

**OFFICE OF IMMIGRANT HEALTH
MARYLAND REFUGEE HEALTH PROGRAM**

**Maryland Immigrant & Refugee Information System
(MIRIS)**

User Guide



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MIRIS User Guide

Introduction

What does MIRIS stand for?

Maryland Immigrant and Refugee Information System

What is MIRIS?

MIRIS is a server-based Microsoft Access database, where local health departments (LHDs) will have the ability to input data from the Refugee Health Assessment Form (DHMH Form #4391), and view it real-time as well as run various reports. The MIRIS system also provides the ability to transfer records to other jurisdictions.

Where does MIRIS reside?

MIRIS resides on a DHMH server.

How will DHMH notify me of new arrivals?

The Centers for Disease Control and Prevention (CDC) sends electronic records to DHMH on a daily basis. DHMH initiates the record in MIRIS and new entries are automatically added to the MIRIS notification list. The Notification List can be accessed from the MIRIS main menu. LHDs and clinic users will use the information from the notification list to look up individual records in the CDC's Electronic Disease Notification (EDN) system. LHDs and clinic users can print the overseas health records from EDN. If a LHD does not have access to EDN, DHMH will mail the overseas medical records to the LHD. In some instances DHMH may not have overseas records, particularly for Special Immigrant Visas (SIVs), secondary arrivals migrating from other states, and also for those that receive asylum after arriving in the U.S.

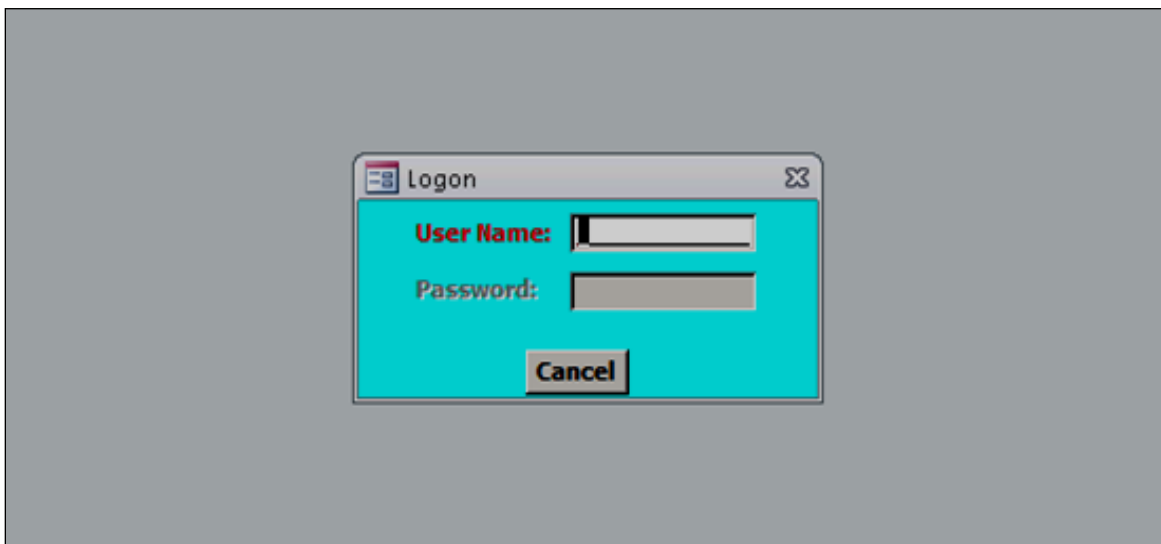
Getting Started

To access the DHMH server, the user will need a Remote Desktop Connection.

The Remote Desktop Log On screen will be displayed. Enter your OAS Active Directory username and password when prompted. The DHMH OIT Helpdesk can provide you with this username and password. If you forget your OAS Active Directory username and password or become locked out of the server, you will need to contact the OIT Helpdesk at 410-767-6534. The Office of Immigrant Health cannot reset this password or connection.

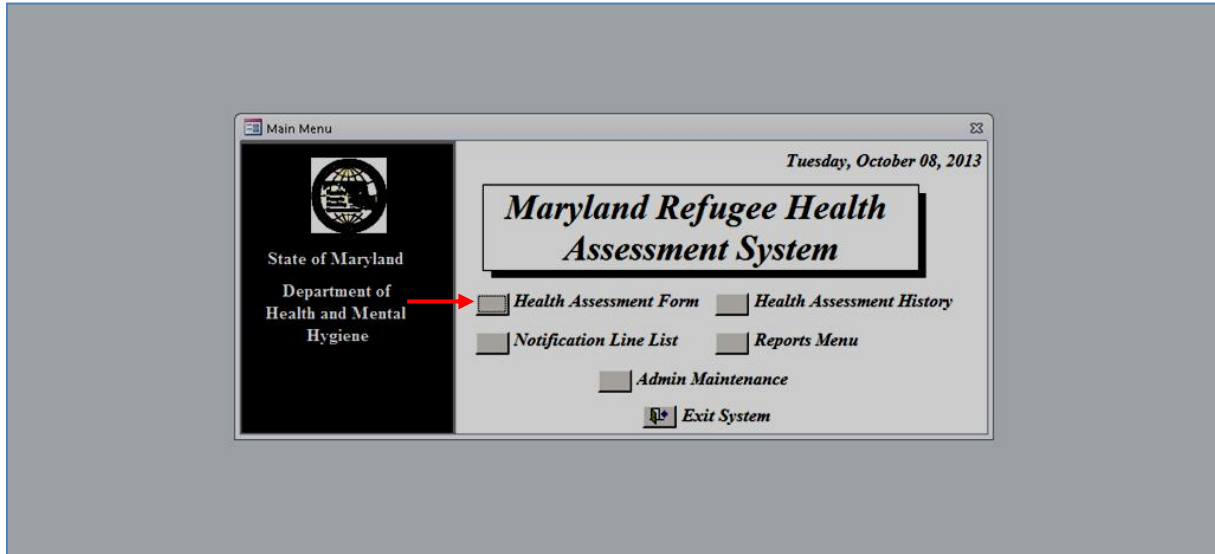


When the page opens, the MIRIS “Logon” form will be displayed. Enter your MIRIS User Name and Password. The first two characters of the User Name are the county’s abbreviation. This restricts the user’s ability of adding, editing and deleting data to only their county. The Office of Immigrant Health can assist with the MIRIS username and password if there are any problems.



Getting Started

The MIRIS main menu will be displayed.



Choose the option "Health Assessment Form" to view/edit an existing record or to add a new record.

MIRIS Data Entry screen will be displayed.

A screenshot of the "Maryland Immigrant/Refugee Info System (MIRIS)" data entry screen. The screen is divided into several sections: "Demographics", "Immigration Status", and "Screening Information". The "Demographics" section includes fields for "Alien Number", "Name", "Gender", "Birth Date", "Age", "Country of Birth", "Refugee Camp", "Quarantine Station", and "Resident County". The "Immigration Status" section includes "Immigrant Type", "Migration Status", "Arrival In U.S.A.", and "Asylum Granted". The "Screening Information" section includes "Admin Info", "General Health", "Tuberculosis (TB)", "Immunization", "Hepatitis", "STD", "Parasites", "Referrals", and "Mental Health". A red arrow points to the "Resident County" dropdown menu, which is set to "Prince George's". Another red arrow points to the "Add" button at the bottom of the screen. The date "Thursday, October 10, 2013" is shown in the top right corner. The "Completed By" field is "palmer palmero". The "Initial Screening" date is "01/30/2013" and the "Final Screening" date is "01/30/2013". A red box indicates "282 days since arrival in U.S.A.". The "Last Modified" date is "10/10/2013". The "Search All" field is "001-001-001".

Add, Edit, Save, Undo, Delete command buttons are disabled when the client is not a resident of the user's county.

Getting Started

Maryland Immigrant/Refugee Info System (MIRIS)

Completed By: palmer palmero
Initial Screening: 01/30/2013
Final Screening: 02/15/2013

Last Modified: 10/10/2013

Demographics

Alien Number: 001-001-001 Name: Last: PALMERO First: PALMER Middle: P. Gender: Male Birth Date: 01/02/1993 Age: 20
Country of Birth: AMERICAN SAMOA Refugee Camp: Malaysia Quarantine Station: New York Resident County: Prince George's
Ethnicity (Hispanic or Latino): No Race (Check all that apply): American Indian or Alaska Native: [] Asian: [] Black or African American: []
Native Hawaiian or Other Pacific Islander: [x] White: [] Other: [] Unknown: []
Volunteer Agency: International Rescue Committee (IRC) Health Screen Agency: Prince George's County Health Departmen Primary Language: SAMOAN

Immigration Status

Immigrant Type: Refugee Migration Status: Primary Arrival In U.S.A.: 01/01/2013 Asylum Granted: []

Screening Information

Admin Info | General Health | Tuberculosis (TB) | Immunization | Hepatitis | STD | Parasites | Referrals | Admin Mental Health | Mental Health

Received From CDC: 01/05/2013 Arrival Quarter/Year: 1 / 2013 Reimbursement Quarter/Year: /
Screening Status: Screen Refugee Medical Assistance Card present? Yes
Interpreter used?: No If yes, what kind? []
Approved For Reimbursement: [] Reimbursement Date: []
Administrative Comments: []

Comments: []

Notify N-List N-Delete Add Edit Save Undo Delete Mine All Print Search Close

Add, Edit, Save, Undo, Delete command buttons are enabled when the client is a resident of the user's county.

Getting Started

Screen Parts

The screenshot shows the Maryland Immigrant/Refugee Info System (MIRIS) interface. At the top, it displays the system name and the date 'Thursday, October 10, 2013'. The user 'palmer palmero' is logged in, with an initial screening date of 01/30/2013 and a final screening date of 01/30/2013. A red box highlights a warning: '282 days since arrival in U.S.A.'. A dropdown menu for 'Search All' is set to '001-001-001'. The main form contains fields for personal information (Name: PALMERO, Birth Date: 01/02/2010, Age: 20), immigration status (Refugee), and screening information (Received From CDC: 01/05/2013, Arrival Quarter/Year: 1 / 2013, Screening Status: Screen). At the bottom, there are navigation buttons (Add, Edit, Save, Undo, Delete, Mine, All, Print, Search, Close) and a status bar showing 'Record: 2 of 13866'.

1. Command Buttons

- Add – allows entry of new record
- Edit – allows modification of an existing record
- Save – saves addition/modification of record
- Undo – omits last modification of record
- Delete – deletes current existing record
- Mine – displays only the records of user's county
- All – displays all records
- Print – prints copy of client record
- Search – starts Search Function
- Close – closes form and returns to Main Menu

2. Navigation Buttons

- Displays the number of records in the database
- Displays the record number of the current record
- Allows user to navigate forward/backward, one record at a time
- Allows user to navigate to the first/last record with one click

3. Final Screening Warning

- Displays a warning that client has been in the USA more than 90 days and screening is incomplete

4. Search All Dropdown

- Displays Alien Number and Name of all clients in the database in alphabetical order and allows the user to select a client from the list.

Selectively Search for records in MIRIS

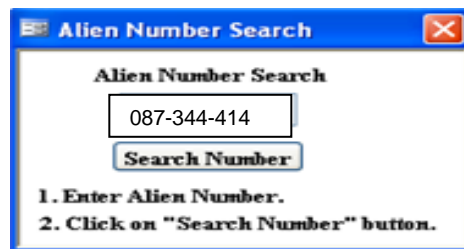
Choose the “Search” option from the menu at the bottom of the screen to display the “Refugee Search Selection” form. There are five search options: Alien Number, Last Name, Last/First Name, Arrival in USA (date), and Birth Date.



Alien number is the best search option as there is only one refugee assigned to a number. Searching by any of the other four options may display more than one refugee. If the first search does not pull up a record, it is a good idea to search with other criteria as data entry mistakes do occur and it is possible that a name may be spelled differently. In addition, there is a “Search All” tab located above the demographic section and below the “Final Screening” date, which allows the user to search **all** the records in alphabetical order.

Searching by Alien number

When searching by alien number, please enter nine digits. If a refugee has an eight digit alien number, please add a zero to the front so that there will be a total of nine digits.



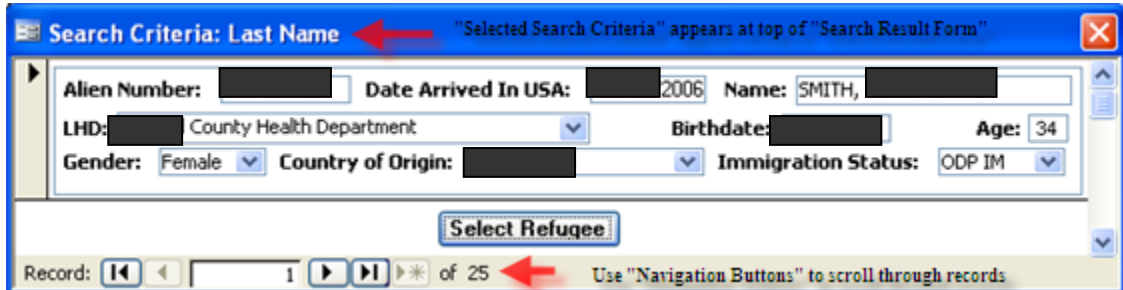
If a record exists with the Alien Number entered, it will be displayed immediately. If no record exists, the message “No Record Found” is displayed.

Searching by Last name

When searching by last name, it is possible to enter the full name (Smith) or a partial name with a wild card character (Smi*). This is very helpful when the correct spelling of a name is not known. If the full name is entered, records matching the name exactly are displayed.



If a partial name plus a wild card character is entered, all records matching letters preceding the wild card character are displayed. If more than one record is found, it is possible to scroll through the records and select the appropriate one. The client data display should be enough to identify the correct client. To limit the number of search results, it is best to search with the entire last name (Smith) rather than a partial name plus a wild card character (Smi*).



Searching by Last/First Name

When searching by last/first name, again it is possible to enter the full last and first name (Smith Catherine) or a partial of the last and first name with a wild card character (Smi* Cat*).



Selectively Search for records in MIRIS

Searching by Date of Birth or Arrival Date

When searching by arrival in the U.S., enter a date range (starting date and ending date). When searching by birth date, enter birth date only. All dates should be entered in “mm/dd/yyyy” format.



Using “Mine” or “All”

The “Mine” and “All” options are located on the menu at the bottom of the screen. Local health departments can choose between viewing/searching their own records “Mine” or they can view/search “All” and see any record. LHDs are not able to edit records belonging to other jurisdictions, but they may view them. LHDs may also find that the “Mine” function allows them to filter records and only scroll through those in their jurisdiction. If a LHD screens a patient and the individual is already entered into MIRIS under a different jurisdiction, the LHD should contact the DHMH Refugee Health Program so that a MIRIS administrator can change the jurisdiction in the database.

Add New Record

Adding a New Record

If a refugee is not found through the different search options, the individual should be entered into MIRIS. Choose “Add”, which is located on the left of the menu at the bottom of the screen. Enter the nine digit alien number and choose “check number”. **Alien numbers should be entered with nine digits, so if a refugee has an eight digit alien number, please add a zero to the front.** MIRIS is set up to prevent duplicate entries. The “Check Duplicate Alien Number” procedure is executed prior to adding a new client record.



If the alien number is already in the database, an error with “Invalid Alien Number” and “Add Cancelled” message are displayed. The system then displays the existing record.



Once the alien number is entered for a new record, the user is prompted to enter the demographic information. If the record is being added at the local health department, the county of residence is updated based on the user-name entered. There is a “Help” tab located at the top of the demographic and immigration sections, which provides further details about these fields. Many of the demographic and immigration fields have drop down menus, so the user can choose the country of birth, resident county, and voluntary agency from a set list. LHDs should enter the quarantine station, which may be listed on the Alien Information coversheet beside “Entering for Q-Station” or for asylees it may also be stamped onto the front page of the notification and it will also have the arrival date (i.e. CDC Quarantine Station, Mar 04 2009, Arrival Date, Washington, D.C.). The Health Screening Agency auto-populates from the resident county entered, but in

some instances the resident may reside in one county, but be screened by another provider (i.e. Baltimore City and Baltimore Medical System). It is important to make sure the county and health screening agency are correct as reimbursements are tied to these fields. The Primary Language field is linked to the country of birth so that only the languages from a given country appear as options. However, if an individual speaks a language that is not one of the options for a given country, the user can then choose from all of the languages listed in the database. Ethnicity and Race should be completed and these are mandatory fields that require answers before the record can be saved.

Immigration status can be chosen from the dropdown menu in the immigration section. Most arrivals are refugees or asylees, but please check their immigration visa status to ensure that the correct immigration status is chosen in MIRIS. **The U.S. Arrival date is mandatory for any entry and the Asylum Granted date is needed for any asylee. Reimbursements are linked to the arrival and asylum dates, so they are required fields.** As a reminder, the health assessment should be initiated within 90 days of the U.S. Arrival Date or Asylum Granted Date and the health assessment should be completed and entered into MIRIS within 180 days of U.S. Arrival Date or Asylum Date.

Edit Existing Record

Editing a Record

When a refugee is found with one of the search options, choose “Edit” from the menu at the bottom of the screen. Demographic and Immigration information can be edited regardless of the screening status, but in order to edit any health information, the screening status must be changed to “Screen”. For further information about editing the health sections, please refer to the directions below.

Screening Information

There are between 9-10 tabs, depending on the age of the client, in the Screening Information section:

1. Admin Info
2. General Health
3. Tuberculosis
4. Blood Lead (only for those ≤ 16 years)
5. Immunization
6. Hepatitis
7. STD
8. Parasites
9. Referrals
10. Mental Health (only for those ≥ 18 years)

Within each health section, there is a “Help” tab, which provides further details into what should occur for each piece of the health assessment. In the “Admin Info.” tab, the user should change Screening Status to “Screen”, and then enter whether the refugee medical assistance card was present and if an interpreter was used. The other fields in the Admin Info tab are completed by

DHMH and cannot be entered or edited by the LHD users. **As a reminder, information cannot be entered into the other health sections unless the screening status is checked as “screen”.**

After changing the screening status to ‘Screen’, the user should enter the “Initial Screening” date located in the upper right corner, and if the assessment is complete, enter the “Final Screening” date. The Initial Screening Date should be the date of the first screening appointment and the Final Screening/Close-out Date should be the date that the health assessment is completed and ready to be reviewed by DHMH. Records will not be reviewed for reimbursement unless there is an initial and final screening date.

Edit Existing Record

A health assessment will not be reviewed for reimbursement if the final screening date is blank. The Refugee Health Program understands that the tuberculosis portion of the health assessment may take a considerable amount of time if x-rays and treatment appointments are needed. If an individual has not completed the entire TB review within six months of arrival, but the remainder of the health assessment is complete, then make a note of this in the comments section and go ahead and enter the completion date, so that your LHD will be reimbursed. Providers can go back and enter information into a record even after that record has been reimbursed.

There are numerous screening status options available, so providers may choose the appropriate one for the record. When DHMH enters the demographic information into MIRIS and forwards the electronic record to the LHDs, the screening status will be checked as “Not Screen”. If the LHD attempts to contact the client and the address is incorrect, choose “Unable to Locate”. If the LHD contacts the client and they move to another location, choose the appropriate (moved out of state, another county, or unknown destination). As a reminder, health information cannot be entered unless the record is marked as “screen”. If a client moves to another county, please obtain a forwarding address and notify the other county and DHMH. DHMH will change the

jurisdiction in MIRIS so the new county can enter screening results.

General Health Data

The screenshot shows the 'General Health' tab in the MIRIS system. The form includes the following fields and values:

- Waiver Type:** (Dropdown menu, highlighted with a red arrow)
- Class Conditions:** (A): (Dropdown menu), (B) 1: (Dropdown menu), (B) 2: (Dropdown menu), (B) 3: (Dropdown menu)
- Medical history reviewed?:** Yes (Dropdown menu)
- Currently pregnant?:** (Dropdown menu)
- Pregnancy Test:** (Dropdown menu)
- Physical exam conducted?:** Yes (Dropdown menu)
- Date of CBC with differential:** 01/30/2013
- Hemoglobin:** 15 g/dl
- Hematocrit:** 45 %
- Eosinophil count:** 230 cells/ μ L
- Physical Examination:** Height: 5 Feet 10 inches, Weight: 180 pounds
- Multivitamins Provided?:** Yes (Dropdown menu)
- Blood Pressure:** Normal (Dropdown menu)
- Vision:** Referred (Dropdown menu)
- Hearing:** Referred (Dropdown menu)
- Oral Health:** Evaluated (Dropdown menu)
- Total Cholesterol:** 180 mg/dL, Interpretation: Not Elevated (Dropdown menu)
- HDL Cholesterol:** 60 mg/dL, Interpretation: Elevated (Dropdown menu)
- Iron:** (Input field) μ g/dL, Interpretation: (Dropdown menu)
- Urinalysis:** Normal (Dropdown menu)
- Comprehensive Metabolic Panel:** Evaluated (Dropdown menu)
- Albunin:** Normal (Dropdown menu) g/dL
- Alkaline phosphatase (ALP):** Normal (Dropdown menu) IU/L
- Alanine Aminotransferase (ALT):** Normal (Dropdown menu) IU/L
- Aspartate Aminotransferase (AST):** Normal (Dropdown menu) IU/L
- Blood Urea Nitrogen (BUN):** Normal (Dropdown menu) mg/dL
- Calcium:** Normal (Dropdown menu) mg/dL
- Chloride:** Normal (Dropdown menu) mmol/L
- Carbon Dioxide:** Abnormal (Dropdown menu) 100 mmol/L
- Creatinine:** Abnormal (Dropdown menu) 200.0 mg/dL
- Glucose:** Abnormal (Dropdown menu) 250 mg/dL
- Potassium:** Abnormal (Dropdown menu) 300.0 mmol/L
- Sodium:** Abnormal (Dropdown menu) 400 mmol/L
- Total Bilirubin:** Abnormal (Dropdown menu) 500.0 mg/dL
- Total Protein:** Abnormal (Dropdown menu) 600 g/dL

At the bottom of the form, there is a 'Comments:' field.

Providers should review the client's overseas medical documents, if available, and be sure to check if the patient received a tuberculosis waiver (Class A/B/B1/B2/B3) or any other waiver for the Class A or B conditions listed. There are a number of Class A & B Conditions that can be chosen from the drop down menu box and up to three Class B Conditions can be entered. Please make sure to select one of the options from the drop-down menu for the questions 'Medical history reviewed' and 'Physical exam conducted'. If a client does not receive a medical history review for any reason (i.e. medical records not available), be sure to mark "no". Likewise, if the physical exam is not given, be sure to mark "no". Pregnancy test results should be entered for females that have not opted out of the pregnancy test. Enter the date of the CBC with differential and the hemoglobin and hematocrit results.

When entering the absolute eosinophil count, be sure to report the correct units as some labs may display eosinophil values differently and they may need to be converted. If the lab report has a number with "x10E3/uL" or is reported as ".15k/cu", then the number should be multiplied by 1000 for the correct eosinophil count (e.g. 150 cells/ μ L). The eosinophil count must be a whole number and the units are cells/ μ L.

The user should be sure to complete the height section using feet and inches measurements and the weight section using pounds. Please answer if multivitamins were provided. Choose the appropriate screening options for blood pressure, vision, hearing, and oral health. For Total Cholesterol, HDL Cholesterol, and Iron provide the actual test values and the interpretations: "Elevated/Not Elevated" or "Normal/Abnormal". With the urinalysis, choose the appropriate "Normal/Abnormal" interpretation from the drop-down box.

With the Comprehensive Metabolic Panel, the user must choose "Evaluated" before the fourteen tests fields will become open. **The test interpretation should be entered for each of the metabolic tests and if there is an abnormal result, then the value should be entered.** Normal

test values do not have to be entered. Also, please be sure that the correct units are being reported and note that mEq/L is equivalent to mmol/L.

Edit Existing Record

Tuberculosis

The screenshot shows a web-based form titled "Screening Information" with a tabbed interface. The "Tuberculosis (TB)" tab is active and highlighted with a red arrow. The form includes the following fields:

- Help:
- Skin Test done: Not Given (dropdown), Result: mm (text), Blood Assay Test done for M. TB? Yes (dropdown)
- Blood Test Type for M. TB: Quantiferon (dropdown), Quantiferon Result: 4.00 IU/ml (text), T-Spot Result: Spots (text), Test Interpretation: Positive (dropdown)
- Chest x-ray taken in U.S.: Yes (dropdown), Result: Normal (dropdown)
- TB Status: Latent (dropdown), TB Therapy: Treatment for Latent TB infection (LTBI) prescribed (dropdown)
- Date Started: 03/01/2013 (text), If "No" indicate Reasons: (dropdown), If Other, specify: (text)
- Comments: (text area)

Providers should choose from the drop down menu options to answer the TB fields. **All clients should have the following fields answered: Skin Test or Blood Assay Test done, Chest X-ray given, and TB status.**

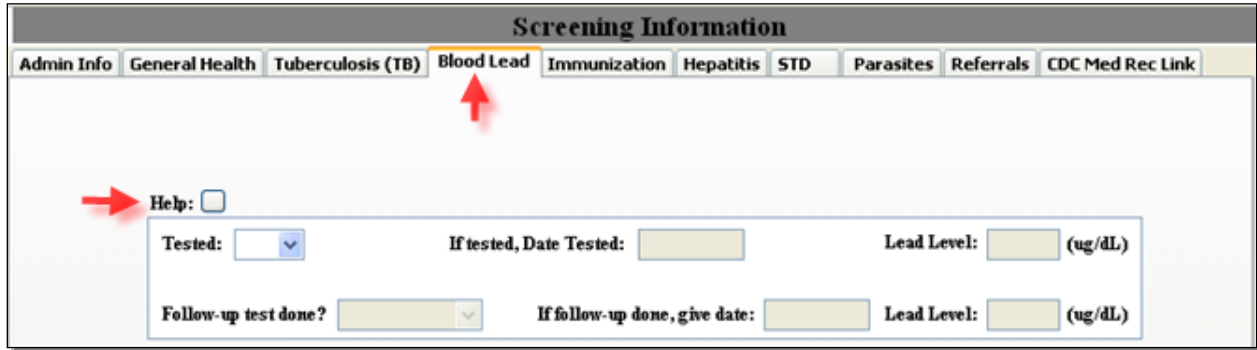
If a client is given a TST, and the result is less than 10mm or if the IGRA test is negative, then answer "not applicable" for Chest X-Ray taken in the U.S. and "Tb not identified" for TB Status. A client with a positive TST ($\geq 10\text{mm}$) or IGRA should receive a chest x-ray, so choose from the X-ray drop down menu and then choose the result options. The Chest x-ray results field will not be accessible unless "yes" is chosen for Chest x-ray taken in U.S. Once the X-ray results are entered, choose the TB Status and depending on the status, the TB therapy options can be chosen and a TB therapy date can be entered where applicable. The TB Therapy field will not be accessible if TB Status is marked as "TB not identified" or "Unknown".

TB Status for clients with positive TSTs or IGRAs cannot be determined without X-ray results, so if results are pending or further evaluation is required, then the "TB Status" should be listed as "unknown" until results are available. Providers should choose the appropriate Chest x-ray option if x-rays have not yet been taken or results are pending. Providers should update the TB Status when the chest x-ray results are available.

If a client is non-compliant and misses appointments for the Chest X-ray, please choose "declined" and TB status would be entered as "unknown". If a client requires treatment for active or latent TB infection, but treatment is not given, then choose "No TB or LTBI Treatment" and pick the reason from the drop down menu box. **If the client is non-compliant and misses the therapy appointments, choose "refused".** When treatment is not indicated by the provider, please document this as "Not recommended".

Edit Existing Record

Blood Lead



Screening Information

Admin Info | General Health | Tuberculosis (TB) | **Blood Lead** | Immunization | Hepatitis | STD | Parasites | Referrals | CDC Med Rec Link

Help:

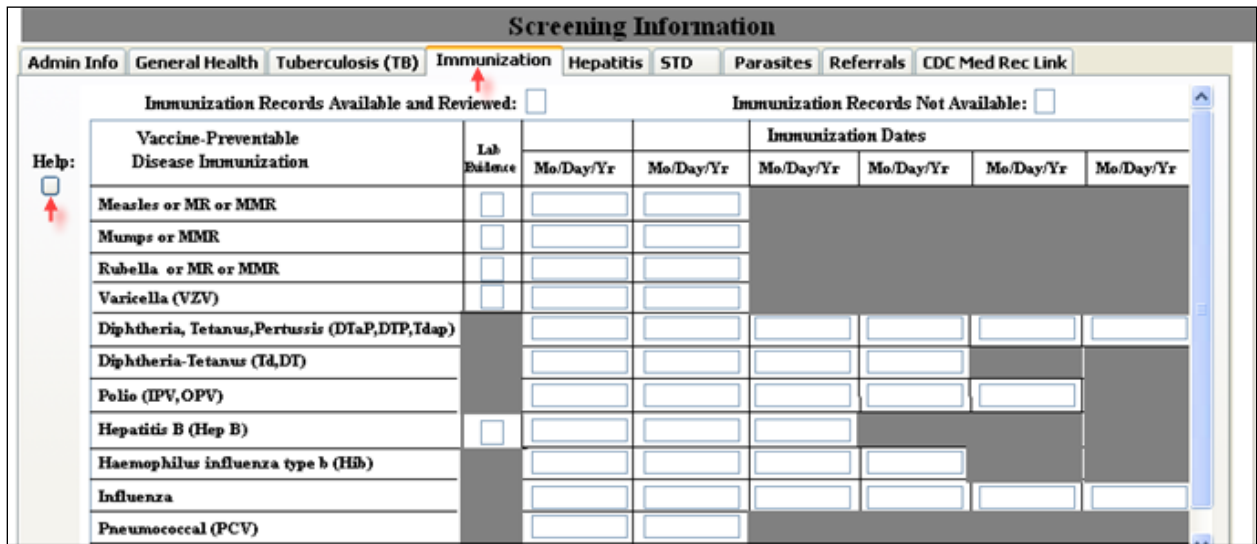
Tested: If tested, Date Tested: Lead Level: (ug/dL)

Follow-up test done? If follow-up done, give date: Lead Level: (ug/dL)

The Blood Lead Tab is only viewable for clients that are ≤ 16 years of age. Blood lead testing is required for those ≤ 16 years of age. The testing status, test date, and lead level should be entered. DHMH recommends follow-up blood lead testing 3-6 months after the initial test. Please coordinate follow-up testing as well as communication of results with your local Childhood Lead Testing Coordinators. The follow-up results should be entered into MIRIS as well. When a client has not received a blood lead level test or a follow-up test, MIRIS has a built-in reminder that appears as a pair of binoculars above the demographics section of the record. If the user clicks on the binoculars, they will automatically be taken to the blood lead section. In addition, if the client is ≤ 16 years of age and not tested or the field is left blank, a reminder message will appear when the user tries to save the record.

Edit Existing Record

Immunizations



Screening Information

Admin Info | General Health | Tuberculosis (TB) | **Immunization** | Hepatitis | STD | Parasites | Referrals | CDC Med Rec Link

Immunization Records Available and Reviewed: Immunization Records Not Available:

Vaccine-Preventable Disease Immunization	Lab Evidence	Immunization Dates					
		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles or MR or MMR	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mumps or MMR	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rubella or MR or MMR	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Varicella (VZV)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria, Tetanus, Pertussis (DTaP, DTP, Tdap)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria-Tetanus (Td, DT)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio (IPV, OPV)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Influenza	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumococcal (PCV)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Providers should check the appropriate box: “Immunization records available and reviewed” or “Immunization records not available”. This is a required field and users will not be able to save

the record without answering this question. For measles, mumps, rubella, varicella, and hepatitis B, providers should test and document lab evidence of immunity. **Please note that if it is reported in the Hepatitis section that an individual has a negative Hepatitis B antibody result, then do not check the lab evidence of immunity box for Hepatitis B in the Immunizations section.** Immunizations are not needed for diseases where there is lab evidence of immunity. For all other immunizations, providers should update the series or begin the primary series if no previous immunization dates are documented. Immunization dates should be entered chronologically from left to right. For any immunizations provided overseas, please abstract the dates from the overseas paperwork and enter into MIRIS. Additional immunizations can be entered into the “Other” category along with the immunization dates.

Edit Existing Record

Hepatitis B

Admin Info | General Health | Tuberculosis (TB) | Immunization | **Hepatitis** | STD | Parasites | Referrals | Mental Health | Admin Mental Health

Help:

Please refer to the list of high-risk countries to determine if test is warranted:

High-Risk Country:

Tested for Hepatitis B? Test results Anti-Hbs: **Patient is immune.**

HBsAg: Anti-HBc (Total): IgM anti-HBc:

If positive, patient is infected with HBV and is infectious to contacts; needs HBV counseling and all household contacts must be screened.

If positive HBsAg, were all household contacts screened? If YES, were all susceptibles started on vaccine?

The hepatitis section in MIRIS has a built-in map and country list of high risk hepatitis B countries, so providers may refer to these documents to determine if testing is necessary. In addition, if the client is from a high-risk country, there is an “X” marked by “High-Risk Country”. Almost 90% of the world’s population live in high or intermediate endemic areas, so regardless of age, nearly all refugees will need to be tested for Hepatitis B. Providers should enter test results for both Hepatitis B Anti-body and Surface Antigen. If HBsAg positive, then enter results for the core antibody (Anti-HBc) and the IgM antibody (IgM anti-HBc). **Providers should check “Evaluated, but testing not required” if the LHD has already begun the hepatitis B vaccine series and the patient was not tested.** If a patient refuses this test, please indicate the screening status by choosing “Refused”.

Edit Existing Record

STDs

The screenshot shows the 'Screening Information' form with the 'STD' tab selected. The form contains the following fields and sections:

- Tabbed menu: Admin Info, General Health, Tuberculosis (TB), Immunization, Hepatitis, **STD**, Parasites, Referrals, CDC Med Rec Link.
- Help:
- Were the overseas syphilis screening results reviewed? (only necessary for those ≥ 15 years of age)
- Syphilis screening test in USA (VDRL/RPR): Screening Test Date: Screening Test Result:
- Syphilis confirmation test in USA (FTA/TPPA): Confirmation Test Date: Confirmation Test Result:
- If diagnosed with syphilis, was the patient treated?
- Table for other STDs:

	Tested for?	If Yes, give Date	Test Result	If positive, was treatment received?
Chlamydia	<input type="text"/>	<input type="text"/>	Chlamydia: <input type="text"/>	<input type="text"/>
Gonorrhea	<input type="text"/>	<input type="text"/>	Gonorrhea: <input type="text"/>	<input type="text"/>
HIV	<input type="text"/>	<input type="text"/>	HIV: <input type="text"/>	<input type="text"/>

Providers should review overseas syphilis screening results, when available, for clients that are ≥ 15 years of age and enter the appropriate response to this field in MIRIS. This is a mandatory field that requires a response and is only open for those ≥ 15 years of age. **For each client, regardless of age, enter either the test date and result or “No” if not provided.** If the client is ≥ 15 years and does not have overseas medical records, then they should be tested for syphilis in the U.S. However, if syphilis testing is not provided, please be sure to mark “No”. If the client has a positive syphilis test, enter the confirmation test date and result. Providers should use their own clinical judgment and an assessment of risk factors in determining to screen for Chlamydia and Gonorrhea. HIV screening is encouraged for all refugees, regardless of age. Each field requires a “Yes” or “No” response. When a client is tested for Chlamydia, Gonorrhea, or HIV, the date will auto populate based on the syphilis screening date previously entered. If a syphilis test date was not entered, please enter the test date for the particular STD test and enter the correct result “Negative” or “Positive”. If the client is not tested, be sure to choose “No”, because the Refugee Health Program does not want to make assumptions about screening status. Providers should only enter STD results and test dates performed as part of the health assessment. A test date or result performed before the health assessment was initiated should not be entered into MIRIS.

Edit Existing Record

Parasites

Screening Information

Admin Info | General Health | Tuberculosis (TB) | Immunization | Hepatitis | STD | **Parasites** | Referrals | Mental Health | Admin Mental Health

Help: Was testing for parasites done? Parasites Found

Parasite Types	Treated?	Parasite Types	Treated?
Ascaris	<input type="checkbox"/> [dropdown]	Strongyloides	<input type="checkbox"/> [dropdown]
Blastocystis	<input checked="" type="checkbox"/> Referred-Unknown	Trichuris	<input type="checkbox"/> [dropdown]
Clonorchis	<input type="checkbox"/> [dropdown]	Other:	<input checked="" type="checkbox"/> Entamoeba coli Referred-Unknown
Entamoeba Histolytica	<input type="checkbox"/> [dropdown]	Other 2	<input checked="" type="checkbox"/> Lodamoeba butschlii Referred-Unknown
Giardia	<input type="checkbox"/> [dropdown]	Other 3	<input checked="" type="checkbox"/> Endolimax nana Referred-Unknown
Hookworm	<input type="checkbox"/> [dropdown]	Other 4	<input checked="" type="checkbox"/> Chilomastix mesnili Referred-Unknown
Schistosoma	<input type="checkbox"/> [dropdown]	Other 5	<input type="checkbox"/> [dropdown]

Documented Pre-departure Presumptive Treatment: No [dropdown]
 Post-arrival Presumptive Treatment Given: No [dropdown]
 Strongyloidiasis: No [dropdown]
 Schistosomiasis: No [dropdown]
 Helminths: No [dropdown]

Providers should enter the correct response from the dropdown menu for parasite screening. DHMH recommends that all refugees be tested for parasites. Providers should respond “Not required” only when a client is from a country with low prevalence of pathogenic parasites. If a provider chooses not to test a client based on lack of symptoms, then choose “Not Tested”. If a client is given a stool kit, but does not return the kit, then choose “Kit Not Returned”. If a parasite is identified, check the appropriate parasite and provide the treatment status. If the parasite is not one of the pathogenic parasites listed, choose “Other” and enter the parasite name and treatment status. Up to five “other” parasites can be entered and only the actual parasite name is needed. **The stage of the parasite should not be included (trophozoites, cysts, or eggs).** Some parasitic infections do not require treatment, so it is important for providers to distinguish between those **not being treated** and those infections **not requiring** treatment.

Documentation of pre-departure presumptive treatment for strongyloidiasis, schistosomiasis, and soil-transmitted helminths should be answered. If an individual received pre-departure treatment it will be documented on the Pre-departure Medical Screening (PDMS) form, which is included with the overseas medical record. If the PDMS form is not included with the overseas medical record, then choose “No” when reporting “Documented Pre-departure Presumptive Treatment”. The following drugs may be listed for pre-departure presumptive treatment: Albendazole for soil-transmitted helminths and/or Strongyloides, Ivermectin for Strongyloides, and Praziquantel for Schistosomiasis. Please note that not all refugees will receive pre-departure presumptive treatment and currently no asylees receive the treatment. Furthermore, overseas presumptive treatment for schistosomiasis is not needed or provided for refugees from certain areas (Asia, Middle East, North Africa, Latin America, and Caribbean), so praziquantel will not be listed on the PDMS form for refugees from these areas. Enter the appropriate response for post-arrival presumptive treatment given for strongyloidiasis, schistosomiasis, and helminths.

Edit Existing Record

Referrals

The screenshot shows the 'Referrals' tab selected in the 'Screening Information' form. The 'Referrals' tab is highlighted with a red arrow. Below the tab, there is a section titled 'Check all that apply' with a list of referral types, each with a checkbox: Primary Care Provider, Dental, Vision, WIC, Neurology, Mental Health, Hearing, Family Planning, GI, Urology, General Medicine, Dermatology, Pediatrics, Endocrinology, OB/GYN, and Other. A 'Please specify:' text box is located below the 'Other' checkbox.

When referrals are given, providers should check the appropriate referral type listed or choose “Other Referral” and enter the referral type. It is important to document this information in MIRIS so that DHMH has an idea of the types of additional health services that refugees require.

Entering Comments

Comments:

Providers should enter relevant clinical information not captured by the database questions into the comments section. In addition, any additional pertinent information about the refugee/asylee that providers want to share with DHMH should also go into this section. If a client is missing results or refused a particular test, please make a note of this in the comments section. From time to time, DHMH will also enter comments into this area, such as Class B conditions or other medical conditions noted in the overseas medical paperwork.

Edit Existing Record

Mental Health

The screenshot shows the 'Mental Health' tab selected in the 'Screening Information' form. The 'Mental Health' tab is highlighted with a red arrow. The form contains the following fields and questions:

- Mental Health Screening:** Yes (selected)
- If screened, Date Screened:** 01/5/2013
- RHS-15 Administered By:** Judy June
- RHS-15 Interpreter:**
- Questions 1-15:** A list of 15 questions with radio button options (0, 1, 2, 3, 4).
 - 1. Muscle, bone, joint pains
 - 2. Feeling down, sad, or blue most of the time
 - 3. Too much thinking or too many thoughts
 - 4. Feeling helpless
 - 5. Suddenly scared for no reason
 - 6. Faintness, dizziness, or weakness
 - 7. Nervousness or shakiness inside
 - 8. Feeling restless, can't sit still
 - 9. Crying easily
 - 10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?
 - 11. Been having PHYSICAL reactions (for example, break out in sweat, heart beats fast) when reminded of the trauma?
 - 12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?
 - 13. Been jumpier, more easily startled (for example, when someone walks up behind you)?
 - 14. Generally over your life, do you feel that you are:
 - 15. Distress Thermometer
- Symptoms Score:** 14
- Distress Thermometer Score:** 5
- Educated on score:** Yes
- Needs Referral?:** Yes
- Referral Accepted?:** Yes
- If NO,** (dropdown)
- Referral due to:** (Check all that apply) Score Overseas Diagnosis Observation Crisis
- If crisis condition, was patient referred during visit?:** (dropdown)
- Crisis Referral made to whom:** (text box)
- Any mental health conditions identified in overseas documentation?:** No
- If "Yes", provide details in Mental Health Comments section.)** (text box)

Comments:

For those receiving mental health screening, providers should enter the results of the RHS-15 mental health screening tool. Please enter the name of the person administering the RHS-15 and the interpreter. When the 15 screening questions are answered, MIRIS will automatically total the symptoms score as well as the distress thermometer score. If the total symptom score or distress thermometer score is positive, it will appear in red. Please answer the appropriate fields regarding referrals and be sure to document in the comments section if any mental health conditions were identified in the overseas health papers.

Other Command Buttons

Save, Undo, or Delete

After a record is entered or edited in MIRIS, providers should choose to save the record. “Save” is located on the menu at the bottom of the screen. Once the user chooses to “Save”, another message will appear asking “Want to save add/edit to table?” and the user should choose “yes” for the final save. The user may also wish to undo a change that was made or delete the entire record. “Undo” and “Delete” are both located on the menu at the bottom of the page. Providers are not able to save, undo, or delete records from other jurisdictions.

Print

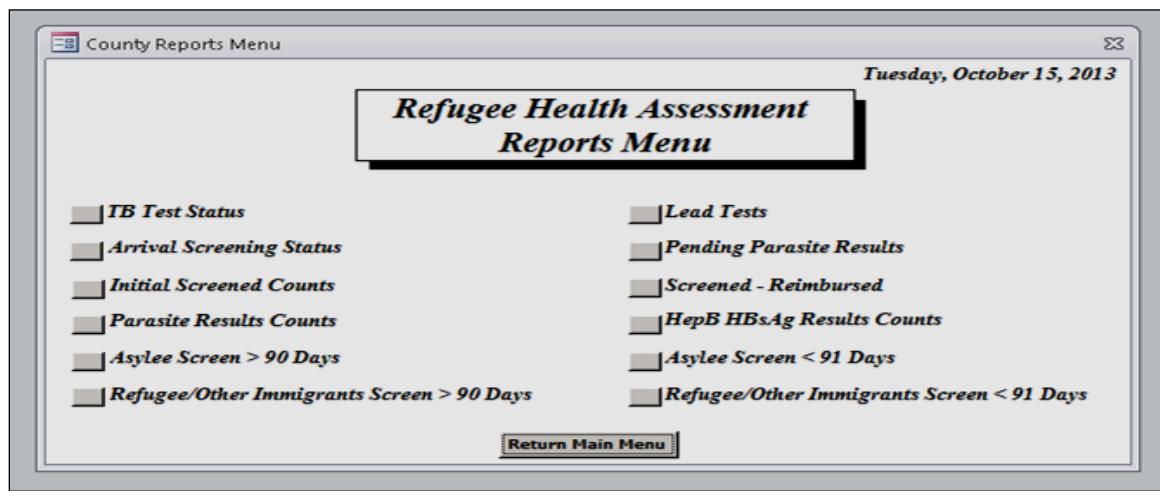
The “Print” option, located in the bottom menu, allows providers to actually print the health assessment record entered in MIRIS. This print-out will mirror the paper health assessment form layout and the data entered into MIRIS will be populated on the print-out. Providers may wish to print the record with the demographic and immigration details and use it during the health assessment or they may simply want to print a copy after the health assessment is complete and all of the information is entered.

Close

The “Close” option closes the health assessment entry page and returns to the Main Menu. The user may choose the “Exit System” option on the Main Menu page.

MIRIS Reports

From the main MIRIS page, the user can choose “Reports Menu” and find a variety of reports available. Most reports will provide a line list of clients and their screening status or respective testing status (TB, Lead, Hepatitis B, Parasites) along with the total number of positives or negatives at the bottom. When choosing a report for a specific test, (e.g. TB), the user will be prompted to enter a date range, which is based on the initial screening date. For the Arrival Screening Status report, the user will be prompted to enter a date range based on the U.S. Arrival or Asylum Date. The Arrival Screening Status report can be used to keep track of the number of arrivals within a time period and their screening and reimbursement status.



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