symptoms, past medical problems, medications, allergies, and social/family history and mental health assessment.</li> <li>Measure height, weight, blood pressure, pulse, respiration, temperature and head circumference (if ≤24 months old).</li> <li>Perform review of systems based upon travel history and country of origin.               <ul style="list-style-type: none"> <li>Identify indicators of potential infectious diseases: fever, weight loss, pulmonary complaints, diarrhea, abdominal cramps, pruritis and skin lesions/rashes.</li> </ul> </li> <li>Evaluate for vision impairment, hearing impairment and dental issues.</li> <li>Inquire about drug, alcohol, and tobacco use, including culturally specific substances, and counsel the individual if screening determines a significant substance use addiction.</li> <li>Provide health education, as needed.</li> <li>Refer to primary care provider for complete physical examination.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All</p>

Activity	Adults	Children
<p><b><u>Nutrition and Growth</u></b></p> <ul style="list-style-type: none"> <li>• Document overseas anthropometric indices.</li> <li>• Assess dietary history including habits, restrictions and cultural dietary norms; food allergies; and known current and past nutritional deficiencies.</li> <li>• Provide basic nutritional screening to identify nutritional deficiencies that require further evaluation and/or treatment. Identify indicators of nutritional deficiencies including: chronic diarrhea, wasting, weight loss, failure to thrive, hospitalization for nutritional issues, enrollment in supplementary feeding program, feeding children with special formulas.</li> <li>• Measure anthropometric indices to characterize malnutrition: <ul style="list-style-type: none"> <li>• Weight-for-Height,</li> <li>• Height-for-Age, and</li> <li>• Weight-for Age (children)</li> <li>• Body mass index (BMI) calculation (children older than 2 years and all adults)</li> </ul> </li> <li>• Refer all children &lt;5 years and pregnant individuals to WIC.</li> <li>• Establish primary care source for ongoing monitoring of growth and development, age-appropriate nutritional screening as well as appropriate counseling and nutrition education.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All</p>
<p><b><u>Mental Health Screening</u></b></p> <ul style="list-style-type: none"> <li>• Perform mental health screening using the Refugee Health Screener 15 (RHS-15) per <a href="#">Pathways to Wellness guidelines</a> for all individuals 14 years or older</li> <li>• Refer for follow-up based on screening exam findings using CDC <a href="#">referral best practices</a>.</li> <li>• For children with concerns for developmental delay or other behavioral health concerns, refer for specialty evaluation.</li> </ul>	<p style="text-align: center;">✓ Defined groups per screening tool guidelines</p>	<p style="text-align: center;">✓ Defined groups per screening tool guidelines</p>
<p><b><u>Complete Blood Count with Differential</u></b></p> <ul style="list-style-type: none"> <li>• Perform complete blood count with differential for all adults and children.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All</p>
<p><b><u>Serum Chemistries and Serum Lipid Profile</u></b></p> <ul style="list-style-type: none"> <li>• May be considered at clinician discretion for adults and children.</li> </ul>	<p style="text-align: center;">✓ As indicated</p>	<p style="text-align: center;">✓ As indicated</p>

Activity	Adults	Children
<p><b><u>Reproductive Health Screening</u></b></p> <p><b><u>Pregnancy Testing</u></b></p> <ul style="list-style-type: none"> <li>• Urine pregnancy test should be performed for all women of childbearing age and pubescent adolescent girls.</li> <li>• Repeat pregnancy test if date of last unprotected sex is within 14 days and first test was negative (if menses is not reported since last unprotected sex).</li> <li>• Refer pregnant individuals for ongoing care, as appropriate.</li> </ul> <p><b><u>Family Planning and Contraception</u></b></p> <ul style="list-style-type: none"> <li>• Refer to primary care to discuss family planning and available contraceptive methods. Condoms should be available at the refugee health screening examination to avoid unintended pregnancy and sexually transmitted diseases (STDs).</li> </ul>	<p style="text-align: center;">✓ As indicated</p>	<p style="text-align: center;">✓ As indicated</p>
<p><b><u>Newborn Screening Tests</u></b></p> <ul style="list-style-type: none"> <li>• All children under 6 months of age should receive full newborn screening.</li> <li>• For older children with unexplained symptoms of abnormal or developmental delay, consider newborn screening panel.</li> <li>• Washington State Office of Newborn Screening recommends that all children ≤17 years of age receive a hemoglobin screening for sickle cell and other hemoglobinopathies.</li> <li>• All newborn screening tests, including screening for hemoglobinopathies, can be done through Washington State Public Health Laboratories.</li> </ul>		<p style="text-align: center;">✓ Defined groups</p>
<p><b><u>Blood Lead Level Screening</u></b></p> <ul style="list-style-type: none"> <li>• Perform blood lead level (BLL) test for all children ≤ 16 years.</li> <li>• Perform blood lead level test for all pregnant and lactating women and girls.</li> <li>• Perform blood lead level test for children 17 years of age or older if there is a high index of suspicion, or clinic signs/symptoms of lead exposure</li> <li>• Referral to a healthcare provider with expertise in lead exposure treatment may be indicated if levels are elevated (EBLL).</li> </ul>	<p style="text-align: center;">✓ All pregnant women</p>	<p style="text-align: center;">✓ All children ≤16 years</p>

Activity	Adults	Children
<p><b><u>Vitamin B12 Screening</u></b></p> <ul style="list-style-type: none"> <li>• Test for Vitamin B12 in identified risk groups (e.g., Bhutanese) and for others at clinician discretion.</li> </ul>	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>
<p><b><u>HIV Testing</u></b></p> <ul style="list-style-type: none"> <li>• Perform HIV testing for all individuals 13 – 64 years of age.</li> <li>• Children ≤ 12 years of age should be screened unless negative HIV status for the mother of the child can be confirmed and the child is otherwise considered at <u>low risk of infection</u> (e.g., no transfusion, mother not HIV infected, not sexually active).</li> <li>• HIV screening of all refugees ≥65 years and older is encouraged.</li> <li>• Refer individuals with HIV infection for follow-up and notify the local health department.</li> </ul>	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>
<p><b><u>Hepatitis B Screening and Vaccination and Hepatitis D screening</u></b></p> <ul style="list-style-type: none"> <li>• All adults and children should receive testing for hepatitis B infection and immune status including: hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and total hepatitis B core antibody (anti-HBc).</li> <li>• Initiate or complete hepatitis B vaccination series for all HBsAg-negative individuals without documented prior infection. Individuals may have received one or more prior doses of hepatitis B vaccine. Positive anti-HBs is not considered protective if the full 3 dose HBV immunization series is not documented and the person has no documented prior infection. Therefore, a full series should be completed for all individuals who initiated the series despite anti-HBs positivity.</li> <li>• NOTE: For all individuals, HBsAg testing should be delayed for at least 4 weeks after the most recent hepatitis B vaccination because the vaccine can cause a false positive HBsAg for up to 30 days. Therefore, serologic results can be difficult to interpret (and generally avoided) when an individual has received an incomplete hepatitis B vaccine series.</li> <li>• Refer individuals with hepatitis B infection for hepatology assessment, including testing for hepatitis D, and notify the local health department of positive results.</li> </ul>	<p>✓ All</p>	<p>✓ All</p>

Activity	Adults	Children
<p><b><u>Hepatitis C Screening</u></b></p> <ul style="list-style-type: none"> <li>Initial hepatitis C screening should include testing for hepatitis C virus total antibody (anti-HCV). Samples with an anti-HCV positive result should have reflex testing with an HCV nucleic acid test (NAT).</li> <li>Screen all: <ul style="list-style-type: none"> <li>adults (≥18 years of age)</li> <li>pregnant women for hepatitis C during each pregnancy</li> <li>unaccompanied refugee minors</li> <li>children with <a href="#">risk factors</a> for hepatitis C.</li> </ul> </li> <li>Refer individuals with hepatitis C infection for follow-up and notify the local health department of positive results.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ Defined groups</p>
<p><b><u>Syphilis Screening and Confirmatory Testing</u></b></p> <ul style="list-style-type: none"> <li>All refugees ≥15 years of age, if no overseas results are available</li> <li>Children &lt;15 years of age who are at risk for congenital syphilis (e.g., mother who tests positive for syphilis), who are sexually active, or have been sexually assaulted should be evaluated.</li> <li>Testing of refugees with overseas results available may be considered based upon local health jurisdiction recommendations.</li> <li>Ensure confirmatory testing is performed if refugee screens positive for syphilis. In Washington, all reactive serologies for syphilis (non-treponemal and treponemal) must have a subsample submitted to Washington State Public Health Laboratory for a confirmatory test.</li> </ul>	<p style="text-align: center;">✓ Defined groups</p>	<p style="text-align: center;">✓ Defined groups</p>
<p><b><u>Chlamydia Screening</u></b> (nucleic acid amplification tests)</p> <ul style="list-style-type: none"> <li>All refugees ≥15 years of age, if no overseas results are available.</li> <li>Children younger than 15 years should be tested if there is a history of chlamydia or reason to suspect infection.</li> <li>Female refugees with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain</li> <li>Male refugees with urethral discharge, dysuria, or rectal pain or discharge</li> </ul>	<p style="text-align: center;">✓ Defined groups</p>	<p style="text-align: center;">✓ Defined groups</p>

Activity	Adults	Children
<p><b><u>Gonorrhea Screening</u></b> (nucleic acid amplification tests)</p> <ul style="list-style-type: none"> <li>• All refugees ≥15 years of age, if no overseas results are available.</li> <li>• Children younger than 15 years should be tested if there is a history of gonorrhea or reason to suspect infection.</li> <li>• Female refugees with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain</li> <li>• Male refugees with urethral discharge, dysuria, or rectal pain or discharge.</li> </ul>	<p style="text-align: center;">✓ Defined groups</p>	<p style="text-align: center;">✓ Defined groups</p>
<p><b><u>Immunizations</u></b></p> <ul style="list-style-type: none"> <li>• Evaluate overseas immunization records to assess needed updates for all adults and children.</li> <li>• Initiate or complete vaccinations per <a href="#">ACIP guidelines</a>.</li> <li>• Serologic testing for immunity is an alternative for certain antigens (e.g., varicella, hepatitis A virus) when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records.</li> <li>• Record previous vaccines, lab evidence of immunity, or history of disease in the Washington State Immunization Information System.</li> <li>• Note: TB testing (IGRA or TST) should be completed prior to administration of any live virus vaccines.</li> </ul>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All</p>
<p><b><u>COVID-19 vaccination</u></b></p> <ul style="list-style-type: none"> <li>• Offer COVID-19 vaccination to all eligible refugees.</li> <li>• Record the date of COVID-19 vaccine administration or refusal on the RHS form as well as in the WAIS.</li> </ul> <p>NOTE: COVID-19 vaccine and other vaccines may be given without regard to timing including: simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as coadministration within 14 days. (Note: timing for non-simultaneous administration of live virus vaccines and pneumococcal vaccines has not changed and should be spaced following <a href="#">Pink Book recommendations</a>.) See the Coadministration with other vaccines section of the “<a href="#">Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</a>” regarding coadministration of vaccines and best practices for multiple injections.</p>	<p style="text-align: center;">✓ All</p>	<p style="text-align: center;">✓ All eligible</p>

Activity	Adults	Children
<p><b><u>Tuberculosis (TB) Screening</u></b></p> <ul style="list-style-type: none"> <li>• For all adults and children: <ul style="list-style-type: none"> <li>○ Review overseas records of TB testing and/or treatment.</li> <li>○ Evaluate history of tuberculosis disease, exposure and/or any treatment.</li> <li>○ Assess signs or symptoms of disease.</li> </ul> </li> <li>• Screen for tuberculosis using a tuberculin skin test (TST) or interferon-gamma release assay (IGRA). <ul style="list-style-type: none"> <li>○ IGRA is the preferred test for adults and children ages 2 years and older. Testing should be performed at refugee health screening, regardless of overseas result.</li> <li>○ TST should be performed in children &lt;2 years. Risk assessment may be used to inform screening in infants &lt;6 months old.</li> </ul> </li> <li>• Vaccinations and IGRA or TST <ul style="list-style-type: none"> <li>○ <a href="#">COVID-19 vaccination should not be delayed because of testing for TB infection.</a> Testing for TB infection with one of the immune-based methods (TST or IGRA) can be done before, after or during the same encounter as COVID-19 vaccination.</li> <li>○ Test for tuberculosis at the same encounter, but prior to administration of live virus vaccines.</li> </ul> </li> <li>• Perform chest x-ray and sputum testing as indicated to rule out active TB.</li> <li>• All individuals with Class A or Class B TB designation should be evaluated for TB per local health jurisdiction TB program guidelines.</li> </ul>	<p>✓ All</p>	<p>✓ All</p>
<p><b><u>Malaria</u></b></p> <ul style="list-style-type: none"> <li>• Evaluate overseas records for information regarding pre-departure treatment for malaria (sub-Saharan Africa only).</li> <li>• Refugees from sub-Saharan Africa who received pre-departure treatment with a recommended antimalarial drug or drug combination do not need further evaluation or treatment for malaria unless they have signs or symptoms of disease.</li> <li>• Screen for malaria symptoms during history and physical exam. Refer symptomatic individuals for further evaluation.</li> <li>• Asymptomatic refugees from sub-Saharan Africa who have not received the recommended pre-departure treatment should receive <a href="#">presumptive treatment</a>. Note: pregnant women, breastfeeding women and children weighing &lt;5 kg will not have received presumptive therapy before departure.</li> <li>• Asymptomatic refugees arriving from <i>P. falciparum</i> malaria-endemic areas outside sub-Saharan Africa or non-falciparum malaria areas should not receive routine testing or presumptive therapy.</li> </ul>	<p>✓ Defined groups</p>	<p>✓ Defined groups</p>

Activity	Adults	Children
<p><b><u>Strongyloidiasis, other soil transmitted helminths and schistosomiasis</u></b></p> <ul style="list-style-type: none"> <li>• Evaluate overseas records for information regarding pre-departure treatment and determine if patient received complete presumptive treatment overseas.</li> <li>• For asymptomatic individuals with complete treatment, no further testing or treatment is required at the time of refugee health screening.</li> <li>• For individuals with no or incomplete treatment, follow-up per <a href="#">CDC guidelines</a>. This may include presumptive treatment for strongyloidiasis and/or schistosomiasis and laboratory testing, depending upon region of the world.</li> </ul>	<p style="text-align: center;">✓ Defined groups</p>	<p style="text-align: center;">✓ Defined groups</p>

For questions, more information, or additional copies of this document:

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