

MINNESOTA REFUGEE HEALTH ASSESSMENT POCKET GUIDE

Refugees should have a health assessment 30 to 90 days after arrival. Complete the MDH Initial Health Assessment Form and return to local public health. Scan the QR code for further guidance.



Immunization review and updates

- Document historical vaccines and evidence of immunity.
- Doses are valid if given in line with ACIP guidelines.
- If no documentation, assume patient is unvaccinated.
- Give age-appropriate vaccinations as indicated. Do not restart a vaccine series.

Tuberculosis screening

- All arrivals except those with positive IGRA overseas.
 - Do not repeat positive overseas IGRA.
- IGRA for 2 years and older, TST for those under 2 regardless of BCG history.
- Chest x-ray if:
 - Symptomatic, regardless of test results OR
 - Positive IGRA or TST (>10 mm) OR
 - Class A or B TB designation from overseas.

Viral hepatitis (hepatitis B, C, and D) screening

- **Hepatitis B:** All arrivals (HBsAg, anti-HBs, anti-HBc)
 - Vaccinate if susceptible. Complete partial vaccine series regardless of labs showing immunity.
- **Hepatitis D:** All arrivals with hepatitis B infection.
- **Hepatitis C:** All arrivals 18+ and those 0-17 with risk factors.

Sexual and reproductive health

- **HIV:** All arrivals.
- **Syphilis:** Arrivals 15 and older. Re-test if negative overseas. Arrivals under 15 with risk factors including history of sexual activity, risk for congenital syphilis.
- **GC/Chlamydia:** All arrivals younger than 25 who are sexually active and did not have overseas testing.
 - Screen all symptomatic arrivals.
- **FGM/C:** Females from countries where FGM/C is practiced. Have a plan for follow up if deferred.
- **UPT:** All women of childbearing age.

Additional lab tests

- Additional lab tests may be indicated based on age and risk:
 - Hg electrophoresis
 - Vitamin D
 - Newborn screening

Lead screening

- All children under 17.
- All arrivals who are pregnant or breastfeeding.

Parasite screening

- Confirm presumptive treatment on overseas records.
- **Eosinophilia:** All arrivals with CBC w/diff. Trend every 3 to 6 months for elevation (> 450 cells/ μ L). Eosinophilia or symptoms requires further evaluation.
- **Giardiasis:** Those with symptoms using stool antigen.
- Consider contraindications before treatment:
 - Do not give ivermectin to arrivals from Loa loa endemic regions unless Loa loa can be ruled out.
 - Do not give praziquantel or albendazole to those with known or possible cysticercosis or neurocysticercosis.

If no documented pre-departure treatment

- Test and treat: O&P x 2 > 24 hours apart, Strongyloidiasis serology (all), Schistosoma serology (sub-Saharan Africans) OR
- Provide presumptive treatment per CDC recommendations.
- Review medication contraindications prior to prescribing.

If documented pre-departure treatment

- Verify appropriate pre-departure treatment was given.
- Test and treat or complete presumptive treatment if only partial presumptive treatment was given.
- Review medication contraindications prior to prescribing.

Malaria screening

- Confirm presumptive treatment on overseas records.

If no documented pre-departure treatment and coming from Sub-Saharan Africa

- Test and treat if within 3 months of U.S. arrival OR
- Provide presumptive treatment per CDC recommendations.
- Review medication contraindications prior to prescribing.

If documented pre-departure treatment

- Arrivals with symptoms who have been in endemic areas.

Mental health screening

- Screen those 18 and older with WE-Check:
In the past month, have you...
 - felt too sad?
 - had sleep problems?
 - had memory problems?
 - been worrying or thinking too much?
 - had thoughts about the past that kept you from doing things or spending time with others?
 - If any of the above are yes:
Did any of the above stop you from doing things you need to do every day?
- Screen those under 18 with developmentally appropriate tool.

Additional screening

- Vision
- Hearing

