Data are necessary for developing public health screening guidelines, but this can be challenging when working with vulnerable, dispersed populations, such as resettled refugees. We created the first large-scale dataset for refugee children who arrived to the United States between 2006 and 2012.

**WHAT WE KNOW**

20,000 children enter the US each year as refugees.

**WHAT WE DID**

- Created the first large-scale dataset for refugee children who arrived to the United States between 2006 and 2012.

**WHAT WE FOUND**

- 1 in 5 children had blood lead levels greater than or equal to 5 mcg/dL.
- HBV was rare among children younger than 5 years (0.8% for children under 5 years vs. 4.4% for children 5 years and older).
- TB prevalence estimates were lower among children evaluated using the IGRA blood test than for children who received the tuberculin skin test.

**WHAT IT MEANS**

The CDC and state health departments should continue to collect screening data for refugee children and pool and analyze these data in a timely manner, as refugee populations change significantly over time. Such studies utilizing the DME data are feasible and can be used in a timely manner to inform ongoing public health programs and policies.