Instructions for filling out the Newcomer Health Encounter Form

History and Physical Exam/Assessment

Select the level of health professional performing the H&P. If more than 1 level of health professional is participating in the initial health screening, choose the **highest** level of practitioner participating in the exam/assessment. If, for example, the history is done by the PHN and the physical is done by the NP or MD, choose the MD or NP reimbursement code.

- History – Includes review of overseas medical records; careful questioning on symptoms such as fever, weight loss, abdominal complaints, skin issues, review of systems for symptoms and complaints, known medical conditions, etc.
- Physical – includes, at minimum, assessment of nutritional status, height, weight, head circumference for children <2, pulse, respiratory rate, blood pressure, hearing and vision, oral exam, skin assessment, listening to heart and lung sounds, palpation for liver and spleen enlargement (defer for assessment by PHN), full lymph node exam (PHNs may defer full lymph node exam, but should assess gross cervical and axillary abnormalities). Genital exam may be deferred.
- Developmental status should be assessed for children ages 9-30 months according to the CDC and the American Academy of Pediatrics guidelines.

Laboratory Tests for All Clients

The following laboratory testing should be performed for all refugees receiving a health screening:

- CBC
- Urinalysis – if old enough to provide a clean-catch urine specimen. For adults also receiving urine testing for Chlamydia/GC collect the urine for this test first, and then collect the clean catch for urinalysis.
    - Districts may choose which type of urine dip to perform based on local resources.
- HIV – for all refugees unless they decline. If a refugee declines HIV testing, be sure to document this in the chart.
    - Children less than 13 years of age should be screened unless there is documentation that the mother is HIV negative and the child does not have any risk factors for HIV (history of blood product transfusion, early sexual activity, or history of sexual violence or abuse). In most situations, complete and accurate information regarding risk factors will not be available. Therefore, most children less than 13 will need to be tested.
- Hepatitis B – since the majority of groups being resettled in the United States are from countries with intermediate or high levels of Hepatitis B endemnicity testing should be performed as follows:
    - If an individual has received a dose of Hepatitis B vaccine in the last 30 days, testing for HBsAg should be deferred until at least 30 days have passed since receipt of the

vaccine. In this case, testing should be deferred until the refugee comes back for his/her next set of immunizations.
    - If no vaccine received in the last 30 days, all adults greater than 18 years of age should have the following testing:
        - Hepatitis B Surface Antigen (HBsAg) – this should be done regardless of vaccination history
        - Hepatitis B Core Antigen Antibodies (anti-HBc)
        - Hepatitis B Surface Antigen Antibodies (anti-HBs)
    - Children 18 years of age and younger should have the following testing:
        - Hepatitis B Surface Antigen (HBsAg) – this should be done regardless of vaccination history
        - Additional testing for children may be considered, if clinically appropriate
            - Call the NHP for consultation and approval for reimbursement
        - All children ≤18 should receive the complete 3 dose series of Hepatitis B vaccine.
- Tuberculosis – all refugees should be screened, and if appropriate, tested for TB.
    - Districts may choose which method of testing they will use for assessing TB infection status:
        - TST
        - IGRA
        - Children less than 2 years of age should have a TST since IGRA use is not approved for this age group.
    - Individuals who are symptomatic should have additional appropriate testing including:
        - TST or IGRA
        - Chest x-ray
        - Sputum Collection
    - Individuals who have positive TSTs or IGRAs should receive appropriate follow up and treatment:
        - Chest x-ray
        - Treatment for LTBI as long as there is no evidence of active TB disease

Laboratory Testing for Certain Clients

Perform lab testing for individuals meeting the following specified criteria.

- Basic Metabolic Profile
    - Based on signs, symptoms, and co-morbidities
- Cholesterol – can be done non-fasting
    - Men ≥35
    - Women ≥45
    - Men 20-35 and women 20-45 who are at risk for coronary artery disease (diabetics, tobacco users, hypertension, family history of cardiovascular disease before age 50 in male relatives or age 60 in female relatives, or a family history suggestive of familial hyperlipidemia)
- Pregnancy Testing for women of childbearing age

- Hepatitis C – test all adults and all pregnant females during each pregnancy. Children with the following risk factors should also be tested
    - Injection drug users – past and present
    - Chronic hemodialysis
    - HIV infection
    - Signs or symptoms of liver disease (i.e. abnormal liver enzymes, jaundice, abdominal pain or swelling, fatigue)
    - Household contact with HCV
    - History of female genital mutilation or cutting (FGM/C)
    - Individuals with body art including scars, tattoos or piercings may also be at risk
- Syphilis Screening –If no documentation of overseas results:
    - Everyone ≥15
    - Children <15 if any of the following apply:
        - Sexually active or history of sexual assault
        - All at risk children (mother tests positive)
        - All refugees from countries* that have endemic rates of other treponemal subspecies (yaws, bejel, pinta)
            - *see List of Countries with Endemic Rates of Other Treponemal Sub-Species at the end of this document
- Chlamydia and Gonorrhea Urine Testing – if no documentation
    - Women ≤25 who are sexually active
    - Women >25 with risk factors (new sexual partner or multiple sexual partners)
    - All symptomatic refugees
- Serology –
    - Varicella
        - All refugees aged 19 and older – if no documentation of vaccination
    - MMR
        - All refugees aged 19 and older
            - Do not test if the individual has already received 1 or 2 doses of MMR.
- Blood Lead Level
    - All refugee children ≤ 16 years of age.
    - Refugee children 6 months to 6 years should have a blood lead level repeated 3-6 months after arrival to the U.S.
    - Refugee adolescents > 16 years with high index of suspicion, or clinical signs/symptoms of lead exposure.
    - All pregnant and lactating women and girls.
- Newborn Screening
    - All refugee children ≤6 months of age

Immunizations

Provide age appropriate vaccines for all refugees per ACIP and CDC guidelines.

- Note - Zoster and HPV are no longer required for adjustment of status and will not be reimbursed by the NHP.

Other

- Refugee Interpretation Services
    - Districts use this code for costs incurred by the LHD associated with the initial refugee health screening.
    - **This code may only be used and reimbursed 1 time per client.**
- Clinician Visit 2
    - Use this if a refugee needs to be seen for follow up by a clinician (ex. Abnormal lab results, etc)
- Nurse Visit
    - Use this if a refugee needs to be seen for follow up by the PHN (ex. Client returns for next set of immunizations.)
        - Note if immunization costs can be billed to Medicaid, LHDs should do so in lieu of submitting reimbursement to the Newcomer Health Program.

Medications

- Refugees who need treatment for any of the below should be given a prescription with instructions to have it filled at a pharmacy of their choosing and use their Medicaid card. Clinicians should include the appropriate Diagnosis code (B78 – Strongyloidiasis, B89 – unspecified intestinal parasite, B73 Onchocerciasis)
    - O&P
        - Individuals who did not receive pre-departure treatment for ova and parasites should receive presumptive treatment, unless there is a contraindication.
        - Testing is also an option.
    - Malaria
        - Individuals who had contraindications to pre-departure treatment for malaria, but for whom the contraindication is no longer valid, should receive presumptive treatment.

Vitamins

- Refugees who need vitamins should be given a prescription with instructions to have it filled at a pharmacy of their choosing and use their Medicaid card.
    - Children age 6-59 months
    - Consider giving vitamins to all refugees ≥6 years with clinical or laboratory evidence of poor nutrition

***List of Countries with Endemic Rates of Other Treponemal Sub-species**
(See Syphilis Screening Instructions)

REGION	COUNTRY
Africa	Angola
	Benin
	Burkina Faso
	Cameroon
	Central African Republic
	Chad
	Cote d'Ivoire
	Democratic Republic of the Congo
	Ethiopia
	Gabon
	Ghana
	Liberia
	Mali
	Mauritania
	Niger
	Republic of the Congo
	Rwanda
	Senegal
	Somalia
	South Africa
	Sudan
	Togo
Americas	Colombia
	Ecuador
	Haiti
	Guyana
	Martinique
	Mexico
	Surinam
	Venezuela
Asia	Cambodia
	India
	Indonesia
	Pakistan
	Sri Lanka
Middle East	Saudi Arabia
Western Pacific	Papua New Guinea
	Solomon Islands
	Vanuatu