



Washington Domestic Refugee Medical Screening Checklist Federal Fiscal Year 2025

The [Washington State Domestic Medical Examination Guidelines](#) are based on the Centers for Disease Control and Prevention's (CDC) Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees, the Office of Refugee Resettlement (ORR) Domestic Medical Screening Guidelines Checklist, and WA Department of Health subject matter experts' recommendations. The Washington State Domestic Medical Screening Checklist summarizes these guidelines and may be used as a tool by clinicians completing domestic refugee medical screening. For more detailed information regarding guidelines, please review the complete [Washington State Domestic Medical Examination Guidelines](#). Guidelines are for screening of asymptomatic individuals. Any individual with signs of symptoms should receive diagnostic testing.

Activity	All	Adults	Children	Completed	Referred
History & Physical Exam					
History (includes review of overseas medical records)	✓				
Physical Exam & Review of Systems (Consider the risk of certain infections based on origin, travel history, occupational history, etc.)	✓				
Height, weight, VS, head circumference (if ≤ 24 months), BMI (age > 2 years)	✓				
Visual Acuity Results		✓ All adults	✓ All children ≥3 years		
Hearing		✓ All adults	✓ All children ≥4 years		
Social History (tobacco, alcohol, drug use)	✓				
Mental Health	✓	Screen with RHS-15	All children ≥14 years: Screen with RHS-15 For children under 14 years use a screening method consistent with clinic policy		
Laboratory Tests					
Complete Blood Count with Differential and Platelets	✓				
HbA ₂ electrophoresis		Those with a Mentzer Index (MCV/RBC) <13 should be evaluated for beta thalassemia trait to include HbA ₂ electrophoresis. Patients with beta thalassemia			

Activity	All	Adults	Children	Completed	Referred
		and concomitant iron deficiency can have normal HbA2 levels so iron deficiency should be treated prior to electrophoresis testing.			
Pregnancy Testing		✓ Women of childbearing age	✓ Girls of childbearing age		
HIV antigen/antibody testing (opt-out)		✓ <65 years	✓ ≥13 years (<13 if risk factors)		
Hepatitis B HBsAg Testing ¹ (delay if HBV vaccinated within the last 4 weeks)	✓				
Hepatitis C total antibody (anti-HCV) Testing / HCV NAT instead of anti-HCV if < 18 months		✓ All adults 18+ and pregnant people	✓ Children with risk factors (e.g., hepatitis C -positive birthing parent, HIV infection, etc.) and unaccompanied minors		
Blood Lead Level (venous)		✓ Pregnant or lactating only	✓ ≤ 16 years (> 16 if high suspicion)		
Syphilis Testing (read more here)		✓ If no pre-departure results are available	✓ ≥15 years if no pre-departure results are available; <15 years old with risk factors for congenital syphilis (e.g., birthing parent tests positive for syphilis, birthing parent's syphilis results are not available, or the child is unaccompanied)		
Syphilis Confirmation Test ²		✓ Individuals with positive screening			

¹ Those who are unvaccinated/incompletely vaccinated, or for which predeparture vaccination validity is in question, consider also ordering hepatitis B surface antibody (anti-HBs) and total hepatitis B core antibody (anti-HBc) testing to assist in determining immune status and the need for hepatitis B vaccination

² Ensure confirmatory testing is performed if a refugee screens positive for syphilis. In Washington, all reactive serologies for syphilis (non-treponemal and treponemal) must have a subsample submitted to the Washington State Public Health Laboratory for a confirmatory test. See [this CDC Table](#) for interpretation of syphilis serology tests.

Activity	All	Adults	Children	Completed	Referred
Chlamydia and GC Testing (read more here)		✓ If no pre-departure results are available	✓ ≥15 years if no pre-departure results are available; <15 years old with a history of chlamydia or reason to suspect infection		
Newborn Screening Tests ³			✓ All < 6 months old Any other child with unexplained symptoms of developmental delay		
Hypothyroidism Screening (TSH/free T4)			✓ Children < 6 years		
Preventive Health Interventions & Other Screening Activities					
Tuberculosis Screening ⁴ (read more here)		✓ Order IGRA testing if a pre-departure IGRA was not performed, or the refugee had a negative IGRA > 6 months ago. Order chest x-ray if s/s of pulmonary TB.	✓ For children ages 2 to 17 years: - If they had a negative IGRA < 6 months ago and no current signs of TB disease, (and normal CXR for 15+ years) no further evaluation is needed. - If an IGRA was not performed or if they had a negative IGRA > 6 months ago, order an IGRA. For children aged < 2 years, perform a TST.		
Immunizations ⁵		✓ Adults with incomplete or missing immunization records should be offered vaccinations following ACIP guidance .	✓ Children with incomplete or missing immunization records should be offered vaccinations following ACIP guidance .		

³ Per [WA NBS guidelines](#)

⁴ Tuberculosis screening may include chest x-ray and sputum collection

⁵ Serological testing is an acceptable alternative for certain diseases. See WA guidelines for more information.

Activity	All	Adults	Children	Completed	Referred
Review & Enter Overseas Immunizations into WAIS	✓				
Soil-transmitted helminths Presumptive Treatment and/or Testing <i>Presumptive treatment is preferred to testing, provided any contraindication has resolved</i>		✓ Asymptomatic adults who did not receive pre-departure presumptive treatment may be presumptively treated with albendazole. Asymptomatic refugees can also be screened ⁶ if contraindications to presumptive treatment	✓ Asymptomatic children who did not receive pre-departure presumptive treatment may be presumptively treated with albendazole. Asymptomatic refugees can also be screened ⁶ if contraindications to presumptive treatment		
Strongyloides Presumptive Treatment and/or Testing ⁷ <i>Presumptive treatment is preferred to testing, provided any contraindication has resolved</i>		✓ Presumptive treatment with ivermectin if previously untreated and no contraindications (e.g., pregnancy, from loa loa endemic area) Screen if contraindications (IgG serology +/- Stool O&P)	✓ Presumptive treatment with ivermectin if previously untreated and no contraindications (pregnancy, ≤ 15kg, from loa loa endemic area) Screen if contraindications (IgG serology +/- Stool O&P)		
Schistosomiasis Presumptive Treatment and/or Testing <i>Presumptive treatment is preferred to testing, provided any contraindication has resolved</i>		✓ Adults from sub-Saharan Africa only: Presumptive treatment with praziquantel if previously untreated and no contraindications (e.g., pregnancy)	✓ Children from sub-Saharan Africa only: Presumptive treatment with praziquantel if previously untreated and no contraindications (e.g., < 4 years)		

⁶ Two or more separate stool O&P tests done by concentration technique; samples must be collected 12 to 24 hours apart

⁷ Ivermectin is the drug of choice but is contraindicated in refugees from Loa loa endemic areas of Africa. In African refugees from Loa loa endemic areas, presumptive treatment is longer and more complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing and treat only those found to have infection (i.e., “test and treat”).

Activity	All	Adults	Children	Completed	Referred
Malaria Testing ⁸ <i>Presumptive treatment is preferred to testing, provided any contraindication has resolved</i>		✓ Adults arriving from (or previously residing in) sub-Saharan Africa within the past 3 months who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, allergy)	✓ Children arriving (or residing in) from sub-Saharan Africa within the past 3 months from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., < 5 kg, allergy)		
Vitamins		✓ Individuals with clinical evidence of poor nutrition	✓ Individuals with clinical evidence of poor nutrition		

⁸ Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.



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