IOWA INITIAL REFUGEE HEALTH ASSESSMENT FORM

Please return the completed form within one month of the patient's health assessment.

Name (Last, First, Middle): _____ **Alien #**: _____

Date of Birth: _____ **Country of Origin:** _____

TB Class (circle one): **A, B1, B2, no class** **Gender:** _____

Date of First Clinic Visit for U.S. Screening: ____/____/____ **Resettlement Agency**: _____

Immunization Record: Please enter immunizations administered today in the Immunization Registry Information System (IRIS). IDPH will enter all overseas records into IRIS upon notification of a new arrival. Immunizations entered into IRIS: ☐ Yes ☐ No

Hepatitis Screening:

Hepatitis B	**Anti-HBs:**	☐ Negative	☐ Positive; *patient is immune.*	☐ Not done
	HBsAg:	☐ Negative	☐ Positive; *all household contacts should be screened.*	☐ Not done
	Anti-HBc:	☐ Negative	☐ Positive	☐ Not done
Hepatitis C (Optional):		☐ Negative	☐ Positive	☐ Not done

Tuberculosis Screening: TST < 2 years of age. Either TST or IGRA are acceptable for ages 2 - 4. IGRA is preferred for ages ≥5.

Tuberculin Skin Test (TST)	Chest X-Ray - Done in U.S.	Diagnosis	Treatment
(Regardless of BCG history) _____ mm Induration (not redness) ☐ Past history of positive TST (66) ☐ Given, not read (77) ☐ Not done (99)	**Required when:** • TST/IGRA + • Class B Status • S/S TB Disease ☐ Normal ☐ Abnormal, old or healed TB ☐ Abnormal, consistent with active TB ☐ Abnormal, not consistent with active TB ☐ Pending ☐ Not done	**(Check one)** ☐ No TB infection or disease ☐ Latent TB Infection (LTBI)* ☐ Old, healed not prev. Tx TB* ☐ Old, healed prev. Tx TB ☐ Active TB disease –(suspected or confirmed)* ☐ Pending ☐ Incomplete eval., lost to F/U *Complete TB Treatment section	**(TB disease or LTBI)** **Start Date:** _____ ***Reason if not treating*** ☐ Completed Tx overseas ☐ Declined treatment ☐ Medically contraindicated ☐ Moved out of area ☐ Lost to F/U ☐ Further eval. pending ☐ Other:_____
IGRA Test ☐ **QFT-Plus OR** ☐ **T-SPOT** ☐ Positive ☐ Negative ☐ Indeterminate ☐ Not done			

Sexually Transmitted Infections:

HIV:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Pending	☐ Not done
HIV Confirm:	☐ Negative	☐ Positive					
Syphilis:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Pending	☐ Not done
Syphilis Confirm:	☐ Negative	☐ Positive					
Chlamydia:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Pending	☐ Not done
Gonorrhea:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Pending	☐ Not done

Intestinal Parasite Screening: Most refugees have received presumptive treatment overseas. Serology and stool testing is necessary **ONLY** if presumptive treatment did not occur **or** signs or symptoms of infection are present.

Serology Test

Schistosoma:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Indeterminate	☐ Pending	☐ Not done
Strongyloides:	☐ Negative	☐ Positive	**Treated:**	☐ Yes	☐ No	☐ Indeterminate	☐ Pending	☐ Not done

Stool Test

☐ Done ☐ Not done ☐ Sample not returned							
☐ No parasites found							
☐ Non-pathogenic parasites found							
☐ Pathogenic parasite(s) found (check all that apply)							
☐ **Ascaris**	Treated:	☐ Yes	☐ No	☐ **Strongyloides Trichuris**	Treated:	☐ Yes	☐ No
☐ **Giardia**	Treated:	☐ Yes	☐ No	☐ **Entamoeba histolytica**	Treated:	☐ Yes	☐ No
☐ **Schistosoma**	Treated:	☐ Yes	☐ No	☐ **Paragonimus**	Treated:	☐ Yes	☐ No
☐ **Clonorchis**	Treated:	☐ Yes	☐ No	☐ **Other: (Specify)**	Treated:	☐ Yes	☐ No
☐ **Hookworm**	Treated:	☐ Yes	☐ No	☐ **Other: (Specify)**	Treated:	☐ Yes	☐ No

Complete Blood Count:

CBC with differential done?	☐ Yes	☐ No	
Eosinophilia present?	☐ Yes	☐ No	☐ Results pending
Was further evaluation done?	☐ Yes	☐ No	

Malaria Screening: Recommended **ONLY** if the refugee is showing signs and symptoms of infection **or** if the refugee is from Sub-Saharan Africa and has **not** received presumptive treatment overseas.

Malaria	☐ Negative	☐ Positive	**Treated/Referred:**	☐ Yes	☐ No	☐ Pending ☐ Not done

General:

Height (in)	Weight (lbs)	Lead (<17 yrs old)	Hemoglobin

Currently Pregnant	☐ Yes	☐ No	☐ Not done	**Hearing Problems**	☐ Yes	☐ No ☐ Not done
Mental Health Concern	☐ Yes	☐ No	☐ Not done	**Dental Problems**	☐ Yes	☐ No ☐ Not done
Vision Loss	☐ Yes	☐ No	☐ Not done			

Referrals:

☐ Primary Care Provider	☐ Ear, Nose and Throat (ENT)	☐ OB/GYN	☐ Public Health Nurse (PHN)
☐ Mental Health	☐ Hematology/Oncology	☐ Endocrinology	☐ Pediatrics
☐ WIC	☐ Dental	☐ Family Practice	☐ Urology
☐ Gastroenterology (GI)	☐ Audiology/Hearing	☐ Vision	☐ Neurology
☐ General Medicine	☐ Dermatology	☐ Family Planning	☐ Other Referral:

Other Health Concerns/ Diagnoses: _____

_____

Interpreter used? ☐ Yes ☐ No

Language: _____

Interpreter Type:

☐ Professional Phone/Video Interpretation Services
☐ Professional On-site Interpreter
☐ Other

Note: Please fill out the Iowa Refugee Health Assessment Form and return to the Refugee Health Program within 30 days of receipt. As an alternative, you may submit the patient's complete health report from their refugee health assessment; please ensure that it contains the above information. For more information, contact the Refugee Health Program, Iowa Department of Public Health at Phone: (515) 322-0037, **Fax: (515) 281-4570** or Jill.Schacherer@idph.iowa.gov

Screening Clinic: _____ **Physician/PA/NP (Last, First):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Name/title person completing form: _____ **Date screening completed**: ____/____/____

Iowa Department of Public Health
Domestic Refugee Medical Examination for Newly Arriving Refugees

Recommendations are based upon CDC Guidelines

Disease or Condition	Recommendation
General	Along with the below categories, this screening is an opportunity to identify any untreated chronic or acute illness a refugee may be experiencing, as well as to establish primary care. Patients should be asked if they are currently suffering any symptoms of which the provider should be aware. Overseas medical records should be carefully reviewed. Daily pediatric multivitamins should be prescribed for all refugee children aged 6 to 59 months, as well as for older children who exhibit clinical or laboratory evidence of poor nutrition.
Immunizations	Assess and update immunizations for each individual according to general ACIP recommendations. Child and adult immunization catch-up schedules should be consulted for refugees who are not up to date on their immunizations.
Hepatitis	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 or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation. Screen for hepatitis C in individuals with risk factors. For refugees, pertinent risk factors include: a history of illicit injection drug use, a history of hemodialysis or a blood transfusion, previous work as a healthcare provider, tattoos, and being born to a mother with hepatitis C.
Tuberculosis (TB)	Perform a tuberculin skin test (TST) or blood interferon gamma release assay (IGRA)* for all individuals regardless of BCG history, unless there is a documented previous positive test result. Age guidance: A TST is the preferred test for children under the age of 2. A TST administered prior to 6 months of age may yield false negative results. Either a TST or an IGRA are acceptable options for children age 2-4. An IGRA is preferred for anyone age 5 or above. Pregnancy is not a medical contraindication for TST/IGRA testing or for treatment of active or latent TB. A chest x-ray should be performed for all individuals with a positive TST or IGRA test result. A chest x-ray should also be performed regardless of IGRA/TST results for those with a TB Class A or B designation from the overseas exam and/or those who have symptoms compatible with TB disease. *IGRAs, unlike the TST, are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG.
Sexual Transmitted Infections & HIV	The CDC strongly recommends universal HIV screening for newly arrived refugees. Refugees are not tested for HIV infection prior to arrival in the United States. Refugees are tested for syphilis up to six months prior to arrival, but not for other STIs. Use clinical judgment to screen for syphilis, chlamydia, gonorrhea and other STIs. The CDC recommends all sexually active females 25 years of age or younger be screened for chlamydia and gonorrhea at least annually.

Intestinal Parasites	For all refugees: Perform a complete blood count (CBC) with differential. If eosinophil count is elevated (>450 cells/µL), re-check in 3-6 months and evaluate further if still elevated. This is the only parasite screening necessary for refugees who have received full pre-departure presumptive treatment. Currently, this list includes refugees whose cases were processed in: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, Burundi, Malaysia, Thailand, Nepal, Iraq, or Jordan (wherein they can be assumed to have received pre-departure presumptive treatment) unless they had a contraindication to pre-departure presumptive treatment (see below under "screen only"). **O&P stool testing or presumptive treatment**: all refugees arriving from a country other than those listed above and: o Screen only: refugees who are under two years old, are pregnant or recently gave birth, have a history of unexplained seizures, neurocysticercosis, or cysticercosis, regardless of country of origin. o Documented albendazole treatment then no screening/treatment needed unless symptomatic. **Schistosoma serology testing or presumptive treatment**: all Sub-Saharan African refugees arriving from a country other than those listed above and: o Screen only: all Sub-Saharan African refugees who are under five years old or 94 cm, have a history of unexplained seizures, neurocysticercosis, or cysticercosis. o Documented praziquantel treatment then no screening/treatment needed unless symptomatic. **Strongyloides serology testing or presumptive treatment**: all refugees arriving from a country other than those listed above and: o Screen only: all refugees who are under 15kg or 90cm, are pregnant or recently gave birth, or are from a loa-loa endemic region regardless of country of origin. o Documented ivermectin or high-dose albendazole treatment then no screening/treatment needed unless symptomatic.
Malaria	Screen those who present with symptoms suspicious of malaria. For asymptomatic refugees from Sub-Saharan Africa, screen if there is both no documented pre-departure presumptive treatment of Artemether-lumefantrine and the patient has arrived from a country that is not on the CDC's presumptive treatment list[1] or they had a contraindication[2] to treatment prior to arrival. Individuals without contraindications may be presumptively treated rather than screened. Individuals with contraindications should receive diagnostic testing first, and if positive, receive directed treatment. Diagnostic testing should be performed with blood smears or rapid diagnostic tests with a kit recommended by DGMQ for IOM use for medical screening of U.S.-bound refugees. [1] The CDC list currently includes: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, and Burundi; it can be assumed that refugees arriving from these countries have received pre-departure treatment regardless of their medical records. [2] Contraindications to Artemether-lumefantrine include: pregnant women, lactating women, children weighing less than 5 kilograms and persons with other contraindications.
Lead	Screen all refugee children under 17 years old. If BLL is elevated (≥3.5 µg/dL), check for lead sources and evaluate family members; follow-up care as needed.
Mental Health	Providers should be aware of the high prevalence of depression, post-traumatic stress disorder (PTSD), panic attacks, and somatization in refugees. It is common for refugees to present with stress-related somatic symptoms such as headaches, stomachaches and back pain. Refugees experiencing these symptoms with unexplained etiology or other mental health symptoms should be referred to a mental health professional. The Refugee Health Screener-15 (RHS-15) is recommended by the CDC to screen for common mental health conditions in refugee populations.

For more information, contact:

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