All refugees should have a comprehensive health assessment within 30 days of U.S. entry. Please complete the 2-page DPH Initial Refugee Health Assessment Form and return it to the DPH Refugee and Immigrant Health Program.

**SCREENING COMPONENTS**
Review overseas documentation. Conduct medical history and physical exam including: dental, hearing, vision, nutrition, & pregnancy assessments.

**IMMUNIZATION REVIEW AND UPDATE**
• Record previous vaccines, lab evidence of immunity or history of disease. Doses are valid if given according to the Connecticut DPH child or adult schedules. DO NOT RESTART A VACCINE SERIES.
• IF NO DOCUMENTATION, assume patient is not vaccinated.
• Give age-appropriate vaccinations according to the Advisory Committee on Immunization Practices (ACIP) guidelines.

**TUBERCULOSIS SCREENING AND DIAGNOSIS**
• Administer a Mantoux tuberculin skin test for patients > 6 months of age or age-appropriate interferon-gamma release assay (IGRA), regardless of BCG history.
• Chest x-ray MUST be done if:
  • Positive TST (>10mm induration) or positive blood assay results OR
  • TB Class A or B designation from overseas exam OR
  • Symptomatic, regardless of TST or IGRA results.
• Record diagnosis, referral, or whether treatment was prescribed and date started.

**HEPATITIS B & C SCREENING**
• Hepatitis B: SCREEN ALL NEW ARRIVALS for HBsAg, anti-HBs, and anti-HBc.
  • Positive anti-HBs and/or anti-HBc indicates immunity; no HBV vaccine needed.
  • Positive HBsAg indicates patient is infectious.
  • Vaccinate previously unvaccinated and susceptible children and adults.
  • Refer persons with chronic HBV infection for additional ongoing medical evaluation.
• Hepatitis C: Screen ONLY refugees in high-risk groups: (e.g., IDUs, HIV+; body piercings/tattoos, etc.: see CDC guidelines).

**HIV & SEXUALLY TRANSMITTED INFECTIONS/DISEASES**
Universal testing of HIV and syphilis for arrivals from mid-high HIV prevalence regions.
• HIV: All persons 13-64 y.o.; Encourage screening for those ≤ 12 y.o. and ≥ 64 y.o.
• Syphilis: All refugees ≥ 15 y.o. regardless of overseas result.
  • Screen for syphilis with VDRL/RPR or EIA; confirm.
• Chlamydia: Test women up to 26 y.o., or older with risk factors.
• Gonorrhea: only for specific groups, see CDC guidelines.
• Other STIs: Screen all sexually active patients for other STIs if appropriate.
**PARASITE SCREENING**

- **All refugees:**
  - Confirm pre-departure presumptive treatment.
  - Routine CBC for eosinophil count (elevated >400 cells/µl).
  - Serology for strongyloides (all refugees) & schistomiasis (sub-Saharan African refugees [SSA]).

  **IF NO DOCUMENTED PRE-DEPARTURE PARASITE TREATMENT:**
  - Stool microscopy for ova & parasites (O&P); collect 2 stool specimens more than 24 hours apart.
  - Eosinophilia requires schistosoma serology for SSA.

  **IF DOCUMENTED PRE-DEPARTURE PARASITE TREATMENT:**
  - Eosinophilia with single-dose pre-departure treatment requires schistosoma serology for SSA or presumptive domestic treatment.
  - Eosinophilia with high dose pre-departure treatment requires either O&P or repeat eosinophil count in 3-6 months after arrival.

- **Malaria:**
  - Screen or presumptively treat per CDC guidelines, according to pre-departure therapy, symptoms, or suspicious history.

**LEAD SCREENING**

- Screen **ALL CHILDREN** <17 years.

**MENTAL HEALTH SCREENING**

- Review overseas documentation for mental health assessment.
- Conduct history and physical examination related to mental health; conduct mental status assessment (e.g. signs of PTSD, depression, acute psychiatric disorders).

**OTHER SCREENINGS: DENTAL, HEARING, VISION, NUTRITION/VITAMIN LEVELS, PREGNANCY**

- Screen and refer.

**RECOMMENDED LAB TESTS, INITIAL VISIT**

- Titers, if appropriate
- Hepatitis B screening (anti-HBs, HBsAg, anti-HBc)
- VDRL/RPR or EIA; ELISA/HIV; urine test for gonorrhea/chlamydia, if indicated
- Blood lead level if aged 6 mos. up to 17 y.o. Refer for medical follow-up for BLL >10 mg/dl
- Urinalysis, serum chemistry, cholesterol (according to guidelines)
- CBC with differential (should include hemoglobin, hematocrit)
- Stools for O&P, serology for strongyloides
- Malaria screening
- Pregnancy test, if indicated
- Other follow-up labs, as appropriate

**REFUGEE HEALTH RESOURCES**

- CDC Immunization hotline: 1-800-232-4636; [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)