

## Initial Health Assessment of Select Foreign-Born Populations\* in Maine

Table 1. Summary Healthcare Recommendations

1. Complete history and physical exam including vision, hearing, dental, and mental health screening.
2. Pelvic exam including Pap smear, gonorrhea and chlamydia testing<sup>a</sup>
3. Tuberculin Skin Test (TST). Prior BCG vaccine is not a contraindication for TST.
4. CBC with differential<sup>b</sup>
5. Non-fasting glucose<sup>c</sup>
6. Non-fasting lipid profile<sup>c</sup>
7. ALT/AST
8. HBsAg<sup>d</sup>
9. anti-HBs<sup>d</sup>
10. Hepatitis C Antibody<sup>d</sup>
11. RPR
12. HIV antibody (age  $\geq$  13 years; younger children if infected family member)<sup>e</sup>
13. Varicella titer (age >18 months)
14. Sickle cell anemia screening<sup>f</sup>
15. Lead Level<sup>g</sup>
16. 25-hydroxyvitamin D [25(OH)D]<sup>h</sup>
17. Stool for Ova and Parasites (O&P)<sup>i</sup>
18. Immunization review and update<sup>j</sup>
19. Infants: per Maine Newborn Screening Program<sup>k</sup>
20. Malaria-see concluding statements

<sup>a</sup>Use discretion. War atrocities have been reported in these populations which the patient and/or the guardian may be unable to verbalize. The usual guideline of waiting until age 21 or until sexually active should be reconsidered in this context.

<sup>b</sup>Absolute eosinophil count > 400 cells/microliter requires further investigation.

<sup>c</sup>Age >25 or per USPSTF guidelines. However, family history of vascular disease is often difficult to assess.

<sup>d</sup>Viral hepatitis guidelines are available through the American Association for the Study of Liver Diseases (AASLD) (<https://www.aasld.org/>).

<sup>e</sup>Revised Recommendations for HIV Testing (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>)

<sup>f</sup>Black patients

<sup>g</sup>At least once for age < 16. Repeat as clinically indicated and per Maine Childhood Lead Program (<http://www.maine.gov/dhhs/eohp/lead/index.htm>) and Federal CDC Recommendations for Lead Poisoning Prevention in Newly Arrived Refugee Children ([http://www.cdc.gov/nceh/lead/Refugee\\_recs.htm](http://www.cdc.gov/nceh/lead/Refugee_recs.htm)).

<sup>h</sup>Consider in selected populations who cover the skin.

<sup>i</sup>Empiric treatment guidelines for strongyloidiasis and schistosomiasis have been issued by the Centers for Disease Control and Prevention; Immigrant, Refugee and Migrant Health for two populations, Southern Sudanese and Somali Bantu. Other empiric treatment guidelines for parasitosis may exist. Please refer to (<http://www.cdc.gov/ncidod/dq/refugee/index.htm>) for up-to-date recommendations. If you perform O&P testing, start with a single sample. If positive, treat and repeat in one month. Repeat as often as necessary to achieve desired sensitivity (usually 3 samples). Consider the addition of a urinalysis and urine for schistosomes in patients at risk based upon geographic origin.

<sup>j</sup>Written documentation of immunizations or positive serology are the only acceptable proof of immunization. All patients should receive age-appropriate complete immunization series according to recommendations published by the Advisory Committee on Immunization Practices (ACIP) (<http://www.cdc.gov/vaccines/>).

<sup>k</sup><http://www.maine.gov/sos/cec/rules/10/144/144c283.doc>

\*See Table 2 for definitions

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**Concluding Statements:** (Abbreviations used in this document are explained below.)

- ✓ The initial health assessment recommendations apply to healthy, foreign-born, populations in Maine.
- ✓ Additional health assessments and interventions will apply for individual patients found to have an active medical problem or to be febrile.
- ✓ Febrile patients from developing countries in which malaria is prevalent should be considered to have malaria until proven otherwise. These patients should undergo immediate evaluation for possible malaria as part of the fever workup. Refugees relocating from sub-Saharan Africa should receive presumptive treatment for *P. falciparum* malaria according to the CDC Refugee Health Guidelines. ([http://www.cdc.gov/ncidod/dq/refugee/rh\\_guide/malaria/domestic.htm](http://www.cdc.gov/ncidod/dq/refugee/rh_guide/malaria/domestic.htm))
- ✓ Consult Federal CDC Division of Tuberculosis Elimination Fact Sheet (<http://www.cdc.gov/tb/pubs/tbfactsheets/skintesting.htm>) for the latest information regarding interpretation of the TST and other TST information.
- ✓ Patients with a positive TST should be reported to the State of Maine Tuberculosis Control Program: [http://www.maine.gov/dhhs/boh/ddc/tuberculosis\\_control.htm](http://www.maine.gov/dhhs/boh/ddc/tuberculosis_control.htm) , 207-287-3748.  
A CXR should be obtained as soon as possible to differentiate active pulmonary disease from LTBI. Suspect active disease cases should be immediately reported to the Tuberculosis Program; questions about treatment of LTBI may also be directed to the Program. Persons with previously classified TB disease should be reported to the TB program.
- ✓ Patients with chronic hepatitis B or C should be evaluated for antiviral treatment. Contacts of patients with hepatitis B should be tested and vaccinated as appropriate.
- ✓ Document all screening and interventions carefully and educate your patient how to obtain these documents if he or she moves out-of-state.
- ✓ Any aberrations detected by the initial health assessment that can not be explained or corrected should be referred to a physician with expertise in the care of foreign-born patients and/or tropical diseases. Recommendations can be obtained by contacting the International Medicine programs at St. Mary's Hospital in Lewiston or Maine Medical Center in Portland.
- ✓ Screening may reveal conditions requiring reporting to the Maine Center for Disease Control and Prevention. Information on these conditions and how to report can be found at: [http://www.maine.gov/dhhs/boh/rules\\_documents/REPORTABLE%20DISEASES%20IN%20MAINE\(6\).pdf](http://www.maine.gov/dhhs/boh/rules_documents/REPORTABLE%20DISEASES%20IN%20MAINE(6).pdf)

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### **Additional Sources of Information:** (Abbreviations used in this document are explained below.)

- 1) Specific Diseases and Conditions
  - a) Federal CDC (<http://www.cdc.gov/>)
- 2) Travel Health
  - a) Federal CDC (<http://wwwn.cdc.gov/travel/default.aspx>)
- 3) Immigrant and Refugee Health
  - a) *Immigrant Medicine*. PF Walker and ED Barnett, Eds. 2007, Elsevier, Inc.
  - b) Commonwealth of Massachusetts, Department of Public Health (<http://www.mass.gov/dph/cdc/rhip/wwwrihp.htm>)
  - c) Minnesota Department of Health (<http://www.health.state.mn.us/divs/idepc/refugee/>)
- 4) Preventive Health Guidelines
  - a) USPSTF (<http://www.ahrq.gov/clinic/uspstfix.htm>)
- 5) U.S. Immigration
  - a) USCIS (<http://www.uscis.gov/portal/site/uscis>)
  - b) USDOS (<http://www.state.gov/>)
- 6) Maine DHHS (<http://www.maine.gov/dhhs/>)
  - a) Maine CDC (<http://www.maine.gov/dhhs/boh/>)
- 7) MaineCare (Medicaid) (<http://www.maine.gov/bms/>)
  - a) Eligibility Manual (<http://www.maine.gov/sos/cec/rules/10/ch332.htm>)

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### Abbreviations Used in the Document:

BCG	Bacille Calmette-Guerin Vaccine
CBC	Complete Blood Count
CDC	Centers for Disease Control and Prevention
CXR	Chest X-Ray (PA – Posterior Anterior, LAT – Lateral)
DHHS	Department of Health and Human Services
H&P	History and Physical Exam
Anti-HBs	Hepatitis B Surface Antibody
HBsAg	Hepatitis B Surface Antigen
HIV	Human Immunodeficiency Virus
IU	International Units
LTBI	Latent Tuberculosis Infection
MMC	Maine Medical Center
O&P	Ova and Parasites
PHN	Public Health Nurse / Public Health Nursing (Maine), a division of Maine DHHS
TST	Tuberculin Skin Test.
RPR	Rapid Plasma Reagin
TB	Tuberculosis
USCIS	U.S. Citizenship and Immigration Services
USPSTF	U.S. Preventive Services Task Force

Hepatitis B serologic marker nomenclature standardized to that use by the Immunization Action Coalition (see [http://www.immunize.org/askexperts/experts\\_hepb.asp](http://www.immunize.org/askexperts/experts_hepb.asp))

These recommendations have been drafted by the Maine International Health Infectious Diseases Work Group (<http://pubfiles.mmc.org/im/ghp/common%20documents/International%20Health%20ID%20Work%20Group.pdf>) under direction from Kathleen F. Gensheimer, MD, MPH, State Epidemiologist, Maine DHHS/CDC, State House #11, Augusta, Maine 04333

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Table 2. Select Foreign-born Populations in Maine

Population	General Information	Overseas Health Screening / Medical Records	Medical Insurance / Social Supports	PHN Involvement	Entry into Health Care System
Refugee	Legally admitted to the United States as a permanent resident. May work legally. A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.	Undergo a mandatory H&P overseas by a Panel Physician appointed by the U.S. Department of State. Applicants >= age 15 undergo CXR, HIV and RPR screening. Documentation is on form DS-2053. Immunizations, if any are documented on form DS-3025. Forms and CXR should be available to care providers upon request. May have other overseas medical records.	Eligible for MaineCare upon arrival. Continued eligibility after grace period depends on usual eligibility. May have private health insurance if employed. Eligible for refugee cash assistance, housing assistance and food stamps. Assigned a case worker by the refugee resettlement program (usually Catholic Charities). Case worker assists client with MaineCare application. Catholic Charities provides assistance with job acquisition and mental health care.	Involved with 100% of new refugee arrivals in Maine. PHN is informed of all pending refugee arrivals in Maine. PHN meets all new arrivals and does TST screening if indicated. To contact Public Health Nursing, call PHN Central Referral at 1-877-763-0438.	PHN refers for medical evaluation, through TB Clinic or primary care provider if TB Skin test (TST) meets referral criteria. PHN refers all refugees for health screening and entry into primary care.
Secondary Migrant	A <u>refugee</u> who has migrated from the state of original (primary) resettlement to the State of Maine.	Overseas health screening same as for refugee. More likely to <u>not</u> have access to overseas medical records. More likely to have received health care outside of the State of Maine but <u>not</u> have access to records of previous health care or know names and contact information of previous care givers.	Same as for refugee except <u>not</u> assigned a case worker by Catholic Charities and must apply to MaineCare on own. Catholic Charities may assist with job acquisition and mental health care. Many enter city shelters upon arrival, fall under general assistance, and may receive attention of city social workers who may assist with MaineCare applications and access to health care.	May accept referrals on secondary migrants that are known to have TB Disease, TB Infection, or identified health needs.	PHN may refer as for refugee, otherwise, self-directed.
Asylum Seeker	An alien who has entered the U.S. either legally or illegally who wishes to remain in the U.S. as an asylee. Not eligible for employment. If granted asylum becomes an asylee (see below), otherwise at risk of being placed into detention and under	No overseas health screening. Unlikely to have access to past medical records.	Unlikely to be eligible for MaineCare. See MaineCare Eligibility Manual for current regulations. Unlikely to have private health insurance as is not eligible to work legally in U.S.	Usually none.	Asylum seekers must undergo an H&P, PPD, CXR if PPD+, HIV, and RPR with a Civil Surgeon appointed by the USCIS. This is done for administrative purposes and does not really constitute entry into the health care system. Entry into the health care system

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	deportation proceedings.				is usually self-directed.
Asylee	An alien in the United States or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country because of persecution or a well-founded fear of persecution. Persecution or the fear thereof must be based on the alien's race, religion, nationality, membership in a particular social group, or political opinion. Accorded all privileges of a refugee. May work legally.	No overseas health screening. May have records including immunization records generated by Civil Surgeon (see Entry into Health Care System for asylum seeker). Otherwise, usually none.	Similar to secondary migrant.	Same as for refugee.	Same as for asylum seeker.
Non-Refugee Immigrant including International Adoptee	Legally admitted to the U.S. for purposes of permanent resettlement.	Same as for refugee.	Unlikely to be eligible for MaineCare. See MaineCare Eligibility Manual for current regulations. Not permitted to become a public charge. Responsible for own medical insurance.	Usually none.	Self-directed.

Parolee Temporary status granted for urgent humanitarian or other reasons.

Variable. May be similar to refugee. Variable. May be similar to refugee. Variable. May be similar to refugee. Variable. May be similar to refugee.