

Recommended Health Screening Guidelines for Physicians who Serve Newly Arrived Refugee, Asylee, and Humanitarian Parole Populations in California



Summary

The California Department of Public Health's Office of Refugee Health provides comprehensive health screening for newly arrived refugees to California through eleven county programs. This tool provides recommended health screening guidelines which are in accordance with the Centers for Disease Control and Prevention (CDC) recommendations for the U.S. Domestic Medical Examination for Newly Arriving Refugees. These same standards are also applicable to asylees, humanitarian parolees, as well as migrant populations in general.

Refugee Population Health Screening Guidelines

Patient/Family Medical History

Refugees have exposures that affect physical and mental health in the premigration, migration, and postmigration stages of their journey. It is important to consider the migration journey may include several countries and environmental exposures other than the country of origin (e.g., Chagas' disease for African people migrating through South and Central America).

Medical History and Physical Exam

Physicians should inquire about prior medical records; current or recent medications or use of curative remedies such as herbs, balms, or pills; history of trauma, abuse, torture, human trafficking; past surgeries; blood transfusions; tattoos, other traditional cutting or scarification; female genital cutting; past and current substance use; sexual history (consensual/non-consensual); family structure noting current caregiver for children; social support; educational assessment; dental, vision and hearing screening.

Mental Health Assessment for Adults and Children

The [CDC Guidance for Mental Health Screening webpage](#) contains tools used for refugee populations of differing ages.

Recommended Laboratory Tests	Adult Patients	Children under 18
Complete Blood Count with Differential and AEC	Yes	Yes
Urine HCG	Yes, women of childbearing age	Yes, pubescent adolescent girls
Serologic testing for Hepatitis B (HBsAg, total Anti-HBc, IgM Anti-HBc, Anti-HBs)	Yes, if no prior testing is available.	Yes, if no prior testing is available.
Hepatitis C testing (Anti-HCV)	Yes	No, unless high risk
Lipid Panel ¹	Yes (see age and risk below)	No
HIV testing	Yes, if no prior testing is available	Yes, if no prior testing is available.
Blood Lead Levels	Yes, pregnant women only	Children \leq 16
Soil Transmitted Helminth Infections (stool examination for ova and parasites) ²	Yes	Yes
Malaria (thick and thin blood smears) Sub-Saharan Africa (SSA) ³	Yes	Yes
Serum Strongyloides IgG ⁴	Yes	Yes
Serum Schistosoma IgG Sub-Saharan Africa (SSA) ⁵	Yes	Yes
Helicobacter pylori (stool antigen or breath test)	Yes	Yes
Tuberculosis IGRA	Yes	Yes Children under 2, IGRA or PPD
STI Screening: Chlamydia and Gonorrhea	Yes, age 18 to 24, or if suspected of infection or risk factors present.	No, only if suspected of infection or risk factors present.
Syphilis	Yes, age 18 to 44, or if suspected of infection or risk factors present	No, only if suspected of infection or risk factors present.

Treatment and Reporting Requirements for Communicable Diseases

Medical professionals should follow treatment and reporting guidelines for communicable diseases, including treatment for latent TB infection.

Immunizations

Update all adult and childhood immunizations following CDC immunization schedules. [Immunization Schedules | Vaccines & Immunizations | CDC](#)

- Many refugees have received vaccines prior to entry which are imported into the CA Immunization Registry (CAIR2). Refugees should also have a copy of their overseas medical record which includes vaccination information.
- If patient has no documentation, assume they are not vaccinated and either test for serological immunity to vaccine preventable illnesses or give age-appropriate vaccines following CDC recommendations.
- Children who entered as unaccompanied minors have received vaccines with the Office of Refugee Resettlement. These records can be found in their packet of documents on release or can be requested from the [Office of Refugee Resettlement's Unaccompanied Children Program's Website](#).

¹ **Lipid Panel:** All men > 35 yrs. and women > 45 yrs. Screen men 20-35 yrs. and women 20-45yrs. who are at increased risk for CHD. Risk factors include: diabetes, obesity – BMI \geq 30, personal history of cardiovascular disease, hypertension, tobacco use or familial risk factors.

² **Soil Transmitted Helminth Infections:** Please visit the CDC website about Screening and Treatment of Intestinal Parasites. Before treating presumed or proven helminth infections with albendazole it is important to consider whether the patient is also at risk of neurocysticercosis and/or Loa Loa, since adverse reactions can result from anti-helminthic therapy if either condition is also present. Stool ova and parasite testing should include 2 samples.

³ **Malaria:** Sub Saharan Africa only, unless individual is from an endemic area and presents signs or symptoms of malaria, in which case they should receive diagnostic testing for Plasmodium and treatment for confirmed infections. A detailed migration history is important because many individuals from non-endemic areas have travelled through endemic areas. Please refer to the following CDC websites about Malaria Screening and Treatment for Refugees Relocating from Sub-Saharan Africa to the United States and Overseas Refugee Health Guidance.

⁴ **Serum Strongyloides:** Conduct diagnostics for Strongyloides using Strongyloides IgG serology. Please refer to the CDC website for Clinical Overview of Strongyloides | Strongyloides | CDC for clinical treatment of refugees with confirmed infection.

⁵ **Serum Schistosoma IgG:** Sub-Saharan Africa (SSA). Most refugees from SSA have been presumptively treated for schistosomiasis with praziquantel prior to departure (unless contraindicated); therefore, domestic testing and treatment for schistosomiasis are not necessary for most refugees from SSA. Asymptomatic SSA refugees who did not receive overseas presumptive praziquantel treatment may be presumptively treated after arrival or screened ("test and treat") if contraindications to presumptive treatment exist or if praziquantel is unavailable or inaccessible. A "test and treat" approach for schistosomiasis should include a schistosoma IgG serology. Testing of stool and urine for eggs and urine analysis for red blood cells, may also be done in conjunction. However, because of lack of sensitivity, these tests should not be used alone to rule out infection. Please visit the CDC website about Screening and Treatment of Intestinal Parasites.

Additional Screening Resources

To customize recommendations for the clinical assessment of individual refugees/asylees see the [CDC funded electronic CareRef Tool](#).

For up-to-date urgent health notices which may pertain to refugee populations, see the [CDC Health Alert Network \(HAN\)](#).

Dental and Vision Care

- CA Dental Providers who Accept Medi-Cal 1(800)322-6384
- [Vision Services for Fee-for-Service \(straight\) Medi-Cal Beneficiaries](#)

Individuals enrolled in a Medi-Cal managed healthcare plan must access services from their plan.

Medical requirement for refugee/asylee adjustment of immigration status to lawful permanent resident (green card) USCIS Form I-693

Medical providers can provide tests and vaccines necessary for adjustment of status/Green Card, but only registered civil surgeons are permitted to conduct the I-693 medical exam required for such applications. The US Citizen and Immigration Services Website has more information on civil surgeons.

Subject to local resources and patient preference, documentation of serological immunity to hepatitis A, hepatitis B, measles, mumps, and rubella can replace empiric vaccination. This is also acceptable for refugee/asylee adjustment of status to lawful permanent resident. Patients who report a history of chicken pox or have positive serology for varicella do not need to be vaccinated. Tests to test for disease serology are limited utility in pediatric patients and should be avoided.

Required Laboratory Tests for Adjustment of Status to Lawful Permanent Resident	Adult Patients	Children under 18
Tuberculosis IGRA	Yes	Yes ≥ 2 year and above
Syphilis	Yes, ages 18-44 only	No
Gonorrhea	Yes, ages 18-24 only	No

Table 1: Vaccine Requirements According to Applicant Age for Civil Surgeons

Effective: May 1, 2024

Vaccines by applicant age	Birth–1 month	2–11 months	12 months–6 years	7–10 years	11–17 years	18–64 years	≥ 65 years
DTP/DTaP/DT	NO	YES		NO			
Tdap/Td	NO			Sometimes*	YES Refer to ACIP Tdap/Td notes for adults without history of primary vaccination series		
Polio	NO	YES Refer to ACIP Poliovirus notes for adults without history of primary vaccination series					
Measles, Mumps, and Rubella	NO		YES, if born in 1957 or later			NO	
Rotavirus***	NO	YES Six weeks to eight months	NO				
Hib	NO	YES 2 through 59 months old		NO			
Hepatitis A	NO		YES 12 months through 18 years old			NO	
Hepatitis B	YES, through 59 years old					NO	
Meningococcal (MenACWY)	NO				YES 11 through 18 years old	NO	
Varicella	NO		YES				
Pneumococcal	NO	YES, 2 through 59 months old (Administer PCV)		NO			YES
Influenza	NO, if less than six months old		YES, ≥ 6 months (Annually. See ACIP notes for more information)				
COVID-19	NO, if less than six months old		YES, ≥ 6 months See COVID-19 section for additional information				

DTP=pediatric formulation diphtheria and tetanus toxoids and pertussis vaccine; DTaP=pediatric formulation diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (*[Children 7-10 years old](#) sometimes need a dose of Tdap depending on their vaccine history. See [Diphtheria, Tetanus and Pertussis-Containing Vaccines Catch-Up Guidance](#) on CDC's website for additional information). IPV=inactivated poliovirus vaccine (killed). Hib=*Haemophilus influenzae* type b conjugate vaccine; MenACWY=quadrivalent meningococcal conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPSV=pneumococcal polysaccharide vaccine. ***Rotavirus vaccination should not be initiated for infants aged 15 weeks 0 days or older.

This table describes vaccine requirements for U.S. status adjustment applicants and does not include recommendations for other clinical purposes. See the [Immunization Schedules](#) on CDC's website for number and spacing of doses for required vaccines



Table 1: Vaccine Requirements According to Applicant Age (Print-only)