

Initial Health Assessment and Management for Special Foreign-Born Populations in Maine

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

This document contains recommendations for a standardized approach to the initial health assessment and health management of all recently arrived foreign-born people in the following categories:

- Refugees (primarily resettled in Maine by a Maine-based refugee resettlement program)
- Secondary migrants (refugees who have moved to Maine from another state)
- People seeking asylum and asylees

Table 1 - Recommendations

- Complete History and Physical Exam
- Tests and Procedures
 - Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA)
 - Complete Blood Count (CBC) with Differential
 - Sickle Prep (Black African)
 - Lead Screening (Lead Level) (age 6 months-16 years, per [Maine Healthy Homes Program](#))
 - Hepatitis B Surface Antigen (HBSAg) and Hepatitis B Surface Antibody (HBSAb)
 - Rapid Plasma Reagin (RPR)
 - HIV 1 and 2 Antibody
 - Varicella Titer
 - O & P to be considered in symptomatic patients, check treatment history
 - Pap Smear (age per [USPTF recommendations](#))
 - Chlamydia trachomatis and Neisseria gonorrhoea screening (NAAT) (age-appropriate)
 - Newborns: per [Maine Newborn Screening Recommendations](#) (<= 30 days)
 - Mental Health Screening
- Management
 - Establish and prioritize problem list
 - Update and order completion of all immunization series per [CDC ACIP Guidelines](#) (remind patients that influenza vaccine is recommended yearly during the fall and early winter months and is available at school clinics and public clinics if they don't have an appointment scheduled during flu season)
 - Identify age and sex-specific health maintenance delays (e.g. mammography)
 - Identify condition-specific evaluation and management delays (e.g. for Diabetes)
 - Establish Patient-Centered Medical Home (Primary Care) follow-up plan
 - Make referrals for medical, surgical, rehab, and / or mental health problems
 - Other referrals: dental, optometry, nutrition education

Maine CDC Disease reporting and provider consultation (including TB):

- **Phone: 1 - 800 - 821 - 5821 (24 hours a day)**
- **FAX: 1-800-293-7534 (24 hours a day)**
- **E-mail: disease.reporting@maine.gov**

<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/index.shtml>

Notifiable Conditions Reporting Form: [Microsoft Word*](#) or [Adobe PDF*](#)

Be aware of the following possible barriers to effective health care delivery and plan for how you will address:

- Language
- Health Literacy
- Culture / Religion

To address language barriers, employ appropriate, trained, adult interpreters or telephone language line. Be aware of the possibility that your patient may have had no prior exposure to health care as it is practiced in the U.S., and cultural or religious differences may create uncomfortable situations for your patient.

Previous Medical Records: If the patient is a refugee ask him or her for any overseas health screening documentation. This should include the Department of State form [DS-2053](#) and possibly immunization and pre-departure records containing additional immunization information and records of empiric treatments for malaria and parasites (“deworming”). Asylees and asylum seekers will not have these records. Secondary migrants, asylum seekers, and asylees may have other U.S. health records. Upon first arrival in the U.S., all refugees are referred to state public health programs for evaluation for tuberculosis. You should be aware of this and obtain records when possible from the TB program in whatever state the person first settled.

History and Physical Exam: Every patient should undergo a comprehensive H&P (History and Physical Exam). Experience suggests that most patients have had little or no prior primary health or dental care. Most patients have had no medical care at all except for the emigration medical exam. The H&P and choices of specific screening tests should take into consideration the background of the patient with regard to country of origin, migration history, political turmoil, exposure to war, and refugee camp experiences. Patients should be asked about prior war-related trauma, incarceration, torture, rape, or other atrocities. Language, health literacy, and cultural barriers make the physical exam all the more important. Remember to screen adults carefully for conditions that pediatricians in the United States normally identify early in life in U.S.-born populations (e.g. vision and hearing). Any suspicion of risk for prior rape should be cause for doing a pelvic exam earlier than would otherwise be recommended under USPSTF guidelines.

Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA): Either of these tests is generally recommended for \geq age 5, TST for \geq age 6 months. For more information, see [TST & IGRA Tests: Recommendations for Use](#) (PDF*) or <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/tuberculosis/health-care.shtml>. A positive test should be followed-up with a chest x-ray (PA and Lateral) and a referral to a TB clinic. A negative chest x-ray is suggestive of Latent Tuberculosis (TB) Infection (LTBI). A positive chest x-ray or patient with possible symptoms of active pulmonary tuberculosis should prompt a call to the [Maine TB Control Program](#) (1-800-821-5821). All new refugee arrivals in the State of Maine are referred to State of Maine Public Health Nurses for initial TB screening. Other non-refugee immigrants may also be monitored by State of Maine Public Health Nursing. If in doubt, before conducting TST or IGRA testing, contact the Maine TB Control Program.

CBC with Differential: (Rationale) This test is used to screen for anemia and eosinophilia. A finding of a low MCV anemia is common and should be followed-up with screening for iron deficiency. If the patient is not iron deficient, further evaluation with hemoglobin electrophoresis may reveal hemoglobinopathy. Eosinophilia should prompt for possible empiric treatment for strongyloidiasis and schistosomiasis, or an investigation for presence of other parasites.

Hepatitis B Surface Antigen (HBSAg) and Hepatitis B Surface Antibody (HBSAb, anti-HBs):

(Rationale) This patient population has a higher prevalence of past and present viral hepatitis B infection.

These two tests provide adequate hepatitis B screening and help to determine if vaccine is required or if referral is needed to a viral hepatitis clinic.

Interpretation of Test Results:

HBSAg+: In the asymptomatic patient, suggest patient is a “carrier” for hepatitis B (actively infected). The patient requires further management / intervention based on comprehensive knowledge of management of chronic hepatitis B infection (referral to hepatitis B clinic). Patient does not require hepatitis B immunization (consider Hepatitis A vaccine).

HBSAb+: Patient is immune to hepatitis B, most likely from past infection. Patient does not require hepatitis B immunization.

HBSAb-: Patient may require hepatitis B immunization (complete series) based on risk of exposure or CDC (ACIP) guidelines.

Hepatitis C Antibody: Consider Hepatitis C screening in certain foreign-born populations, as there is recent evidence that Hepatitis C may be substantially more prevalent in some parts of the world, including northern and central Africa and the Middle East. (Averhoff FM, Glass N, Holtzman D (2012), Global burden of hepatitis C: considerations for healthcare providers in the United States. [Clin Infect Dis](http://www.ncbi.nlm.nih.gov/pubmed/22715208). 2012 Jul;55 Suppl 1:S10-5. <http://www.ncbi.nlm.nih.gov/pubmed/22715208>).

Rapid Plasma Reagin (RPR): (Rationale) This patient population may be at increased risk for *Treponema pallidum* infection. This condition can be asymptomatic and lead to harm if left undetected. This condition is screened-for as part of the overseas medical exam for immigrants age 15 and older. Patients who test positive and have a positive confirmatory test are treated prior to being permitted to travel to the United States. Overseas testing and treatment is recorded on Department of State form [DS-2053](#). A positive test is normally reflexed by the performing laboratory to the State of Maine CDC Laboratory for confirmatory testing (TP-PA). If both the RPR and TP-PA are positive, and the patient has not had treatment documented on the DS-2053, the patient should be considered for treatment for latent syphilis.

HIV 1 and 2 Antibody: (Rationale) The CDC recommends universal screening (see [MMWR 2006](#)). This patient population may be at increased risk for HIV infection. HIV is not screened for as part of the overseas medical exam for immigrants.

Varicella Titer: (Rationale) Most immigrant patients have a positive varicella titer and do not need to be further immunized for varicella. It may be more cost-effective to test than vaccinate all patients.

O&P and Other Parasite Screening: (Rationale) Pre-departure presumptive treatment of malaria and other parasites has increased in recent years. Current CDC domestic guidelines can vary depending on pre-departure presumptive treatment. Please refer to CDC guidelines:

<http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf>

Chlamydia trachomatis and Neisseria gonorrhoea Screening (Female Patients): (Rationale) These conditions can be asymptomatic and cause harm if left undetected. Suspicion of risk for prior rape should be cause for doing a pelvic exam and screening for these conditions earlier than USPSTF guidelines otherwise recommend.

Mental Health Screening:

The following tool, the Refugee Health Screener-15 (RHS-15) is used at Catholic Charities Maine Refugee and Immigration Services for new arrivals (i.e. primary refugees and asylees). This tool was developed for use in a community public health or clinical setting as an efficient and effective way to sensitively detect the range of emotional distress common across refugee groups. This tool screens for PTSD, anxiety and depression which are the most common mental symptoms in refugees. It can be self-administered if the patient reads in their language and translated copies are available in 8 languages. For those who screen positive, a referral for counseling services can be made.

http://wordpress-test.jsi.com/refugeehealthta/files/2012/02/RHS15_Packet_PathwaysToWellness.pdf

As of 2012, there is a Survivors of Torture grant (SOT) through a collaborative partnership which provides services to victims of torture in the Portland area. If you are working with a patient who you think could be a survivor of torture and might benefit from additional case management and or counseling you can make a referral for screening to Abdullahi Alibare-SOT Case Manager, Catholic Charities Maine, 210-1503 aalibare@ccmaine.org or Abeir Ibrahim-SOT Case Manager, the City of Portland Refugee Services, 775-7915 x226, ai@portlandmaine.gov.

Table 2 –Population Characteristics				
	Primary Refugee	Secondary Refugee (sometimes called secondary migrant)	Asylee	Asylum Seeker
Legally Admitted to US?	Yes	Yes	Yes	Status Pending
Resettlement Coordinated by CCM-RIS* or other Refugee Resettlement Program in Maine (Has CCM-RIS case worker)?	Yes	No	No	No
Initial Resettlement in Maine?	Yes	No	?	?
May Work?	Yes	Yes	Yes	No
MaineCare Eligible?	Automatically for first 8 months in US then, yes, per standard criteria.	Yes, per standard criteria	Yes, per standard criteria	No
Followed by Maine Public Health Nursing (PHN)?	Yes. Upon arrival in Maine.	If referred to State of Maine PHN and is known to have LTBI or TB, or has been in US for less than 30 days and has not been screened for TB	If known to have TB or LTBI or has not been screened for TB	If known to have TB or LTBI
Entrance into healthcare system?	Referred by State of Maine PHN.	Variable	Variable	Variable
TB Screening	By State of Maine PHN upon arrival in US.	Variable. May have been done in other state prior to arrival in Maine. Possible by State of Maine PHN after arrival in Maine.	Variable. May be performed by PHN or as part of asylee medical exam and documented on USCIS form I-693 by Civil Surgeon.	Variable. May be performed as part of asylee medical exam and documented on USCIS form I-693 by Civil Surgeon.
Management of TB or LTBI?	State of Maine PHN and State of Maine TB Clinic or primary care provider	Variable.	Variable.	Variable.
Had overseas medical exam before coming to US documented on Department of State form DS-2053 ?	Yes	Yes	No	No
*CCM-RIS – Catholic Charities Refugee and Immigrant Services				

References:

CDC Immigrant and Refugee Health web site: <http://www.cdc.gov/immigrantrefugeehealth/>

USPSTF (U.S. Preventative Services Task Force) web site: <http://www.ahrq.gov/clinic/uspstfix.htm>

USCIS (U.S. Citizenship and Immigration Services) web site: <http://www.uscis.gov/portal/site/uscis>

Maine CDC web site: <http://www.maine.gov/dhhs/mecdc/>

Key to links embedded in this document (in the order they appear)

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Maine Healthy Homes Program: <http://www.maine.gov/dhhs/mecdc/environmental-health/eohp/lead/>

USPTF recommendations: <http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>

Maine Newborn Screening Recommendations:

<http://www.maine.gov/dhhs/mecdc/population-health/cshn/bloodspot-screening/providers.html>

CDC ACIP Guidelines: <http://www.cdc.gov/vaccines/acip/index.html>

Notifiable Conditions Reporting Form:

Microsoft Word: (<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-form.doc>)

Adobe PDF: (<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/disease-reporting/documents/notifiable-form.pdf>)

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DS-2053: <http://photos.state.gov/libraries/vietnam/8621/pdf-forms/DS-2053.pdf>

TST & IGRA Tests: Recommendations for Use: <http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/tuberculosis/documents/TST-IGRA-Recommendations.pdf>

Maine TB Control Program:

<http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/tuberculosis/index.shtml>

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Clin Infect Dis: <http://www.ncbi.nlm.nih.gov/pubmed/22715208#>

DS-2053: <http://photos.state.gov/libraries/vietnam/8621/pdf-forms/DS-2053.pdf>

MMWR 2006: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

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I-693: <http://www.uscis.gov/files/form/i-693.pdf>

This document is an updated and revised version of a similar set of recommendations originally developed in 2008 by the Infectious Disease Public Health workgroup, International Health Sub-committee. Thank you to the following for assistance with these revisions. The Maine CDC plans to review and update these recommendations every two years, unless immigration or disease patterns warrant consideration on a more frequent basis.

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