
Core Screening Procedures for Refugees

I. ELIGIBILITY

Persons in Ohio holding one of the following federal immigration status categories are eligible to receive federally funded refugee health screening:

- Admitted as a **refugee** under section 207 of the Immigration and Nationality Act (INA).
- Granted asylum** under section 208 of the INA.
- Paroled as a **refugee** or **asylee** under section 212 (d) (5) of the INA.
- Special Immigrant Visa** Holder from Iraq or Afghanistan under section 101(a)(27) of the INA.
- Victims of Severe Forms of **Trafficking** as certified by the federal Office of Refugee Resettlement (ORR).
- Cuban and Haitian entrants** in accordance with section 501 (a), Public Law 96-42294 Stat. 1810 (U.S.C. 1522 note) executive order 123.
- Certain Amerasians from Vietnam.

Proof is required in the form of documentation issued to an individual by the United States Citizenship and Immigration Services (USCIS). The documentation is usually, but not always, an I-94 card. Contact the Ohio Refugee Health Coordinator for assistance with alternative documentation.

The provider must obtain a copy of the documentation that determines each individual's eligibility for the services and maintain it in the patient file.

II. AUTHORITY

- Pursuant to section 412(b)(5) of the Immigration and Nationality Act, ORR is authorized to fund states to cover the costs of providing medical screening to refugees.
- Pursuant to 45 CFR 400.107, states are authorized to provide medical screening to refugees in accordance with requirements prescribed by ORR.
- Pursuant to Ohio Revised Code section 5101.49, the Ohio Department of Job and Family Services (ODJFS) is designated as the single state agency responsible for the development and administration of the Refugee Resettlement Program (Refugee Act of 1980 (P.L. 96-212)), and the Cuban-Haitian Entrant Program (Fascell-Stone Amendment to the Refugee Education Assistance Act of 1980 (P.L. 96-422)).

<http://jfs.ohio.gov/refugee>

III. PURPOSE

ORR holds that the purposes for medical screening are as follows:

- To ensure follow-up with medical issues identified in an overseas medical screening.
- To identify persons with communicable diseases of potential public health importance.
- To enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact his or her ability to resettle.
- To refer refugees to primary care providers for ongoing health care.

IV. COMPONENTS

Review of Overseas Medical Records

A review of overseas medical records should include the following Department of State (DS) forms: DS-2053 or DS-2054, *Medical Examination for Immigrant or Refugee Applicant*; DS-3024 or DS-3030, *Chest X-Ray and Classification Worksheet*; DS-3025, *Vaccination Documentation Worksheet*; and the DS-3026, *Medical History of Physical Examination Worksheet*.

The history should also include the United Nations High Commission for Refugees Medical Assessment Form (MAF), the International Organization for Migration’s Significant Medical Conditions (SMC) form and Pre-Departure Medical Screening (PDMS) form, immunization records and other individually carried documents.

Prioritization

Priority should be given to persons with Class A and/or Class B medical conditions identified during the overseas medical examination. These patients should receive health screening as soon as possible and providers should ensure coordination with/referral to local public health.

<u>Class A Conditions</u>	<u>Class B Conditions</u>
Require approved waivers for U.S. entry and immediate follow-up upon arrival.	Require follow-up soon after arrival in the U.S.
Conditions that preclude a refugee from entering the U.S. including communicable diseases of public health significance, mental illnesses associated with violent behavior and drug addiction.	Significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being.
Tuberculosis, active, infectious. Hansen’s disease, infectious (leprosy). Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum & syphilis. Drug addiction. Mental illness with violent behavior.	Tuberculosis: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive skin test. Hansen’s disease, not infectious. Other significant physical disease, defect or disability.

Physical Exam

The physical exam should involve a comprehensive clinical evaluation as well as a head-to-toe review of all systems, including an assessment of refugees’ nutritional well-being, reproductive health, mental health, dental health, hearing and vision. A gynecological exam may be performed as part of the physical after the health professional informs the refugee woman about the health benefits of this type of exam and any procedures involved. The health professional should advise the woman of her choice to opt-out. During the assessment, the provider should pay special attention to signs of trauma (e.g., childbirth, gender-based violence). In accordance with the Centers for Disease Control and Prevention’s guidelines, the mental health screening should be incorporated into the history and physical exam. The purpose of the mental health screening is to assess for acute psychiatric emergencies such as suicidal and homicidal ideation. In instances where suicidal or homicidal ideation is suspected, providers should make expedited referrals for formal psychiatric evaluation.

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

V. TERMS AND CONDITIONS

Providers

Refugee Health Screening Program providers must:

- Comply with the 'Core Screening Procedures for Refugees.'
- Be a licensed health care provider, such as a physician, hospital, community health center, county health department or clinic. **A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.**
- Demonstrate clinical capacity as well as adequate staffing and systems for fiscal accounting and program billing.
- Coordinate refugee health screening services in cooperation with local refugee resettlement agencies (RSAs). RSAs are responsible for providing refugees with resettlement assistance upon their entry into the U.S. This assistance includes referral services for health care, employment, training and education. RSAs assist refugees in obtaining the initial health screening.
- Prescribe or supply appropriate medications for infectious diseases and other conditions identified during the health screening.
- Provide appropriate vaccine administration by cross-referencing the following sources to determine the vaccines needed by each refugee patient (when a vaccine series cannot be completed during the screening process, all refugees must be provided with a referral):
 1. Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
 2. Change of Status Requirements: <http://www.uscis.gov/files/form/i-693.pdf>
 3. DS-3025, *Vaccination Documentation Worksheet* provided by the refugee.
 4. *If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, serologic testing for immunity is an alternative for certain antigens when the provider believes the refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records.*
- Recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee's gender, culture, and other issues is very important.
- Providers should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.
- Adhere to Title VI of the Civil Rights Act of 1964 requirements for providing interpreters for non-English speakers by using linguistically and culturally competent medical interpreters to assist with exams, interviews, and health education, and to facilitate the referral process.

INTERPRETATION SERVICES MUST BE APPROPRIATE:

1. **It is not appropriate to use children or other family members as interpreters.**
 2. **Telephonic or video interpreting services are often the best choice**—especially in smaller or new communities.
For example, an 11 year old female patient should be provided with telephonic or video interpretation services if the only available in-person interpreter is an adult male who is friends with the patient’s father.
 3. It is not appropriate to delay or reschedule an appointment due to a lack of in-person interpretation services. Providers should prioritize completion of the health screening and obtain telephonic or video interpreter services if in-person service is not available. **If a provider contracts with a resettlement agency for interpreter services they must recognize *potential* conflicts of interest** as the resettlement agency balances the best interests of the refugee with the agency’s interests as a service vendor.
- Maintain linkage to appropriate primary care providers or specialists for necessary follow-up services not available on site, including public health and inpatient facilities, psychological counselors, drug and alcohol treatment services and other community providers.
 - Assure continuity of care, and that referrals are timely, and when possible, in proximity to the refugee’s residence. Refugees must be referred to participating Medicaid primary health care services for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic health screening. When refugees are referred care, the screening provider must share the results of the initial health screening. Follow-up care may be provided by the provider performing the initial health screening.
 - Maintain patient records in accordance with 45 CFR 400.28.
 - Participate in refugee health meetings and site visits conducted by ODJFS assuring prompt access to all program sites, records and reports relating to the program. The Provider must obtain a signed release from each patient allowing ODJFS to access their records for its monitoring purpose.
 - **Records are the property of the provider agency.** However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to ODJFS.
 - Submit completed health screenings electronically via the Refugee Health Screening System: <https://www.odjfs.state.oh.us/rhss> and e-mail invoices to ODJFS on a monthly basis.

Reimbursement

Reimbursement from the ODJFS Refugee Health Program is contingent upon:

- The health screening is completed within 90 days of:
 - Refugee / SIV date of entry into the U.S.
 - Asylee / SIV / Cuban-Haitian entrant date status is granted (when obtained in the U.S.).
 - Trafficking victim’s date of certification.

NOTE: SCREENING SHOULD BEGIN WITHIN 30 DAYS OF ARRIVAL TO MEET FEDERAL GUIDELINES.

- The first dose of all age/condition appropriate vaccines are provided and documented on USCIS Form I-693 with a copy of the form provided to the refugee.
- All age/condition appropriate components of the health screening are provided for each refugee.

- That no other reimbursement is sought. **By accepting reimbursement from the ODJFS Refugee Health Program the provider agrees that this covers ALL costs associated with refugee health screening.**

Providers billing Ohio Medicaid, Medicare or private insurance for costs associated with refugee health screening are committing fraud.

ODJFS Refugee Health Program

The ODJFS Refugee Health Program will support the efforts of contracted health screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not limited to, the following areas:

1. Provide direction, training, forms and other materials as needed.
2. Provide on-site and/or telephone technical assistance as needed.
3. Oversee health screening providers' performance. Conduct site visits to ensure compliance with the terms of the agreement.
4. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to providers, RSAs and other stakeholders as applicable.
5. Use surveillance findings as the basis for recommendations for revisions to the health screening payments and instructions (Attachment A).
6. Coordinate collaboration between providers and RSAs to ensure new arrivals' access to screening.
7. Process invoices timely.
8. Notify the health screening providers immediately when a problem arises regarding the performance of duties as specified in the agreement.

VI. HEALTH SCREENING PROTOCOL

Refugee health screening involves collecting/documenting:

- Demographics, dates and health education
- Exam and lab information
- Immunizations
- Parasites
- Tuberculosis
- Hepatitis B
- Sexually transmitted infections
- Referrals
- Authorization for release of protected health information

Section I: Refugee Personal and Demographic Information

- **Name:** Family name first, followed by given name and middle name.
- **[Street Address, City, Zip & Phone:** Not needed, do not enter.]
- **County:** Enter the refugee's county of residence.
- **Gender:** Male or female.
- **Resettlement Agency:** Record name of refugee's resettlement agency when applicable.
- **Alien number:** The "A" number is *usually* located at the back of the USCIS form I-94, Record of Changes section. At times the "A" number may be found on the front page of the I-94 under the Departure Number, hand-written or typed.
- **Alien Status:** Frequently found on the USCIS I-94 front page next to the Departure Number (stamped ADMITTED AS A...). Note: Asylee status is not always indicated on the I-94 form; it can be found on a letter from USCIS indicating asylum granted status and the date the asylum granted.

Providers are required to verify a client's eligibility for refugee health screening program and maintain documentation of eligibility in the permanent record.

- **Country of Origin:** This will be noted on the I-94 card; may not be country of departure; contact ODJFS for assistance.
- **Primary Language:** Record the language the refugee identifies as their native language. Please conduct session in this language, unless refugee is *proficient* in English.
- **Interpreter Needed:** An interpreter is needed unless the refugee is *proficient* in English.

Items shaded in grey should be provided by RSA.

- **Language Used:** Refers to language used during interpretation.
- **Interpreter Name:** Name of interpreter or their employer.
- **Interpreter Agency:** Name of agency supplying interpreter

Section II: Dates and Locations

- **Arrival / Status Granted Date:** Month/Day/Year taken from I-94 or letter of status.
- **Date of Birth:** Month/ Day/Year taken from front page lower right hand corner of the I-94. Note: some records from overseas may be in a *Day/Month/Year* format.

□ *Items shaded in grey should be provided by RSA.* □

- **Health Screening Start Date:** Date the refugee started the domestic health screening in U.S., can include *any* medical, pharmaceutical, public health or dental encounter.
- **Health Screening Start Location/Site:** Location the health screening was started, including if it was not provided by your facility, e.g. TB testing or blood work/evaluation.
- **Health Screening Assessment Date:** Date of refugee's final health screening evaluation by the provider physician or practitioner. This is the date/month used for invoicing purposes.
- **Health Screening Assessment Location/Site:** Location where refugee health screening was completed.

Section III: Screening Provider Information (Provider Use Only)

Your log-in will fill this section for each contracted provider.

Section IV: Overseas Medical Document Review

A review of overseas medical records should include the following Department of State (DS) forms:

- DS-2053 or DS-2054, *Medical Examination for Immigrant or Refugee Applicant*;
- DS-3024 or DS-3030, *Chest X-Ray and Classification Worksheet*;
- DS-3025, *Vaccination Documentation Worksheet*;
- DS-3026, *Medical History of Physical Examination Worksheet*.

The history should also include a review of the UNHCR Medical Assessment Form (MAF), the International Organization for Migration's Significant Medical Conditions (SMC) form and Pre-Departure Medical Screening (PDMS) form, immunization records and other individually carried documents.

- List the Class A & B findings from the overseas health assessment. Evaluate the diagnoses.
- Check Yes or No depending on whether your diagnosis concurs with the overseas diagnosis for each Class A or B condition. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.
- Enter brief comments related to diagnosis or documentation that may be useful to other service providers (in case we forward the health screening form to another state for refugees who move after their initial resettlement in Ohio).

What if overseas records are not available?

Timely refugee health screening is dependent on refugees arriving with their overseas records. Coordinate with the resettlement agency staff to ensure that all refugees arrive with their records. Records can also be accessed using the Electronic Disease Notification System. Contact the Refugee Health Coordinator to obtain access.

Section V: Health Education: 50 Minute Orientation to the U.S. Health Care System

You are required to provide "Safe, Smart and Healthy: Keys to Success in Your New Home" viewing time as a component of each screening. This can be done using pre- and post-appointment times. The DVDs are provided at no cost to health screening providers and can be played in a variety of settings, on laptops or DVD players. All refugee patients (except very young children) must have the opportunity to view all six modules of the DVD to meet the Health Education requirement of the refugee health screening.

Viewing the DVD will likely prompt questions from your refugee patients. Please allow enough office visit time to answer questions brought about by viewing the DVD.

ODJFS supplies copies of the DVD for providers to hand out to patients so they may view the information again.

Section VI: Physical Exam

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient.

For children under the age of 16

- Head circumference: centimeters (**pre-school age only**)
- Blood lead level: µg/dL
- Test Date (Blood Lead level): Mandatory for reimbursement.

For all ages record:

Height	Weight	Temperature
Pulse	Blood Pressure	Visual Acuity
Oral Exam	Hearing	Speech
Complete Blood Count with Differential:		
White blood cells	Mean corpuscular volume	Hemoglobin
Hematocrit	Eosinophils	Serum glucose
Urinalysis:		
Specific gravity pH		

UTC = Unable to Collect: when selecting UTC you must provide explanation in the Physical Exam Notes.

Physical Exam Notes

Document any issues or problems with the screening including why procedures were not followed.

Section VII: Immunization Status

Contracted refugee health screening providers MUST administer all age/condition appropriate vaccines by cross-referencing the following sources to determine the vaccines needed by each refugee patient that supports their change of status from refugee to permanent resident:

- Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
- Change of Status Requirements: <http://www.uscis.gov/files/form/i-693.pdf>
- DS-3025, *Vaccination Documentation Worksheet* provided by the refugee

*If records are unavailable, an age-appropriate vaccination schedule should be initiated. However, **serologic testing for immunity is an alternative** for certain antigens when the provider believes the*

refugee was likely to have had a previous infection that conveyed immunity or received a full series of vaccine but did not have appropriate vaccination records.

The per capita reimbursement does not require providers to complete the multi-dose series they initiate. When a vaccine series cannot be completed during the screening process, all refugees must be provided with a referral to a clinic that can complete their series.

- Document immunity based on exam, history or serologic testing
- Record Mo/Day/Year of each immunization.
- *Provide each patient with documentation of all known vaccinations.*
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.

Section VIII: Parasite Screening

	Adults	Children
<p>Stool Ova and Parasite Testing <i>Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved.</i></p>	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).
<p>Strongyloidiasis Presumptive Treatment <i>Serological testing is an acceptable alternative. 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</i></p>	Individuals who did not receive pre-departure presumptive treatment.	Children who did not receive pre-departure presumptive treatment.
<p>Schistosomiasis Presumptive Treatment <i>Serological testing is an acceptable alternative. Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.</i></p>	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 contraindications to presumptive treatment at pre-departure (e.g., under 4 years).
<p>Malaria Testing <i>Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved. Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.</i></p>	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).

Section IX: Tuberculosis Screening

TB Test: TB testing must be performed on every refugee health screening patient. ODJFS recommends the use of interferon-gamma release assays (IGRAs) because this reduces the number of false positive results and

thus reduces the need for chest x-rays. The use of IGRAs is calculated in the per capita reimbursement rate. TB skin test results are acceptable for children under five years of age. Perform and document the date and results of TB testing. All refugee patients must be screened in the United States. Overseas TB test results cannot be entered into the Refugee Health Screening System.

Chest x-ray: Chest x-ray must be performed for all individuals with a positive TB skin test or IGRA. A chest x-ray should also be performed for those individuals classified as TB Class A or TB Class B during the overseas exam and for those who have symptoms compatible with TB disease, regardless of TB skin test results.

COORDINATION WITH LOCAL PUBLIC HEALTH IS HIGHLY RECOMMENDED.

Section X: Hepatitis B Screening

ALL refugees require Hep B testing.

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B surface antibody (anti-HBs)
- Hepatitis B core antibody (anti-HBc)

Screen all household contacts of carriers and immunize susceptibles. Refer all carriers for additional medical evaluation.

Section XI: Sexual History and Sexually Transmitted Infections

	Adults	Children
HIV Testing	✓ Opt-out approach	✓ Opt-out approach
Hep C	✓ <ul style="list-style-type: none"> •Individuals born 1945-1965 •Persons who have injected illegal drugs <ul style="list-style-type: none"> •Persons who are HIV positive •Persons who received whole blood or blood components prior to migration •Persons with other risk factors, such as chronic hemodialysis, persistently abnormal ALT levels, and other risk factors 	✓ <ul style="list-style-type: none"> •all biological children of HCV-positive mothers and •children with the same risk factors listed for adults
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.
Gonorrhea	No data support routine testing in refugees; test only if symptomatic.	
Pregnancy Testing	✓ Women of childbearing age.	✓ Girls of childbearing age.

Section XII: Referrals

Primary Care

To ensure continuity of care, all refugees should be referred to primary care services as needed that:

- Are accessible with their Medicaid or other insurance coverage;
- Are accessible via public transportation or insurance-covered transportation;
- In proximity to the refugee's residence.

Public Health

Tuberculosis and other reportable disease conditions should be coordinated with local public health.

Dental / Vision / Mental Health Services

Providers should also make referrals as appropriate, for dental, vision and mental health services.

I-693 / Civil Surgeons / Public Health Vaccination Clinics

Providers must supply all refugees with the contact information for their nearest USCIS Civil Surgeon or participating health department for completion of the I-693 form.

Civil Surgeons can be located using:

https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV or 1 (800) 375-5283.

Providers can become designated Civil Surgeons:

USCIS.gov > Resources > Designated Civil Surgeons

Section VI: Authorization for Release or Use of Protected Health Information

Refugee health screening must be HIPAA compliant:

- Providers must supply an authorization for the release and use of protected health information form to refugees for their signature and dating, authorizing ODJFS staff access to their records for invoicing and monitoring purposes.
- Records are the property of the provider agency, however, information pertaining to Refugee Medical Screening Program invoices, reports and surveillance requirements must be accessible to ODJFS.
- When submitting refugee health screening electronically, the Authorization for Release or Use of Protected Health Information forms **MUST** be kept in the patient's file and be available for inspection and or monitoring purposes.

NOTE: Health providers or their affiliates may not sign the witness section. This section must be signed by a third party (non affiliate of the health provider), e.g., resettlement agency representative, another patient or refugee, or a relative of a refugee.

Domestic Medical Screening Guidelines Summary Checklist*

Activity	All	Adults	Children
History & Physical Exam			
History	✓	Includes review of overseas medical records.	
Physical Exam & Review of	✓	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	✓		
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach
HIV Testing	✓		
Hepatitis B Testing	✓		
Blood Lead Level			✓ Children 6 months to 16 years
Syphilis Testing		✓	✓ Children ≥15 years ; children under 15 years 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 who are sexually active or children with risk factors
Newborn Screening Tests ¹			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations ²		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening ³	✓		
Stool Ova and Parasite Testing ⁴		✓ 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 ^{2, 5}		✓ Individuals who did not receive pre-departure presumptive treatment.	
Schistosomiasis Presumptive Treatment ^{2, 6}		✓ 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 ^{4, 6}		✓ 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

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

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

² Serological testing is an acceptable alternative

⁴ Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved

⁵ 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

⁶ 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.