



Recommended Health Screening Guidelines for Physicians who Serve Newly Arrived Refugee, Asylum Seeker, Asylee, and Humanitarian Parolee 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, asylum seekers, 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 during the Domestic Medical Examination for Newly Arrived Refugees webpage](#) contains tools used for refugee populations of differing ages.

Recommended Laboratory Tests

Adult Patients	Children under 18
Complete Blood Count with differential to look for eosinophilia	Yes
Urinalysis	No
Serologic testing for Hepatitis A if high risk	Yes, if high risk
Serologic testing for Hepatitis B and C	Yes
Lipid Panel *	No
HIV testing, unless asylee has known HIV+ status from overseas	Yes
Blood Lead Levels (pregnant women only)	Children ≤ 16
Soil Transmitted Helminth Infections (stool examination for ova and parasites) *	Yes
Malaria (thick and thin blood smears) *	Yes
Serum Strongyloides IgG *	Yes

Serum Schistosoma IgG	Yes
Helicobacter pylori (stool antigen or breath test)	Yes
Tuberculosis IGRA. Consider TB IGRA re-testing after 8-12 weeks to capture exposure during migration or in detention. If positive, chest x-ray to rule out active infection. ‡	Children PPD < 2
STI Screening: syphilis, chlamydia, and gonorrhea for individuals = > age 15 ‡	Children < 15 if concerns of trafficking or sex abuse

*Additional guidance appears on Page 3 for all laboratory tests/conditions and vaccines.

‡Required for asylee adjustment of immigration status to Lawful Permanent Resident/Green Card.

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 (see notes under Additional Guidance section).

Adult Vaccines Required to Adjust Status to Lawful Permanent Resident

- Measles, Mumps, Rubella dose # 1 and # 2
- Tetanus and Diphtheria Toxoids dose # 1 and # 2
- Pertussis single dose (can be administered as part of Tdap)
- Hepatitis A
- Hepatitis B
- Varicella dose # 1 and # 2
- COVID-19 dose # 1 and # 2
- Seasonal Influenza Vaccine

Child Vaccines Required to Adjust Status to Lawful Permanent Resident

- All children must be up-to-date on all vaccines, including seasonal influenza. Covid-19 vaccine(s) are required- as deemed age appropriate. Titers to test for disease serology are of limited utility in pediatric patients and should be avoided.

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 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 for varicella.

Note: Physicians 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.

Refer for 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](#)

All other Medi-Cal beneficiaries must access services from the Medi-Cal managed health care plan.

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 \(HAN\)](#).

Additional Guidance for Refugee Population Health Screening

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.

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.

Malaria: Sub-Saharan Africa only, unless an asylee 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 asylees 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](#).

Serum Strongyloides: Conduct diagnostics for Strongyloides using Strongyloides IgG serology and offer treatment to those with confirmed infection.

Vaccination: 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.

- For children 18 and under see the [CDC Immunization Schedule Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger](#).
- For adults 19 and older, see the [CDC Recommended Adult Immunization Schedule for Ages 19 Years or Older](#).
- Live vaccines (including MMR, varicella, influenza, and rotavirus) are generally contraindicated in pregnancy and for immunocompromised people.
- Note: Some asylees may have received vaccines prior to entry which may be found in the county immunization registry or the CA Immunization Registry (CAIR2).
- 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](#).
- Digital COVID-19 Vaccine Records can be accessed through the [State of California's Digital COVID-19 Vaccine Records](#).