

Changes to the Refugee Medical Screening Guidelines

Jane Moore, RN, MHSA
Director, TB Control and Newcomer Health

Purpose of initial medical screenings

- ▶ Identify persons with diseases of public health importance
- ▶ Ensure follow-up of medical issues identified overseas
- ▶ Indentify personal health issues that may impact resettlement process
- ▶ Ensure linkage to ongoing primary care



Partnership with Department of Social Services

- ▶ Memorandum of Agreement to provide initial refugee medical screenings
- ▶ Generally involves a limited number of districts
 - **Every district has the potential for refugees resettlement and need to perform screenings!**



Refugee Screening Guidelines

- ▶ Guidelines published of the Office of Refugee Resettlement – Health & Human Services
 - Last major update to screening guidelines – 1995
- ▶ Effort to create a minimum screening standard for all refugees in US
- ▶ Establish standard reimbursement framework
- ▶ Anticipate full implementation in January

An expedited process

- ▶ Screening within 30 days of arrival – MOA requires 45 days
- ▶ Eligibility for Refugee Initial Medical Screening **ends 90 days after arrival**
- ▶ Eligible for primary care services from Medicaid provider



“Initial” Medical Screening

- ▶ **Initial Screening = one visit**
 - A few exceptions
 - Follow-up for tuberculosis screening
 - Follow-up for positive screening lab results
 - Additional immunizations to complete series
 - Within first year after arrival only
 - Only if not covered by Medicaid



Required Screening Procedures for All Refugees

- ▶ History & Physical Assessment
 - Can be done by MD, NP or PHN – district choice
- ▶ CBC & Basic Metabolic Panel
- ▶ Urinalysis
- ▶ Hepatitis B testing
- ▶ HIV – opt out approach
- ▶ Screening for tuberculosis
 - Symptoms, TST, IGRA, CXR



Conditional Laboratory Testing

- ▶ All testing through LabCorp contract with exception of Newborn Screening
 - Newborn Screening
 - Blood Lead Level
 - Pregnancy test
 - Syphilis test
 - Chlamydia test
 - Hepatitis C test
 - Cholesterol
 - *Varicella antibody – VDH decision



Conditional Preventive Interventions and Other Screenings

- ▶ Most now presumptively treated pre-departure

Alien Information			
WFO012	Name	Web Only Person	NY City for Register
Alien Number:	Entering for G Status:	Chicago Quarterly	
File Number:	Officer in Charge:	Jana Burrows	
Actual Date:	03/20/11		
Using Name:	International Medical Center	Affiliate or Local Sponsor's Address	
Sponsor Name:	Organization:	WFO/NOVA/REG/ICE/COM	
Address Line 1:	Name:		
Address Line 2:	Address Line 1:		
City State Zip:	Address Line 2:		
Home Phone:	City State Zip:		
Business Phone:	Business Phone:		
Business Email:	Business Fax:		
DOB	Alien Number	DOB	Sex
1			M
2			M
3			F
Accounting in Physical Custody:	Native Language:	Case Priority:	
Citizenship:	ET/CPA:	USP	
	AP/CA Number:	USP	
Pre-Departure Medical Screening Treatment:	Admission Status:	Medical Status:	Simple
Admission:	Admission Status:		
Admission:	Pre-Departure Screening:		
Admission:	Interim Entry Status:		



Conditional Preventive Interventions and Other Screenings

- ▶ Stool O & P
- ▶ Strongyloidiasis
- ▶ Schistosomiasis
- ▶ Malaria
- ▶ Vitamins



Immunizations

Per ACIP Guidelines

- ▶ DTP/DTaP/DT
- ▶ Td/Tdap
- ▶ IPV
- ▶ MMR
- ▶ Rotavirus
- ▶ HIB
- ▶ Hepatitis A
- ▶ Hepatitis B
- ▶ Meningococcal
- ▶ Varicella
- ▶ Pneumococcal
- ▶ Influenza



HPV & Zoster no longer required for adjustment of status, no longer covered

In Development...

- ▶ Refugee specific encounter form
- ▶ Revised refugee screening form
- ▶ Tracking and data system
- ▶ Final reimbursement process & requirements
- ▶ Updated manual



CDC Resources

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html>


