



Care of the Newly-Arrived Refugee Child

Authors:

Patricia Ryan-Krause, MS, MSN, APRN

Julie Buser, PhD, RN, CPNP-PC

Shelley Brandstetter, DNP, RN, CPNP-PC

Asma Taha, PhD, RN, CPNP-PC/AC, FAAN

The United Nations High Commissioner for Refugees (UNHCR) defines a Refugee as “someone who has fled their country and is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a social group, or political opinion”.¹ It is estimated that thirty-thousand refugees entered the United States (US) in 2019.² Almost 50% of the world’s 30,000 refugees are children under 18 years of age.

It is a stressful and lengthy effort to obtain refugee status. If approved for resettlement, the USCIS assigns the refugee to a US resettlement agency, which will then coordinate a medical exam, cultural orientation, housing, financial assistance, employment support, and school enrollment.^{1,3}

HEALTH CARE

Initial visit within 30 – 90 days of arrival in US⁴
Introduction to US health system and establishment of medical home.

LAB VISIT Screenings (ideally 2 days before comprehensive visit)

- Infectious diseases:
 - Tuberculosis (Quantiferon Gold > 2 years old, TST if 6-24 months) with reading in 48 hours. No U.S. testing if clear documentation of TB status from overseas..
 - HIV, syphilis
 - CBC with differential
 - STIs (age dependent)
- Non-infections conditions
 - Vitamin D, other micronutrient deficiencies
 - CBC with differential (anemias, blood disorders, parasite risk)
 - Parasites
 - Urinalysis
 - Malaria (if indicated by location)
 - Pregnancy (age dependent)
 - Newborn screening (age dependent)
- Sensory screening: Vision and Hearing

LEAD SCREENING⁵

- Potential exposures: environmental, household, personal
- Venous sample: All children ≤ 16 years old: > 16 if suggestive history

- Review preventive measures
 - Handwashing
 - Wet mop/towel cleaning
 - Running AM water for 5 minutes before use
 - Repairing peeling paint

INITIAL COMPREHENSIVE VISIT WITH PEDIATRIC PRIMARY CARE PROVIDER

- Plot on growth chart (exact dates of birth may not be accurate, monitor growth from initial plotting or if other concerns consider obtaining bone age).⁶
 - Note: wasting, stunting, underweight, and BMI > 2 yr.
- Obtain histories
 - Refugee history – trauma, violence, imprisonment, trafficking, journey
 - Social history: family members, education, employment, consanguinity
 - Medical history of children
 - Birth, hospitalizations, chronic conditions, blood transfusions, etc.
 - Medical history of parents (especially NCD)
 - Mental health history of parents and children
 - Use of traditional medications or products
- ROS for each child: Exposures, symptoms, during travel or from home country.
- Comprehensive physical exam
- Review of previous screenings with interventions as needed.
 - Iron deficiency and other micro deficiencies

- Parasites – if not treated pre-departure, give one dose of albendazole (200mg 12-24 months; 400 mg > 2 years) check for contraindications⁷
- Positive tuberculosis screening with pediatric management plan
 - LTBI – CXR, INH for 9 months or Rifampin for 4 months
 - Active TB – refer to ID specialists for management
- Establish pharmacy and instruct in concept of “refills”

IMMUNIZATIONS⁸

- Many now given at Vaccination Program for US-bound Refugees
- Written records of other immunizations given in local community pre-departure
 - May be used if consistent with age and similar schedule as US ACIP guidelines.
- Titers for some conditions (Hep A, Hep B, varicella) may be obtained at screening.
- Begin to update immunizations if no documentation or evidence of immunity using CDC catch-up series at this visit.
- Brief nursing visits in one month for further catch up immunizations.

NUTRITION AND GROWTH⁶

- Take complete diet history and assess for deficiencies
- Treat identified deficiencies (iron, vit d, iodine, etc.)
- Direct to local markets for specialty foods, halal, kosher, etc.
- Connect with community resources; enroll in WIC if eligible
- Reinforce continuation of traditional healthy foods and discourage use of less healthy US snacks.
- Monitor growth carefully at each follow up visit
- Refer to dentist

MENTAL HEALTH NEEDS⁹

- May not be obvious or identifiable at first visit
- Will differ based on experience in country and refugee experience
 - Exposure to violence and trauma
 - Separation from extended family, culture, and language
 - Stress of adaptation and social isolation
 - Anxiety, depression
- US screening tools likely do not reflect culture of refugee children.
- Monitor adjustment to home, school, neighborhood by asking open-ended questions to child and parent.
 - Sleep
 - Nightmares
 - Irritability
 - Energy level
 - Behavior changes
 - Appetite changes
 - Somatic complaints
 - Refer to mental health providers as needed and assure good interpreter services available.

REFERRALS

Specialists if indicated by initial screenings, history, and physical examination

FOLLOW UP VISIT

3 months after arrival

- Questions, concerns, adjustment of family members
- Housing – safety, cleaning for lead exposure, rodents, insects
- Growth and nutrition⁶
 - Plot growth carefully
 - Check on access to healthy and traditional foods, WIC, SNAP
 - Review diet
- Dental – review daily hygiene check if appointments scheduled
- Immunization catch up schedule⁷
- Mental health: Review past concerns, current issues, treatment if receiving⁹
- School adjustment: Parental contact with school with interpreter as guaranteed by law
 - Friends
 - Bullying
 - Learning progress
 - Language support
- Development – best to evaluate at first follow up visit, not initial visit
 - Cultures may have different understanding of “development”
 - Concerns? Be specific – is your child talking, moving, playing like siblings did?
 - Detailed history, current skills across domains
 - Parental Evaluation of Developmental Status (Glascoe,⁹) organizes questions
- Employment for parents
- Language learning for parents: Check with settlement agency
- Integration into cultural community, if interested and if available
 - Places of worship, grocery stores, connections with other refugee families
- Follow up with repeat blood work: Known health issues or issues identified at initial visit:
 - IDA, high lead, low vit D, GI symptoms etc.
 - Venous lead repeated on all children ≤ 6 years even if original value was normal
- Models of refugee care and follow up
 - Refugee clinic: Seen every three months for first year, then use of AAP WCC schedule. Effort to have same provider.
 - Initially seen in refugee – focused clinical setting, then incorporated into primary care provider panel and followed up for ongoing and identified needs: lead, TB, anemias, chronic and acute conditions, etc.
 - Immediately placed on primary care provider’s panel and needs met using CDC guidelines for screening and follow ups.
 - There may be many other models for resettlement into the US health system.

References

1. UNHCR. Refugee Facts. <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/> Updated 2020. Retrieved November 2020.
2. UNHCR. Refugee Resettlement Facts. <https://www.unhcr.org/en-us/us-refugee-resettlement-facts.html> Published March 2020. Retrieved November 2020.
3. USCIS. <https://www.uscis.gov/humanitarian/refugees-and-asylum/refugees>. Last Updated May 2020. Retrieved November 2020.
4. CDC. Immigrant and Refugee Health. <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>. Reviewed October 2016. Retrieved October 2020.
5. CDC. Lead Guidelines. [National Center for Emerging and Zoonotic Infectious Diseases \(NCEZID\), Division of Global Migration and Quarantine \(DGMQ\) https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html](https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html). Reviewed 2019. Retrieved October 2020

6. CDC. Guidelines for Evaluation of the Nutritional Status and Growth in Refugee Children During the Domestic Medical Screening Examination. <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/nutrition-growth.html>. Reviewed March 2012. Retrieved Sept 2020.

7. CDC. Domestic Intestinal Parasites. <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html#tables1>. Reviewed 2019. Retrieved Sept 2020.

8. CDC. Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>. Reviewed December 2019. Retrieved September 2020.

9. CDC. Guidelines for Mental Health Screening during the Domestic Medical Examination for Newly Arrived Refugees <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>. Reviewed March 2012. Retrieved September 2020.