Domestic Health Assessment
Medical Resettlement for Newly Arrived Refugees

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## Learning Objectives

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize</td>
<td>Recognize the goals of medical resettlement of refugees and asylees</td>
</tr>
<tr>
<td>Identify</td>
<td>Identify resources and opportunities for preparation prior to the DHA visit</td>
</tr>
<tr>
<td>Review</td>
<td>Review key medical considerations for the Domestic Health Assessment</td>
</tr>
<tr>
<td>Consider</td>
<td>Consider unique aspects of the assessment like the migration history</td>
</tr>
<tr>
<td>Recognize</td>
<td>Requirement to fill out DHA form and share with the Department of Health</td>
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</tbody>
</table>
Domestic Medical Examination or Assessment

- Performed by state public health departments or healthcare providers
- Usually occur 30-90 days after the refugee arrives in the US
- Highlights key screening considerations during the first 90 days of US arrival
- A comprehensive medical examination that screens for a wide range of infectious diseases and non-communicable conditions
- An opportunity to identify health issues, promote wellbeing, orient new arrivals to the US healthcare system, and connect refugees with routine and specialty care

Case Example: The Abdali Family

- Your office manager lets you know that you have 4 new patients on your schedule for next week.
- The visit type is listed as “New Arrival visit for Domestic Medical Screening/Exam”.
- You open the charts and find listed in the Problem list some information including their date of arrival in the US, that they speak Pashto and are from Afghanistan, and the name of their case manager.
Medical Resettlement of Refugees/Asylees

**DHS:** Set up for Afghan urgent arrivals. Not typical Pathway and no pre-departure exam.

**ORR:** Typical Resettlement placement pathway with Pre-departure medical exam for Refugees. Also responsible For care of unaccompanied children.

**DHS:** System for adults Who have been in detention.
Pre-Departure Medical Screening & Exam

Class A – inadmissible conditions*
- Active Tuberculosis, AKA TB disease
- Leprosy
- Untreated STI
- Substance abuse
- Harmful behavior history likely to recur

Class B conditions – admissible, eg LTBI, AKA TB infection

Complete physical exam
Labs: TST, Hep B serology, CXR
Any Immunizations given
Pre-departure medications given

*As of January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the United States.

CDC Electronic Disease Notification
https://www.cdc.gov/immigrantrefugeehealth/Electronic-Disease-Notification-System.html
Pre-Visit Planning

**Notification of new arrival**
- Schedule a new patient visit ideally with extra time and document language preference, insurance (if any) and medical record
- Interpreter for medical appointment arranged

**Review medical records and immunizations**
- Review record for any urgent concerns requiring sooner visit
- Enter immunizations
- If no record, check EDN if refugee

**Explore CareRef to determine plan for visit**
- Order laboratory tests per recommendations
- Make a preliminary plan for vaccine catch up if needed
Case: The Abdali Family

- Start pre-visit planning in preparation for their visits
- Make sure a Pashto interpreter is scheduled
- Schedule extra time for the visits
- Review any records from Operation Allies Welcome
- Review literature about refugees from Afghanistan
  
  Ethnomed [https://ethnomed.org/](https://ethnomed.org/)
  Afghan Backgrounder [https://coresourceexchange.org/working-with-afghans/](https://coresourceexchange.org/working-with-afghans/)

- Order pre-visit Labs
  - Consult CDC guidelines and CareRef tool
  - Coordinate transportation to the lab visit with resettlement agency USCRIVT or ECDC
Domestic Health Screening Guidelines @ CDC

- General Guidelines
- Guidelines for the History and Physical
- Hepatitis Screening Guidelines
- 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

https://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html
CareRef Clinical Assessment for Refugees

Introduction & Background

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this tool is based on the current CDC Domestic Refugee Screening Guidance. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk. The data used to create this tool are specific to refugee populations coming to the U.S. If the tool is used for other populations, the clinician should be aware that the guidance may not accurately reflect the needs of non-refugee populations.

Please consult the CDC Domestic Refugee Screening Guidance documents (opens new tab) for further detailed guidance and information.

Some states have additional state-specific screening recommendations for newly arrived refugees. If you do not know your state's refugee screening guidance, please contact the Refugee Health Coordinator (opens new tab) in your state.

https://careref.web.health.state.mn.us/
CareRef will customize recommendations

Refugee Patient Information

For the most accurate screening recommendations, please enter information from the refugee's overseas medical exam in section 2. If you do not have a copy of the pre-departure medical screening, please contact the Refugee Health Coordinator in your state (opens new tab).

* indicates a required field

1. Demographics

Select the state where the refugee patient resides *

- Vermont

Select the refugee's departure or host country *

- AFGHANISTAN

Select the refugee's country of birth *

- AFGHANISTAN

Enter the refugee's date of birth *

- January 1, 1982

Select the refugee's sex at birth *

- Male

- Female

Do you have the records from the refugee's pre-departure medical exam? *

- Yes

- No
CareRef will customize recommendations

<table>
<thead>
<tr>
<th>General Laboratory Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perform <strong>complete blood count (opens new tab)</strong> with differential and platelets.</td>
</tr>
<tr>
<td>• Conduct <strong>urinalysis (opens new tab)</strong> (optional in persons unable to provide a clean-catch specimen).</td>
</tr>
<tr>
<td>• If absolute eosinophil count &gt;450, re-check in 3-6 months.</td>
</tr>
<tr>
<td>Optional Labs</td>
</tr>
<tr>
<td>• Consider screening for <strong>micronutrient deficiencies (opens new tab)</strong> (i.e. vitamin B12, vitamin D) based on cultural dietary norms and inadequate dietary intake.</td>
</tr>
<tr>
<td>• Consider testing glucose and serum chemistries.</td>
</tr>
<tr>
<td>• <strong>General and Optional Lab Tests during the Domestic Medical Evaluation (opens new tab)</strong></td>
</tr>
</tbody>
</table>

Tuberculosis
- Any new arrival with signs or symptoms of TB should undergo clinical evaluation for TB disease.
- If the refugee completed TB disease or LTBI treatment prior to the domestic examination and has no signs or symptoms of TB disease upon physical examination, no further evaluation is needed.
- An Interferon-Gamma Release Assay (IGRA) or tuberculin skin test (TST)* is recommended if not done overseas, or if the overseas IGRA or TST was negative but performed ≥6 months prior to the domestic examination.
- *Either IGRA or TST are acceptable tests. However, IGRA is preferred for persons ≥5 years of age.

Soil Transmitted Helminth Infections
- Currently, all refugees without contraindications from the Middle East, South and Southeast Asia, and Africa receive a single dose of albendazole prior to departure.
- For those who have contraindications or who did not receive pre-departure albendazole, the following screening is recommended:
  - Provide presumptive albendazole treatment*, or conduct stool ova and parasites examination (2 or more samples collected 12 to 24 hours apart), and offer treatment to those with confirmed infection.
- * Presumptive albendazole should not be given to children < 1 year of age, pregnant women, refugees with known neurocysticercosis, evidence of cysticercosis (e.g., subcutaneous nodules), or with a history of unexplained seizures.

https://careref.web.health.state.mn.us/recommendations
### Pre-visit Laboratory Screening for DHA

<table>
<thead>
<tr>
<th>Everyone: “Routine Labs”</th>
<th>Age/Situation Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CBC with Diff*</td>
<td>• Urinalysis &gt; 2 years</td>
</tr>
<tr>
<td>• Lead</td>
<td>• GC/C &gt;15 y</td>
</tr>
<tr>
<td>• HIV</td>
<td>• BHCG</td>
</tr>
<tr>
<td>• IGRA for Tuberculosis &gt;2 y</td>
<td>• NBS (&lt;2Y)</td>
</tr>
<tr>
<td>• Ova/Parasite x 2, Giardia/Crypto</td>
<td>• TST (&lt;2 Y)</td>
</tr>
<tr>
<td>• Hemoglobin electrophoresis</td>
<td>• Hepatitis C serology</td>
</tr>
<tr>
<td>• Hepatitis B serology</td>
<td>• Strongyloides Antibodies</td>
</tr>
<tr>
<td>• Varicella titers</td>
<td>• Schistosomiasis Antibodies</td>
</tr>
<tr>
<td>• Syphilis test: RPR</td>
<td></td>
</tr>
</tbody>
</table>

*Absolute Eosinophil Count*
Case: The Abdali Family

32 year old male
Routine Labs+
GC/Chl, U/A
Hep C

6 year old male
Routine Labs+
U/A

26 year old female
Routine Labs +
BHCG, GC/Chl, U/A
Hep C, Vitamin D

9 month female
Routine Labs –
TST, NBS
Review Lab Results and Enter in DHA form prior to Visit

- Note abnormal labs and plan any further work up or treatment
- Note any incomplete lab work that can be done at the office visit
- Start to complete the required DHA form that is returned to VDH and then collated and shared with ORR

This is not the most up to date DHA form but for demonstration. Form will soon be electronic.
Case: The Abdali Family

- The resettlement agency arrives at your office with the family
- An in-person Pashto female interpreter meets them at your office
- You have schedule extra time for the visits, reviewed their laboratory findings and entered any immunizations in their record from Operation Allies Welcome
Greetings and Introductions

• Start the visit with a welcoming and consider learning a greeting in the patient’s primary language
• Introduce all members of the healthcare team including the interpreter and explain everyone’s role
• Ask the patient and other family in the room to introduce themselves
• Review confidentiality, consent and patient rights
• Host family members should be excused to ensure confidentiality
• Explain the reason for and plan of the visit
• Ask for any medical records including immunizations
Sample Vaccine Record
Immunizations Overseas:

- US-bound refugees are **not** required to receive all vaccinations before arrival in the United States.
- may not be fully up to date with Advisory Committee on Immunization Practices recommended immunizations at arrival.
- receive some age-appropriate vaccinations through the overseas Vaccination Program for US-Bound Refugees.
- Vaccine doses administered outside the United States should be accepted as valid, if schedules and doses are compatible with ACIP recommendations. Date is needed not check mark.
## History and Physical Exam

- Perform detailed history, including:
  - Current symptoms
  - Past medical problems
  - Medication history
  - Allergies
  - Family medical history
  - Social history
- **Take dietary history** (opens new tab) (e.g., restrictions, cultural dietary norms, food allergies).
- Conduct thorough **physical exam** (opens new tab) including examination of skin, cardiac auscultation, respiratory examination, abdominal examination, and lymph node examination.
- Collect vital signs, including blood pressure (≥3 years), heart rate, and respiratory rate.
- Collect **anthropometric indices** (opens new tab) (weight, height, and, for children 2 years and younger, head circumference).
- Assess dental - Refer to a dental home. For children from first tooth eruption through 5 years, apply fluoride varnish, depending on state guidelines.
- Assess vision (≥3 years) and hearing (≥4 years)

https://careref.web.health.state.mn.us/recommendations
Migration History
Taking the History: Unique Considerations

Date of Birth:
• there are many countries that do not provide official birth certificates or consider birthdays significant.
• may come to the US with an unknown date of birth and a date randomly assigned by a government official, overseas or at US arrival.
• Age may be incorrect and so developmental milestones/school placement may be inaccurate

Past Medical/Surgical History
• ask about risk for blood borne infections (i.e., hep B, C HIV), including timing of any overseas surgeries, blood transfusions (including for \( p \text{ falciparum } \) malaria), IV sedation, FGM/C, and scarification
• ask about accidents/physical trauma,
• Ask about Birth, cerebral malaria and malnutrition that may affect development/learning
Taking the History: Unique Considerations

• Social history/Family Structure:
  • Who came with you?
  • Who did not?
  • Consanguinity?
  • Biological relationship
    – Language spoken/read
    – Education level/previous employment
    – Tobacco and substance use

• Family history:
  – Deaths in family
  – Illnesses including HIV, TB, Hep B/C

• Medications/Traditional healing
  – OTC medicine, herbs/supplements

• Diet: any dietary restrictions

• Development:
  – Age walk at/talk at
  – Opportunities for education

Emotional Well-being Screening

- **Trauma** Pre-flight, During flight/in processing and Resettlement
- Stigma – may use other cultural language for complaints or somaticize
- Multigenerational trauma- importance of parental well-being for child well-being
- Goal to support integration/acculturation and prevent marginalization/alienation
- Opportunity to provide psychoeducation on stress, worries, sadness
- Recommended free screening tools:
  - RHS-15 for adults and those over age 14
  - Strengths and Difficulties Questionnaire for children over age 3.
Mental Health Screening

Mental Health

- Review overseas records for documentation of type and severity of any trauma/abuse; physical and mental disorders with associated harmful behaviors; and/or substance-related disorders.
- Ask directly about symptomology, functionality, and suicidal ideation as part of an integrated history and physical examination, helping to minimize stigmatization.
- For adults (≥ 18 years age), screen using standardized tools employing one of two approaches:
  - Use of a single tool that screens for a wide range of symptoms associated with diverse potential DSM diagnoses OR
  - Use of a combination of tools (must screen for PTSD, anxiety, and depression), with each geared to a narrow range of symptoms and potential diagnoses. Depending on the tools, it is possible to start with more limited screening tools, and in follow-up care, proceed to more comprehensive testing for those describing significant distress.
- See Table 1: Select Refugee Mental Health Screening Tools for Adults in CDC's mental health screening guidance for information on screening tools, including validation among specific populations.
- For those in need of mental health support and assistance, develop an impairment-related action plan with associated management and/or referral.

https://careref.web.health.state.mn.us/recommendations
Substance Use

Substance Abuse

- Review overseas records for documentation of substance-related disorders.
- Screen for substance abuse and provide education about possible legal consequences of these behaviors in the United States. Make appropriate referrals if refugee is interested, and services are available. Interested refugees should also be connected with community resources and support groups.

https://careref.web.health.state.mn.us/recommendations

Shisha or hookah
Unique Components of the Physical Exam

- Complete physical in gown, cultural considerations
- Collect vital signs, including blood pressure (≥3 years), heart rate, and respiratory rate.
- Collect anthropometric indices (weight, height, and, for children 2 years and younger, head circumference).
- Document any skin findings and scars/birthmarks
- Look for undiagnosed conditions (eg cardiac murmur)
- Document circumcision male and female
- Assess vision (≥3 years) and hearing (≥4 years)
Assessment and Plan:

- Catch up immunizations
- Treatment/referral as needed
- Referral for Primary Dental Care and Fluoride varnish if <5 years
- MVI for ages 12-59 months
- Brief guidance: nutrition, water, safety, contraception,
- How to access medical care at our office/911
- Follow up visit in one month
- After the visit complete DHA fully and return to Vermont Department of Health
Immunization Catch Up

- ACIP Catch up schedule for children and adults
- Laboratory testing for
  - Hepatitis B sAB
  - Varicella AB
If positive screen: order a chest xray and ask full ROS
Consult ID for TB disease
TB infection (LTBI) management:

<table>
<thead>
<tr>
<th>Regimen drugs</th>
<th>Duration</th>
<th>Interval</th>
<th>Minimum Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoniazid</td>
<td>9 months</td>
<td>Daily Twice weekly</td>
<td>270 76</td>
</tr>
<tr>
<td>Isoniazid</td>
<td>6 months</td>
<td>Daily Twice weekly</td>
<td>180 52</td>
</tr>
<tr>
<td>INH &amp; Rifapentine</td>
<td>3 months</td>
<td>Once weekly</td>
<td>12</td>
</tr>
<tr>
<td>Rifampin</td>
<td>4 months</td>
<td>daily</td>
<td>120</td>
</tr>
</tbody>
</table>
Intestinal Parasites and Eosinophilia

- Soil transmitted helminths affect 2 billion worldwide
- Treat any findings of ova and parasite or consider presumptive treatment with albendazole if no pre-departure treatment
- If AEC, Absolute Eosinophilia Count is over 450, consider screening for schistosomiasis and strongyloides or giving presumptive treatment
- Strongyloides:
  - Often asymptomatic
  - Life long infection
  - Life-threatening if immunosuppressed
  - Treated presumptively except:
    - from Loa-Loa endemic country
    - weight not greater than 15 kg
Billing: Capture your Work

• 99205 – new patient visit, 60 min time
  – Include a time statement to reflect your time during the visit and pre and post visit in the care of the patient
  – Include screening diagnoses: eg. screening for tuberculosis, screening for parasites

• Interpreters: T1013 is the code, 15 min of time = 1 code unit
• Behavioral assessment code: 96127
• Special Reports Paperwork: bill for DHA form completion, code 99080
• Medicaid Coordinated Care Demonstration code, G9001
• Enhanced Care Management code, G9012
Case Example: The Abdali Family

- After receiving the needed immunizations, you use teach back to ensure understanding of medications, tests and referrals
- Rx can be electronic but the names of medications are also written
- Brief anticipatory guidance is given
- A follow up visit is booked for 4 weeks from now and family is informed of purpose of follow up.
- DHA form is completed fully and sent to VDH
Upcoming Webinars on Refugee Resettlement @ VTMD.org

August 11, 2022 | "Lead" presented by Matt Saia, M.D., [register here](#)

August 25, 2022 | "Medical Considerations in Providing Care to Adult Refugees" presented by Rochelle Paquette, FNP, [register here](#)

September 8, 2022 | "Hepatitis B and H. Pylori" presented by Laura Catoe, APRN [register here](#)
September 22, 2022 | "Tuberculosis" presented by Heather Link, M.D., [register here](#)
September 29, 2022 | "Using an Interpreter" presented by Cathy Kelley, LICSW and Stan Weinberger, M.D., [register here](#)
October 13, 2022 | "Mental Health of Refugees" presented by Saida Abdi, MSW and Karen Fondacaro PhD, [register here](#)
October 27, 2022 | "Social Work Considerations for New Americans" presented by Cathy Kelley, LICSW, [register here](#)
November 10, 2022 | "Medical Legal Partnerships" presented by Nathan Virag, Esq. and Anna Tadio, Esq., [register here](#)
Date to be Determined | "Providing Catch Up Immunizations/Ongoing Care Pediatric" presented by Stan Weinberger, M.D.