
**Important note:**
ALL patients with positive HBsAg should be counseled and educated regarding hepatitis B virus infection, including:
- What is hepatitis B
- How people can catch it
- How to avoid spreading it
- How to protect your liver against further damage
- What will be done for follow up

AST=aspartate aminotransferase; ALT=alanine aminotransferase; CDC=Centers for Disease Control and Prevention; HBsAg=hepatitis B surface antigen; INR=international normalized ratio

INITIAL IMMEDIATE MEDICAL ASSESSMENT

On physical exam
1. Height/weight/mid-upper-arm circumference (MUAC) (and plot weight-for-height (WFH))

Stool tests
1. Stool ova and parasites (O&P). Ask for quantification of parasite load (1+ to 4+ or hi/med/low)
2. Agar plate for Strongyloides
3. Send frozen stool to National Institutes of Health (NIH) lab for qPCR

Blood tests
1. CBC/diff with eosinophils (same as for anemia testing)
2. Send frozen serum to US for multiplex bead array testing at CDC Division of Parasitic Diseases

Presumptive treatment
1. Albendazole—all participants
2. Ivermectin—all participants

Other
1. Monitor for side effects of treatment
2. Document test results and treatment on DS form and database
3. Treat identified pathogenic parasitic infections not covered by albendazole/ivermectin as needed

2–6 months later (in between—follow labs; treat if positive)

PRE-DEPARTURE HEALTH SCREENING

On physical exam
1. Height/weight/MUAC (and plot WFH)

Stool tests
1. O&P. Ask for quantification of parasite load (1+ to 4+)
2. Agar plate for Strongyloides
3. Send frozen stool to NIH lab for qPCR

Blood tests
1. CBC/diff with eosinophils (same as for anemia testing)
2. Send frozen serum to US for multiplex bead array testing at CDC Division of Parasitic Diseases

Presumptive treatment
1. Albendazole—all participants
2. Ivermectin—all participants

Other
1. Monitor for side effects of treatment
2. Document all treatment and testing done
3. Note: some results won’t be available until after departure

1–3 months later

FIRST MEDICAL EXAM IN UNITED STATES

Testing per state (potentially including stool O&P, parasite serologies, stool agar, complete blood count/diff/feverential with eosinophils, anthropometric measurements)

4+ months later

LATER MEDICAL EXAMS IN UNITED STATES

If available, as per first medical exam in the United States
**Supplemental Figure 4.** Clinician guide for anemia diagnosis and management of U.S.-bound refugees participating in a pilot evaluation project, Thailand–Burma border, July 2012–November 2013.
### Supplemental References


### Supplemental Table 1

Quantitative polymerase chain reaction methods to screen for intestinal parasites of U.S.-bound refugees participating in a pilot evaluation project, Thailand–Burma border, July 2012–November 2013; National Institutes of Health, Laboratory of Parasitic Diseases

<table>
<thead>
<tr>
<th>Organism</th>
<th>Target name</th>
<th>GenBank accession number</th>
<th>Forward primer</th>
<th>Reverse primer</th>
<th>FAM-labeled probe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongyloides stercoralis</td>
<td>Dispersed repetitive sequence</td>
<td>AY028262.1</td>
<td>CGCTCCAGAATTAGTTCCAGTT</td>
<td>GCAGCTTAGTCGAAAGCATAAGA</td>
<td>5'-ACAGTCTCCAGTTCACGAGAAGAT-3'</td>
</tr>
<tr>
<td>Trichuris trichiura</td>
<td>Dispersed repetitive sequence</td>
<td>HG805809.1</td>
<td>TTGCTCTTGGGTGTTCTGAA</td>
<td>TGCTCATCCATCCTGTGGA</td>
<td>5'-TAAACTCAAACATGCC-3'</td>
</tr>
<tr>
<td>Necator americanus</td>
<td>Hypothetical protein</td>
<td>ANCG01056619.1</td>
<td>CCAGAATGCGCACAATATTTAT</td>
<td>GGTTTTGAGGCTTATCATATAAGAA</td>
<td>5'-CCCAGTTTACGTGTAATGCCA-3'</td>
</tr>
<tr>
<td>Ancylostoma duodenale and ceylanicum</td>
<td>ITS2</td>
<td>EU344797.1</td>
<td>GAATGACAGCAAACCTGCATGG</td>
<td>ATACTAGCCACTGCGAAACGT</td>
<td>5'-ATCGTATAAGCCTTCTTAG-3'</td>
</tr>
<tr>
<td>Ascaris lumbricoides</td>
<td>ITS1 and 5.8S</td>
<td>HQ721819.1</td>
<td>GTTATACGAGTCGCGGTTCTTT</td>
<td>GCCCAACCATGCCACCTATTCT</td>
<td>5'-TTGGCGGACATTTGCGCATGTAC-3'</td>
</tr>
<tr>
<td>Cryptosporidium parvum/hominis</td>
<td>DNA J-like protein</td>
<td>XM_625506.1</td>
<td>AAC TGGACGTTGGTGGTCA</td>
<td>CCAATACA GAA TCA TCA GAA TGCG</td>
<td>5'-CATATGAGCTTATAGGGATACCAG3'</td>
</tr>
<tr>
<td>Giardia lamblia</td>
<td>16S rRNA</td>
<td>AJ293299.1</td>
<td>CATGACTGCGCGCTGCC</td>
<td>AGCGGTGTCCGCCTG</td>
<td>5'-AGGAACAGGCGGTGACGACG-3'</td>
</tr>
<tr>
<td>Entamoeba histolytica</td>
<td>18S rRNA</td>
<td>X75434.1</td>
<td>GTTGTATAGTACAAATGGCCAATTC</td>
<td>TCGTGGCATCATACTCACCTTAGAGA</td>
<td>5'-CAATGAATTGAAATAACA-3'</td>
</tr>
</tbody>
</table>

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### Supplemental Table 2

Anthropometric measurements used to define malnutrition in U.S.-bound refugees participating in a pilot evaluation project, Thailand–Burma border, July 2012–November 2013

<table>
<thead>
<tr>
<th>Age group</th>
<th>Anthropometric measurement</th>
<th>Moderate acute malnutrition (wasting)</th>
<th>Severe acute malnutrition (wasting)</th>
<th>Moderate chronic malnutrition (stunting)</th>
<th>Severe chronic malnutrition (stunting)</th>
<th>Units of measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–59 months</td>
<td>Weight-for-height Z-score</td>
<td>≥ −3 SD and &lt; −2 SD</td>
<td>&lt; −3 SD</td>
<td>–</td>
<td>–</td>
<td>kg = kilograms</td>
</tr>
<tr>
<td>5–19 years</td>
<td>Body mass index Z-score</td>
<td>≥ −3 SD and &lt; −2 SD</td>
<td>&lt; −3 SD</td>
<td>–</td>
<td>–</td>
<td>m = meters</td>
</tr>
<tr>
<td>6 months–19 years</td>
<td>Height-for-age Z-score</td>
<td>–</td>
<td>–</td>
<td>≥ −3 SD &amp; &lt; −2 SD</td>
<td>&lt; −3 SD</td>
<td>mm = millimeters</td>
</tr>
<tr>
<td>≥ 20 years</td>
<td>Body mass index</td>
<td>&lt; 17 to ≥ 16 kg/m²</td>
<td>&lt; 16 kg/m²</td>
<td>–</td>
<td>–</td>
<td>SD = standard deviations</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>Mid upper arm circumference</td>
<td>≥ 214 mm and ≤ 221 mm</td>
<td>≤ 214 mm</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Any age</td>
<td>–</td>
<td>–</td>
<td>Bilateral edema</td>
<td>–</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>

For children and pregnant women, based on World Health Organization and United Nations International Children’s Emergency Fund standards. For adults, based on National Center for Health Statistics standards.