Refugee Health Screening Provider Resource Guide

Refugee Health Program

September 2018

288 North 1460 West Salt Lake City UT 84114 • PH 801-538-6191 • www.health.utah.gov/epi

Table of Contents

Introduction 3
Overseas Medical Report and Conditions 4
Utah Domestic Refugee Health Screening 6
Scheduling and Coordination with Resettlement Agencies 7
General Tests 8
Tuberculosis 9
HIV 10
Syphilis and Other STDs 11
Blood Lead Level 12
Hepatitis B 13
Hepatitis C 14
Intestinal Parasites 15
Mental Health 18
Completing and Submitting the Health Screening Form 20
Referring to Primary Care 21
Health Screening Payment 21

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. Medication/Vaccine Order Form
6. Monthly Medication/Vaccination Log
7. 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."[1]

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 complete a health screening within 30 days of arrival.
2) The Program will monitor health screening results to ensure that 90% of individuals screened and identified with reportable conditions are referred for follow up care and/or treatment within 30 days of receiving a report of the condition.
3) The Program will monitor health screening results to ensure that 90% of individuals screened establish a medical home within 30 days of completing the screening.
4) The Program will monitor resettlement agencies to ensure that 50% of individuals screened establish care with their health screening provider.
5) 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.

[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 ≥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 ≥20 cases per 100,000 should have a TST or IGRA.
3. Chest x-ray for age ≥15 years (for South Asian refugees, the age is ≥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 ≥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.

---

2 http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html

3 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 inguinate, 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 B1 TB, Pulmonary
    - Class B1 TB, Extra pulmonary
    - Class B2 TB, LTBI 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: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html along with Utah specific standards (Attachment 1).

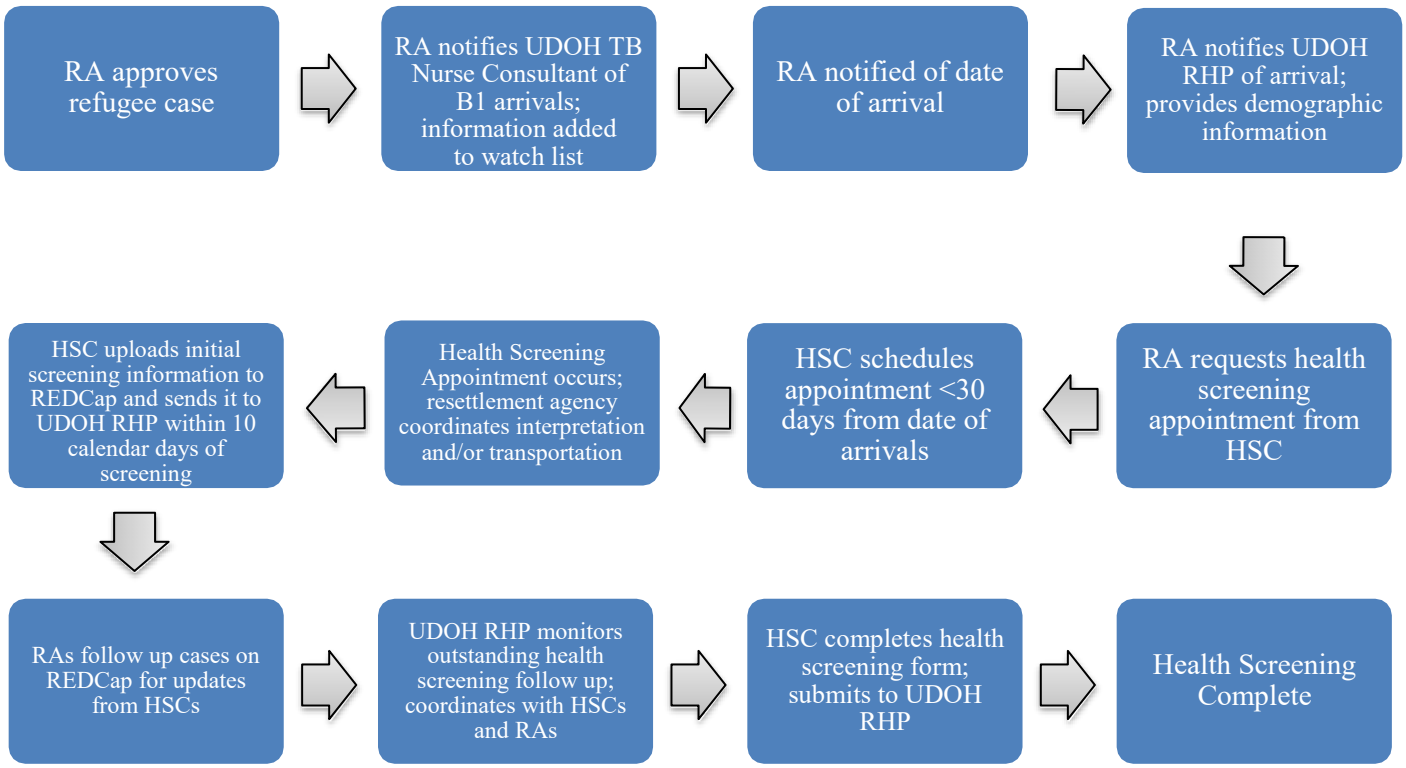
Utah Domestic Refugee Health Screening Coordination

Acronyms

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine) UDOH

RHP: Utah Department of Health Refugee Health Program



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 using the Refugee Health Screening Form. (Attachment 2)
- **Coordination/Follow-up**
  1. Completed Health Screening Forms are to be uploaded to REDCap/RHOS within 10 business days of the initial health screening date.
  2. Please communicate any urgent follow-up needs directly to the appropriate resettlement agencies via REDCap/RHOS comments sections.
  3. For any questions/assistance, a Health Screening Form should be emailed/faxed to:
     UDOH/Refugee Health Program
     Fax# 801-237-0770
     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**
  1. **Complete Blood Count with Red Blood Cell Indices, White Blood Cell Differential, and Platelet Count** for all newly arrived refugees of all ages and ethnicities.
  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.
  6. **Pregnancy -** conduct urine pregnancy test on all refugee females ages 13-50.

Please refer to 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. Upload a filled Health Screening Form, Chest X-ray order form, and lab results to REDCap/RHOS within 7 business days.
  2. For questions/assistance, fax/email the Health Screening Form to:
     UDOH/Refugee Health Program
     Fax# 801-237-0770
     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.
  2. Upon receiving the CXR results, the screening clinics upload the CXR results to REDCap/RHOS.
  3. If the screening clinic is not able to locate the CXR, please leave a comment on REDCap/RHOS and contact:
     UDOH/Refugee Health Program
     Fax# 801-237-0770
     Email rhprogram@utah.gov.
- **Resources**
  1. Class B1-B2 Protocols (Attachment 3)
  2. Positive Quantiferon Protocol (Attachment 5)
  3. CDC Domestic Health Screening Guidelines:
     http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html

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 test using the Health Screening Form uploaded to REDCap/RHOS.
- **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: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html

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.
  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 using the Refugee Health Screening Form uploaded to REDCap/RHOS.
- **Coordination/Follow-up**
  1. As of February 4, 2014, the diagnosing physician assumes responsibility for treatment.
  2. UDOH will provide bicillin.
- **Resources**
  1. Refugee Health Screening Form (Attachment 2)
  2. CDC Domestic Health Screening Guidelines: https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/index.html

Blood Lead Level

- **Guidelines (Testing)**
  1. Test performed on children ≤10 years
- **Reporting**
  1. Report elevated blood lead results ≥5 ug/dL using the Refugee Health Screening Form uploaded to REDCap/RHOS.
- **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. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html

Hepatitis B

- **Guidelines (Testing)**
  1. Screen all refuges for hepatitis B surface antigen (HBsAg) **AND**
  2. Vaccinate all refugees for hepatitis B as indicated.
- **Reporting**
  1. Report positive hepatitis B result using the Refugee Health Screening Form uploaded to REDCap/RHOS.
- **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
  3. World Health Organization: Hepatitis B Fact sheet http://www.who.int/mediacentre/factsheets/fs204/en/
  4. Minnesota Refugee Health Screening Guidelines: Hepatitis B http://www.health.state.mn.us/divs/idepc/refugee/hcp/index.html
  5. CDC Domestic Health Screening Guidelines: Hepatitis screening http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  6. CDC Hepatitis B
  7. http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/hepatitis-b
  8. CDC Domestic Health Screening Guidelines: Immunizations http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html
- **Additional Reading**
  1. Tafuri S, Prato R, Martinelli D, et al. Prevalence of Hepatitis B, C, HIV and syphilis markers among refugees in Bari, Italy. BMC Infectious Diseases 2010;10:213.
  2. Caruna SR, Kelly HA, De Silva SL, et.al. Knowledge about hepatitis and previous exposure to hepatitis viruses in immigrants and refugees from the Mekong Region. Aust N Z J Public Health 2005;29(1):64-8.
  3. Mixson-Hayden T, Lee D, Ganova-Raeva L, et al. Hepatitis B and C prevalence in elect U.S.-bound Asian and African refugees, 2002-2007. Pending publication.
  4. Greenaway C, Wong DKH, Assayag D, et al. Screening for hepatitis C infection: evidence review for arriving immigrants and refugees. Appendix 7. Guidelines for Immigrant Health. Canadian Medical Association Journal. 2010 0:cmaj.090313v1; doi:10.1503/cmaj.090313.

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 positive hepatitis C result using the Refugee Health Screening Form uploaded to REDCap/RHOS.
- **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. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf
  3. CDC 2015 STD Treatment Guidelines http://www.cdc.gov/std/tg2015/default.htm
  4. CDC Hepatitis C http://www.cdc.gov/hepatitis/hcv/index.htm
  5. Refugee Health Technical Assistance Center http://refugeehealthta.org/chronic-hepatitis-infection/
  6. World Health Organization: Guidelines for the screening, care and treatment of persons with hepatitis C infection http://www.who.int/hepatitis/publications/hepatitis-c-guidelines/en/
  7. CDC Hepatitis C Testing Recommendations http://www.cdc.gov/hepatitis/hcv/guidelinesc.htm
  8. AASLD: HCV Guidelines http://www.hcvguidelines.org/
- **Additional Reading**

  Suraj Sharma, Manuel Carballo, Jordan J. Feld, Harry L.A. Janssen, Journal of Hepatology, Volume 63, Issue 2, August 2015, Pages 515-522, "Immigration and viral hepatitis," http://www.sciencedirect.com/science/article/pii/S0168827815003207.

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: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html.
  4. Refugees with certain conditions are excluded from presumptive treatment; a list of these conditions can be found by accessing the following link: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html#precautions.
  5. UDOH supplied anti-parasitic medication **CANNOT** be used those who received presumptive treatment overseas; provides must verify treatment prior to dispensing UDOH provided medication.
- **Reporting**
  1. Report *Giardia* and other parasitic infections using the Refugee Health Screening Form. (Only giardia needs to be reported to Salt Lake County Health Department)
- **Coordination/Follow-up**
  1. 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. http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html
  3. CDC Domestic Health Screening Guidelines-Intestinal Parasites: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html https://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf

Immunizations

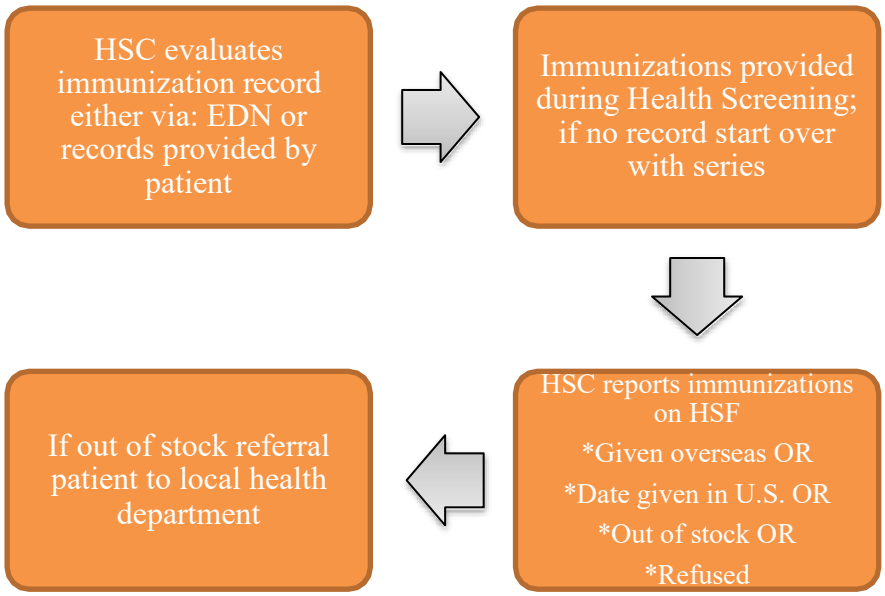
- **Guidelines**
  1. Review immunization history, including hardcopy records and electronic records in the Electronic Disease Notification (EDN) system.
  2. Children: provide immunizations according to the CDC schedule; ensure that school-aged children receive the necessary immunizations to enroll 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.
  2. Document all immunizations given at the health screening visit on Health Screening Form.
     a. ***If immunizations not given, document reason on Health Screening Form.***
  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 resettlement agency if, for whatever reason, client was unable to receive required immunizations.
- **Resources**
  1. CDC Aid to Translating Foreign Immunization Records http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign- products-tables.pdf
  2. CDC Evaluating Vaccine Records: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#Evaluating-Vaccine-Records
  3. CDC Current Presumptive Immunization Schedules: http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/presumptive-immunizations.html
  4. CDC Vaccine Schedules: http://www.cdc.gov/vaccines/schedules/index.html
  5. Current Vaccination Criteria for U.S. Immigration http://www.cdc.gov/immigrantrefugeehealth/pdf/revised-fact-sheet-fed-reg-notice-vaccination-immigration.pdf
  6. Immunize.org Terms in Multiple Languages http://www.immunize.org/catg.d/p5122.pdf
  7. Utah School and Early Childhood Immunization Requirements http://www.immunize-utah.org/school%20and%20childcare%20requirements/school_childcare_print_materials.html

Utah Refugee Health Screening: Immunizations

Acronyms

RA: Resettlement Agency

HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine) UDOH: Utah Department of Health



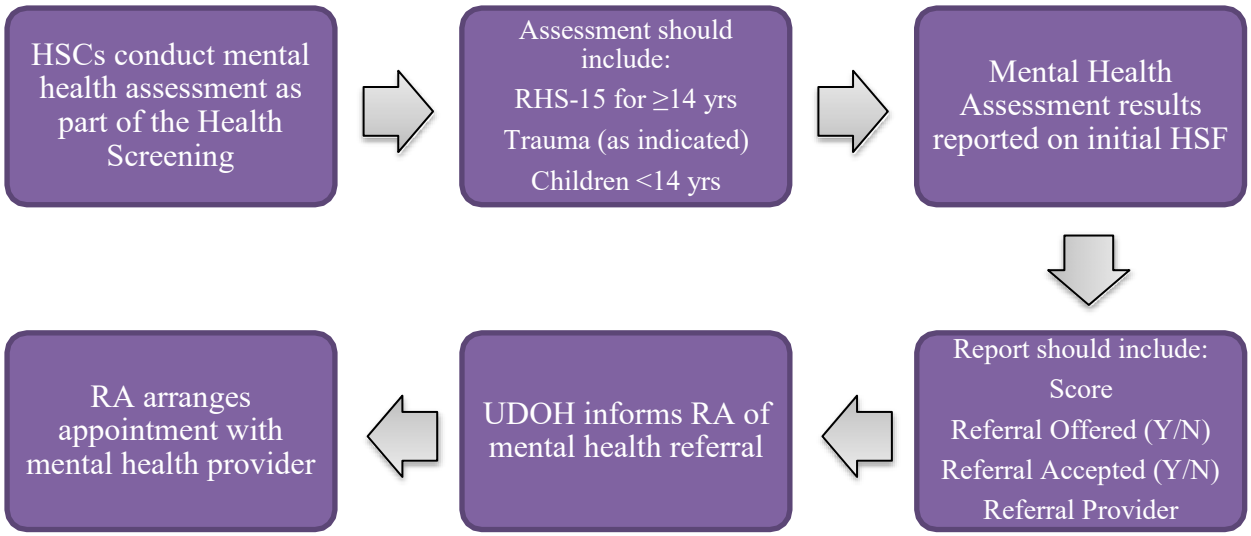
Mental Health

- **Guidelines**
  1. All refugees ≥14 years are screened using the Refugee Health Screener 15 (RHS-15).
  2. All refugees <14 years are screened using the Health Screening Form questions.
  3. Refugees may also been screened for torture/severe war trauma.
- **Reporting**
  1. Screening physician/clinic reports positive mental health screening to UDOH via fax or secure email; the mental health section on the health screening form should be complete.
     a. ***If client is not screened, document reason on Health Screening Form.***
- **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)
  2. RHS-15: http://www.lcsnw.org/pathways/
  3. CDC Domestic Health Screening Guidelines: http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health- screening-guidelines.html

Utah Refugee Health Screening: Mental Health

Acronyms

RA: Resettlement Agency
HSCs: Health Screening Clinics (Health Clinic of Utah and St. Mark's Family Medicine)
UDOH: Utah Department of Health
RHS-15: Refugee Health Screener-15



Completing and Submitting the Health Screening Form

Instructions for Completing and Submitting the Health Screening Results

Health Screening Form Section	Instructions
Demographics	Completed by resettlement agency prior to health screening appointment.
Health Assessment Findings	Indicate whether screening occurred; if yes and appropriate, include date of screening and the lab results.
Immunizations	Record all immunizations administered during health screening.
Other Health Conditions	Please check category AND specific findings.
Comments	Note all additional findings and/or follow-up needs.
Signature	Screening physician to sign.

Submit to Refugee Health Program via fax 801-237-0770 or a secure email (rhprogram@utah.gov) and upload the HSFs and referrals to REDCap within 7 business days of completing the health screening.

Instructions for Completing and Submitting the Final Health Screening Results

Health Screening Form Section	Instructions
Demographics	Completed with initial results
Health Assessment Findings	Enter final lab results
Immunizations	Completed with initial results
Other Health Conditions	Enter additional information as needed
Comments	Enter additional information as needed
Signature	Screening physician to sign
UDOH staff will pick up completed final health screening forms on a weekly basis; should be completed within 45 days of initial screening appointment.	

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 on the Health Screening Form, regardless of whether the Health Screening Provider continues as the PCP.
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 form **must** be received by the UDOH Refugee Health Program before payment is rendered.

UTAH DEPARTMENT OF HEALTH*

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, 2018

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
  - ☐Take dietary history (e.g., restrictions, cultural dietary norms, food allergies).
  - ☐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.
  - ☐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.)
  - 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
  - ☐Perform complete blood count with differential and platelets.
  - ☐Conduct urinalysis (optional in persons unable to provide a clean-catch specimen).
  - ☐Consider testing glucose and serum chemistries.
- Recommendations for infants
  - ☐Conduct infant metabolic screening for newborns, according to state guidelines.

IV. ☐Disease-specific laboratory testing

- ☐Tuberculosis
  - ☐Review overseas records.
  - ☐Evaluate for signs or symptoms of disease, history of contacts, and physical examination (low threshold for evaluation).
  - ☐**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.
  - ☐For a positive screening test, perform chest x-ray and sputum testing as indicated.
- ☐Lead testing
  - ☐**Utah Standard**: Screen all refugee children 6 months -10 years of age.
- ☐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
    - 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.
    - ☐**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.
    - ☐Screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
    - ☐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.
    - ☐**Utah Standard**: Refer all refugees confirmed to be HIV-infected for care, treatment, and preventive services to University of Utah Hospital, Clinic 1A.
    - 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:
  - ☐Screen all pregnant refugee women as part of their routine post arrival and prenatal medical screening and care.

Attachment 2

Utah REFUGEE HEALTH SCREENING FORM

Date of Arrival: _____ /_____/_____ Screening Clinic: _____ Screen Date: _____ /_____/_____

Last Name: _____ First Name: _____ Foster Care: ☐

Address: _____ DOB: _____ /_____/_____ Sex: M F Alien ID: _____ Resettlement Agency: _____

Place of Birth: _____ Arrive From: _____ Nativity/Culture: _____ Language: _____ USPHS Class: B1 ☐ B2 ☐

PHYSICAL EXAM:

Weight:_____ Height:_____ BP:_____BMI:_____	Visual Acuity: Y N Referral needed: Y N	Tobacco user: Y N

TB SCREENING:

TB Test: PPD QFT Tspot Date____/____/____	Results: _____mm Neg Pos Indeterminate Date: ____ /____ /____	X-ray Results: Normal Abnormal Date: ____ /____ /____

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 Confirm : o Negative o Positive o Indeterminate	Syphilis (≥15 years): o Negative o Positive o Indeterminate Syphilis Confirm: o Negative o Positive o Indeterminate	Gonorrhea: o Negative o Positive o Indeterminate Chlamydia: o Negative o Positive o Indeterminate
Vit D (high risk) Results:	Blood Lead (6ms-16ys) Results: _____µg/dl:	B 12 Tested (Bhutanese) Results:
HBsAg (All) Results:	HBcAb (All) Results:	Hep C (1945-1965) Results:

PARASITES

Soil Transmitted Helminths:	**Schistosomiasis:**	**Strongyloides:**
Treated overseas: Y N Screened at HS: Y N Results: (**+ / –**) _____	Treated overseas: Y N Screened at HS: Y N Results: (**+ / –**) _____	Treated overseas: Y N Screened at HS: Y N Results: (**+ / –**) _____
Albendazole at HS: Y N Dose:	Praziquantel at HS: Y N Dose:	Ivermectin at HS: Y N Dose:

IMMUNIZATIONS:

Vaccines (date given)

DTaP/TD/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Serology (**+ / –**)										

MENTAL HEALTH:

≥ 14 yrs: RHS-15 Score 1: _____ (≥12 = positive) RHS-15 Score 2: _____ (≥5 = positive) < 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 "In this clinic we see many patients who have been forced to flee their homes because of violence or threats to their health and safety. Were you (or any of your family) a victim of violence and/or torture in your home country?"	All ages: Anxiety: Y N Depression: Y N Other: 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	Macrocytic anemia	Microcytic anemia				
☐	Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain			
☐	Neurology:	Headaches	Neuropathy	Seizures				
☐	Nutrition:	Short stature	Underweight	Overweight	Obesity			
☐	Obstetrics/GYN:	Dysmenorrhea	Menorraghia	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)

Class B1/B2 Coordination

August, 2018

Acronyms

SLCoHD: Salt Lake County Health Department
HSCs: Health Screening Clinics (Health Clinic of Utah, Sacred Circle, St. Marks, and Midtown)
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 nurse at UDOH will keep pending refugee arrivals with B1/B2 status on a watch list and will forward the referral to SLCoHD when notified of their arrival by CDC.
- The watch list will be updated with a person's date of arrival and when they were referred to SLCoHD:
    - TB nurse opens case in UT-NEDSS
    - SLCoHD assigns PHN
    - PHN contacts resettlement agencies
- Resettlement agencies will schedule a health screening appointment and inform the screening clinic of the clients' status giving priority to B1/B2 cases to be screened within two weeks of the arrival dates.

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.
- PHN will complete intake within two weeks of the health screening and request sputum sample from refugees with B1 status.
    - 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 REDCap/RHOS.

- HSCs will finalize and upload the updated HSFs to REDCap/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

Salt Lake County Health Department
Tara Scribellito tscribellito@slco.org 385-468-4276
Madison Clawson mclawson@slco.org 385-468-4277

Utah Department of Health
Larry Niler lniler@utah.gov 801-538-9906
Hayder Allkhenfr hallkhenfr@utah.gov 385-2595204
Rachel Ashby rashby@utah.gov 801-538-9315

UDOH, Refugee Health Program
Positive TB Screening Protocol

1. The screening clinic will upload the lab results and the Health Screening Form with the positive IGRA (QFT, T-Spot) indicated on it to REDCap/RHOS and send it.
2. For every positive TB screening, the screening clinic will upload a chest x-ray order to REDCap/RHOS.
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 REDCap/RHOS with the CXR date and location.
5. The screening clinic will upload the CXR results to REDCap/RHOS and fax or email it to UDOH Refugee Health Program who will forward the CXR results to the Salt Lake County Health Department for follow-up.
6. The Salt Lake County Health Department will get the completed CXR from REDCap/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 REDCap/RHOS, however, questions could be directed via secure email or fax to:

UDOH Refugee Health Program
Fax (801) 237-0770
Email rhprogram@utah.gov

UDOH/REFUGEE HEALTH PROGRAM MEDICATION/VACCINE ORDER

FAX or EMAIL ORDER TO: 801-237-0770 or rhprogram@utah.gov
Allow 2-3 weeks for delivery.

Clinic Name: _____ Date: ___/___/___

Contact Name: _____

Contact Email & Phone #: _____

Delivery Address: _____

DRUG	STRENGTH	# of Tabs/Caps/Doses/Bottles
Albendazole (Albenza)		
Biltricide (Praziquantel)		
Malerone (Atovaquone and Proguanil Hcl)		
Stromectol (Ivermectin)		
Tindamax (Tinidazole)		
Vitamins - Children		
Vitamins – Adults		
Eucerin		
Eye drops		

Clinic Name:_____ Month/Year: _____

DATE	NAME	ALIEN ID#	Albenza	Praziquantel	Malerone	Ivermectin	Tinidazole	Child VITS	Adult VITS	Eucerin	Eye Drops	Other	Other
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													
/ /													

Utah Refugee Health Screening Network

UDOH, Epidemiology, Refugee Health 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**		
Amelia Self - State Refugee Health Coordinator, Program Manager	801-538-6221	aself@utah.gov
Hayder Allkhenfr - Health Screening and Clinical Quality Coordinator	385-259-5204	hallkhenfr@utah.gov
Rachel Ashby - Wellness Coordinator	801-538-9315	rashby@utah.gov
Danielle Rodriguez - Refugee Health Contracts Coordinator	801-538-6834	sdrodriguez@utah.gov
Catholic Community Services (CCS) 745 E 300 S **SLC, UT 84102** **Phone (801)977-9119 Fax (801)977-9224**		
Batar Aden - Refugee Resettlement Director	801-977-9119	abatar@ccsutah.org
Randy Chappell - Associate Director of Refugee Resettlement	801-428-1276	rchappell@ccsutah.org
Mariza Gallegos - Health Services Supervisor	801-428-1238	mGallegos@ccsutah.org
Mahn Lar Htunt - Health Education Coordinator	801-428-1246	mhtunt@ccsutah.org
Shukri Hussein- Health Program Assistant	801-428-1271	shussein@ccsutah.org
Erica Astle - Refugee Foster Care Program Manager	801-428-1239	eastle@ccsutah.org
International Rescue Committee (IRC) PO BOX 3988, 84110 **221 S 400 W, SLC, UT 84101** **Phone (801)328-1091 Fax (801)328-1094**		
Patrick Poulin - Executive Director	801-883-8451	patrick.poulin@rescue.org
Pamela Silberman - Health Program Manager	801-883-8476	pamela.silberman@rescue.org
Hannah Parrish - Health Access Program Coordinator	801-883-8470	Hannah.Parrish@rescue.org
Azrah Binti Sikandar - Health Access Program Assistant	801-883-8483	azrah.bintisikandar@rescue.org
Farah Al-Hamadani - Health Promotion Program Coordinator	801-883-8465	farah.al-hamdani@rescue.org
Jenny Hart - Maternal Child Health Program Coordinator	801-883-8470	jenny.hart@rescue.org
Jennica Henderson - Mental Health Program Coordinator	801-883-8464	jennica.henderson@rescue.org
Refugee & Immigrant Center - Asian Association of Utah (AAU) **155 S 300 W, SLC, UT 84101** **Phone (801)467-6060 Fax (801)486-3007**		
Andrea Sherman - Senior Director of Refugee Services	801-990-9489	andreas@aau-slc.org
Tung Tran - Interpreting Program Supervisor	801-990-9498	tungt@aau-slc.org
Andy Tran - Clinical Director	801-9909485	andyt@aau-slc.org
Wileidys Lastre	801-990-9489	wileidys.lastre@aau-slc.org

SALT LAKE COUNTY		
Salt Lake County Health Department (SLCoHD) **610 S 200 E, SLC, UT 84111** **Phone (385)468-4222 Fax (385)468-4232**		
Tair Kiphibane - Bureau Director & Nursing Supervisor	385-468-4276	mkiphibane@slc.org
Tara Scribellito - Nursing Supervisor	385-468-4275	TScribellito@slco.org
Madison Clawson - Nursing Supervisor	385-468-4277	mclawson@slco.org
Debbie Sorensen - Lead Nurse	385-468-4270	dsorensen@slco.org
Carlene Claflin - Public Health Nurse	385-468-4261	cclaflin@slco.org
Chantel Ikeda - Public Health Nurse	385-468-4259	cikeda@slco.org
Salt Lake County Health Department (SLCoHD) **610 S 200 E, SLC, UT 84111** **Phone (385)468-4222 Fax (385)468-4232**		
Dan Batchelor - Public Health Nurse	385-468-4267	dbatchelor@slco.org
David Hernandez - Public Health Nurse	385-468-4262	dahernandez@slco.org
Jodi Neerings - Public Health Nurse	385-468-4263	jneerings@slco.org
Pete Stewart - Public Health Nurse	385-468-4265	pstewart@slco.org
Jeff Sanchez - Public Health Nurse	385-468-4208	jmsanchez@slco.org
Jason Lowry- Public Health Nurse	385-468-4224	jlowery@slco.org
Travis Langston - Public Health Nurse	385-468-4264	tlangston@slco.org
TB Chest Clinic Phone **(385)468-4212** **Fax (385)468-4232**		
TB Clinic Physician	385-468-4213	
Weber-Morgan Health **Department 477 23rd St.** **Ogden, UT 84401** **Phone (801)399-7250**		
MaryLou Adams-Nursing Director	801-399-7235	madams@co.weber.ut.us
Lori Gittings-Public Health Nurse	801-399-7232	lgittings@co.weber.ut.us

SCREENING CLINICS

Health Clinic of Utah **168 N 1950 W # 201, SLC, UT 84116** **Phone (801)715-3500 Fax (801)532-1183**		
Michelle Grossman - Clinic Coordinator/Refugee contact	801-715-3380	mgrossma@utah.gov
Charley Borsani - MA for Victoria	801-715-3376	cborsani@utah.gov
Valie Goodman - MA for Olivier	801-715-3375	vgoodman@utah.gov
Health Clinic of Utah-Ogden **2540 Washington Blvd #122, Ogden, UT 84401** **Phone (801)395-6499 Fax (801)334-9804**		
Jake Fitisemanu-Clinic Coordinator	801-395-6401	jjfitisemanu@utah.gov
St. Mark's Family Medicine **1250 E 3900 S # 260, SLC, UT 84124** **Phone (801)265-2000 Fax (801)265-2008**		
Karl Kirby, MD	801-265-2000 x110	kkirby@utahhealthcare.org
Diane Chapman, DNP, APRN, FNP-C	801-265-2000	dchapman@utahhealthcare.org
Kasandra Varela - MA	801-265-2000	kvarela@utahhealthcare.org
Shantel Brimley - MA	801-265-2000	sbrimley@utahhealthcare.org
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**		
Andy Tran - Clinical Director	801-990-9485	andyt@aau-slc.org
Crystal Orega-Terrell - Mental Health Coordinator	801-990-9493	crystalo@aau-slc.org
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**		
Heidi Justice - Executive Director	801-494-5412	heidi.justice@uhhr.org
Mara Rabin, MD - Medical Director	801-363-4596	mara.rabin@uhhr.org
Dani Folks, Program Director	801-494-5419	dani.folks@uhhr.org
Brent Pace - Clinical Director	801-494-5414	brent.pace@uhhr.org
Children's Center - Children under the age of 8 **Services: Therapeutic Preschool Programs; Autism; Assessment and Evaluation; Medication Management; Family Therapy and Trauma Treatment**		
Devon Musson Rose - Program Director, Trauma Program	801-582-5534	dmussonrose@tccls.org