

Recommendations for pediatric refugee screening
Yale Pediatric Refugee Clinic
Revised 2/18

Please note, these are not complete guidelines but rather a quick outline to help you get started. I highly recommend looking at the resource section attached, specifically the CT DPH and CDC Guidelines and the new 2016 AAP Refugee Immigrant Health Tool Kit.

Screening labs: (See CT DPH and CDC guidelines in reference section below)

- Screening: Patients come into clinic 2 days before their doctor visit to draw blood and set a PPD (for < 5 yrs) in order to have results available to the doctor when they see the patient
- TB Screening: PPD for < 5 yrs of age and IGRA for >/- 5yrs of age. (We are checking a IGRA down to age 2 years of age in our clinic)
- CBC w/diff, venous lead, Iron/TIBC, Ferritin, Chronic hepatitis panel (HepBsAG, HepBcAB and HepBsAB and HepCAB), Hepatitis A (IgG), HIV, VDRL/TP, Vitamin D (25 OH), Varicella, UA, strongyloides IgG, schistosoma IgG
- U preg on all menstruating females (consider >/- 12-13 yrs) and repeat before MMR and VAR vaccine
- Urine GC/C on >/- 15 yrs.
- TSH for < 3yr
- Hearing and Vision
- < 1 mo obtain newborn screen (CT DPH recommends until 3mo however our genetics department recommends a more focused metabolic screening for babies 2 weeks to 6 months of age.):
 - comprehensive galactosemia panel
 - comprehensive metabolic panel
 - TSH
 - Biotinidase level
 - Carnitine (total, free, esterified)
 - Urine organic acids, quantitative
 - Plasma amino acids
 - Acylcarnitine, plasma, quantitative
- Under one year we don't check for VAR antibodies as we give vaccine anyway at 12mo.
- If risk of Hepatitis C virus (transfusion, surgery, tattoos, maternal infection, Female Genital Cutting or South East Asian populations) check Hepatitis C (Hep C AB), If positive Hep C AB we get hep C PCR.
- Consider these depending on history:
 - Consider stool O&P x3 if no documentation of albendazole presumptive treatment given over seas. Or you can prescribe a dose of albendazole
 - Giardia stool antigen (symptoms or elevated eosinophils)

- Malaria smears if clinical suspicion
- Hgb electrophoresis if anemia and low MVC
- G6PD levels if male and h/o severe jaundice at birth
- Vitamin B12 if Bhutanese or nutritional h/o no egg, meat, milk consumption

Overseas Presumptive Parasitic Treatment:

Review the *table on the CDC website for overseas parasitic treatment*.

- Many will receive some presumptive treatment for parasites *depending* on the country of origin. Please see the *CDC Intestinal Parasite Overseas Guidelines* for the presumptive treatment guidelines for each country of departure. Please ask patients if they remember taking a medicine before travel, sometimes they have documentation of it.
 - Ivermectin for strongyloides (if no Loa Loa risk in Sub Saharan Africa and South East Asia)
 - Praziquantel for Schistosoma (> 4 yr of age and Sub Saharan Africa) (Do not give if symptoms of neurocysticercosis- seizures)
 - Albendazole (Do not give if symptoms of neurocysticercosis- seizures)
 - Malaria: Coartem

Forms to be completed;

Refugee Health Assessment (RHA), school form or daycare form, WIC form

Follow up Labs:

- Lead in 3-6 mo for all 6mo-6yrs
- CBC w/diff in 3-6 mo if anemia, absolute eosinophil count (AEC) > 400.
- Vitamin D (25 OH) in 3 mo if deficiency (<20)

• Lead:

- We check venous lead on all refugees 6mo-17yr during prescreening and again in 3-6mo for children < 6 yr or at any age if elevated, as they can have lead exposure here in New Haven. See CDC refugee lead guidelines.

Referrals:

Dental- all need to see dentist

Yale Child Study Center for mental health concerns (or a provider closer to you)

Medications:

MVI with iron- especially < 5yr or older if concerns

Vitamin D for Vit D deficiency

Albendazole if they have not had overseas presumptive treatment (Do not give if symptoms of neurocysticercosis- seizures)

Follow up:

1-month vaccines, 2-3 months doctor and vaccines, and 6mo doctor and vaccines

**Refugee Resource list:
Revised 6/16/2016**

APP 2016 Toolkit:

https://www.aap.org/en-us/Documents/cocp_toolkit_full.pdf

Refugee Health guidelines: CDC and CT DPH:

CDC: (overseas and domestic guidelines for vaccines, parasites, TB, malaria)

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html>

CT DPH: www.ct.gov/dph/refugeehealth. Information on competing RHA is here http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388562&dphNav_GID=1601

PREP article:

Thomas Seery et al. "Caring for Refugee Children," Pediatrics in Review, 2015

Mental Health resources:

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>

[http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/MH Interventions for Refugee Children.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/MH_Interventions_for_Refugee_Children.pdf)

Refugee Health Screener (RHS-15)

[http://www.refugeehealthta.org/files/2012/02/RHS15 Packet PathwaysToWellness.pdf](http://www.refugeehealthta.org/files/2012/02/RHS15_Packet_PathwaysToWellness.pdf)

To Learn More:

I recommend joining the **refugee health listserv** run by William Stauffer, MD (stauf005@umn.edu) at U. of Minnesota. To apply for membership to this group, go to: <http://nasrhp.us11.list-manage1.com/subscribe?u=e46bc2a137f8fc2ebfa85179c&id=575bb1beb5>

if you have problems with that link you could try emailing:

refugeeclinicalgrouplist@umn.edu

Sign up for listserv from **Alison Stratton, Ph.D the Refugee and Immigrant Health Coordinator from CT DOH**: alison.stratton@ct.gov