

3.2 REVIEW OF THE OVERSEAS MEDICAL EXAMINATION

Overseas Medical Examination

DS-2054 Reviewed: Yes NoIOM Bag Reviewed: Yes NoClass A/B conditions: None A B TB B Other No overseas documentsPre-departure Presumptive Treatment?: Antimalarial Anthelmintic Unknown

PURPOSE

To review findings from the overseas visa medical examination (as reported on Form DS-2054 for the Overseas Medical Examination of Applicants for U.S. Visas and additional accompanying documents) and follow up on identified conditions.

BACKGROUND

Overseas health screenings are conducted to ensure that refugees do not have conditions that would exclude them from entering the United States. These medical exclusions include certain communicable diseases and mental health conditions associated with violence. Refugees with communicable diseases that preclude their entry into the country may be delayed until appropriate treatment is initiated and they are no longer infectious. Following treatment, refugees will be allowed to immigrate to the United States. Waivers may be requested for conditions that are grounds for exclusion (Class A conditions). Medical conditions are categorized as Class A or Class B; however, the lack of a Class A or Class B condition does not mean the individual is without medical needs.

Note on asylees: While individuals granted asylum in the United States will not have undergone an overseas health evaluation, many will have had some kind of medical or psychological evaluation in support of their legal case. Similarly to reviewing the DS-2054 overseas health screening form, RHAP clinicians should ask the asylee if they have any documentation of the findings from these assessments, often done in private settings. In most cases, such evaluations are not going to include screening tests as are conducted during refugee health assessment.

Asylees arriving from overseas (derivative asylees or follow-to-join asylees) generally do complete an overseas medical examination but records are seldom forwarded to the state health department. RHAP providers should ask asylee patients for copies of these overseas records, if they are available.

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Class A

Class A conditions are defined as those conditions that preclude a refugee from entering the United States. Class A conditions require approved waivers for United States entry and immediate follow-up upon arrival. These conditions include communicable diseases of public health significance, mental illnesses associated with violent behavior, and drug addiction.

Class B

Class B conditions are defined as significant health problems: physical or mental abnormalities, diseases, or disabilities serious in degree or permanent in nature amounting to a substantial departure from normal well-being. Class B conditions require follow-up soon after arrival in the United States. Often these are clinical diagnoses and subjective in nature. As a result, overseas panel physicians vary in their interpretation of what constitutes a non-mycobacterial “Other” Class B condition.

The following table summarizes the classifications of various diseases:

Overseas Classifications	
Class A	Chancroid, Gonorrhea, Granuloma inguinale, Lymphogranuloma venereum, Syphilis Tuberculosis, active, infectious Hansen’s disease, infectious (leprosy) Mental illness with violent behavior Drug addiction
Class B	Tuberculosis classification is per the Cultures and Directly Observed Therapy TB Technical Instructions (TI) B1 TB, Pulmonary B1 TB, Extrapulmonary B2 TB, LTBI Evaluation B3 TB, Contact Evaluation Hansen’s disease, not infectious Other significant physical disease, defect, or disability

The overseas medical examination is done by a physician working under contract to the International Organization for Migration or by a local panel physician designated by the U.S. Department of State and using locally available facilities

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(laboratory, x-rays). The Division of Global Migration and Quarantine (DGMQ), CDC, is responsible for oversight of all overseas examinations.

Protocol

The summary protocol for the overseas visa medical examination is as follows:

- Medical history and physical examination.
- TB evaluation is done according to the [Cultures and Directly Observed Therapy \(DOT\) Tuberculosis Technical Instructions](#) (CDOT TB TIs) in all countries as of October 1, 2013:
 - Medical history, physical exam and chest x-ray for age ≥ 15 years
 - Three sputum specimens for smear and culture for *M. tuberculosis* if the refugee has a chest x-ray with findings suggestive of TB, has signs and symptoms of tuberculosis, or has HIV infection. If culture positive, drug susceptibility testing and treatment by Directly Observed Therapy
 - Tuberculin skin test (TST) or an IGRA for age 2-14 years of age if living in countries with a WHO-estimated TB incidence rate of ≥ 20 cases per 100,000 population
 - Chest x-ray if TST ≥ 10 mm or IGRA positive; as above if chest x-ray has findings suggestive of TB

TB Classifications are noted in the table above.

- [Serologic test for syphilis](#) for all refugees age ≥ 15 years. Applicants under the age of 15 must be tested if there is reason to suspect infection with syphilis or if there is a history of syphilis. Untreated syphilis is Class A; after completing treatment, the person is re-classified to Class B. Most refugees complete treatment for syphilis prior to departure for the United States; a waiver can be requested if treatment is incomplete.
- [Other STDs](#) (chancroid, gonorrhea, granuloma inguinale, and lymphogranuloma venereum) are treated prior to departure if identified.
- Physical exam for signs of [Hansen's disease](#). Refugees with multibacillary or paucibacillary Hansen's disease are considered to be Class A. After seven days of treatment, they are reclassified to Class B and are eligible

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for travel to the United States. Generally, treatment must be continued in the United States.

- Since 2010, refugees are not routinely tested for HIV prior to arrival in the United States.

A determination is made 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.

Results are recorded on the overseas visa medical examination form (DS-2054) and worksheets.

The quality of the overseas visa medical examination varies and depends on such factors as the site of the examination, the panel of physicians, and the length of time for which the examination process has been in place at a given location. The visa medical examination is valid for 3-12 months prior to departure. Recent years have seen consolidation of overseas exams done through the International Organization for Migration with oversight by the CDC and improved quality and consistency.

***The International
Organization for
Migration (IOM)***



The IOM is an intergovernmental body, based in Switzerland, that manages refugee movements for third country resettlement. In addition, IOM performs the refugee [overseas health assessments](#) in Sub-Saharan Africa, Southeast Asia and countries of the former Soviet Union. The IOM provides each refugee with a white plastic bag that contains the individual's medical records and x-rays. Currently, the IOM bag should contain the DS-2054 form and supplemental vaccine form. At times, IOM officials will add other supplemental forms to document the medical history based on the situation a refugee is coming from. Recent examples include documentation of varicella vaccination in the case of an outbreak and pre-embarkation treatment for malaria or parasitic infections.

***Division of
Global Migration
and Quarantine,
CDC***

The Division of Global Migration and Quarantine (DGMQ), CDC is responsible for the Technical Instructions and oversight of the overseas evaluation. Updates are posted on the CDC website. Refugee overseas documents now include the core form as well as extended worksheets to document findings that indicate need for follow-up care in the United States.

For a detailed guide to the overseas examination, refer to the [CDC website](#).

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RHAP clinicians should keep in mind that the focus of the overseas visa medical examination is not to identify all the health conditions a refugee might have, but primarily to ensure that an individual does not have an excludable condition. Changes in health and disease exposures can occur in a refugee camp between the overseas medical and a refugee's arrival in the United States.

Refugees may not understand why they have to see a doctor now if they have recently seen one overseas and 'passed' the medical examination. Explain that health status can change in the interval between exams. Also, the RHAP is for the benefit of the refugee and is more comprehensive than the overseas exam. This is a good time to start introducing the concept of preventive care.

PROGRAM REQUIREMENTS

1. Review overseas medical forms (DS-2054 Medical Examination; DS-3025 Vaccination; DS-3026 Medical History; DS-3030 Chest x-ray and TB Classification) and Pre-Departure Medical Screening findings. Review contents of the IOM Bag, if available.
2. Record and evaluate Class A/B medical conditions identified during the overseas medical examination and documented on the DS-2054.

All persons with a Class A/B TB condition require referral to a state-supported TB clinic.

3. Confirm, or reject, overseas diagnoses. If further evaluation is needed to confirm any diagnosis, refer the patient for evaluation as appropriate.
4. Document receipt of pre-departure treatments (e.g., albendazole, ivermectin, praziquantel, and ACT) by checking the appropriate box.
5. Assess immunization records carefully. Doses received and dates should be analyzed. Record *valid doses* in the **IMMUNIZATIONS** Section of the RHAP form. Be sure to record the doses in the proper cells of the immunization table.
6. Evaluate other medical records.

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Access to overseas records prior to the first health assessment appointment

Sites providing more than 50 refugee health assessments annually should have access to an electronic copy of overseas medical records prior to a patient's appointment through the MDPH web-based disease surveillance and case management system known as MAVEN. MDPH uses MAVEN to track newly-arriving refugees and to capture data related to outreach, case management, and health assessments. Overseas medical records are uploaded from the CDC shortly after a refugee's arrival in Massachusetts and attached to the person's record in PDF format.

When a Resettlement Agency notifies MDPH of a refugee's RHAP appointment, the individual's record in MAVEN is released to the RHAP site.

Note that delays in notification from CDC are not uncommon. In other cases, the overseas medical records are not available to MDPH through the CDC system (see below).

MDPH faxes of overseas records to RHAP sites that do not have access to MAVEN. RHAP sites can contact the MDPH RHAP coordinator to request additional information or training on the MAVEN system.

What if overseas records are not available?

This may be due to one of the following situations:

- *Records not transmitted through the CDC notification system:* There may be delays in processing of refugee documents. Ask the RHAP coordinator for assistance. Records for other RHAP-eligible individuals (derivative asylees, parolees) often do not come through the CDC notification system. Ask your patient if he/she has records available to bring in. In some cases, records are taken at the airport. Persons granted asylum in the United States did not have an overseas medical examination.
- *No records available:* Individuals such as asylees and some Cuban or Haitian parolees may not have completed screening prior to RHAP. In these cases, on the RHAP form, the provider should check off that the DS-2054 was not reviewed. The situation involving lack of immunization documentation is addressed in Section 3.8 of this manual.

RESOURCES

[Division of Global Migration and Quarantine](#)
Centers for Disease Control and Prevention
Atlanta, GA
404-639-8100

[International Organization for Migration](#)
Geneva, Switzerland