Domestic Medical Screening Guidelines Checklist

Activity	All	Adults	Children
History & Physical Exam			
History (includes review of overseas medical records)	✓		
Physical Exam & Review of Systems (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	✓		
Cholesterol		✓ In accordance with the US Preventive Services Task Force guidelines	
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach or with consent from guardian
HIV Testing	✓ Opt-out approach		
Hepatitis B Testing	✓ or review vaccination status		
Hepatitis C Testing	✓	✓ Universal hepatitis C screening should be implemented for all new adult arrivals (≥18 years of age) and for pregnant women.	✓ Children with risk factors (e.g., hepatitis C -positive mothers, etc.) and for newly arrived unaccompanied refugee minors

*For specifics, see CDC guidelines at: https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing.

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Activity	All	Adults	Children
Hepatitis D Testing		✓ Testing is recommended for those who are HBsAg positive	✓ Testing is recommended for those who are HBsAg positive
Blood Lead Level		✓ Refugee adolescents > 16 years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure. All pregnant and lactating women.	✓ Children 6 months to 16 years. Follow-up testing 3-6 months after initial testing (1. All refugee infants ≤ 6 years. 2. Children 7-16 years with elevated blood lead levels at initial screening)
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
Newborn Screening Tests			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening	✓		
Stool Ova and Parasite Testing		✓ 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		✓ Individuals who did not receive pre-departure presumptive treatment may be presumptively treated at arrival, or screen ("test and treat") if contraindications to presumptive treatment exist or ivermectin is unavailable. (See Table 1 and 2). Refugees who have lived in a *Loa*	✓ Children who did not receive pre-departure presumptive treatment may be presumptively treated at arrival, or screen ("test and treat") if contraindications to presumptive treatment exist or ivermectin is unavailable. (See Table 1 and 2).

*For specifics, see CDC guidelines at: https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing.

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Activity	All	Adults	Children
		loa-endemic country should be tested for the presence of *Loa loa* microfilaremia *BEFORE* being treated with ivermectin	Refugees who have lived in a *Loa loa*-endemic country should be tested for the presence of *Loa loa* microfilaremia *BEFORE* being treated with ivermectin
Schistosomiasis Presumptive Treatment		✓ Refugees from sub-Saharan Africa 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 (see Tables 1 and 2)	✓ Children from sub-Saharan Africa 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 (see Tables 1 and 2)
Malaria Testing		✓ Individuals from sub-Saharan Africa who have not received pre-departure therapy with a recommended regimen should receive presumptive treatment or screening. Presumptive treatment is contraindicated for pregnant women (first trimester) and those with a known allergy to the medication	✓ Children from sub-Saharan Africa who have not received pre-departure therapy with a recommended regimen should receive presumptive treatment or screening. Presumptive treatment is contraindicated for infants weighing <5kg and those with a known allergy to the medication
Mental Health Evaluation, including substance abuse screening	✓	Screening is **not** designed to diagnose mental health conditions, but rather to identify individuals who should be referred for appropriate mental health diagnosis and management	
Vitamins Supplements		✓ 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
Screening for Female Genital Mutilation		✓ Women and girls from countries where the practice is prevalent	

*For specifics, see CDC guidelines at: https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html These *screening* guidelines are for *asymptomatic* refugees. Refugees with signs or symptoms should receive diagnostic testing.

Parasites infection: Recommended Medication Regimen and Contraindications

https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html

Table 1: Recommended Medication Regimen for Presumptive Treatment or Treatment of Identified Parasitic Infections in Adults, Pregnant Women, and Children[x]

Adults			
Refugee Population	**Treatment Regimens by Pathogen**		
	Albendazole for Soil-transmitted Helminths	***Ivermectin for Strongyloidiasis***	***Praziquantel for Schistosomiasis***
Asia, Middle East, North Africa, Latin America, and Caribbean	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days	Not recommended
Sub-Saharan Africa (non *Loa loa*-endemic)	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days	40 mg/kg‡ orally for one day
Sub-Saharan Africa (*Loa loa*–endemic)	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days if no Loa loa infection	40 mg/kg‡ orally for one day
Pregnant Women[§]			
Refugee Population	**Treatment Regimens by Pathogen**		
	Albendazole for Soil-transmitted Helminths	***Ivermectin for Strongyloidiasis***	***Praziquantel for Schistosomiasis***
Asia, Middle East, North Africa, Latin America, and Caribbean	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended

Sub-Saharan Africa	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	40 mg/kg‡ orally for one day
Children‖			
Refugee Population	**Treatment Regimens by Pathogen**		
	Albendazole for Soil-transmitted Helminths	***Ivermectin or High-dose Albendazole for Strongyloidiasis***	***Praziquantel for Schistosomiasis***
Asia, Middle East, North Africa, Latin America, and Caribbean	Presumptive therapy is not recommended for any infant less than 12 months of age.	200 µg/kg orally once a day for 2 days	Not recommended
	12–23 months of age: 200 mg orally for 1 day	Should not be used *presumptively* if child is <15 kg or from *Loa loa*-endemic country	
	>2 years: 400 mg orally for 1 day		
Sub-Saharan Africa	*Presumptive* therapy is not recommended for any infant less than 12 months of age.	200 µg/kg orally once a day for 2 days	Presumptive treatment is not recommended for children < 4 years of age.
	12–23 months of age: 200 mg orally for 1 day	Should not be used *presumptively* if ≤15 kg or from *Loa loa*-endemic country	≥ 4 years: 40 mg/kg‡ orally for one day.
	≥2 years: 400 mg orally for 1 day		

[x]Information on overseas pre-departure intervention programs is available on the CDC Immigrant, Refugee, and Migrant Health website.

‡ May be divided and given in two doses for better tolerance.
§ The risk of strongyloidiasis during pregnancy needs to be balanced with the risk of treatment. While the infection itself does not pose a particular pregnancy risk, if a pregnant woman with strongyloidiasis receives immunosuppressive drugs (e.g., betamethasone for preterm labor), she is at risk of hyperinfection syndrome and death.
‖ If *Strongyloides*, other STH, or schistosomiasis infection is identified in children below age or weight limitations, treatment should still be offered.

Table 2: Contraindications to Presumptive Treatment with Albendazole, Ivermectin, and Praziquantel

Albendazole	
Medical Contraindications	***Other Contraindications***
Known cysticercosis or neurocysticercosis*	Children <1 year of age
Seizures or neurologic disorders of unknown etiology (suggestive of possible neurocysticercosis)	Pregnancy
	Known hypersensitivity or allergy
Ivermectin	
Medical Contraindications	***Other Contraindications***
Presence of *Loa loa* microfilaremia**	Children weighing <15 kg
	Pregnancy or breastfeeding an infant <1 week old
	Known hypersensitivity or allergy
Praziquantel	
Medical Contraindications	***Other Contraindications***
Known cysticercosis or neurocysticercosis*	Children <4 years old
Seizures or neurologic disorders of unknown etiology (suggestive of possible neurocysticercosis)	Known hypersensitivity or allergy

*Cysticercosis (e.g., subcutaneous nodules) is a parasitic tissue infection caused by Taenia solium. Taenia brain cysts (neurocysticercosis) may cause seizures or other neurologic disorders. Presumptive treatment with albendazole and/or praziquantel is contraindicated in these cases, and expert consultation is strongly recommended.
**Treatment of identified strongyloidiasis is contraindicated in patients with high-burden Loa loa parasitemia (see Loa loa endemic country list, above). In these cases, ivermectin may precipitate encephalopathy.