

### ORR's Domestic Medical Screening Guidelines Checklist\*

Activity	All	Adults	Children
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

\*For specifics, see CDC guidelines at: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. These screening guidelines are for asymptomatic refugees. Refugees with signs or symptoms should receive diagnostic testing.

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Activity	All	Adults	Children
Newborn Screening Tests <sup>1</sup>			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations <sup>2</sup>		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening <sup>3</sup>	✓		
Stool Ova and Parasite Testing <sup>4</sup>		✓ 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 <sup>2,5</sup>		✓ 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 <sup>2,6</sup>		✓ 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 <sup>4,6</sup>		✓ 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

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

<sup>2</sup> Serological testing is an acceptable alternative

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

<sup>4</sup> Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved

<sup>5</sup> 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

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

\*For specifics, see CDC guidelines at: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. These screening guidelines are for asymptomatic refugees. Refugees with signs or symptoms should receive diagnostic testing.