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Attachments

1. Utah Summary Checklist for Domestic Medical Examination for Newly Arrived Refugees
2. Refugee Health Screening Form
3. Class B1/B2 Coordination
4. Positive Quantiferon Protocol
5. Refugee Syphilis Screening and Treatment Recommendations
6. Medication/Vaccine Order Form
7. Monthly Medication/Vaccination Log
8. Utah Refugee Health Screening Network
Introduction

The first interaction that refugees have with the health care system in the U.S. begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the U.S. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and ensure good health practices facilitate successful integration and self-sufficiency.”

The goals and objectives of the Utah Refugee Health Program are as follows:

1) The Program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees initiate a health screening within 30 days of arrival.
2) The Program will monitor health screenings to ensure that 90% are completed no later than 45 days after the initial screening date.
3) The Program will collaborate with resettlement agencies to ensure that at least 75% of refugees ≥ 14 years old attend a health orientation.
4) The Program will monitor health screening results to ensure that 90% of individuals screened establish a medical home/primary care provider within 30 days of completing the screening.
5) The Program will monitor resettlement agencies to ensure that 90% of individuals screened establish care with a health screening provider, no later than 90 days after the date of arrival.
6) The Program will monitor resettlement agencies to ensure that at 90% of refugees attend their establish care appointment, no later than 90 days after date of arrival.
7) The Program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
8) The Program will work with resettlement agencies to ensure at least 95% of all refugees with positive TB screening or who’ve arrived with B1/B2 status complete a TB intake.

1 http://www.acf.hhs.gov/programs/orr/programs/preventive-health
Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the U.S. in order to detect diseases that would preclude admission to the U.S. and to prevent the importation of diseases of public health importance\(^2\). Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes\(^3\):

1. Medical history and physical examination.
2. Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required and sputum testing, when required.
   a. Applicants \(\geq 15\) years of age require a medical history, physical examination and CXR.
   b. Applicants 2–14 of age living in countries with World Health Organization estimated TB incidence rates of \(\geq 20\) cases per 100,000 should have a TST or IGRA.
3. Chest x-ray for age \(\geq 15\) years (for South Asian refugees, the age is \(\geq 2\) years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
4. Serologic test for syphilis for age \(\geq 15\) years. Persons with positive results are required to undergo treatment prior to departure for the U.S.; physical exam for evidence of other STDs. As of January 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
5. Physical exam for signs of Hansen’s disease. Refugees with laboratory-confirmed Hansen’s disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the U.S.
6. A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
7. Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the U.S. or in the process of being eliminated.


\(^3\) [http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html](http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html)
Departure of refugees with communicable diseases that preclude entry into the U.S. (e.g., syphilis, gonorrhea or Hansen’s disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual’s medical status is assigned a classification. These classifications include:

- **Class A**: Conditions that prevent a refugee from entering the U.S. include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow-up upon arrival. Examples of Class A conditions are:
  - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
  - TB: active and infectious
  - Hansen’s disease (leprosy)
  - Mental illness with association harmful behavior
  - Substance abuse

- **Class B**: Physical or mental abnormalities, diseases or disabilities of significant nature; require follow-up soon after arrival.
  - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
  - Hansen’s disease, not infectious
  - Other significant physical disease, defect or disability

- **Class B TB**:
  - Class B0 TB, Pulmonary
  - Class B1 TB, Pulmonary
  - Class B1 TB, Extra pulmonary
  - Class B2 TB, LTBI Evaluation
  - Class B3 TB, Contact Evaluation
Utah Domestic Refugee Health Screening

The Program works closely with various clinics to provide a comprehensive Refugee Health Screening. Resettlement agencies, RIC-AAU, CCS and IRC, are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully initiates the screening within 30 days of arrival to Utah. Utah Refugee Health Screening adheres to the CDC guidelines:

Starting October 1, 2019, the Utah Department of Health Refugee Health Program converted data collection of all health screening information from a paper form to an electronic collection system through a database known as the Refugee Health Online System (RHOS; www.health.utah.gov/rhos/). This change was made in an effort to provide more collaborative and streamlined care between the Utah Department of Health, resettlement agencies, and health screening clinics to ensure all the health needs for all newly-arrived refugees are met. Health clinics may still use the Utah Refugee Health Screening form as a guide during the appointment, but the only requirement is entering all the information on RHOS. The system has the capability to auto-generate a completed health screening form, if needed. The Refugee Health Program team may help with accessing this and supporting health clinics through understanding this new way of collecting data.
**Figure 1: Utah Domestic Refugee Health Screening Coordination**

### Acronyms
- **RA**: Resettlement Agency
- **DOA**: Date of Arrival
- **HS**: Health Screening
- **HSCs**: Health Screening Clinics (Health Clinic of Utah and St. Mark’s Family Medicine)
- **RHP**: Utah Department of Health Refugee Health Program
- **RHOS**: Refugee Health Online System

### Refugee Health Screening Process

| Pre-arrival: | RA approves refugee case  
| Pre-arrival: | RA notifies RHP TB Nurse Consultant of B1 arrivals  
| Pre-arrival: | RA notified of refugee's date of arrival  
| Pre-arrival: | RA notifies RHP of arrival; provides demographic information.  
| 14 days after DOA: | RA requests health screening appointment from HSC  
| 14 days after DOA: | **Note**: Due to COVID-19, all new refugees are highly recommended to self-isolate for 14 days after arrival. All health screenings must be scheduled accordingly.  
| Less than 30 days after DOA: | HSC schedules appointment <30 days from date of arrival  
| Less than 30 days after DOA: | Health screening appointment occurs; RA coordinates interpretation &/or transportation.  
| W/in 10 business days after HS: | HSC enters initial screening information into RHOS and writes all coordination follow-up required under the "Comments" tab.  
| W/in 10 business days after HS: | RAs performs follow up with cases and writes progress in RHOS  
| Complete HS w/in 45 days: | RHP monitors outstanding health screening follow-up; coordinates with HSCs and RAs through RHOS.  
| Complete HS w/in 45 days: | HSC completes health screening form through RHOS. RHP verifies all activities are completed.  

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Scheduling and Coordination with Resettlement Agencies

- **Guidelines**
  1. Resettlement agency will schedule health screening appointment.
  2. Clinic and resettlement agency will ensure that the health screening is scheduled and takes place within first 30 days in Utah.
  3. Priority is given to individuals with B1 and B2 TB status; should be seen for health screening within 2 weeks of arrival to Utah.
  4. Resettlement agency will coordinate the following for the appointment:
     a. Interpreter (if needed)
        i. If unable to provide, resettlement agency will request that the clinic provide an interpreter; prior approval by UDOH is required for use of outside interpreter(s) for health screening appointments.
     b. Transportation (if needed)
     c. Copy of the Overseas Medical Report, including immunization record (if available)
        i. These records can also be accessed directly by the clinic with EDN.
     d. Health Screening Form with demographic section completed

- **Reporting**
  1. Reportable conditions should be reported under the appropriate tab in the client’s case file in RHOS (www.health.utah.gov/rhos/).

- **Coordination/Follow-up**
  1. Clinics will enter health screening information into client’s case file in RHOS and select “Completed HSF” if all health screening requirements are met.
  2. Completed health screening information is to be uploaded to RHOS within 10 business days of the initial health screening date.
  3. Document screening provider comments under the “Demographics” tab.
  4. Please communicate any urgent follow-up needs directly to the appropriate resettlement agencies via RHOS under the “Comments” tab.
  5. For any questions/assistance, please fax or email:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov

- **Resources**
  1. Utah Refugee Health Screening Form (Attachment 2)
  2. CDC Domestic Health Screening Guidelines:
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/guidelines-history-physical.html
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/checklist.html
General Tests

- Testing Recommendations
  2. **Urinalysis** - there is no evidence that routine urinalysis is a cost-effective screening examination. It may be considered in newly arrived refugees of all ages and ethnicities who are developmentally mature enough to provide a clean-catch urine specimen. A bag specimen may be checked for younger children, if clinically indicated, with confirmation of positive findings by catheterization. This recommendation is more conservative than the current American Academy of Pediatric guidelines for children residing in the U.S., because of the higher prevalence of specific conditions that may be detected in refugee children (e.g., Schistosoma haematobium).
  3. **Newborn Screening** - there is no evidence that newborn screening is beneficial in refugee infants or children. However, if a newborn refugee infant is seen for refugee medical screening, a newborn screening panel should be performed.
  4. **Cardiovascular and lipid disorders** - screen in accordance with the U.S. Preventive Services Task Force (USPSTF) guidelines. Although blood pressure and non-fasting serum lipid testing can be performed at the new-arrival medical screening examination, other screening tests recommended by the USPSTF may not be conducted at this visit, but should be done in a reasonable time frame after arrival. Adults found to have hyperlipidemia or hypertension should be formally screened for diabetes with a fasting blood glucose measurement, in accordance with USPSTF guidelines, and should be referred for long-term management.
  5. **Cancer Screening** - refugees, as with all U.S. populations, should receive preventive screening according to USPSTF Cancer Screening Guidelines. The new-arrival medical screening examination may not be the ideal time to perform invasive medical screening examinations (e.g., pelvic examinations), since many refugees have experienced sexual assault or other traumatic events. However, if an appropriate environment can be created, trust can be established, cultural norms respected, and the risk of additional trauma to the refugee minimized, the visit does present a possible opportunity to provide more invasive cancer screening.

Please refer to [http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html#tbl1](http://www.cdc.gov/immigrantrefugeehealth/guidelines/general-guidelines.html#tbl1) for more specifics on general testing.
Tuberculosis

- **Guidelines (Testing)**
  1. All refugees **MUST** be screened for Tuberculosis.
  2. Interferon Gamma Release Assay, IGRA (QFT, T-Spot) is the preferred method of testing and should be used with refugees ≥2 years.
  3. Children <2 years should have a TST placed.
     a. Do not place a TST on Thursdays (must be read 48–72 hours).
  4. Refugees identified as Class B1 or B2 are given priority; for testing, please follow the guidelines outlined in the Class B1-B2 Protocols (Attachment 3).
  5. An indeterminate QFT result should be repeated. If the second QFT result is indeterminate, place a TST.
     a. If vaccines containing live virus have been given, wait at least 4-6 weeks to repeat any TB testing.

- **Reporting**
  1. If a client tests positive – upload Chest X-ray (CXR) order form, and lab results under the “Attachments” tab in RHOS within 7 business days. Also, update CXR findings under the “TB” tab as soon as the CXR report is received.
  2. For questions/assistance, fax/email:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the CXR is completed in a timely fashion; standard is 30 days from day of CXR order.
  2. Once the CXR is complete; the results will be sent to the physician/clinic listed on the order form.
  3. Upon receiving the CXR results, the screening clinics upload the CXR results to RHOS.
  4. If the screening clinic is not able to locate the CXR, please leave a note under the “Comments” tab on RHOS and contact:
     UDOH/Refugee Health Program
     Fax#: 801-538-9913
     Email: rhprogram@utah.gov.

- **Resources**
  2. Positive Quantiferon Protocol (Attachment 4)
  3. CDC Domestic Health Screening Guidelines:
HIV

- **Guidelines (Testing)**
  1. All refugees ≥15 years should receive a HIV test as part of the health screening.
  2. Refugees ≤14 years may be tested if risk factors exist.

- **Reporting**
  4. Report positive HIV under the “Labs” tab in client’s case file in RHOS. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure appropriate referrals are made for treatment and care (adults are referred to Clinic 1A, while children are referred to Clinic 6, both at the University of Utah Hospital).
  2. Clinic 1A and/or Clinic 6 may serve as the patient’s Primary Care Provider.

- **Resources**
  1. Utah Refugee Health Screening Form (Attachment 2)
  2. CDC Domestic Health Screening Guidelines:

**As of January 4, 2010, refugees are no longer required to be tested for HIV infection prior to arrival in the U.S. However, there is the possibility that a refugee was tested and that his/her HIV+ status is known prior to arriving in the U.S. In these circumstances the resettlement agency, if aware of the positive status, will schedule the refugee either at Clinic 1A or Clinic 6 for his/her health screening.**
Syphilis and Other STDs

- **Guidelines (Testing)
  1. Routine screening for syphilis is not recommended for newly arrived refugees.
  2. If a newly arrived refugee has a recent medical history suggestive of syphilis (painless sores on the genitals, anus or mouth or a rash on the body, especially on the palms or soles of the feet), a physical exam and screening test are recommended.
  - For additional information on the guidelines for screening for syphilis, please reference Attachment 5.
  3. Syphilis: Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR) or equivalent test.
  - If a refugee does test positive for syphilis, physicians should contact the local health department (LHD) prior to further testing or treatment to verify patient history and confirm appropriate next steps.
    Salt Lake County Health Department: Lynn Beltran: 385-468-4185
  4. Chlamydia: Nucleic acid amplification tests
  - Females ≤25 years old who are sexually active or those with risk factors (e.g., new sexual partner or multiple sexual partners)
  - Consider for children who have a history of sexual assault. However, management and evaluation of such children require consultation with an expert.
  - Persons with symptoms or leukoesterase (LE) detected in urine sample

*With the exception of the routine testing for syphilis and chlamydia (see above guidelines), no data support the utility of routine testing for other non-HIV STIs in refugees. Testing for other STDs may be completed at the discretion of the screening physician.*

- **Reporting
  1. Report positive RPR test under the “Labs” section in the client’s case file on RHOS. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.

- **Coordination/Follow-up
  2. RHP can assist with medication as needed.

- **Resources
  1. Refugee Health Screening Form (Attachment 2)
  2. Refugee Syphilis Screening and Treatment Recommendations (Attachment 5)
Blood Lead Level

- **Guidelines (Testing)**
  1. Test performed on children ≤16 years
  2. Refugee adolescents > 16 years of age if there is a high index of suspicion, or clinical signs/symptoms of lead exposure
  3. All pregnant and lactating women and girls

- **Guidelines (Follow up testing within 3-6 months from first testing)**
  1. All refugee children ≤ 6 years, regardless of initial screening result
  2. Children and adolescents 7-16 years with EBLL at initial screening

- **Reporting**
  1. Report elevated blood lead results ≥5 ug/dL by updating the “Labs” section in the client’s case file in RHOS. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.

- **Resources**
  1. Refugee Health Screening Form (Attachment 2)
Hepatitis B

- **Guidelines (Testing)**
  1. Screen all refugees for hepatitis B surface antigen (HBsAg) **AND**
  2. Vaccinate all refugees for hepatitis B as indicated.

- **Reporting**
  1. Report positive hepatitis B result by updating the “Labs” tab in a client’s case file in RHOS. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.
  2. Report negative hepatitis B result and vaccinate if client is not already immune. Please make a note of client’s hepatitis B immunization status under the “Immunizations” tab in RHOS. If required, make note of necessary coordination follow-up under the “Comments” tab so the RAs and RHP are aware of next steps.

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.

- **Resources**
  1. Refugee Health Screening Form (Attachment 2)
  2. MMWR Immunization Management Issues: Hepatitis B
     [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a2.htm)
  3. World Health Organization: Hepatitis B Fact sheet
  4. Minnesota Refugee Health Screening Guidelines: Hepatitis B
     [http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html](http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html)
  5. CDC Domestic Health Screening Guidelines: Hepatitis screening
  6. CDC Hepatitis B
  7. CDC Domestic Health Screening Guidelines: Immunizations

- **Additional Reading**

Hepatitis C

- **Guidelines (Testing)**
  1. Screening is based on risk factors or for those individuals born between the years of 1945-1965.

- **Reporting**
  1. Report hepatitis C positive result by updating the “Labs” tab in a client’s case file in RHOS. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is referred to Salt Lake County Health Department for treatment and education.

- **Resources**
  1. Refugee Health Screening Form (Attachment 2)

- **Additional Reading**
Intestinal Parasites

• Guidelines (Testing)
  1. Utah follows the CDC guidelines. Pages 5–9 of the CDC Domestic Health Screening Guidelines-Intestinal Parasites (link below) provide specific information addressing the management of parasitic infections by refugee population.
  2. Per CDC, providers can assume that refugees from certain countries are receiving presumptive anti-parasitic treatment pre-departure even without overseas documentation (CDC letter issued January 15, 2014).
  3. Please refer to the CDC Treatment Schedule for Presumptive Parasitic Infections for a list of refugee population receiving presumptive treatment:
  4. Refugees with certain conditions are excluded from presumptive treatment; a list of these conditions can be found by accessing the following link:
  5. UDOH supplied anti-parasitic medication CANNOT be used for those who received presumptive treatment overseas; providers must verify treatment prior to dispensing UDOH provided medication.

• Reporting
  1. Report Giardia and other parasitic infections by updating the “Parasite” tab in a client’s case file in RHOS. (Only giardia needs to be reported to Salt Lake County Health Department)

• Coordination/Follow-up
  1. Document screening provider comments under the “Demographics” tab. Enter all required coordination follow-up under the “Comments” tab so RHP and RA are aware of required next steps.
  2. The resettlement agency, screening provider and Salt Lake County Health Department (when required) will coordinate follow up treatment as indicated.

• Resources
  1. Refugee Health Screening Form (Attachment 2)
  2. 2014 Overseas Treatment Schedule.
  3. CDC Domestic Health Screening Guidelines-Intestinal Parasites:
Immunizations

- **Guidelines**
  1. Review immunization history, including hardcopy records and electronic records in the Electronic Disease Notification (EDN) system.
  2. **Children**: provide immunizations according to the CDC schedule; ensure that school-aged children receive the necessary immunizations to enroll in school.
  3. **Adults**: provide immunizations according to the CDC schedule; ensure that patient is on track to meet the green card requirements.

- **Reporting**
  1. Document all immunizations given overseas by checking the appropriate box(s) under the “Immunizations” tab in RHOS.
  2. Document all immunizations given at the health screening visit under the “Immunizations” tab in the client’s case file in RHOS.
     a. *If immunizations not given, document reason in the screening providers comments section under the “Demographics” tab in RHOS. Record any required coordination follow-up under the “Comments” tab so RA and UDOH RHP are aware of required next steps.*
  3. Document all immunizations on yellow immunization card; provide client(s) with copy.
  4. Enter immunization information into the Utah Statewide Immunization Information System (USIIS).

- **Coordination/Follow-up**
  1. Communicate directly with RA under the “Comments” tab in RHOS if, for whatever reason, client was unable to receive required immunizations.

- **Resources**
  1. CDC Aid to Translating Foreign Immunization Records
  2. CDC Evaluating Vaccine Records:
  3. CDC Current Presumptive Immunization Schedules:
  5. Current Vaccination Criteria for U.S. Immigration
Figure 2: Utah Refugee Health Screening - Immunizations

Acronyms
RA: Resettlement Agency; HS: Health Screening Appointment
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark’s Family Medicine)
RHP: Utah Department of Health Refugee Health Program
RHOS: Refugee Health Online System

**IMMUNIZATIONS PROCESS**

**Pre HS:**
- HSC evaluates immunization record either via: EDN or records provided by patient.

**At HS:**
- Immunizations provided during Health Screening based on findings from record; if no record, start over with series

**W/in 10 business days from HS:**
- HSC reports immunizations in client's case file in RHOS:
  - a) Given overseas
  - b) Date given in U.S.
  - c) Not Performed

**W/in 10 business days from HS:**
- **If not performed,** indicate required follow-up under screening provider comments in the "Demographics" section in RHOS.
- **If out of stock,** refer to local health department and make a note in RHOS.
- **NOTE:** Document any coordination follow-up required under the "Comments" tab in RHOS

**IMMUNIZATIONS COMPLETE**
Mental Health

- **Guidelines**
  1. All refugees ≥14 years are screened using the Refugee Health Screener 15 (RHS-15).
  2. All refugees <14 years are screened based on child’s history and on parental observations and consent.
  3. Refugees may also been screened for torture/severe war trauma.

- **Reporting**
  1. Screening physician/clinic reports positive mental health screening by updating the “Mental Health” tab in the client’s case file in RHOS. Please indicate any referrals made or if client refuses the referral. Update the screening provider comments under the “Demographics” section with any necessary follow up. Also, include any coordination follow-up under the “Comments” tab so RA and UDOH RHP are aware of next steps.
    
    a. *If client is not screened, document reason under the “Mental Health” tab as well.*

- **Coordination/Follow-up**
  1. UDOH will work with the resettlement agency to ensure the patient is scheduled for an intake.

- **Resources**
  1. Refugee Health Screening Form (Attachment 2)
Figure 3: Utah Refugee Health Screening - Mental Health

Acronyms
RA: Resettlement Agency;   HS: Health Screening Appointment
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark’s Family Medicine)
RHP: Utah Department of Health Refugee Health Program
RHOS: Refugee Health Online System;   RHS-15: Refugee Health Screener-15

MENTAL HEALTH ASSESSMENT PROCESS

W/in 30 days from DOA:
• HSCs conduct mental health assessment as part of the HS

At HS:
• Assessment should include:
  • RHS-15 for all patients ≥ 14 years
  • Trauma (as indicated) for Children < 14 years old

W/in 10 business days post HS:
• Mental Health Assessment results reported in RHOS
  • Report should include: Score / Referral Offered (Y/N) / Referral Accepted (Y/N) / Referral Provider

W/in 30 days post HS:
• RA reviews follow-up notes for mental health referral from HSCs in RHOS.

ASAP:
• RA arranges appointment with mental health provider

MENTAL HEALTH ASSESSMENT COMPLETE
Completing Health Screening in RHOS

Instructions for Completing and Submitting the Health Screening Results

1) Go to RHOS database (https://health.utah.gov/rhos/)
2) Look up client’s case file and input information into each section as described below.

<table>
<thead>
<tr>
<th>Health Screening Sections</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td>Completed by resettlement agency and UDOH prior to health screening appointment.</td>
</tr>
<tr>
<td>General Exam</td>
<td>Indicate findings for basic physical examination (height/weight/BP/visual acuity etc.)</td>
</tr>
<tr>
<td>TB</td>
<td>Report TB findings here, indicate if client arrived with TB condition. If positive, after the CXR, enter results here too. Attach a copy of CXR order and results under “attachments.”</td>
</tr>
<tr>
<td>Parasite</td>
<td>Indicate whether screening occurred, client was treated overseas, or if N/A to screen based on country the client is arriving from.</td>
</tr>
<tr>
<td>Labs</td>
<td>Indicate whether screening occurred; if yes and appropriate, include date of screening and the lab results.</td>
</tr>
<tr>
<td>Immunization</td>
<td>Record all immunizations administered during health screening.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Record if screening was completed and note any referrals made during the appointment.</td>
</tr>
<tr>
<td>Medical Conditions</td>
<td>Select all medical conditions found during the health screening.</td>
</tr>
<tr>
<td>Comments</td>
<td>Note all follow-up required for the client here.</td>
</tr>
<tr>
<td>Attachments</td>
<td>Include all relevant attachments here such as CXR order or result and other referrals.</td>
</tr>
</tbody>
</table>

*Note: When making a referral, a referral needs to be attached and the appropriate checkbox under “Medical Conditions” needs to be checked*

After completing all sections, determine if health screening has met all requirements, if it has, select “Completed HSF (Clinics)” under the “Demographics” section to indicate to RHP that the health screening is complete. This will act as the clinic/physician signature. RHP will review all completed health screenings on a weekly basis.
Referring to Primary Care

To promote continuity of care, it is strongly encouraged that the Health Screening Provider continues to serve as the primary care physician (PCP). However, there may be circumstances where this is not feasible; in these situations, please follow the steps below for referring to primary care.

1. All follow-up health needs are to be noted under the screening provider comments section under the “Demographics” tab in RHOS, regardless of whether the Health Screening Provider continues as the PCP. Also, all coordination follow-up notes should be documented under the “Comments” section so the RA and RHP are aware of required next steps for the patient.
2. Resettlement agency schedules an establish care appointment with PCP; reports name of provider to UDOH.
3. Resettlement agency coordinates with Health Screening Provider/Clinic to ensure health screening results are shared with PCP.

Health Screening Payment

Refugee health screenings are billed to Medicaid; however the Program provides payment for: 1) applicable co-pays, and 2) provider consultation. In order to receive payment for these services, the provider must:

- Sign annual provider agreement.
- Submit monthly invoice and supportive documentation using the approved template and format.
  - A completed Health Screening in RHOS must be received by the UDOH Refugee Health Program before payment is rendered.
SUMMARY CHECKLIST FOR THE DOMESTIC MEDICAL EXAMINATION FOR NEWLY ARRIVING REFUGEES

*This document has been adapted for the health screening of refugees arriving to Utah. The changes represent additional services and screening guidelines.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Division of Global Migration and Quarantine

September, 2020
Summary Checklist for the 
Domestic Medical Examination for Newly Arriving Refugees

For use when providing initial health screening to asymptomatic refugees arriving to Utah

This document presents a summary checklist for the testing suggested in the 13 sections of the Domestic Medical Examination for Newly Arriving Refugees. The following links provide full guidelines for additional details. (http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html).

Many of the steps outlined here do not represent mandatory screening requirements, but are intended as a guide to assist clinicians in performing a comprehensive medical evaluation. This summary checklist is for use when screening asymptomatic refugees. Refugees with clinical complaints should receive diagnostic testing guided by their signs and symptoms.

Checklist
Items marked with a check box (☐) indicate “action item” components of the medical examination.

Medical screening should be conducted within 30 days of arrival, and refugees should be assured ongoing primary care.

I. General medical examination
   ☐History and physical examination
   • Nutrition and growth
     o ☐Take dietary history (e.g., restrictions, cultural dietary norms, food allergies).
     o ☐Collect anthropometric indices, including weight, height, and, for young children, head circumference.
   • ☐Pregnancy test
   • ☐Utah Standard: Recommended screening for all females ages 13-50 or younger depending on age at menarche.
   • Perform when clinically indicated prior to administration of any vaccines or medications which may present a risk.
   • Recommend prenatal vitamins and referral for services if test is positive.
     o ☐Immunizations
   • ☐Record previous vaccines, lab evidence of immunity, or history of disease.
   • ☐Give age-appropriate vaccines as indicated. Complete any series that has been initiated. (Do not restart a vaccine series.)
     o Doses are valid if given according to accepted ACIP or state schedules.
If patient has no documentation, assume he or she is not vaccinated.
Laboratory evidence of immunity is an acceptable alternative, as determined by the provider.

II. Mental health screening
☐ Utah Standard
- Administer RHS-15 to refugees 14 years and older; assess for trauma/torture when appropriate or as comfortable.
- Ask a parent/guardian about the well-being of all refugees younger than 14 years old using the questions on the Health Screening Form.

III. General laboratory testing
☐ General laboratory testing is recommended for all refugees
- Recommendations for all refugees
  o ☐ Perform complete blood count with differential and platelets.
  o ☐ Conduct urinalysis (optional in persons unable to provide a clean-catch specimen).
  o ☐ Consider testing glucose and serum chemistries.
- Recommendations for infants
  o ☐ Conduct infant metabolic screening for newborns, according to state guidelines.

IV. ☐ Disease-specific laboratory testing
- ☐ Tuberculosis
  o ☐ Review overseas records.
  o ☐ Evaluate for signs or symptoms of disease, history of contacts, and physical examination (low threshold for evaluation).
  o ☐ Utah Standard: Screen ALL arrivals for TB. Use QFT (Interferon Gamma Release Assay or IGRA) for adults. For children < 2 years old, place a PPD.
  o ☐ For a positive screening test, perform chest x-ray and sputum testing as indicated.
- ☐ Lead testing
  o ☐ Utah Standard: Screen all refugee children ≤16 years, refugee adolescents > 16 years of age if there is a high index of suspicion, and all pregnant and lactating women and girls.
- ☐ Malaria
Note: All sub-Saharan African (SSA) refugees who arrived from countries that are endemic for *Plasmodium falciparum* and who do not have a contraindication should be assumed to have received pre-departure presumptive antimalarial therapy with artesunate-combination therapy (ACT).

- Refugees who require post-arrival testing or presumptive treatment include the following: (The most sensitive test for persons with sub-clinical malaria is polymerase chain reaction (PCR); when PCR is not available, traditional blood films and/or a rapid antigen test may be used but have limited sensitivity in asymptomatic persons.)
  - SSA refugees receiving no presumptive treatment prior to departure. This includes any pregnant or lactating women, or children weighing less than 5 kg at the time of departure, for whom presumptive treatment was contraindicated.
  - Any refugee from a malaria-endemic country with signs or symptoms of infection should receive a thorough evaluation.

- Refugees not requiring post-arrival testing or presumptive treatment include the following:
  - SSA refugees receiving presumptive treatment prior to departure.
  - All refugees from malaria-endemic countries outside SSA.

V. **Intestinal and Tissue Invasive Parasites (ITIP)**

- Post-arrival screening for invasive parasites (IP) will depend on the region of departure and pre-departure presumptive therapy received.

- Currently, all refugees without contraindications from the Middle East, South and Southeast Asia, and Africa receive a single dose of albendazole prior to departure. In addition, all SSA refugees without contraindications receive treatment with praziquantel for schistosomiasis. The only population currently receiving presumptive therapy for strongyloides is Burmese refugees, who receive ivermectin if they do not have contraindications.

- For those who have contraindications or who did not receive complete pre-departure therapy, the following ITIP screening is recommended:
  - For refugees who had no pre-departure presumptive treatment:
    - Roundworms/nematodes (all refugees): Conduct stool ova and parasites examination (2 or more samples) or provide presumptive treatment.
    - Strongyloides (all refugees): Provide presumptive therapy or conduct diagnostics for Strongyloides (e.g., serologies for strongyloides, 2 or more stool ova and parasites examinations,
and/or Strongyloides culture/agar method).

- ☐ Schistosomiasis (SSA refugees): Provide presumptive therapy or conduct serologies for schistosomiasis (for SSA refugees who did not receive praziquantel).
- ☐ Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).

- For refugees who received incomplete presumptive treatment:
  - ☐ Strongyloides (all refugees): Provide presumptive therapy or conduct diagnostics for Strongyloides (e.g., serologies for strongyloides, 2 or more stool ova and parasites examinations, and/or Strongyloides culture/agar method).
  - ☐ Schistosomiasis: Provide presumptive therapy or conduct serologies for schistosomiasis (SSA refugees who did not receive praziquantel).
  - ☐ Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).

- For refugees who received complete pre-departure presumptive treatment:
  - ☐ Absolute eosinophil count (routinely recommended as part of the hematology testing and is not sensitive or specific for invasive parasites; however, a persistently elevated count indicates the need for further investigation).

VI. ☐ Sexually transmitted diseases

Obtain history for signs and symptoms and conduct physical examination.

- ☐ Syphilis
  - ☐ Utah Standard
    - Routine screening for syphilis is not recommended for newly arrived refugees
    - RPR (rapid plasma regain) for those who have a recent medical history suggestive of syphilis
      - Conduct confirmation testing for positive treponemal tests.

- Chlamydia
  - Conduct a urine nucleic amplification test for the following:
    - Women < 25 years old who are sexually active
• Women > 25 years old with risk factors (e.g., new or multiple partners)
• Leucoesterase (LE) positive on urine sample
• Women or children with history of or at risk for sexual assault
• Any refugee with symptoms

- Gonorrhea
  o Conduct a urine nucleic amplification test for the following:
    • Leucoesterase (LE) positive on urine sample
    • Women or children with history of or at risk for sexual assault
    • Any refugee with symptoms

- HIV
  As of January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the United States.
  o ☐ Utah Standard: All refugees >14 years of age should be screened unless they opt out. Refugees should be clearly informed orally or in writing when/if they will be tested for HIV. A refugee’s decision to decline an HIV test should be documented in the medical record.
  o ☐ Screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
  o ☐ Provide culturally sensitive and appropriate counseling for all HIV-infected refugees in their primary spoken language, and ensure the competence of interpreters and bilingual staff to provide language assistance to patients with limited English proficiency.
  o ☐ Utah Standard: Refer all refugees confirmed to be HIV-infected for care, treatment, and preventive services to University of Utah Hospital, Clinic 1A.
  o Special considerations for children:
    • ☐ Screen children <12 years of age unless the mother’s HIV status can be confirmed as negative and the child is otherwise thought to be at low risk of infection (no history of high-risk exposures such as blood product transfusions, early sexual activity, or sexual abuse). In most situations, complete risk information will not be available; thus, most children <12 years of age should be screened.
    • ☐ For children <18 months of age, who test positive for HIV antibodies, test with DNA or RNA assays. Results of positive antibody tests in this age group can be unreliable because they may detect persistent maternal antibodies.
    • ☐ Provide chemoprophylactic trimethoprim/sulfamethoxazole for all children born to or breast-fed by an HIV-infected mother, beginning at 6 weeks of age and continuing until they are confirmed to be uninfected.
• Special considerations for pregnant women:
  o Screen all pregnant refugee women as part of their routine post arrival and prenatal medical screening and care.
**MENTAL HEALTH:**

- **LAB TESTS:**
  - Hemoglobin: ___ /____ /____
  - Hct: ___ /____ /____
  - MCV: ___ /____ /____
  - Diabetes Screened (high risk): Y N
  - Results: ___ /____ /____
  - Urine Analysis: Y N
  - Findings: ___ /____ /____
  - HIV (≥13 yrs): o Negative o Positive o Indeterminate
  - HIV Confirmed: o Negative o Positive o Indeterminate
  - Vit D (high risk): Blood Lead (6ms-16ys): ___ /____ /____
  - Results: ___ /____ /____
  - Blood Lead: ___ /____ /____
  - HBSAg (All): HBCAb (All): ___ /____ /____
  - Results: ___ /____ /____
  - Hep C (1945-1965): Results: ___ /____ /____

- **PARASITES**
  - Soil Transmitted Helminths: Treated overseas: Y N
  - Screened at HS: Y N
  - Results: ___ /____ /____
  - Albendazole at HS: Y N
  - Dose: ___ /____ /____
  - Praziquantel at HS: Y N
  - Dose: ___ /____ /____
  - Strongyloides: Treated overseas: Y N
  - Screened at HS: Y N
  - Results: ___ /____ /____

- **IMMUNIZATIONS:**
  - Vaccines (date given):
    - DTaP/Td/Tdap
    - IPV
    - HIB
    - Meningococcal
    - Hepatitis B
    - MMR
    - Varicella
    - Pneumococcal
    - Hepatitis A
    - HPV
    - Influenza
  - Serology (+/–):
    - DTaP/Td/Tdap
    - IPV
    - HIB
    - Meningococcal
    - Hepatitis B
    - MMR
    - Varicella
    - Pneumococcal
    - Hepatitis A
    - HPV
    - Influenza

- **MENTAL HEALTH:**
  - ≥ 14 yrs: RHS-15 Score 1: ___ /____ /____
  - RHS-15 Score 2: ___ /____ /____
  - < 14 yrs: Ask parent, "Do you think your child has difficulties with their emotions, concentration, behavior, or getting on with other people?" Y N
  - Torture/Violence: Y N
  - Describe:
  - How was the RHS-15 administered? Check all that apply
    - □ Self-administered
    - □ Provider assisted
    - □ Interpreter assisted
    - MH Severity: □ Mild □ Moderate □ Severe
    - MH Referral Accepted: Y N

- **OTHER HEALTH CONDITIONS:** check category if PRESENT, circle condition or write in space
  - □ Cardiovascular: HTN
  - □ BP without HTN
  - Heart Murmur
  - □ Dental: Caries
  - □ Calculus
  - □ Decay
  - □ Pain
  - □ Dermatology: Dermatitis
  - □ Scabies
  - □ Tinea
  - □ Endocrinology: Diabetes
  - □ Thyroid
  - □ ENT: Impacted Cerumen
  - □ Perforated TM
  - □ <Hearing
  - □ Genitourinary: Dysuria/BPH
  - □ Nocturia
  - □ UTI
  - □ GI: Abdominal Pain
  - □ Constipation
  - □ Diarrhea
  - □ Hematology: Eosinophilia
  - □ Macrocystic anemia
  - □ Microcystic anemia
  - □ Musculoskeletal: Arthritis
  - □ Low back pain
  - □ Loss of Limb
  - □ Other Pain
  - □ Neurology: Headaches
  - □ Neuropathy
  - □ Seizures
  - □ Nutrition: Short stature
  - □ Underweight
  - □ Overweight
  - □ Obesity
  - □ Obstetrics/GYN: Dysmenorrhea
  - □ Menorrhagia
  - □ Depo due
  - □ Ophthalmology: Corneal opacity
  - □ <Vision
  - □ Pulmonology: Asthma
  - □ COPD
  - □ Hx of TB

- **COMMENTS:**

Screening Physician: ____________________________  Physician Signature: ____________________________

Original: Utah Department of Health, Prevention, Treatment & Care Program, Box 142104, Salt Lake City, UT 84114-2104  Fax: (801) 237-0770  Canary: Resettlement Agency  HSF entered ____________(8/2018)
UDOH Class B1/B2 Coordination
Updated 9/28/20

Acronyms
RHOS: Refugee Health Online System
SLCoHD: Salt Lake County Health Department
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Marks Family Medicine)
PHN: Public Health Nurse
UDOH: Utah Department of Health
PCMC: Primary Children’s Medical Center
CDC: The Centers for Disease Control and Prevention
UT-NEDSS: Utah National Electronic Disease Surveillance System
QFT: Quantiferon Test
CXR: Chest x-ray
LTBI: Latent Tuberculosis Infection

Protocol
• Resettlement agencies will email the Refugee Health Program weekly with updates on arrivals who have any TB related bio-data.
• TB Epi at UDOH will keep pending refugee arrivals with B1/B2 status in a report in RHOS and will forward the referral, arrival information, and CDC paperwork to SLCoHD through UT-NEDSS when notified of their arrival by CDC.
  o TB Epi creates case in UT-NEDSS and assigns to SLCoHD
  o SLCoHD assigns PHN
  o PHN contacts resettlement agencies to set up an intake
• Resettlement agencies will schedule a health screening appointment within 30 days after the arrival date and inform the screening clinic of the clients’ status giving priority to B1/B2 cases.
• Resettlement agencies will coordinate with PHN to schedule an intake
• TB Epi at UDOH will export intake, treatment, and outcome information from UT-NEDSS into RHOS at a bi-weekly interval.

B1 Specifics
• HSCs will see client for health screening and draw QFT.
• HSCs will report results of QFT to Refugee Health Program at UDOH and attach lab reports in RHOS.
• PHN will complete intake within two weeks of the health screening and request sputum sample from refugees with B1 status.
  o IRC/CCS will deliver sputum to SLCoHD two days later.
• PHN will schedule a Chest Clinic appointment within 90 days of refugee’s arrival and inform client at intake.
• Resettlement agencies will bring client to Chest Clinic appointment (if Chest Clinic is missed, IRC/CCS will reschedule to the following Chest Clinic at SLCoHD).
• SLCoHD will complete and upload CXR from Chest Clinic to RHOS.

• HSCs will finalize and upload the updated HSFs to RHOS.
• Clients recommended for treatment will be enrolled into the LTBI program.

B2 Specifics
• Resettlement agencies will request CXR order from SLCoHD (contact Madison).
• Resettlement agencies will complete CXR within 30 days of CXR order date at PCMC.
• Resettlement agencies will discard any duplicate CXR orders from HSCs.
• SLCoHD will assign PHN and contact IRC/CCS to schedule intake.
• SLCoHD will complete intake and education within two weeks of health screening.
• Clients recommended for treatment will be enrolled into the LTBI program.

Contact Information

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<tr>
<th>Salt Lake County Health Department</th>
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<tbody>
<tr>
<td>Tara Scribellito</td>
<td>PHN Lead</td>
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<td><a href="mailto:tscibellito@slco.org">tscibellito@slco.org</a></td>
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<td>385-468-4276</td>
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<tr>
<td>Madison Clawson</td>
<td>PHN Lead</td>
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<td><a href="mailto:mclawson@slco.org">mclawson@slco.org</a></td>
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<td>385-468-4277</td>
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<tr>
<th>Utah Department of Health</th>
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<tr>
<td>Sarah Bates</td>
<td>Refugee Health Program Specialist</td>
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<td><a href="mailto:sbates@utah.gov">sbates@utah.gov</a></td>
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<td>801-538-9310</td>
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<tr>
<td>Rachel Ashby</td>
<td>TB Epidemiologist</td>
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<td><a href="mailto:rashby@utah.gov">rashby@utah.gov</a></td>
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<td>801-538-9315</td>
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<tr>
<td>Hayder Allkhenfr</td>
<td>Refugee Health/TB Program Manager</td>
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<td><a href="mailto:hallkhenfr@utah.gov">hallkhenfr@utah.gov</a></td>
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<td>385-259-5204</td>
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1. The screening clinic will upload the lab results with the positive IGRA (QFT, T-Spot) indicated on it to RHOS under the “Attachments” tab.

2. For every positive TB screening, the screening clinic will upload a chest x-ray order to RHOS under the “Attachments” tab.

3. Utah Department of Health - Refugee Health Program will work with the agency to make sure the patient completes a chest x-ray within 30 days of the chest x-ray order date.

4. The resettlement agencies will update the “Agency Comments” on RHOS with the CXR date and location.

5. The screening clinic will upload the CXR results to RHOS for the Salt Lake County Health Department for follow-up.

6. The Salt Lake County Health Department will get the completed CXR from RHOS.

7. The coordination between the Utah Department of Health, Resettlement Agencies, Screening Clinics and Salt Lake County Health Department should happen on the corresponding “Comments” section in RHOS, however, questions could be directed via secure email or fax to:

   UDOH Refugee Health Program
   Fax: (801) 538-9913
   Email: rhprogram@utah.gov
UDOH Refugee Screening and Treatment Recommendations
Effective 4/1/17

The Centers for Disease Control and Prevention’s Division of Global Migration and Quarantine updated its Overseas Technical Instructions for Panel Physicians on November 23rd, 2016.

Recommendations for Overseas Panel Physicians¹:

- Applicants 15 years of age or older must be tested for evidence of syphilis before entering the U.S.
- Applicants younger than age 15 must be tested if there is reason to suspect infection with syphilis or if there is a history of syphilis
- Applicants with untreated syphilis are Class A
  (Prohibited from entering the United States)
- Applicants must be treated using a standard treatment regimen to be re-classified
- After completing treatment, applicants are classified as Class B
  (Travel Clearance valid for a maximum of 6 months)
- Details of testing and treatment must be recorded on the Medical Examination for Refugee Applicant form

Recommendations for Utah

In response to these updated instructions, the Utah Department of Health (UDOH) issues the following recommendations for physicians conducting the Refugee Health Screening and Local Health Department (LHD) Disease Intervention Specialists (DIS) investigating potential syphilis infections.

UDOH believes that these recommendations will reduce unnecessary testing and treatment while maintaining a high level of care for this priority population. Any questions or concerns about these recommendations can be addressed to the UDOH Refugee Health/TB program at rhprogram@utah.gov.

Recommendations for Utah Physicians

- Routine screening for syphilis is not recommended for newly arrived refugees
- If a newly arrived refugee has a recent medical history suggestive of syphilis (painless sores on the genitals, anus or mouth or a rash on the body, especially on the palms or soles of the feet), a physical exam and screening test are recommended

STD Treatment Guidelines are available at https://www.cdc.gov/std/tg2015/

- If any refugee does test positive for syphilis, physicians should contact the LHD prior to further testing or treatment to verify patient history and confirm appropriate next steps.

Salt Lake County: Lynn Beltran – 385.468.4185

Recommendations for Utah LHD DIS

- If a positive syphilis lab result is reported for any refugee (newly arrived or not), contact the UDOH Refugee Health/TB Program to verify patient history.
  
  Program Manager: Hayder Allkhenfr 385-259-5204, hallkhenfr@utah.gov

- UDOH will verify prior testing and treatment history utilizing the CDC’s Electronic Disease Notification (EDN) database and attach all available records to the case in UT-NEDSS.
  
  - If the refugee has moved from a different location within the United States, UDOH may need to request access from another jurisdiction, which will delay verification.

- If no records are available for the refugee or if current laboratory results necessitate that the refugee receive further testing or be re-treated, contact the UDOH PTCP to facilitate refugee transportation and interpreter services.
UDOH: Refugee Health/TB Program
Medication/Vaccine Order Form

FAX or EMAIL ORDER TO: (801) 538-9913 or rhprogram@utah.gov
Allow 2-3 weeks for delivery.

Clinic Name: __________________________ Date: / / 

Contact Name: __________________________

Contact Email & Phone #: __________________________

Delivery Address: __________________________

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<th>STRENGTH</th>
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Updated 9/28/20
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### Utah Refugee Health Screening Network

**UDOH, Epidemiology, Refugee Health/TB Program**  
PO BOX 142104, 84114-2104  
Cannon Bldg. 288 N 1460 W, SLC, UT 84116  
Phone (801)538-6191  Epi Fax (801)538-9913  Refugee Health Program Fax (801)237-0770

<table>
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<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Hayden Allkhenfr</td>
<td>State Refugee Health Coordinator, Program Manager</td>
<td>385-259-5204</td>
<td><a href="mailto:hallkhenfr@utah.gov">hallkhenfr@utah.gov</a></td>
</tr>
<tr>
<td>Rachel Ashby</td>
<td>Refugee Health/TB Epidemiologist</td>
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</tr>
<tr>
<td>Sarah Bates</td>
<td>Refugee Health Program Specialist</td>
<td>801-538-9310</td>
<td><a href="mailto:sbates@utah.gov">sbates@utah.gov</a></td>
</tr>
<tr>
<td>Danielle Rodriguez</td>
<td>Refugee Health Promotion Coordinator</td>
<td>801-538-6834</td>
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</tr>
<tr>
<td>Karla Jenkins</td>
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<td>801-538-6224</td>
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**Catholic Community Services (CCS)**  
745 E 300 S SLC, UT 84102  
Phone (801)977-9119  Fax (801)977-9224

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Batar Aden</td>
<td>Refugee Resettlement Director</td>
<td>801-977-9119</td>
<td><a href="mailto:abatar@ccsutah.org">abatar@ccsutah.org</a></td>
</tr>
<tr>
<td>Randy Chappell</td>
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</tr>
<tr>
<td>Mark Burton</td>
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<tr>
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</tr>
<tr>
<td>Mariza Gallegos</td>
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<td>801-428-1238</td>
<td><a href="mailto:mGallegos@ccsutah.org">mGallegos@ccsutah.org</a></td>
</tr>
<tr>
<td>Meghan Butler</td>
<td>Mental Health Coordinator</td>
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<td><a href="mailto:meghanb@ccsutah.org">meghanb@ccsutah.org</a></td>
</tr>
<tr>
<td>Erica Astle</td>
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<td>801-428-1239</td>
<td><a href="mailto:ecastle@ccsutah.org">ecastle@ccsutah.org</a></td>
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**International Rescue Committee (IRC)**  
PO BOX 3988, 84110  
221 S 400 W, SLC, UT 84101  
Phone (801)328-1091  Fax (801)328-1094

<table>
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<th>Name</th>
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<tbody>
<tr>
<td>Natalie El-Deiry</td>
<td>Executive Director</td>
<td>801-883-8455</td>
<td><a href="mailto:natalie.el-deiry@rescue.org">natalie.el-deiry@rescue.org</a></td>
</tr>
<tr>
<td>Pamela Silberman</td>
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</tr>
<tr>
<td>Hannah Parrish</td>
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<td><a href="mailto:hannah.parrish@rescue.org">hannah.parrish@rescue.org</a></td>
</tr>
<tr>
<td>Jenny Hart</td>
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<td>801-883-8478</td>
<td><a href="mailto:jenny.hart@rescue.org">jenny.hart@rescue.org</a></td>
</tr>
<tr>
<td>Jennica Henderson</td>
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</tr>
<tr>
<td>Farah Al-Hamadani</td>
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</tr>
<tr>
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<td><a href="mailto:kaitlin.campbell@rescue.org">kaitlin.campbell@rescue.org</a></td>
</tr>
<tr>
<td>Jonessa White</td>
<td>Maternal Child Health Specialist</td>
<td>801-326-3071</td>
<td><a href="mailto:Jonessa.white@rescue.org">Jonessa.white@rescue.org</a></td>
</tr>
<tr>
<td>Maha El Mashni</td>
<td>Health Access Assistant</td>
<td>801-883-8483</td>
<td><a href="mailto:maha.elmashni@rescue.org">maha.elmashni@rescue.org</a></td>
</tr>
<tr>
<td>Sheila Mendoza Hubert</td>
<td>COVID Navigator (through March 2021)</td>
<td>TBD</td>
<td><a href="mailto:sheila.hubert@rescue.org">sheila.hubert@rescue.org</a></td>
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**Refugee & Immigrant Center - Asian Association of Utah (AAU)**  
155 S 300 W, SLC, UT 84101  
Phone (801)467-6060  Fax (801)486-3007

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Andy Tran</td>
<td>Director of Community Wellness</td>
<td>801-990-9485</td>
<td><a href="mailto:andy@aau-slc.org">andy@aau-slc.org</a></td>
</tr>
<tr>
<td>Tung Tran</td>
<td>Interpreting &amp; Translation Supervisor</td>
<td>Main</td>
<td><a href="mailto:tungt@aau-slc.org">tungt@aau-slc.org</a></td>
</tr>
<tr>
<td>Peter Frost</td>
<td>Program Manager</td>
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<td><a href="mailto:Peter.Frost@aau-slc.org">Peter.Frost@aau-slc.org</a></td>
</tr>
<tr>
<td>Andrea Sherman</td>
<td>Trafficking &amp; Persons Program Director</td>
<td>801-990-9498</td>
<td><a href="mailto:andreas@aau-slc.org">andreas@aau-slc.org</a></td>
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# SALT LAKE COUNTY

**Salt Lake County Health Department (SLCoHD)**  
610 S 200 E, SLC, UT 84111  
Phone (385)468-4222  Fax (385)468-4232

<table>
<thead>
<tr>
<th>Position</th>
<th>Phone Number</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>Tair Kiphibane - Bureau Director &amp; Nursing Supervisor</td>
<td>385-468-4276</td>
<td><a href="mailto:mkiphibane@slc.org">mkiphibane@slc.org</a></td>
</tr>
<tr>
<td>Tara Scribellito - Nursing Supervisor</td>
<td>385-468-4275</td>
<td><a href="mailto:TScribellito@slco.org">TScribellito@slco.org</a></td>
</tr>
<tr>
<td>Madison Clawson - Nursing Supervisor</td>
<td>385-468-4277</td>
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</tr>
<tr>
<td>Debbie Sorensen - Lead Nurse</td>
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</tr>
<tr>
<td>Carlene Claflin - Public Health Nurse</td>
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</tr>
<tr>
<td>Chantel Ikeda - Public Health Nurse</td>
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**Salt Lake County Health Department (SLCoHD)**  
610 S 200 E, SLC, UT 84111  
Phone (385)468-4222  Fax (385)468-4232

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<tr>
<td>Dan Batchelor - Public Health Nurse</td>
<td>385-468-4267</td>
<td><a href="mailto:dbatchelor@slco.org">dbatchelor@slco.org</a></td>
</tr>
<tr>
<td>David Hernandez - Public Health Nurse</td>
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</tr>
<tr>
<td>Jodi Neerings - Public Health Nurse</td>
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</tr>
<tr>
<td>Pete Stewart - Public Health Nurse</td>
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</tr>
<tr>
<td>Jeff Sanchez - Public Health Nurse</td>
<td>385-468-4208</td>
<td><a href="mailto:jmsanchez@slco.org">jmsanchez@slco.org</a></td>
</tr>
<tr>
<td>Jason Lowry - Public Health Nurse</td>
<td>385-468-4224</td>
<td><a href="mailto:jlowery@slco.org">jlowery@slco.org</a></td>
</tr>
<tr>
<td>Travis Langston - Public Health Nurse</td>
<td>385-468-4264</td>
<td><a href="mailto:tlangston@slco.org">tlangston@slco.org</a></td>
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**TB Chest Clinic Phone**  
(385)468-4212  Fax (385)468-4232

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<tr>
<th>Position</th>
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<tr>
<td>TB Clinic Physician</td>
<td>385-468-4213</td>
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**Weber-Morgan Health**  
Department 477 23rd St.  
Ogden, UT 84401  
Phone (801)399-7250

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<tr>
<th>Position</th>
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<tbody>
<tr>
<td>MaryLou Adams - Nursing Director</td>
<td>801-399-7235</td>
<td><a href="mailto:madams@co.weber.ut.us">madams@co.weber.ut.us</a></td>
</tr>
<tr>
<td>Lori Gittings - Public Health Nurse</td>
<td>801-399-7232</td>
<td><a href="mailto:lgittings@co.weber.ut.us">lgittings@co.weber.ut.us</a></td>
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## SCREENING CLINICS

### Health Clinic of Utah
168 N 1950 W # 201, SLC, UT 84116  
Phone (801)715-3500  Fax (801)532-1183

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<th>Name</th>
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<tr>
<td>Michelle Grossman</td>
<td>Clinic Coordinator</td>
<td>801-715-3380</td>
<td><a href="mailto:mgrossma@utah.gov">mgrossma@utah.gov</a></td>
</tr>
<tr>
<td>Charley Borsani</td>
<td>MA for Victoria</td>
<td>801-715-3376</td>
<td><a href="mailto:ecborsani@utah.gov">ecborsani@utah.gov</a></td>
</tr>
<tr>
<td>Valie Goodman</td>
<td>MA for Olivier</td>
<td>801-715-3375</td>
<td><a href="mailto:vgoodman@utah.gov">vgoodman@utah.gov</a></td>
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### Health Clinic of Utah-Ogden
2540 Washington Blvd #122, Ogden, UT 84401  
Phone (801)395-6499  Fax (801)334-9804

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<th>Name</th>
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<tbody>
<tr>
<td>Jake Fitisemanu</td>
<td>Clinic Coordinator</td>
<td>801-395-6401</td>
<td><a href="mailto:jjfitisemanu@utah.gov">jjfitisemanu@utah.gov</a></td>
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### St. Mark's Family Medicine
1250 E 3900 S # 260, SLC, UT 84124  
Phone (801)265-2000  Fax (801)265-2008

<table>
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<th>Name</th>
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<tbody>
<tr>
<td>Karl Kirby, MD</td>
<td></td>
<td>801-265-2000</td>
<td><a href="mailto:kkirby@utahhealthcare.org">kkirby@utahhealthcare.org</a></td>
</tr>
<tr>
<td>Diane Chapman, DNP, APRN, FNP-C</td>
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<td><a href="mailto:dchapman@utahhealthcare.org">dchapman@utahhealthcare.org</a></td>
</tr>
<tr>
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### AAU Mental Health and Substance Abuse Services - Adults and Children 8 and older
155 S 300 W, Suite 101, SLC, UT 84101  
Phone (801)467-6060  Fax (801)412-9926

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Andy Tran</td>
<td>Clinical Director</td>
<td>801-990-9485</td>
<td><a href="mailto:andyt@aau-slc.org">andyt@aau-slc.org</a></td>
</tr>
<tr>
<td>Crystal Orega-Terrell</td>
<td>Mental Health Coordinator</td>
<td>801-990-9493</td>
<td><a href="mailto:crystal0@aau-slc.org">crystal0@aau-slc.org</a></td>
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### Utah Health and Human Rights (UHHR) - Adults and Children 8-13 meeting agency criteria
225 S 200 E, Suite 250, SLC, UT 84111  
Phone (801)363-4596  Fax (801)363-4596

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Heidi Justice</td>
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</tr>
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<td>Mara Rabin, MD</td>
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<tr>
<td>Dani Folks, Program</td>
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<tr>
<td>Brent Pace</td>
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</table>

### Children's Center - Children under the age of 8
Services: Therapeutic Preschool Programs; Autism; Assessment and Evaluation; Medication Management; Family Therapy and Trauma Treatment

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Devon Musson Rose</td>
<td>Program Director, Trauma Program</td>
<td>801-582-5534</td>
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</tr>
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