Refugee Health Guidelines Manual

Winter 2023

Georgia Department of Public Health

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Attachments

State of Georgia Refugee Health Guidelines Manual

Preface

A refugee, as defined by the Refugee Act of 1980, is "a person who is outside of and unable or unwilling to avail himself/herself of the protection of the home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion." [1] Asylees, parolees, and Victims of Severe Forms of Human Trafficking who are certified by the Office of Refugee Resettlement (ORR) are entitled to receive services provided to refugees. The refugee population is considered, and arguably, the most vulnerable population in terms of physical, social, and psychological well-being. Many are forced to flee their home at a very short notice and have experienced torture and horrific traumatic events. In addition, most refugees have spent years in an overcrowded camp with little to no access to health care and arrive in Georgia with physical and mental health problems.

The State Refugee Health Program's (SRHP) mission is to promote the physical, mental, and social well-being of all newly arriving refugees in Georgia. Since 1981, the state has resettled over 75,000 refugees. The program works with voluntary agencies, county health departments, and family sponsors to ensure that refugees receive an initial domestic health screening. Based on the data collected, it becomes increasingly important to address the continued health needs of the refugee as well as the endogenous community where the populations are resettled.

Many within the refugee population have health issues that are preventable; however, these issues are compounded by poverty, civil unrest, poor infrastructures, and poor access to much needed health services. Refugees typically come from areas of the world where a formal health care system is nonexistent or completely different from that of the United States (U.S.). Cultural, linguistic, and system barriers hinder the refugees from visiting health institutions for health assessment and follow-up services. Furthermore, some refugees with communicable diseases are hesitant to receive health services because of the fear of being deported if their health problem is identified. Newly arriving refugees may have no prior knowledge regarding the U.S. health care system, and many often have an array of complex health problems varying from acute to untreated chronic illnesses. Linking and managing the newly arriving refugee to comprehensive primary health care services and providing multicultural health education should be apriority.

[1] USCIS, "Definition of Refugee from the Immigration & Nationality Act," Section 101(a)(42)

Section 1: Introduction & Summary

The goal and purpose of this guide is to provide general information to assist health care providers in successfully completing the domestic health screening exam for all newly arriving refugees. The health screening process requires active involvement, participation, and collaboration of health care provider, local health departments, voluntary agencies, and the Georgia Department of Public Health to ensure that refugees receive the most optimal services afforded to them.

This guide contains resources that will be useful while navigating the various aspects of the health screening process, as well as explanations by the Centers for Disease Control and Prevention (CDC) for frequently encountered health screening issues.

What is the Refugee Health Screening?

The refugee health screening (also referred to as the domestic refugee health assessment) is ideally completed in the state of the refugee's initial arrival to the United States. The refugee health screening has four central purposes: (1) to reduce and recognize health-related barriers to successful resettlement, (2) to protect the health of local, state and national populations, (3) identify health issues that may need continued care over and beyond public health's capacity, and (4) ensure that the client has full use of Medicaid during their twelve month eligibility as mandated by the Federal Office of Refugee Resettlement (ORR).

The Federal Refugee Act of 1980 directs every state to offer a health exam to newly arrived refugees; however, it is not mandatory that refugees undergo the assessment. In Georgia, refugees are eligible for medical Assistance during their first twelve months in the United States, which can be billed for all components of the exam.

Overseas Exam vs. Domestic Exam

The Georgia Refugee Domestic Health Assessment differs significantly from the medical examination completed overseas in both its purpose and scope. The overseas examination is intended to identify medical conditions that will exclude a person from coming to the U.S. The domestic refugee health assessment is designed to reduce health-related barriers to successful resettlement, while protecting the health of Georgia residents, and the U.S. population.

The overseas examination is valid for up to a year, so there is potential for a lengthy lag period between medical clearance and arrival in Georgia. The possibility exists for an individual to develop medical conditions, such as active tuberculosis, after the overseas exam, which may remain undetected until the health assessment is administered. Obtaining the results of this health assessment on newly arriving refugees is crucial to the development of appropriate public health responses to health issues.

Why is the Health Screening Important?

There are various reasons why the health screening for newly arrived refugees is particularly important to successful resettlement in the United States, most notably:

Newly arrived refugees may have received little or no medical care for several years prior to resettlement.

- Depending on the area of the world that refugees are emigrating from, there are infectious diseases refugees are vulnerable to (such as parasitic infections) which can have long latency periods and can negatively impact their health for many years if left untreated.
- Tuberculosis
- Hepatitis B & C screening
  Intestinal parasites
- Sexually transmitted infections
  - HIV,
  - Syphilis,
  - Gonorrhea
  - Chlamydia
- Immunization assessment
- Lead (ages ≤ 16 years)
- Assessment and referral for other health issues

Completion of the Refugee Health Assessment

The first appointment for the health screening should be initiated *within 30 days* of arrival. It is important to schedule health screenings and conduct appropriate follow up as soon as possible to ensure refugees have full use of Medicaid during their twelve-month eligibility period. The goals of the refugee health screening exam are to screen for and treat any identified communicable diseases, develop a problem list of any health issues to be referred to a primary care provider, begin preventive health care, assess and start immunizations, and refer all clients to primary care for continuation of health care. Both diagnosis and treatment should be cost effective. All refugees, regardless of the 30-day time frame, should have the initial health assessment done and that information reported to the Georgia Refugee Health Program.

Submission of the Georgia Domestic Refugee Health Assessment Form

Once the assessment form has been

completed, send a copy to:

State Refugee Health Program
Antoine.Anzele@dph.ga.gov and
Monica.Vargas@dph.ga.gov

Section 2: Immigrant Status Eligible for Refugee Services

The Department of Homeland Security determines refugee status before a person is eligible for resettlement in the United States. Refugees are a category of immigrants, as defined by the Refugee Act of 1980, as a person who is outside of and unable or unwilling to avail himself/herself of the protection of the home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion."[2] They are entitled to all of the rights and responsibilities of legal residents.

The following groups are eligible for refugee programs and benefits: refugees, asylees, Cuban/Haitian asylum applicants, Cuban/Haitian entrants, Amerasians, Afghan and Iraqi Special Immigrants, and certain victims of severe forms of human trafficking.

TITLE 45--PUBLIC WELFARE, CHAPTER IV--OFFICE OF REFUGEE RESETTLEMENT, ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 400--REFUGEE RESETTLEMENT PROGRAM--Table of Contents, Subpart D--Immigration Status and Identification of Refugees

Sec. 400.43 Requirements for documentation of refugee status.

An applicant for assistance under Title IV of the Immigration and Nationality Act (INA) must provide proof, in the form of documentation issued by USCIS, of one of the following statuses under the INA as a condition of eligibility:

(1) Paroled as a refugee or asylee under section 212(d)(5) of the INA;

(2) Admitted as a refugee under section 207 of the INA;

(3) Granted asylum under section 208 of the INA;

(4) Cuban and Haitian entrants, in accordance with requirements in 45 CFR part 401;

(5) Certain Amerasians from Vietnam who are admitted to the U.S. as immigrants pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988 (as contained in section 101(e) of Public Law 100-202 and amended by the 9th proviso under Migration and Refugee Assistance in title II of the Foreign Operations, Export Financing, and Related Programs Appropriations Acts, 1989 (Public Law 100-461 as amended)).

[51 FR 3915, Jan. 30, 1986, as amended at 65 FR 15443, Mar. 22, 2000]

Additional Immigration Statuses Eligible for Refugee Benefits

(6) Afghan and Iraqi Special Immigrants under section 101(a)(27) of the INA;

[2] U.S. Citizenship and Immigration Services. Definition of Refugee from the Immigration and Nationality Act, Sec. 101(a)(42).

(7) Certain victims of severe forms of human trafficking under the Trafficking Victims Protection Act of 2000 (TVPA).

The term "refugee" is used in this document, unless otherwise noted, to encompass all categories of individuals who are eligible to participate in the refugee program.

According to the Immigration and Nationality Act, refugees, including Cuban/Haitian Entrants and certain Amerasian's, are eligible for refugee health services for a period of twelve months from the date they enter the United States. Asylees and Victims of Human Trafficking are eligible to receive a refugee health assessment with appropriate identifying papers. These groups have been defined below:

Refugees

- Foreign-born resident
- Not a U.S. citizen
- Cannot return to country of origin due to persecution or well-founded fear of persecution
- Status 207 – Status given prior to entering the United States
- Status is generally given by the State Department or the United States Citizenship and Immigration Services (USCIS)

Asylees

- Foreign-born resident
- Not a U.S. citizen
- Cannot return to country of origin due to persecution or well-founded fear of persecution
- Status 208 – applies for status while in the United States
- Status is generally given by the State Department or the United States Citizenship and Immigration Services (USCIS)
- Spouse(s) and children under the age of 21 are admitted as derivative asylees

Cuban/Haitian Entrants

- Foreign-born resident
- Not a U.S. citizen
- Status 212(d)5 – Discretionary Parolee who has been given special permission to enter the United States:
  - ✓ For "urgent humanitarian reasons", or
  - ✓ When the person's entry into the U.S. is a "significant public benefit"

TITLE 45--PUBLIC WELFARE CHAPTER IV--OFFICE OF REFUGEE RESETTLEMENT, ADMINISTRATION FOR CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES

PART 401--CUBAN/HAITIAN ENTRANT PROGRAM--Table of Contents

Sec. 401.12 Cuban and Haitian entrant cash and medical assistance.

Except as may be otherwise provided in this section, cash and medical assistance shall be provided to Cuban and Haitian entrants by the same agencies, under the same conditions, and to the same extent as such assistance is provided to refugees under Part 400 of this title.

[CITE: 45CFR401.12]

Amerasian Legal Permanent Resident (LPR)

- Aliens from Cambodia, Korea, Laos, Thailand, or Vietnam
- Born after December 31, 1950, and before October 22, 1982
- Fathered by a United States citizen

Unaccompanied Minors

- Refugee children 18 years of age and under eligible to enter the United States but do not have a parent or guardian
- Identified by the State Department and placed under The Unaccompanied Refugee Minor Program
- Lutheran Immigration Refugee Services (LIRS) and The United States Catholic Conference (USCC) are the lead voluntary agencies responsible for placing minors

Victims of Trafficking

- Trafficking is the recruitment, transporting, and harboring of individuals to unlawfully and unwillingly perform labor to include sexual services, domestic labor, agricultural labor, servile marriages, and internet/mail order brides. Victims are forced through physical violence, threats, debt bondage, slavery and peonage, as well as coercion.
- Trafficking – form of modern day slavery
- Victims receive a T-VISA, which allows them to receive the same benefits as a refugee
- Contact Tapestri, Inc., Trafficking Project for publications, brochures, flyers, and/or training
- If you suspect someone is a victim of human trafficking, the Tapestri hotline is available to contact at 404-299-0895 or 1-866-317-3733 (hotline with applicable interpreters)

Afghan and Iraqi Special Immigrant Visas (SIV)

- Special immigrant status is available under section 1059 of the National Defense Authorization Act for FY 2006 to Afghan and Iraqi nationals who worked directly for the United States Armed Forces, or under the authority of the Chief of Mission, as a translator or interpreter, and to their spouses and children.
- Once admitted to the U.S. as permanent residents, these individuals and their families may eventually acquire U.S. citizenship.

Section 3: Refugee Health Screening Protocol

The Georgia Refugee Health Program, in collaboration with county health departments (CHDs), community health centers (CHCs), and local resettlement agencies, work to ensure that newly arriving refugees who enter the state receive adequate health screenings. Refugees receive an overseas medical exam up to twelve (12) months prior to entering the United States. During this one-year period, refugees are at high risk for communicable diseases. It is important to ensure a healthy transition for the refugee as well as the community in which the refugee resettles. Therefore, it is imperative for each refugee to receive a health screening. ***(This manual includes CDC's guidelines for refugee health screening for your reference at the end of this manual.)***

Refugees should receive an initiated health screening within **30 days** of arrival (within 7 days for HIV positive refugees). Some refugees arrive with Class B conditions that require rapid follow-up. Local resettlement agencies should advise refugees to bring a copy of their overseas exam results to the initial health screening at the county health departments. Local Resettlement Agencies (LRAs) should coordinate with the screening sites to schedule appointments to ensure that refugees are screened within **30 days** from their arrival date. The Refugee Domestic Health Assessment Form/Invoice
– Form 3085 (**Attachment 1**) should be mailed or faxed to the Refugee Health Program by the 10th of the following month for reimbursement.

Screening Protocol

The following protocol should be followed when a refugee visits your facility for a health screening.

1. Verify the client is a refugee by checking the I-94 card, the American Council of Voluntary Agencies (ACVA) form, and/or Certified State Department Letter (**Attachment 2**).

2. Perform the tests indicated on the Domestic Health Assessment Form/Invoice – Form 3085. Please indicate if you were unable to perform a test because of client's age.

3. Complete the invoice in its entirety, sign, and date. Behind each invoice, attach:
   - A copy of proof of status (I-94 Card or ACVA).
   - Completed Refugee Health Referral Form indicating test results and follow-up information for **all** abnormal results (**Attachment 3**)

4. Submit invoices to the SRHP for reimbursement

   - Invoices must be in the SRHP office by the **10th day** of the following month. Invoices submitted after the **10th day** deadline will not be reimbursed, and Medicaid will cover the costs of the screening[3].
   - Children (0-20 years) should be billed to Medicaid.
   - Invoices may be sent via mail, secure email, or fax.
   - If all tests have not been completed during this time, submit the information you presently have, and submit completed information within 60 days of initial health screening.

[3] This rule only applies to those individuals with refugee status. Asylees, Parolees, and victims of human-trafficking have up to 90 days for submission of invoices.

5. The invoices are then entered by the Refugee Health Program staff for payment.

6. A reimbursement report will be sent to your clinic supervisor indicating the refugees you are being reimbursed for and the amount for your records

7. For questions, comments, or concerns regarding billing contact the SRHP office at 404-657-2927.

Section 4: Reimbursement for Services

The maximum amount of reimbursement rates that can be claimed on an invoice is as following for adult refugees in the following age tiers:

Age	Reimbursement
21-39	$786.23
40-64	$807.23
65 and older	$827.23

Medicaid will reimburse refugee children under the age of 21.

The SRHP will reimburse CHDs for services provided during the initial health screening and follow-up, including the first doses of applicable vaccines within **30 days of arrival**. If additional vaccination doses are needed after 30 days to complete immunization, Refugee Medical Assistance (RMA) will not cover the cost. County health departments will have **60 days** from the date of arrival to claim additional reimbursements for pending laboratory tests. If pending laboratory tests are submitted after 60 days from the date of arrival, RMA will not cover the cost. Listed below are the maximum amounts you can claim for each test.

County Health Departments and Federally Qualified Health Centers can only bill the State Refugee Health Program or Medicaid for initial health services, but not both!

Tests	Reimbursement Claim
Tuberculosis: • **IGRA/QuantiFERON Test/T-Spot** • **Tuberculin Skin Test** • **Chest X-Ray**	 **$80.00** **$ 9.00** **$24.00**
Hepatitis B	**$43.00**
Hepatitis C	**$20.00**
Stool/Ova	**$15.00**
STD • **Syphilis** • **Chlamydia/Gonorrhea**	 **$ 6.23** **$17.00**

Physical Assessments (based on age): • **21-39 years** • **40-64 years** • **65 years and older**	**$128.00** **$149.00** **$161.00**
Complete Blood Count	**$11.00**
Urinalysis	**$ 4.00**
Cholesterol • **Total** • **HDL**	**$ 6.00** **$ 11.00**
Pregnancy	**$ 9.00**
HIV	**$20.00**
Hgb A1C	**Reimbursed under Physical Assessments**

Immunizations	Reimbursement Claim
TD	**$30.00**
Tdap	**$43.00**
MMR	**$63.00**
Hepatitis A & B/Twinrix	**$93.00**
Pneumococcal	**$79.00**
Varicella	**$108.00**

The SRHP will **only** reimburse county health departments for the initial dose of immunizations for adult refugees. Medicaid will cover additional and subsequent doses.

Children aged 0 through 18 years of age who are in "refugee" status and meet VFC eligibility criteria are considered VFC eligible. Medicaid should be billed for the administration fee only for vaccines given to refugees in the 19–20-year-old age group. *(Note: U.S. citizenship is not required to receive any federal or state-supplied vaccine.)*

Effective December 14, 2009, vaccination requirements for U.S. immigration were revised. CDC will use these criteria for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to decide which vaccines will be required for U.S. immigration. The criteria will be used at regular periods, as needed, by CDC. The new vaccination criteria are:

- The vaccine must be age-appropriate for the immigrant applicant

- The vaccine must protect against a disease that has the potential to cause an outbreak
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States

ACIP recommends vaccines for a certain age range in the general U.S. public. These ACIP recommendations will be used to decide which vaccines are age-appropriate for the general immigrant population.

Instructions for Form 3085

A. Refugee Demographic Information

In preparation for the domestic RHA, staff often assists refugees to complete the demographics part of the RHA form, or a sticker may be placed, as described below:

Table 1. Refugee Demographic Information

ITEM	DEFINITION	HOW TO FILL OUT THIS FIELD
County	County of resettlement	County Name
Alien #:	Unique identification number assigned overseas to U.S. entrants. (Asylees and other entrants may have "Alien numbers" ("A#") assigned when they are granted asylum). This number may be found on overseas medical examination records, and sometimes on visas or otherofficial U.S. documentation.	XXX-XXX-XXX
Date of Health Assessment	Date the ***initial health assessment was performed***. This is ***not*** the date when blood work or laboratory tests were initiated, or when a PPD was first placed.	MM/DD/YYYY
Patient Name	This may be found on overseas medical examination records, and on visas or other official U.S. documentation. Please check overseas documentation for correct name order.	Name
Sex:	Male or female. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation. Connecticut does not yet have an "Other" sex category.	Check M or F
Date of Birth	This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	MM/DD/YYYY
Street Address, City, State, Zip	Current address in the U.S. This may either be the address of initial resettlement, or the RRA/sponsor's address.	Fill out with currently known address, or RRA address if necessary.
Home Telephone #	Current telephone number in the U.S. This may either be the phone number of initial resettlement, or the RRA/sponsor's phone number.	Fill out with currently known phone #, or RRA phone # if necessary.

I-94 Status	Check the client's I-94 Status Box as indicated on their ACVA or I-94 Card.	Check I-94 Box
Country of Birth	Country of birth, rather than country of citizenship or last residence, is important for public health purposes. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	Country of birth. Check against overseas records.
Sponsor	Sponsors are considered local voluntary agencies, or family members. If the client has a family member, it is usually represented by "no local resettlement agency."	Check Appropriate box for Sponsor
Date of Arrival	This is the official U.S. Quarantine Station date, or other official U.S. entry date, not the date that a RRA or provider was notified of U.S. entry. This may be found on overseas medical examination records, and sometimes on visas or other official U.S. documentation.	MM/DD/YYYY
Language needs	This may be found on overseas medical examination records. Determine if an interpreter is needed or not. If an interpreter is used, please indicate if it was a County, State, or Language Line Interpreter.	1. Interpretation needed: Check yes or no. 2. Check who provided the interpretation: County, State, or Language Line
Overseas Class A, B1, B2 Status:	This classification indicates that overseas physicians have noted possible infection or exposure to certain diseases. The most common overseas classification will be "B1 (or B2) Tuberculosis". These persons should be evaluated as soon as possible to rule out or treat active TB disease, or latent TB infection (LTBI). This classification may be found on overseas medical examination records.	Mark down "B1", "B2", "B3", or "A" classification for TB or other diseases - only if shown on the overseas documents.

B. Screening/Test Results

The purpose of a domestic refugee health assessment is to screen for communicable diseases of public health importance, to review overseas medical documentation for potential health issues, and to diagnose and treat those and other health concerns so that refugees may more easily resettle in the U.S.

While full clinical information will generally remain in patients' medical records at their primary care provider's institution, the RHA form reflects the public health mission of the federal CDC and ORR refugee and immigrant health programs. Table 2 describes how to fill out the RHA form for each screening requested, in the order they appear on the form.

Table 2. Screenings and Test Results for Refugee Health Assessment

ITEM	DEFINITION	HOW TO FILL OUT THIS FIELD
Immunizations	Immunization records from overseas medical examinations should be found in overseas documentation. However, CDC notes that, "Refugees, unlike most immigrant populations, are not required to have any vaccinations before arrival in the United States… Therefore, most refugees, including adults, will not have had complete Advisory Committee on Immunization Practices (ACIP)-recommended vaccinations when they arrive in the United States." See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html	Review overseas records, test for immunity if appropriate. Enter dates and types of vaccinations given or referrals as appropriate. Note if begun on immunization catch-up schedule.
Tuberculosis Screening (TB screening must be done for all refugees *regardless of BCG history.*)	While TB screening has usually been done during the refugees' overseas examinations, often there is a time lag of several months between those tests and U.S. entry. In addition, it is sometimes the case that refugees are unable to have the TB screenings overseas. For this reason, domestic TB screening must be done for all refugees. -Evaluate overseas records. -Evaluate for signs or symptoms of disease during the physical examination. - ***Regardless of BCG history,*** administer a Mantoux tuberculin skin test and/or interferon-gamma release assay (IGRA). Consult with your TB Program for further instructions. -**Chest X-ray MUST be done if:** If Positive TST (Consult with your	Screen and record date and type of test, and record test results.

	TB Program) or positive blood assay results, **OR** TB Class A or B designation from overseas exam, **OR** if symptomatic, regardless of TST or IGRA results. Exceptions to TST screening at domestic RHA: -Do not repeat TST if a ***documented*** previous positive TST result is available. -If the refugee reports a history of a previous severe reaction to a TST (e.g. blistering, ulceration), repeating the TST is contraindicated. See the CDC guidelines for more information: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html	
Tuberculosis Diagnosis (MUST CHECK ONE)	See above, and see the CDC guidelines for more information http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html	Record diagnosis as appropriate. Record treatment information as known.
Hepatitis B Screening	All refugees originating from countries where hepatitis is intermediately or highly endemic (hepatitis B virus surface antigen prevalence >2%), as well as those who are at risk for hepatitis B infection should be tested for hepatitis B virus infection and existing immunity. **Providers should review and document past overseas screening and immunizations for evidence of immunity and surface antigen-positives.** *Draw blood first, and then vaccinate, to avoid false positive results. -Positive anti-HBs and /or anti-HBc indicates immunity; no HBV vaccine needed. -Positive HBsAg indicates patient is infectious. -Refer persons with chronic HBV infection for additional ongoing medical evaluation. -**Special emphasis for screening should be given to pregnancy and recently pregnant women who are HBsAG positive.** Vaccinate previously unvaccinated and susceptible children and adults. Refugees who are not immune and not chronically infected should be	Enter screening results and referrals as appropriate. If hepatitis B screening not done, indicate reason why.

	offered vaccination. See the CDC guidelines for more information: http://www.cdc.gov/hepatitis/HBV/HBVFaq.htm http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/viral-hepatitis.html	
Hepatitis C Screening	Screen ONLY refugees in high-risk groups: (e.g., IDUs, HIV+; body piercings/tattoos, etc.). See the CDC guidelines for more information http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/viral-hepatitis.html	Enter screening results and referrals as appropriate.
HIV	Since January 4, 2010, refugees and immigrants are no longer tested overseas for HIV before U.S. entry. Therefore, the CDC recommends domestic HIV "screening of all refugees 13-64 years of age…[and]… screening of all refugees on arrival, including those ≤12 years and ≥64 years of age, is also encouraged." See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html	Enter screening results and referrals as appropriate.
Syphilis	Note: although most refugees have been screened overseas for syphilis, refugees ≥ 15 years old must also be screened domestically for syphilis, regardless of overseas documentation. -VDRL/RPR test: If positive, conduct confirmatory test, then treat or refer as appropriate; OR -EIA test: IF positive, conduct confirmatory test, then treat or refer as appropriate See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases.html	Screen and enter results, follow-up and/or treatment.
Chlamydia	Testing for women up to 26 years old; or older with risk factors. See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases.html	Enter screening results and referrals as appropriate.
Gonorrhea	Testing only for specific groups: See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefu	Enter screening results and referrals as appropriate.

	geehealth/guidelines/domestic/sexually-transmitted-diseases.html	
Laboratory Tests	Urinalysis, serum chemistry, Hgb A1C, and cholesterol testing as per CDC and ORR guidelines. See CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html)	Test and record results as appropriate.
Lead Screening **(For all refugee children 6 mos. to 16 years old)**	Refugee children are at risk for elevated blood lead levels due to the circumstances surrounding their relocation, and they are not tested for lead before U.S. arrival. The CDC notes that, "… potential lead exposures include lead-containing gasoline combustion, industrial emissions, ammunition manufacturing and use, burning of fossil fuels and waste, and lead-containing traditional remedies, foods, ceramics, and utensils." All refugee children aged 6 months up to 17 years old, should be screened for blood lead levels. See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html	Enter screening results and referrals as appropriate. If lead screening not done, indicate reason why.
CBC with Differential	A complete blood count with differential should be done for all refugees as part of the RHA. The RHA form requests results for eosinophilia as potentially indicative of parasite infection. See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html#blood; http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html	Record results as appropriate. If eosinophilia assessment not done, indicate reason why.
Intestinal Parasites Screening	Many refugees resettle in the U.S. from areas of the world where intestinal parasites are endemic. Many refugees may have been treated at the pre-departure medical examination with an anthelminthic drug. If given, treatment should be indicated on the refugees' overseas medical documents. According to the CDC:	Review overseas records for pre-departure presumptive treatment and enter results. Enter presumptive treatment or serology or stool specimens, as appropriate. Refer as appropriate.

	"1. Screening for parasitic infection in asymptomatic refugees who had no pre-departure treatment: A refugee who received no overseas predeparture antiparasitic treatment should receive post-arrival intestinal parasite screening tests. This evaluation should include O&P examinations performed on separate morning stools by the concentration method. All potentially pathogenic parasites detected should be treated. In addition, serological studies should be performed for strongyloidiasis (all refugees) and for schistosomiasis (sub-Saharan African refugees). An eosinophil count should be routinely performed as part of the domestic medical screening examination. 2. Screening for parasitic infection in asymptomatic refugees who received single dose pre-departure albendazole +/- pre-departure praziquantel: These persons should have an absolute eosinophil count as part of their hematologic profile during domestic routine screening and serological testing for strongyloidiasis and schistosomiasis in sub-Saharan African refugees (if not previously treated with praziquantel). ***3. Screening for parasitic infection in asymptomatic refugees who received high-dose pre-departure albendazole (7 days) OR ivermectin +/- praziquantel:*** These persons should have an absolute eosinophil count as part of their routine domestic hematologic profile." See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html	
Malaria Screening	Many refugees resettle in the U.S. from areas of the world where malaria is endemic. See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/malaria-guidelines-domestic.html	Enter screening results and referrals as appropriate.
Mental Health Screening	Many refugees have suffered trauma, torture, and social and physical dislocation during their	Review overseas documents for mental health issues. Perform mental health screening, and enter

	flight and resettlement. In addition, mental health issues may manifest as pain or other somatic complaints. See the CDC guidelines for more information: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html	results and referrals as necessary.
Other Screenings Conducted	These screenings should be conducted for all refugees. These include: dental, hearing, vision, nutrition/vitamin levels (e.g. B-12, Vitamin D-levels, etc), and pregnancy. Please indicate if screened, treated, and/or referred.	Enter screening results and referrals as appropriate.
Mental Health/Substance Abuse	Alcohol and substance abuse that are culturally specific stimulatory substances.	Enter as appropriate. RHS-15
Other Referrals	Please indicate any referrals made. The most common include: primary care, infectious diseases; HIV/STI/STD, women's health, prenatal health, newborn screening, nutrition/vitamins, hypertension, diabetes, health education, parasitology, pain. Space is provided for other referrals made.	Enter as appropriate.
Comments	Further concerns or actions taken for RHA.	Please fill in as necessary.

C. Provider Information

Table 3. Refugee Health Assessment Provider Information

Name	Name of provider (Nurse or Physician) who conducted the initial health assessment.	Signature of Name
Facility Name	Name of provider's practice or health care facility.	Write clearly, or a stamp may be used.

Additional Considerations:

Mental Health – Required for refugees ≥14 years of age. Programs should make every effort to utilize the RHS-15 (**Attachment 4**). If you are unable to use the RHS-15, use the abbreviated assessment questions below:

- How are you coping with the changes since arriving in the U.S.?
- Are you being helped by a sponsor, family member(s), or friends?
- Is there anything causing stress or worry for you or your family?
- Are you having any difficulties sleeping?
- Are you having difficulties with memory/concentration?
- Do you have any past mental health programs and/or treatment?
- How would you say you are feeling today?

Refer as appropriate based on responses and document referral. Do not ask leading questions and be sure to ask questions individually.

Female Genital Cutting (FGC) - Female genital cutting (also known as female circumcision, female genital mutilation, and female genital excision) refers to all procedures involving partial or total removal of female genitalia or other injury to female genital organs for any cultural, religious, or otherwise nontherapeutic reasons. This practice, although pervasive throughout the world, is common in many refugee populations, particularly those from East Africa (e.g., Somalia, Ethiopia, and Sudan). This controversial practice is considered a human rights violation by many and is illegal in the U.S. for females under 18 years of age. The World Health Organization (WHO) has condemned the practice and is making efforts to end it. The practice poses adverse medical consequences, including direct complications from the procedure (anesthesia or sedation complications, bleeding, acute infection), increased risk of death for both mother and infant in subsequent pregnancies, post-traumatic stress disorder, and urinary tract infections, among others. In addition, there may be adverse consequences for the woman's sexual well-being.

An external genital examination will reveal whether a girl or woman has undergone this procedure. Although this examination is required on the overseas medical examination, it may not have been performed. As such, the refugee health assessment presents an opportunity to identify women who have had the procedure. The exam may also provide opportunities to interrupt the practice in future generations of the family and/or population. When the practice is identified, the health care provider should record what type of procedure was performed (see table below). Culturally sensitive counseling and educational materials should be offered and, when necessary, referrals provided (e.g., for complications or posttraumatic stress disorder). The refugee should be informed that the procedure is illegal in the U.S.

World Health Organization Categorization of Female Genital Cutting	
Type I	Partial or total removal of the clitoris (clitorectomy).
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.
Type III	Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or majora (infibulation), with or without excision of the clitoris.
Type IV	All other harmful procedures to the female genitalia for nonmedical purposes (e.g., piercing, incising, pricking, scraping, and cauterization).

In providing care for clients affected by FGC, health care professionals should start by examining their own personal attitudes towards the practice. For example, they may regard FGC as oppression of women, but all circumcised women who see FGC as part of their 'honor' and self-identity do not share this view. Also, health care professionals need to be aware that in many cultures:

- FGC is carried out with the best interest of young girls at heart, however harmful it may seem from a Western viewpoint.
- It is sanctioned by the community and endorsed by loving parents in the belief that it will ensure their daughter's health, chastity, hygiene, fertility, honor and eligibility for marriage.
- It is seen as 'normal' to the women who are affected by it. An appropriate approach to FGC should include:
- Using appropriate, non-judgmental terminology when referring to FGC (consider refraining from using the Western term 'female genital mutilation'; ask for the client's own terminology for FGC or use such words as 'cutting,' or 'female circumcision').
- Being sensitive to the possibility that the woman may wish to discuss issues associated with FGC; however, avoid raising the subject when there is no apparent reason to do so.
- Consider a referral to a female doctor.
- Reassure women that any questions relating to FGC are to do with health care, not the U.S. laws.
- Avoid discussing FGC in a family consultation; it is not customary to discuss the topic around family members.
- Be aware that the client may never have had a gynecological examination.
- Be aware that pelvic examination may be difficult, painful, or impossible and should not be continued if it is unduly uncomfortable for the client.
- Document findings in detail to minimize the need for repeat examinations and so that future needs can be anticipated and arranged.
- Recognize that a woman may regard her genitalia as normal; she may be unaware that she has undergone FGC or may even deny that this is the case.
- Recognize that women may be unaware that there are medical complications associated with FGC.

Information/Resource	Link
U.S. Department of Health and Human Services, Office of Women's Health – Female Genital Cutting	https://www.womenshealth.gov/a-z-topics/female-genital-cutting
World Health Organization – Female Genital Mutilation	http://www.who.int/mediacentre/factsheets/fs241/en/
Ethnomed-Dysuria, Symptoms in Somalia Girls and Women	https://ethnomed.org/resource/dysuria-symptoms-in-somali-girls-and-women/

Send the original completed form and referral by encrypted email to:

Georgia Department of Public Health

State Refugee Health Program

Joan.Foderingham@dph.ga.gov

If invoices are received with errors or omissions, they will be returned by mail for corrections. Those that are returned for corrections must be rectified and returned within **10 days** for reimbursements, otherwise CHD should bill Medicaid for the services.

Special Case Protocol

As of January 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. Testing overseas is no longer required as part of the U.S. immigration and medical screening process, and a waiver is no longer required for entry into the country. County health departments should follow current CDC guidelines for the U.S. that recommend HIV screening in health care settings for all refugees 13-64 years of age on arrival. These recommendations can be found in the additional resources page located at the end of this manual.

Protocol for Faxing Medical Information

1. Prepare cover sheet. Please include the following information:
   - Sender's name, telephone number, and fax number.
   - Sender's organization name and address.
   - Date of transmission.
   - Number of pages being sent.
   - Receiver's organization name: State Refugee Health Program.
   - Receiver's name, telephone number, and fax number.
   - Confidentiality Statement.

2. Call the State Refugee Health Program at **404-657-2928** to let us know medical information is being sent.

3. Email encrypted assessments to: antoine.anzele@dph.ga.gov and monica.vargas@dph.ga.gov

4. Send Email (make encrypted)

Sample Confidentiality Statement: This message is from **<insert your organization name>** and is intended only for the addressee(s). The information contained herein may include privileged or otherwise confidential information. Unauthorized review, forward ding, printing, copying, distributing, or using such information is strictly prohibited. If you receive this facsimile in error or have reason to believe you are not authorized to receive it, please promptly discard of the information and notify the sender of this fax. **Highly sensitive information such as Class A conditions should not be faxed.**

The Health Insurance Portability and Accountability Act of 1996 (*HIPAA*)

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. The Standards of Individually Identifiable Health Information, also

known as the Privacy Rule, establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services, DHHS, issued the Privacy Rule to implement the requirements of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information by organizations subject to the Privacy Rule as well as standards for individuals' privacy rights to understand and control how their health information is used. The Office of Civil Rights, a division of DHHS, is responsible for implementing and enforcing the Privacy Rule.

Section 5: Reporting

Screened/Unscreened Report

On a monthly basis, each county health department will receive a listing of the refugees that resettled in their county. The list indicates whether that refugee has been screened. For those listed as screened, no additional information is needed. For those listed as not screened, please return the follow-up information within **10 days** indicating one of the following:

1. Screened – forward invoice including Referral Follow-up Form for any positive outcomes and proof of status. Please follow proper procedure for completing and sending the health assessment invoice.
2. Never arrived
3. Migrated before screening
4. Migrated after screening
5. Screened in another State or CHD
6. Screened by private physician
7. Unknown/unable to locate
8. Refused
9. Deceased

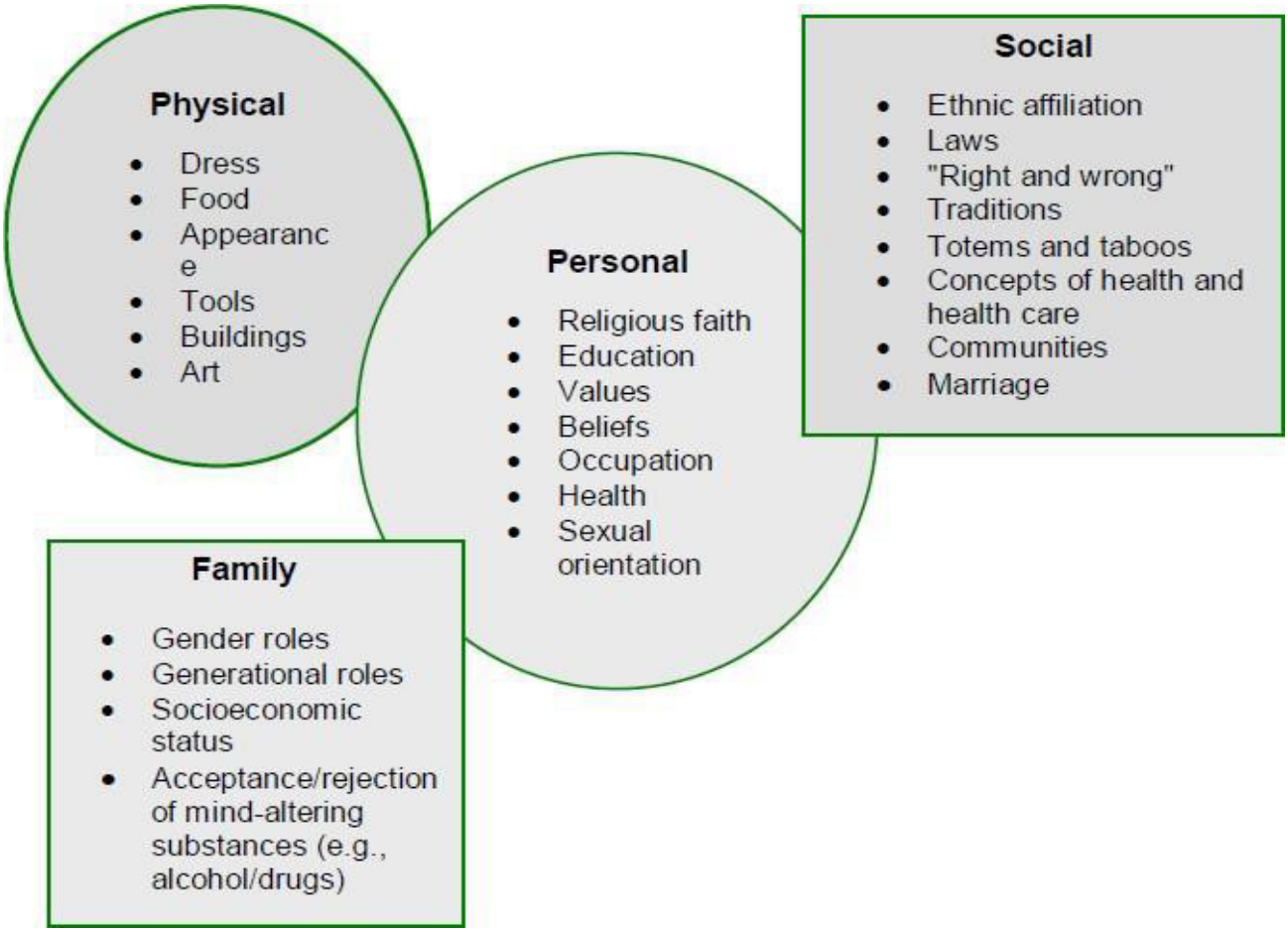
If the client only had a partial screening, please send information on all services provided.

Reportable Diagnosis

Georgia law requires that physicians, healthcare facilities, and laboratories report certain diseases to the Georgia Department of Public Health. A copy of this law, the requirements for reporting, and the form used to report are included in the at the end of this guide. For more information about mandatory reporting or to report a case, please call the Georgia Department of Public Health at 1-800-PUBH-HLTH (1-866-782-4582).

Section 6: Communicating with Refugee Populations

Effective communication is essential to providing quality health care, as language and cultural barriers can lead to serious complications and adverse outcomes. In addition to the effect the inability to communicate can have on client outcomes, cultural and linguistic barriers can also influence costs by increasing inefficiencies and unnecessary testing. Cultural competence goes beyond cultural awareness or cultural sensitivity. The U.S. Office of Minority Health (2001) defines cultural competence as, "ability by health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter." There are many factors that influence our feelings about various cultures:



Culture, Belief, and Health-Related Needs

There are no magic recipes for approaching patients from another culture. Each patient is unique. Each culture is a filter, not a lens. We all look at the world through the filter of our culture but also with our own eyes. There are sensitive issues that all health care providers and volunteers who work with people from other cultures should know:

- Patient autonomy and decision-making are perceived as misguided concepts in some cultures. Sometimes the individual or the family makes the decisions; at other times, they want the doctor to decide.
- The funnel for medical information is not always the patient, but in many cases a designated family member, which can be confusing for health care workers and volunteers and interfere with health-related laws, such as the Health Insurance Portability and Accountability Act (HIPAA).
- Refugees often arrive from war-torn countries. A startling percentage of refugee women were raped abroad. Most suffer some degree of trauma, and many have no experience with medical exams.
- Refugees are need of sensitive services from interpreters. A high percentage of them suffer from post-traumatic stress disorder, depression, substance abuse, and histories of sexual assault, starvation, deprivation, and/or ill health in refugee camps.

Other important issues that cut across many cultures:

- Many refugees are not literate in their own language.
- Refugees may be suspicious of the U.S. health care system. It can bewilder them.
- Folk healers are common, even among refugees who seek formal health care.
- Compliance and follow-up are often poor due to language and cultural barriers.
- In many cultures, it is not considered appropriate to display emotions, while in other cultures it may be considered obligatory to show strong emotion about serious illness, even in a clinical setting where they may disturb other clients.
- Pain medication is often poorly understood.
- In some cultures, patients are expected to be stoic about pain and may not be honest when communicating about the pain they feel. They may have withdrawn or refused access to pain medication for immediate family members.
  Confidentiality is critical yet misunderstood. For this reason, it is vital to stress to the patient and family that all health care workers and volunteers must respect confidentiality (and why).

Special Considerations: Children and Cultural Differences

When performing a history and physical exam on refugee children, it is important to remember that they will have the same level of fear and anxiety encountered in U.S. children of the same ages. Attention should be paid to reassuring and calming the child as best as possible during the exam. In addition, because refugee children are at high risk for developmental delay and behavioral issues, the provider should incorporate an assessment of the child's developmental stage using standardized historical and exam milestones, whenever possible.
Lastly, it is known that refugee children have a high prevalence of malnutrition and growth retardation. Providers should use standardized growth charts and refer families to WIC and other nutritional support programs as needed.

During the exam, providers should be considerate of refugees' cultural and religious beliefs and accommodate them as much as possible. For example, an Islamic woman may not wish to be examined by a male physician. If using interpreters, bear in mind that the gender of the interpreter should similarly be considered. Interpreters of the opposite gender from the patient may need to stand behind a curtain or screen, and in some instances the patient may not speak freely in front of an interpreter of a different gender.

The National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health Care Delivery # 4-7:

National Standards for Culturally and Linguistically Appropriate Services in Health Care promulgated by the U.S. Department of Health and Human Services Office of Minority Health. (2001):

- ✓ **Standard 4.** Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

- ✓ **Standard 5.** Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

- ✓ **Standard 6.** Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

- ✓ **Standard 7.** Health care organizations must make available easily understood patient-related materials and post signage in languages of the commonly encountered groups and/or groups represented in the service area.

Folk Medicine and Remedies

Some folk remedies can lead to cultural misunderstanding and possible charges of child neglect or abuse. Health care professionals need to take special care to ascertain if practices such as coining and cupping are being used before child protective services is notified. For more information on folk medicine and remedies, please see the Internet Resources on the following page.

Strategies

- Take your time! For many cultures, a first meeting in a clinical setting ideally begins with a pleasant conversation. It can include questions about neutral subjects, to put the client at ease. The goal is to establish a relationship of warmth and trust. Only then is it helpful to proceed to some of the delicate questions that surround health care.
- Ask your interpreters and bilingual staff how to greet clients. Your interpreter and bilingual staff have a wealth of cultural knowledge. You can also consult a local ethnic group or resettlement agency. Acquiring cultural information can help put your clients at ease.
- Hire bilingual/bicultural staff. Hiring qualified staff from the cultures of your clients provides the greatest reassurance that your organization understands and respects the cultural issues around health care. Acquiring such staff members also promotes trust.

Cultural Competence in Health Care: Internet Resources

Cultural and ethnic health profiles are valuable tools for staff and volunteers. Most are brief (a few pages or less) and free of charge. They provide information about the culture, language, and/or important health issues that affect the population. Such documents can be used as a tool to stimulate informal discussions among staff, volunteers, and interpreters on these complex issues.

Cultural profiles and other information on cultural competence and overcoming linguistic and cultural barriers can be accessed through the websites listed below.

Information/Resource	Link
Refugee Backgrounders and Profiles	http://www.culturalorientation.net/learning/backgrounders https://www.cdc.gov/immigrantrefugeehealth/profiles/index.html
Diversity Rx Cross-Cultural Health Care Articles & Resources	http://www.diversityrx.org
Refugee Health & Mental Health	http://refugeehealthta.org/physical-mental-health/mental-health/ switchboardta.org/resources/
Resource Library for Afghan & Ukrainians	https://refugees.org/resources-for-afghan-allies/ https://refugees.org/take-action/resources-for-ukrainian-allies/

Medical Interpretation

The State Health Interpretation staff is available to assist county health departments during the health screening and follow-up of newly arriving refugees in Georgia. This can be done on site or via telephone. When interpreters are not conducting health screenings, they perform outreach services to include accompanying refugees to doctors, dentists, and hospital appointments.

It is not the primary responsibility of the SRHP to provide interpretation and/or translation services to your facility. Under the Title VI of the Civil Rights Act, by law it is your responsibility to provide these services to all Limited English Proficient (LEP) individuals who walk into your facility. Therefore, in the event an SRHP Health Service Representative is unavailable, **you are liable to find adequate interpretation and translation**. A summary of the guidance for LEP clients can be found at the end of this manual**.**

Face-to-Face

The Georgia Department of Public Health is committed to ensuring that limited English proficient (LEP) and sensory impaired (SI) clients have meaningful access to all programs and activities conducted or supported by the department. Those services include programs and assistance provided directly by the Department, its offices, as well as those funded by grant-in-aid resources to county, regional, and local offices. In addition, meaningful language access will be ensured by all entities contracting with the department for the provision of services. If you need assistance with medical interpretation, you may contact the program to schedule for a Health Service Representative to assist during the medical screening. The following languages are provided for interpretation and translation services: Arabic, Dari/Pashto, Somali, and Swahili.

Please call 404-463-8707 to schedule for medical interpretation. **This service is only available to clients that have been in the U.S. for two years or less from their arrival date.**

Section 7: Adjustment of Status & Civil Surgeons

Adjustment of status (AoS) refers to the process by which certain aliens are allowed to apply for LPR status while they are in the U.S. and is a separate process from the RHA. AoS applications are made to USCIS and most applicants are required to have a medical examination. The medical examination must be conducted by a physician who has been designated as a civil surgeon by USCIS, and the results of the exam must be submitted to USCIS on the Form I-693, Report of Medical Examination and Vaccination Record.

Note: Persons admitted to the U.S. with refugee or asylee dependent status and applying for AoS do not need the full medical examination, if there were no medical grounds of inadmissibility (Class A conditions) identified during their overseas medical examination. Refugees and asylee dependents do, however, need to comply with the vaccination requirements. LHD physicians providing only the vaccination sign-off for refugees do not need to apply to USCIS for civil surgeon status. Time limit for I-693 is one year, greater than 1 year client will have to redo services.

Table 2: AoS & I-693 Requirements by Immigration Status

Status	Timing	I-693 Requirements
Refugee, except Class A	Required after 1 year in U.S.	Page 1 Page 5 Vaccination Form Designated Civil Surgeon or LHD Physician may sign form
Refugee-Class A	Required after 1 year in U.S.	Pages 1-5 New waiver application required
Asylee (Dependent)	Optional after 1 year in U.S.	Page 1 Page 5 Vaccination Form Designated Civil Surgeon must sign form
Asylee (U.S. grant)	Optional after 1 year in U.S.	Pages 1-5
Cuban Entrant/Parolee	Optional after 1 year in U.S.	Pages 1-5
Afghan & Iraqi Special Immigrant	None-enter U.S. as LPR	NA
Amerasian	None-enter U.S. as LPR	NA
Victim of Trafficking	Optional after physically present in the U.S. for a continuous period of at least three years in T-nonimmigrant status, or a continuous period during the investigation or prosecution of the acts of trafficking, provided that the Attorney General has certified that the investigation or prosecution is complete, whichever time is less.	Pages 1-5

Table 3: Selected AoS and Civil Surgeon Resources

Information/Resources	Link
Form I-693: Report of Medical Examination and Vaccination Record	http://www.uscis.gov/files/form/i-693.pdf http://www.uscis.gov/files/form/i-693instr.pdf
Technical Instructions for Civil Surgeons	http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html
General Information on Medical Examinations	http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination.html
Medical Examination: Frequently Asked Questions	http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html
Civil Surgeon Locator	https://egov.uscis.gov/crisgwi/go?action=offices.type&OfficeLocator.office_type=CIV
Designation of Health Departments as Civil Surgeons for Refugees Adjusting Status	See Attachment I-LHD Civil Surgeon Vaccination Memo 1998
Information on Civil Surgeons	http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=271e6138f898d010VgnVCM10000048f3d6a1RCRD&vgnextchannel=271e6138f898d010VgnVCM10000048f3d6a1RCRD
Law Concerning Refugee and Asylee AoS and Medical Examination Requirement *Cite: 8CFR Part 209 Section 209.1* *8CFR Part 209 Section 209.2*	http://www.gpo.gov/fdsys/granule/CFR-2012-title8-vol1/CFR-2012-title8-vol1-sec209-1/content-detail.html
Health Related Waivers	http://www.cdc.gov/immigrantrefugeehealth/exams/medical-waivers.html

Tables 2 & 3 were adapted from the Quick Start Guide for State Refugee Health Coordinators, 2011.

Section 8: Refugee Health Partners

The Refugee Health Program works with refugee resettlement agencies, state programs, and medical and social service providers to ensure that refugees receive coordinated and comprehensive health care services. The Refugee Health Program also provides training and technical assistance to refugee providers. Providers may contact the Refugee Health Program at (404) 657-2928 or email a training request form (**Attachment 5**) to Monica.Vargas@dph.ga.gov to schedule a session.

Attachment 1: Refugee Domestic Health Assessment Form/Invoice – Form 3085

Georgia Department of Public Health

REFUGEE DOMESTIC HEALTH ASSESSMENT FORM/INVOICE

To Be Completed By Health Providers

PAGE 1 OF 2

Form 3085 Effective 10/01/2016
Form modified March 2018

COUNTY:	ALIEN #:	DATE OF HEALTH ASSESSMENT: MM DD YYYY
PATIENT'S NAME:	SEX: ☐ M ☐ F	DATE OF BIRTH: MM DD YYYY
STREET ADDRESS: / CITY: / ZIP:	PORT OF ENTRY:	HOME TELEPHONE:
I-94 STATUS: ☐ Refugee ☐ AM Immigrant ☐ Asylee ☐ Cuban/Haitian Parolee ☐ Victim of Human Trafficking ☐ Special Immigrant Visa	COUNTRY OF BIRTH: / SPONSOR (Choose One): ☐ RRISA ☐ LSG ☐ WR ☐ No VOLAG ☐ IRC ☐ CSS ☐ Tapestri / LANGUAGE INTERPRETATION NEEDED ? ☐ YES ☐ NO / INTERPRETATION PROVIDED BY: ☐ COUNTY ☐ STATE ☐ LANGUAGE LINE	DATE OF ARRIVAL: MM DD YYYY / OVERSEAS TB CLASS A , B1, OR B2 STATUS? (REVIEW OVERSEAS DOCUMENTS) ☐ NONE ☐ YES, SPECIFY _____

IMMUNIZATIONS

$ _____

1. REVIEW ALL OVERSEAS DOCUMENTS FOR PREVIOUS VACCINATIONS.
2. IF TITERS DONE: CIRCLE "Y" IF IMMUNE, "N" IF NOT IMMUNE, "I" IF INDETERMINATE.
3. POLIO: NUMBER OF OVERSEAS DOSES ON OVERSEAS DOCUMENT (1, 2 ,3, NONE).
4. IF VACCINATED IN U.S., NOTE FULL DATE (MM/DD/YYYY).

	IS PERSON IMMUNE ?	MM/DD/YYYY	FEE
MEASLES, MUMPS & RUBELLA (MMR)	Y N I		☐ $63
TETANUS/DIPHTHERIA (TD)	Y N I		☐ $30
DIPTHERIA/TETANUS/PERTUSSIS (Tdap)	Y N I		☐ $43
HEPATITIS A & B (Twinrix)	Y N I		☐ $93
PNEUMOCOCCAL	Y N I		☐ $79
VARICELLA (Chickenpox)	Y N I		☐ $108
POLIO	1 2 3 NONE		

	MM/DD/YYYY
HUMAN PAPILLOMA VIRUS	
ZOSTER (SHINGLES)	
HAEMOPHILUS INFLUENZA TYPE B	
INFLUENZA (SEASONAL)	
MENINGOCOCCAL CONJUGATE	

IMMUNIZATION CATCH-UP SCHEDUL BEGUN? ☐ YES ☐ NO

Note: Reimbursement is for one dosage only.

TUBERCULOSIS SCREENING & DIAGNOSIS -- REPORT TESTS DONE IN U.S. *ONLY*

☐ PPD $9 ☐ IGRA/QFT $80 ☐ CXR $24 $ _____

DATE OF TEST

TUBERCULIN SKIN TEST (TST) MM DD YYYY — MM INDURATION _____

TEST RESULTS: TST

☐ POSITIVE ☐ NEGATIVE ☐ PENDING

INTERFERON-GAMMA RELEASE ASSAYS (IGRA) MM DD YYYY — IGRA TYPE: ☐ QFT ☐ T-SPOT

TEST RESULTS: IGRA

☐ POSITIVE ☐ NEGATIVE ☐ PENDING

CHEST X-RAY: ** REPORT *ONLY* X-RAY DONE IN U.S. MM DD YYYY

TEST RESULTS: CXR

☐ NORMAL ☐ ABNORMAL ☐ PENDING

☐ REFERRED FOR CHEST X-RAY

TUBERCULOSIS DIAGNOSIS (MUST CHECK ONE)

☐ NO TB INFECTION OR DISEASE

☐ LATENT TB INFECTION (LTBI)

REFERRED FOR FOLLOW-UP? ☐ YES ☐ NO

APPOINTMENT DATE: MM DD YYYY

LTBI TREATMENT STARTED?

☐ YES ☐ NO ☐ UNKNOWN

☐ ACTIVE DISEASE – REFERRED FOR FOLLOW-UP

APPOINTMENT DATE: MM DD YYYY

☐ PENDING, FOLLOW-UP NEEDED

HEPATITIS B & C SCREENING (DRAW BLOOD FIRST, THEN VACCINATE)

☐ HEP B $43 ☐ HEP C $20 $ _____

HBV (Hep B)

HBsAg ☐ NEGATIVE ☐ POSITIVE [IF POSITIVE, PATIENT IS INFECTIOUS] ☐ INDETERMINATE ☐ RESULTS PENDING

HBcAB ☐ NEGATIVE ☐ POSITIVE [IF POSITIVE, PATIENT IS IMMUNE] ☐ INDETERMINATE ☐ RESULTS PENDING

Anti HBs ☐ NEGATIVE ☐ POSITIVE ☐ INDETERMINATE ☐ RESULTS PENDING

REFERRED FOR FOLLOW-UP? ☐ YES ☐ NO

APPOINTMENT DATE: MM DD YYYY

HCV (Hep C) [ONLY FOR REFUGEES IN HIGH RISK GROUPS. SEE CDC GUIDELINES]. ☐ NEGATIVE ☐ POSITIVE ☐ INDETERMINATE ☐ RESULT SPENDING

PATIENT'S NAME: REFUGEE DOMESTIC HEALTH ASSESSMENT FORM/INVOICE Page 2 of 2

HIV/ SEXUALLY TRANSMITTED INFECTIONS/ DISEASES ☐ HIV TEST $20 ☐ SYPHILIS $6.23 ☐ GC $17 $

HIV (TEST ALL PERSONS 13-64 YEARS OF AGE: NO OVERSEAS HIV TESTS ARE GIVEN AS OF 2010. (SEE CDC GUIDELINES FOR SCREENING CHILDREN)

TESTED? ☐ YES ☐ NO IF, APPLICABLE FOLLOW-UP APPOINTMENT DATE: ___/___/___ (MM DD YYYY) ☐ PENDING ☐ NOT DONE

SYPHILIS (TEST, REGARDLESS OF OVERSEAS RESULT . TEST IS ROUTINE FOR REFUGEES ≥ 15 YEARS OF AGE)

VDRL/RPR ☐ NEGATIVE ☐ POSITIVE ☐ PENDING ☐ NOT DONE

IF POSITIVE, CONFIRMATORY TEST (TPPA, FTA, ABS) DONE? ☐ YES ☐ NO

TREATED? ☐ YES ☐ NO ☐ REFERRED

OR

EIA: ☐ NEGATIVE ☐ POSITIVE ☐ PENDING ☐ NOT DONE

IF EIA POSITIVE , WERE VDRL/RPR AND/ OR OTHER CONFIRMATORY TEST(S) DONE? ☐ YES ☐ NO

TREATED? ☐ YES ☐ NO ☐ REFERRED

CHLAMYDIA (Women up to 26 years old or older with risk factors.) ☐ NEGATIVE ☐ POSITIVE ☐ PENDING ☐ NOT DONE

GONORRHEA (For specific groups – see CDC guidelines) ☐ NEGATIVE ☐ POSITIVE ☐ PENDING ☐ NOT DONE

INTESTINAL PARASITES (NOTE: CDC PROTOCOLS ARE BASED ON OVERSEAS TREATMENT) ☐ INTESTINAL PARASITES /STOOL $15 $

U.S. PRESUMPTIVE TREATMENT GIVEN? SCHISTOSOMA ☐ YES ☐ NO STRONGYLOIDES ☐ YES ☐ NO REFERRED FOR FOLLOW-UP? ☐ YES ☐ NO

TESTING FOR PARASITES

STOOL SPECIMEN (OVA & PARASITES) ☐ YES ☐ NO ☐ RESULTS PENDING ☐ NO PARASITES FOUND ☐ PARASITES FOUND _____

SEROLOGY TEST ☐ YES ☐ NO ☐ RESULTS PENDING

- SCHISTOSOMA ☐ NEGATIVE ☐ POSITIVE; TREATED? ☐ YES ☐ NO ☐ TEST RESULT INDETERMINATE
- STRONGYLOIDES ☐ NEGATIVE ☐ POSITIVE; TREATED? ☐ YES ☐ NO ☐ TEST RESULT INDETERMINATE

LABORATORY TESTS ☐ URINALYSIS $4 ☐ CHOLESTEROL $6 ☐ HDL $11 ☐ CBC w/Differentials $11 $

URINALYSIS DONE? ☐ YES ☐ NO SERUM CHEMISTRY DONE? ☐ YES ☐ NO CHOLESTEROL DONE? ☐ YES ☐ NO

CBC DIFFERENTIAL DONE? ☐ YES ☐ NO IF NOT DONE, REASON? _____

A. WAS EOSINOPHILIA PRESENT ? ☐ YES ☐ NO B. IF EOSINOPHILIA PRESENT REFERRED? ☐ YES ☐ NO APPOINTMENT DATE ___/___/___ (MM DD YYYY)

PHYSICAL ASSESSMENT, SCREENING CONDUCTED $

☐ Age 21-39 $128 ☐ Age 40-64 $149 ☐ Age 65/older $161

HYPERTENSION	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
DIABETES	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
ANEMIA	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
MALNUTRITION	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
HEARING	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
VISUAL ACUITY	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
DENTAL	☐ YES	☐ NO	☐ PENDING	☐ REFERRED
MALARIA	☐ YES	☐ NO	☐ PENDING	☐ REFERRED

PREGNANCY $9 ☐ YES ☐ NO ☐ PENDING ☐ REFERRED $

LEAD (<16 years) ☐ POS ☐ NEG LEAD LEVEL_____ ☐ REFERRED

MENTAL HEALTH SCREENING

WAS A U.S. MENTAL HEALTH SCREENING PERFORMED? ☐ YES ☐ NO

REFERRED FOR FOLLOW UP? ☐ YES ☐ NO

APPOINTMENT DATE: ___/___/___ (MM DD YYYY)

OTHER REFERRALS (CHECK ALL THAT APPLY):

☐ PRIMARY CARE ☐ INFECTIOUS DISEASE ☐ HIV/STI/STD
☐ WOMEN'S HEALTH ☐ NEWBORN SCREENING ☐ PRENATAL CARE
☐ WIC ☐ PARASITOLOGY
☐ PAIN ☐ HEALTH EDUCATION

OTHER _____

TOTAL REIMBURSEMENT CLAIMED $

AUTHORIZING SIGNATURE (PHYSICIAN OR NURSE): TITLE:

FACILITY NAME:	TELEPHONE:	FAX:	DATE OF THIS REPORT:
			MM / DD / YYYY

PLEASE SEND COMPLETED FORM TO: Dept. of Public Health, Refugee Health Program, 2 Peachtree St., Atlanta,GA 30303 Confidential Fax # (770) 359-5148 or (404) 232-1478

Form 3085 Effective 10/01/2016. Form modified March 2018.

Attachment 2: Verification Documents

RECEPTION AND PLACEMENT PROGRAM ASSURANCE FORM

WRRS
World Relief Refugee Services
7 East Baltimore Street
Baltimore, MD 21202
Phone: 443-451-1900 Fax: 443-451-1965

Placement Code: 1 / 3

RECEIVED
SEP 13 2007

Date: 11 JUL 2007 File No.: CU-055867 Present Location: Cuba

The following persons have been accepted for resettlement under our auspices:

No	Name	Relat	A Number	DOB	MC	Sex	POB
1	[redacted]	PA	A 212 011 061	23 DEC 1970		M	CU

Affiliate
GAWRR503
WORLD RELIEF/ATLANTA
655 VILLAGE SQUARE DRIVE
STONE MOUNTAIN GA30083
JOHN ARNOLD
404-294-4352 (Phone)
404-294-6011 (Fax)

Local Co-Sponsor

Relative (If applicable)

SAMPLE

Bartow County 008

Airport of Final Destination: ATL
Placement Location (City, State): White, GA
Special Instructions: Amended: Internal transfer

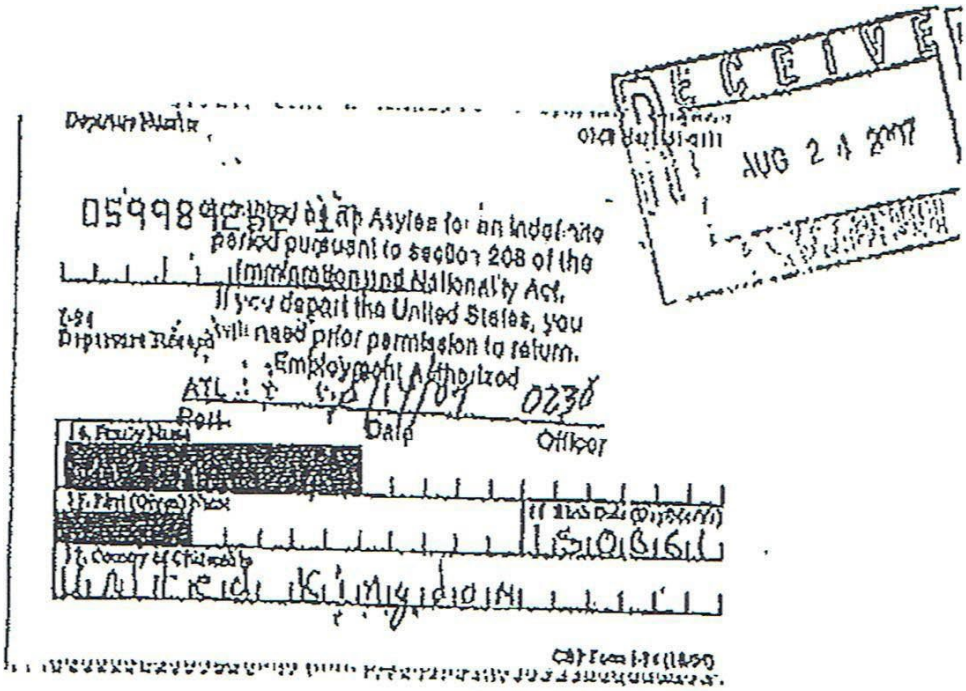
The Affiliate has an agreement with the national agency to provide or ensure the provision of reception and placement services to the above named refugee(s) in accordance with the U.S. Dept of State Cooperative Agreement.

Signature: *Signature on File*
(Authorized Agency Representative)

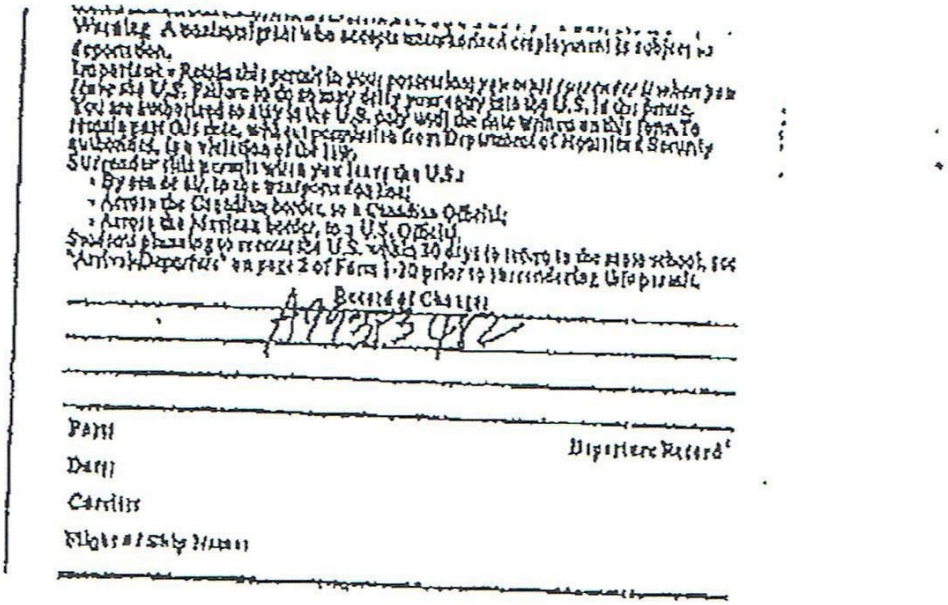
PASSED
Centers For Disease Control
Miami Quarantine Station
AUG 01 2007
Miami, Florida

Refugee Processing Center
1401 Wilson Boulevard
Suite 700
Arlington, VA 22209-2306

Page 1 of 1


RECEIVED
AUG 2 4 2007
Asylee for an indefinite
period pursuant to section 208 of the
Immigration and Nationality Act.
If you depart the United States, you
will need prior permission to return.
Employment Authorized
ATL
Port
Date
Officer

SAMPLE



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

HHS Tracking Number
[redacted]

[redacted]

[redacted]

CERTIFICATION LETTER

Dear [redacted]:

This letter confirms that you have been certified by the U.S. Department of Health and Human Services (HHS) under section 107(b) of the Trafficking Victims Protection Act of 2000. With this certification, you are eligible for benefits and services under any Federal or State program or activity funded or administered by any Federal agency to the same extent as an individual who is admitted to the United States as a refugee under section 207 of the Immigration and Nationality Act, provided you meet other eligibility criteria. Certification does not confer immigration status.

Your certification date is **October 14, 2008.** The benefits outlined in the previous paragraph may offer assistance for only limited time periods that start from the date of this certification. Therefore, if you wish to seek assistance, it is important that you do so as soon as possible after receipt of this letter.

You should present this letter when you apply for benefits or services. Benefit-issuing agencies must call the toll-free trafficking verification line at 1 (866) 401-5510 in the Office of Refugee Resettlement (ORR) to verify the validity of this document and to inform HHS of the benefits for which you have applied.

The Department of Labor offers employment and training services for which you may be eligible. Call 1-877-US2-JOBS or visit www.servicelocator.org to find out about the nearest One-Stop Career Center

You must notify this office of your current mailing address. Please send a dated and signed letter with any changes of address to: Trafficking Program Specialist, Office of Refugee Resettlement, 8th Floor West, 370 L'Enfant Promenade, SW, Washington, DC 20447. We will send all notices to that address, and any notice mailed to that address constitutes adequate service. You may also need to share this same information with state and local benefit-issuing agencies.

Sincerely,

David H. Siegel
Acting Director
Office of Refugee Resettlement

Attachment 3: Refugee Health Referral Form

Georgia Department of Public Health
State Refugee Health Program
Physical Health & Mental Health Linkage Coordination Referral Form

Referral Source Information

Agency: _____ Date: ____/____/_____
Name: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

Client Information

Name: _____ Date of Arrival (US): ____/____/_____
DOB: ____/____/_____ Gender: ☐ F ☐ M County: _____
Birthplace (Country): _____ Patient Medical #: _____
Primary Language: _____ ☐ Speaks some English Medicaid #: _____
Address: _____ CMO: _____
City: _____ Zip Code: _____ Alien #: _____
Primary Phone #: _____ Other Phone #: _____ Agency/Sponsor: _____

Reason(s) for Physical Health Referral (Select all that apply)

☐ **Tuberculosis:** ☐ Infection ☐ Disease
☐ **Hepatitis:** ☐ B ☐ C ☐ Other _____
☐ **Sexually Transmitted Infections (STI)**
Please specify: _____
☐ **HIV** ☐ CD4 > 200 ☐ CD4 < 200
☐ **Pregnancy**
☐ **Non-Compliance with Treatment**
☐ **Other Chronic Health Issues, specify:**
_____

Services(s) Requested (Select All that Apply):

☐ **Follow-up Care**
☐ **Health Education**
☐ **Assist with Compliance Treatment Plan**
☐ **Other, specify:** _____

Reason(s) for Mental Health Referral (Please specify)

☐ **Previous history of mental health concerns?** _____
☐ **History of psychiatric hospitalization?** _____
☐ **History of suicide attempts?** _____
☐ **Currently suicidal?** _____
☐ **History of torture/trauma?** _____
☐ **Domestic violence concerns?** _____
☐ **Substance abuse/dependence concerns?** _____

Please attach the overseas psychological evaluation.

Overseas psychological evaluation attached? ☐ **Yes** ☐ **No**

Services(s) Requested (Select All that Apply):

☐ **Follow-up Care**
☐ **Mental Health Education**
☐ **Assist with Compliance Mental Health Treatment Plan**
☐ **Other, specify:** _____

Additional Comments / Concerns Section: _____

FOR OFFICE USE ONLY:
Date Referral Received: ____/____/_____ **Received by:** _____ **Approved: [ ] Yes [ ] No**

Fax Referrals To: 770-359-5148

Form 06/07/2016

Attachment 4: RHS-15 Screening Protocol

Georgia Refugee Health Program RHS-15 Screening Protocol

Background

The Refugee Health Screener 15 (RHS-15) was designed by Pathways to Wellness to address a deficit in efficient screening tools to assess for emotional distress across refugee populations. Pathways to Wellness and other supporters of the refugee screening tools believe that integrating early detection and support for mental health problems into the refugee resettlement, paired with culturally appropriate and effective treatment, reduces resettlement stress and accelerates healing.

Current Languages Available via the RHS-15: Arabic, Amharic, Burmese, English, French, Karen, Nepali, Spanish, Swahili

All Refugee Health partners will need to sign a user agreement with Pathways to Wellness. For a copy of the user agreement or copies of translated files, please contact Monica Vargas (monica.vargas@dph.ga.gov).

Scripts and Guidelines for Administering the RHS-15:

- Full clinical script including English version and a webinar outlining use of the RHS-15 http://refugeehealthta.org/webinars/mental-health-screening-and-care/tools-and-strategies-for-refugee-mental-health-screening-introducing-the-rhs-15-2/

Screening Protocol:

Adults (over age 18) if available to screen and consents to screening. Pathways to Wellness recommends screening at least 30 days after arrival.

Children (ages 13 - 18): Screened by pediatric clinics between 30 and 90 days after arrival and as necessary every six months subsequent. Needed referrals can be facilitated by the clinic liaison as appropriate. Potential referrals could include: clinical mental health services or community based mental health services.

Communication of Screening Results with Medical, Mental Health and Social Service Providers:

- Pathways to Wellness recommends repeat screening be offered at no less than six-month intervals. If administering the RHS-15 please ensure that the client has not been screened within the last six months by 1) coordinating with referring agencies to determine if the RHS-15 has already been completed and/or 2) asking the client “Have you seen this tool before (showing RHS-15)?”

- Sharing the results of the RHS-15 may be helpful in-service planning and service provision. Results can be helpful whether the individual screened negative or positive.

- Administering agency should complete consent to release with client including discussion of providers that results are to be released to including health provider, mental health provider and/or other social service providers.

- Mental Health Provider: The person scheduling the mental health appointment provides a signed consent and the completed tool to the appropriate contact at the mental health provider site.

- Social Service Provider: The person completing the referral to a refugee social service agency should obtain signed consent to release and include on the referral form whether the RHS-15 was completed, whether RHS-15 was positive or negative and the date of screening.

Attachment 5: Refugee Health Training Request

Refugee Health Training & Technical Assistance Request

Introduction
The Georgia Refugee Health Program (RHP) is available to assist with needs and issues that relate to refugee health. To ensure that the RHP is able to provide the best support and solution, please complete the request form in its entirety.

Date of Request:	
Desired Date of Training:	

Requestors Information	
Name:	
Job Title:	
Facility:	
Phone:	
Email:	

Description of Requested Need

Additional Comments

For RHP Only:

Date Scheduled: _____

Location Confirmed _____

Submit form to the State Refugee Health Program via email to:

Monica.Vargas@dph.ga.gov or Bereket.Beraki@dph.ga.gov

Attachment 6: COVID Resources for Newly Arriving Refugees

COVID-19 in Newly Resettled Refugee Populations

Refugees to the United States, especially those who are recently resettled, may experience living arrangements or working conditions that put them at greater risk of getting COVID-19. Some refugees also have limited access to health care, as well as certain underlying medical conditions that put them at increased risk of severe illness from COVID-19, compared to the rest of the U.S. population.

A refugee is someone who has been forced to flee their country because of a well-founded fear of persecution for reasons of race, religion, nationality, or political opinion. Nearly 750,000 refugees resettled in the United States from 2008 to 2019, and thousands more have resettled since then.

Refugees are eligible for U.S. government-funded resettlement help, including healthcare benefits such as short-term health insurance for up to 12 months after arrival, and a medical exam within 90 days of arrival.

The impact of COVID-19 on the lives of resettled refugees remains unknown, as COVID-19 is a new disease. Meeting the healthcare and everyday needs of refugees, especially during health emergencies, can help keep communities safe.

Guidance for Refugees Upon Arrival in the United States

Refugees come from diverse regions of the world, and professionals working with them need to understand the health risks, including the risk of COVID-19, in the countries from which they are departing. One resource is CDC's Travel Health Notices, which are resources for travelers, including refugees, to help understand the risk of COVID-19 in destinations around the world. Learn how CDC determines the level of a destination's COVID-19 Travel Health Notice.

Public health professionals, community organizations, resettlement agencies, and healthcare providers can assist refugees arriving in the United States by providing them with information they need to protect themselves from COVID-19.

- CDC's Welcome Booklet for Refugees provides important information to help refugees and their families stay healthy during the COVID-19 pandemic after arriving to the United States. When talking with newly arrived refugees, local refugee health partners and resettlement agency staff should reiterate concepts in the Welcome Booklet and provide them with local and state COVID-19 information and contact information for healthcare providers.
- CDC's After You Travel recommendations for inbound international travelers provide useful information for arriving refugees.

Download and print: Welcome Booklet for Refugees pdf icon[2.7 MB, 8 Pages]

Amharic | Arabic | Burmese | Dari | Farsi | French | Haitian | Karen | Kinyarwanda | Nepali | Pashto | Portuguese | Russian | Somali | Spanish | Swahili | Tigrinya | Ukrainian

What Can Be Done for Refugee Health During the COVID-19 Pandemic

Groups that want to help refugees and those who already serve refugees can share culturally sensitive resources on COVID-19 prevention, symptoms, and self-management.

Public health professionals can:

- Collect data about the sociodemographic and clinical characteristics of refugees who have COVID-19 to understand risk.
- Share information and available resources about COVID-19 with partners. Work with resettlement agencies and other partners, such as employers, healthcare systems and education, faith-based, transportation, and housing organizations to find ways to break down social and economic barriers to COVID-19 prevention efforts.
- Identify and secure funding for services to support refugee communities during the pandemic, such as wrap-around services for refugees in quarantine or isolation (e.g., temporary housing and childcare), mobile testing, health education, and contact tracing.
- Create health promotion audio and visual materials that are tailored to refugee populations. Consider featuring trusted members of the community. Create materials in different languages that are appropriate for a variety of cultures and literacy levels. Disseminate information through various channels, including via messaging apps, local radio stations, and social media, based on what is appropriate for local refugee groups.
- Ensure contact tracing programs reaching refugee populations are culturally competent and incorporate training on the use of medical interpretation services. Community health workers and patient navigators familiar with working with refugees should be integrated into contact tracing programs.
- Communicate (translate as needed) information about services available to refugees during the pandemic, such as food and rental assistance, and information that will impact refugees, such as school or business re-openings and executive orders.
- Work with health systems and community partners to identify strategic locations within refugee communities to offer free or low-cost COVID-19 testing, such as mobile testing or testing within workplaces and faith-based institutions. These events can be promoted by trusted community leaders to encourage participation. Ensure either in-person or phone interpretation is available at testing sites.
- Provide background information for healthcare professionals and health systems to understand key demographic, cultural, and health characteristics of specific refugee groups resettling in the United States and health care considerations for these populations, such as CDC's Refugee Health Profiles and CDC's Refugee Health Guidelines.

Community organizations and resettlement agencies can:

- Share COVID-19 resources that are culturally responsive for community, work, school, and home settings. Verbal education, such as through phone or video calls, and/or communication via radio or text messages, are effective communication methods.
- Engage trusted individuals within the refugee community, such as community leaders and community health workers, to support health education efforts and to deliver key prevention messages. Virtual community group meetings that integrate health education and question-and-answer (Q/A) sessions may be useful ways to convey information.
- Work with refugees and explain what contact tracing is and why public health workers need to find people who have come into contact with someone who has COVID-19.
- Work with community health workers in refugee communities to educate people about COVID-19, discuss strategies on how to safely isolate or quarantine within the household when needed, and link refugees to free or low-cost services.
- Work across different businesses and services to connect refugees who become sick or test positive for COVID-19 with support in completing applications for unemployment benefits, food benefits, and

rental/utility assistance, if needed, as well as with services such as grocery delivery or temporary housing. Ensure that refugees who are separated from their family or friends while in temporary housing facilities are able to communicate with loved ones and that their cultural needs are supported.
- Work with partners to connect refugees with the healthcare and community resources they need when refugees become sick or test positive for COVID-19, including medicines, healthcare providers, and mental health services.
- Help refugees get access to items to help prevent the spread of COVID-19, such as masks, soap, hand sanitizer, or household cleaners.

Employers can:

- Review and put into practice CDC's guidance for businesses and employers, reminding managers to ensure that best practices are followed.
- Maintain flexible leave policies. Allow employees who are sick or who must care for others to stay home without fear of being fired or other punitive actions. Additional flexibilities might include giving advances on future sick leave days and allowing employees to donate sick leave to each other.
- Allow employees to use sick leave and return from sick leave without a doctor's note or a COVID-19 test.
- Provide employees with COVID-19 prevention messages and trainings that are tailored to employees' languages, literacy levels, and cultures.
- Provide masks, hand sanitizers, handwashing stations, and personal protective equipment as appropriate.
- Establish fair policies and practices for all employees to maintain physical distance between each other and customers, as possible.
- Train employees at all levels of the organization to identify and interrupt all forms of discrimination; provide them with training in implicit bias.

Healthcare systems and healthcare providers can:

- Ensure providers show awareness of and respect for culture when providing COVID-19 testing and care.
- Provide language interpretation services in all relevant settings, such as phone triage and intake, inpatient units, and outpatient services.
- Learn about patients' barriers to COVID-19 prevention, testing, and control, and then work with resettlement agencies and other partners to reduce them.
- Reach out to patients and gather their updated contact information, preferred method of communication, and a plan for staying in contact if someone in their home gets sick with COVID-19.
- Where possible, incorporate telemedicine into healthcare settings if refugees have the means and are able to participate in virtual clinic visits. Support clinical staff, such as patient navigators, can assist with educating refugees about how to use virtual telemedicine applications.
- Share resources and materials that use a culturally sensitive approach and educate patients about COVID-19, including: symptoms and potential impacts on health, transmission (including asymptomatic transmission), how to protect oneself and others, the purpose and process of contact tracing, and how to get testing and care when needed. Where possible, reinforce key prevention messages, such as at triage.
- When a patient is referred for testing, provide instructions on procedures (e.g., quarantine, isolation) to follow until they receive test results. Educate patients on what test results mean and when to discontinue quarantine or isolation. Again, this should be done with interpretation services.
- Connect newly arrived refugees who have underlying medical conditions to community partners that can help them develop and continue with their care plans and help them get needed supplies and medicines.

Supporting Resettled Refugee Populations in Receiving a COVID-19 Vaccine

Resettlement agencies and community organizations, vaccination providers, state refugee health coordinators, health systems and providers, and health departments should work together to facilitate refugees' access to COVID-19 vaccines as states implement their rollout plans.

- Ensure availability of culturally and linguistically appropriate vaccination materials tailored for refugee populations such as translated emergency use authorization fact sheets about the vaccines, and medical interpretation services at vaccination sites.
- Offer COVID-19 vaccination where people live, work, learn, pray, and play, such as through mobile vaccination units. Community members can help to identify these locations. Encourage participation in vaccination events by having trusted community leaders, such as leaders from faith-based institutions, promote them.
- Refugees who received a COVID-19 vaccine not currently authorized in the United States may be offered revaccination with an FDA-authorized vaccine:
    - COVID-19 vaccines not authorized by FDA but authorized for emergency use by WHO
        - Refugees who completed a COVID-19 vaccination series with a vaccine that has been authorized for emergency use by the World Health Organization (WHO) **do not need** any additional doses with an FDA-authorized COVID-19 vaccine.
        - Refugees who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.
    - COVID-19 vaccines not authorized by FDA or not authorized for emergency use by WHO
        - Refugees who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series.
- Develop partnerships with community organizations such as local pharmacies, community centers, apartment complexes, and schools, to host vaccination events together.
- Provide refugees with transportation to and from vaccination sites.
- Identify trusted members of refugee communities, such as community health workers, through partnerships with community organizations to serve as local COVID-19 vaccine champions and proactively link individuals to relevant resources and vaccination appointments.
- Share and disseminate culturally sensitive resources and materials about vaccination.
- Educate refugee communities about COVID-19 vaccines, including information about how the vaccines work, benefits of getting vaccinated, when someone is considered fully vaccinated, potential side effects and how and when to contact healthcare providers, and the need to continue to follow prevention recommendations (such as wearing masks and maintaining physical distance) after being fully vaccinated. Provide additional education about the type of information that may be collected at vaccination sites, state, or local requirements for receiving vaccination (e.g., need to bring a form of identification), that vaccination is free of charge for all people living in the United States, regardless of immigration or health insurance status, and the importance of keeping vaccination cards in a secure location. Resettlement agencies, community groups, state refugee coordinators, and healthcare providers can use available translated health communication resources and materials to support education efforts.
- Identify mechanisms such as weekly meetings with stakeholders to remain informed about and address vaccination questions and needs of refugee communities.
- Learn about individual and community-level barriers to COVID-19 vaccination—including limited access to vaccination information and sites, distrust of systems based on historical experiences, challenges in navigating vaccination registration sites, language barriers, work conflicts, cultural and religious beliefs, and misinformation about vaccines—and then work with partners to reduce them.

Additional recommendations on creating and delivering COVID-19 vaccine messaging for refugee communities are provided in other sections below.

At medical visits, **healthcare providers** can:

- Provide education about COVID-19 vaccines, share resources, and address any questions or concerns about COVID-19 vaccination for refugees who have not been vaccinated.
    - Provide counseling and education about COVID-19 vaccines at the domestic medical examination, which is available to populations eligible for benefits available under the United States Refugee Admissions Program.
- Where possible, reinforce key messages about COVID-19 vaccines at vaccination sites and provide education about the purpose of and how to use post-vaccination monitoring systems such as v-safe, when applicable.

Why Refugees May Be at Increased Risk During COVID-19 Pandemic

Due to social and economic conditions, resettled refugees face many of the same challenges that lead to poorer health for some racial and ethnic minority groups in the United States. Refugees also face the challenges of a new healthcare system and finding health information they can understand.

Reference: https://stacks.cdc.gov/view/cdc/99170

Glossary

Alien
A person who is not a citizen or national of the United States.

Amerasian
A person fathered abroad by U.S. servicemen to women of Asian nationalities.

Asylee
An immigrant who flees his or her country in fear of persecution or with a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group and who is already present in the United States at the time he/she obtained asylum. One seeks asylum from the United States Citizenship and Information Services (USCIS).

Centers **for Disease Control and Prevention (CDC)**
The CDC, of the U.S. Public Health Service (USPHS), is responsible for ensuring that immigrants entering the U.S. do not pose a threat to the public health. CDC monitors the overseas medical screening of immigrants, inspects the medical records of immigrants at U.S. ports of entry, and notifies state health departments of each arriving refugee as well as some categories of other immigrants.

Civil Surgeon
Aphysician approved by the United States Citizenship and Information Services (USCIS) to conduct the medical examination of applicants seeking to adjust their immigration status.

Class A Condition
An excludable medical condition (e.g., infectious tuberculosis, HIV infection, physical or mental disorder that may pose a threat, drug abuse or addiction) diagnosed in a refugee during the overseas medical examination. Class A conditions require approved waivers for United States entry and require immediate follow-up upon arrival by appropriate medical personnel.

Class B Condition
Aphysical or mental abnormality, disease, or disability serious in degree or permanent in nature amounting to a substantial departure from normal well-being diagnosed during the overseas medical examination. Class B designations indicate a need for follow-up soon after arrival in the United States by appropriate medical personnel.

Division of Global Migration and Quarantine, (DGMQ/CDC)
The CDC Division of Global Migration and Quarantine is committed to reducing morbidity and mortality due to infectious diseases among immigrants, refugees, international travelers, and other mobile populations that cross international borders. In addition, the Division of Global Migration and Quarantine is committed to promoting border health and preventing the introduction of infectious agents into the United States.

DS-2053
Department of State form, *Medical Examination for Immigrant or Refugee Applicant*. This form is required for immigration. It is the summary of three worksheets, plus it contains the results of the required laboratory tests for any applicant (immigrant and refugee) older than 14 years of age. This form is in the immigrants' and refugees' IOM Bag.

Health Assessment
The comprehensive assessment of newly arrived refugees, including:

- Follow-up of conditions identified overseas
- Evaluation and diagnostic services to determine health status and identify health problems
- Referral for follow-up of identified health problems
- Education/orientation to local healthcare services
- Linkage with primary healthcare services

I-693
USCIS form called the Report of Medical Examination and Vaccination Record. This is the form used to document the medical aspects of the Adjustment of Status application.

I-94
USCIS document that records each alien's arrival and departure from the United States. It identifies the period of time for which the alien is admitted and the alien's immigrant status.

Immigrant
A person who is not a U.S. citizen or national who enters the United States, as an actual or prospective permanent resident, with the intent to remain for an indefinite period of time.

Immigration Status
The legal or illegal character or condition under which an immigrant has entered the United States. All refugees are legal immigrants.

International Organization for Migration (IOM)
IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM arranges refugee travel and travel loans to refugees migrating to the United States. In some locations, provides cultural orientation briefings and/or medical screenings.

IOM Bag
The large white bag issued to refugees at the time of travel in order to carry medical and other documents, including the results of the overseas medical exam, immunizations records, and overseas chest X-rays.

Internally Displaced Persons (IDPs)
Those who are internally displaced in various regions (usually because of war), those whose nationality is undetermined, or those who do not have an established bond with any country after a political reorganization.

Joint Voluntary Agency (JVA) On behalf of the 10 U.S. voluntary agencies, prepares case files and documentation for refugees applying for U.S. resettlement, research family reunion documentation, responds to case inquiries from the U.S., and serves as liaison with Local resettlement Agencies and IOM.

Local Resettlement Agency (LRA)
A national or local non-profit voluntary agency. LRAs are assigned responsibility for initial refugee resettlement processing under a contract with the Department of State. The national Resettlement Agency assigns continuing responsibility for the refugee to a local affiliated LRA or sponsor. During the initial resettlement process, the LRA or sponsor is responsible for assisting the refugee in seeking healthcare, employment, and/or schooling and housing.

Migrant
A"migrant worker" is generally understood to be an economic migrant who has been "en- gaged in a remunerated activity in a state of which he or she is not a national." The term also encompasses undocumented migrants. The term "migrant" should be understood to include cases where the decision to migrate has been taken freely, for "personal convenience," without any external compelling factors such as ethnic or civil strife or any environmental destruction.

Non-Immigrant
Aperson who can be classified under one or more of the following: undocumented individual, tourist, visitor on business, or foreign/international student.

Office of Refugee Resettlement (ORR)
Advises the U.S. Assistant Secretary for Children and Families and the Secretary of Health and Human Services on policies and programs regarding refugee resettlement, immigration, and repatriation matters. ORR plans, develops, and directs implementation of a comprehensive program for domestic refugee and entrant resettlement assistance. ORR also provides direction and technical guidance to the nationwide administration of resettlement and repatriation programs.

Overseas Medical Exam (see Visa Medical Examination)

Parolee
A foreign-born person, or alien, who, appearing to be inadmissible to the inspecting USCIS officer, is allowed to enter the United States under emergency (humanitarian) conditions or when that individual's entry is determined to be in the public interest.

Primary Refugee
A refugee who is residing in the state listed as the initial point of destination with the USCIS. Refugees are free to move from state to state, but sponsors, LRAs, and state health departments are designed to serve only newly arrived primary refugees to the state.

Quarantine Station
The station at a major port of entry which is charged with preventing the importation and spread of communicable disease into the United States. Quarantine officers inspect arriving aliens and their medical documents and forward copies of documents to appropriate health authorities in the resettlement location. Refugee arrivals are limited to the eight ports of entry where CDC has staff (New York City, Chicago, Miami, Los Angeles, San Francisco, Atlanta, Seattle, and Newark.

Reception and Placement (R&P)
The initial resettlement process and period (generally 30 days) during which a LRA or other

sponsor under an agreement with the United States Department of State is responsible for assisting the refugee.

Refugee
A foreign-born resident who is not a United States citizen and who cannot return to his or her country of origin or last residence because of persecution or the well-founded fear of persecution because of race, religion, nationality, membership in a particular social group, or political opinion, as determined by the State Department or United States Citizenship and Immigration Services (USCIS). A refugee receives this status *prior* to entering the United States. (For the purposes of the State Refugee Health Program, "refugee" encompasses asylees as well as parolees.)

Refugee Medical Assistance
Available as cash or medical assistance to needy refugees who arrive in the U.S. with no financial resources and are not eligible for other assistance programs such as Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), or Medicaid. This refugee assistance, if needed, is paid entirely from federal funds and is available only for a limited number of months following arrival in the U.S.

Secondary Refugee/Migration
A refugee who initially settles in one state and subsequently moves to another, outside the jurisdiction of the agency that was responsible for his or her initial resettlement.

Sponsor
A person who signs an affidavit of support fora person applying to emigrate to the United States as a resident. A sponsor must be a U.S. citizen, national, or legal permanent resident, who is 18 years of age or older, has been domiciled in the United States, and meets certain income/assets requirements.

Undocumented Immigrant
A person who is not a U.S. citizen or national, who has entered the United States (or has remained in the United States) without proper documentation and who does not have legal status for immigration purposes.

United Nations High Commissioner for Refugees (UNHCR)
With host country authorization, provides the following services (directly or indirectly) in refugee camps: protection, assistance, medical services, registration of camp population, and referral for possible resettlement.

United States Citizenship and Immigration Service (USCIS)
Formerly known as the INS. An agency within the Department of Homeland Security that oversees the implementation of federal immigration and naturalization laws, including the immigration, exclusion, deportation, expulsion, or removal of immigrants.

Victim of Trafficking
Human trafficking is a modern-day form of slavery. Victims of human trafficking are trafficked across international borders and subjected to force, fraud, or coercion, for the purpose of sexual exploitation of forced labor. Victims are young children, teenagers, men, and women.

> **Sex trafficking –** the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person is forced to perform such an act is under the age of 18 years

Labor/Domestic trafficking – the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery. In both forms, the victim is an unwilling participant due to force, fraud, or coercion.

Visa Medical Examination or Overseas Medical Examination

The physical and mental examination the immigrants and refugees coming to the United States complete as part of the visa application process. The purpose of the visa medical examination is to identify the presence or absence of certain disorders that could result in exclusion from the United States under provisions of the Immigration and Nationality Act.

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