



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

November 28, 2023

Dear Chicago Healthcare Partners:

Since August 31, 2022, the City of Chicago has welcomed approximately 23,000 individuals arriving from the southern border of the United States into Chicago, most of whom are entering the city by bus from Texas or Arizona, or by plane into O’Hare or Midway airports. The majority of these individuals continue to be asylum-seekers from Venezuela, with a smaller subset coming from other South or Central American countries. There are single adults and families with young children. For the last year, the City of Chicago, Cook County, and the State of Illinois have mobilized resources to provide shelter and wrap-around services to these individuals.

The City continues to coordinate services for new arrivals through an Emergency Operations Center (EOC) under the direction of the Mayor’s Office, the Department of Family and Support Services (DFSS), and the Office of Emergency Management and Communications (OEMC); [more information available here](#). Other City departments, mutual aid groups, and volunteer organizations have also been supporting the response. The Chicago Department of Public Health (CDPH) has been coordinating access to medical services for the new arrivals. The purpose of this letter is to ensure ongoing coordination and partnership with the Chicago healthcare system as we work to meet the health and wellness needs of our new community members.

Letter Contents:

Access to Primary Care	2
Infection Prevention and Control	2
Immunizations and Vaccine-Preventable Disease	3
Syndemic Infectious Disease (HIV, STIs, viral hepatitis, Mpox, and TB)	5
Behavioral Health.....	8
Pre-Natal Care, Newborn Care, and Early Childhood Nutrition Support:.....	10
Reproductive Health	12

Access to Primary Care

The main pathway to primary care for new arrivals is the Cook County Health (CCH) system, through a CCH clinic in Belmont Cragin set up to exclusively serve this population. DFSS and shelter staff create daily lists of individuals placed in City shelters who opt-in for medical care to receive transportation directly to the CCH clinic the following day. Once linked to CCH, new arrivals receive a comprehensive medical intake and the option to select CCH as a long-term medical home. CCH also sends care coordinators on site to City-run shelters and respite centers for linkages, follow-ups, and medication deliveries.

Individuals staying in City shelters also have access to shelter-based healthcare providers funded by CDPH to cover all homeless shelters in the City, including the new arrivals shelters. These shelter-based care providers send teams, generally 1-2 times weekly, to provide on-site screenings, infection prevention, and behavioral health services. These partners also provide linkage to medical homes for those not already linked through CCH. Federally Qualified Health Center partners, like Esperanza Health Centers and IMAN Health Center, are also going to City shelters to provide information and connections to additional medical and social services, as a third layer of care.

Individuals not immediately placed in a City shelter or respite center due to lack of space might be directed to intermediary public locations, such as a police district. If individuals are waiting in an intermediary location for longer than 24 hours, the City has compiled, with CDPH support, a list of volunteer healthcare providers with mobile medical services who are willing to travel to police districts to provide public health screening and urgent care services on site. These deployments are managed through the City's Emergency Operations Center (EOC) for this response. The EOC's health/medical arm is responsible for deploying mobile health providers to intermediary locations, coordinating care for individuals with acute or complex medical needs waiting for placement in shelters, and interfacing with healthcare providers that serve new arrivals staying in intermediary locations. **For placement into a shelter, call 311. If healthcare providers receive requests to serve intermediary locations that do not come from CDPH or the EOC, please redirect those requests to CDPHHealthSystems@cityofchicago.org. If you are a healthcare provider serving new arrivals that are still awaiting placement in a City shelter, you may contact the EOC Health/Medical Team to coordinate care at (773) 519-2920.**

Infection Prevention and Control

CDPH has a dedicated team that responds to reportable diseases and clusters in shelter settings. Their work is to:

- Perform onsite consultation to newly opening shelters (including ORD respite) regarding best practices for infection control given their current resources in alignment with guidance provided to other Chicago homeless shelters.
- Develop and maintain infection control toolkits for shelters and congregate settings as a disease-specific guide for DFSS and City new arrivals shelter management. Resources are also available electronically on [Congregate Settings HAN webpage](#).

- Educate shelter managers on how to report cases or outbreaks of communicable disease to CDPH. Connect new arrivals with resources needed for communicable disease response in shelters and, for high-impact diseases, police districts (for example, post exposure prophylaxis, isolation resources, etc.).
- Coordinate across CDPH programs to deliver population-specific strategies, messaging, and resources to prevent the spread of communicable disease (e.g. COVID and flu vaccine at shelters and police stations).

To support the work of this team:

- **Providers should continue to report cases or clusters of infectious diseases in new arrivals (via INEDSS or complete information at <https://redcap.link/specpopreport>).**
- Providers who diagnose children living in shelters with an infectious disease should provide guidance on school exclusion and a letter that indicates when children can return to school, as occurs in non-congregate residential settings.
- Providers who are evaluating children for their first medical assessment should consider providing all age-appropriate childhood immunizations, including those required for school attendance unless there is a demonstrated medical record of prior administration. Children under the age of 18 qualify for Vaccine for Children (VFC) vaccinations. (See additional details below).
 - IDPH minimum immunization requirements: <https://dph.illinois.gov/topics-services/prevention-wellness/immunization/minimum-immunization-requirements.html>

If you are a healthcare provider who has diagnosed a recent arrival with a communicable disease, you may contact the EOC Health/Medical Team at (773) 519-2920 to coordinate isolation.

Immunizations and Vaccine-Preventable Disease

Coverage of routine childhood and adult vaccinations among migrants from Central and South America and the Caribbean can be variable. Children newly arrived to Chicago are eligible to receive vaccinations through the Vaccines for Children (VFC) program. Many receive catch-up vaccinations during their scheduled medical encounters at the CCH Belmont-Cragin clinic, but providers should be aware of possible gaps in immunity among all new arrivals. Ask your patients for their immunization records, although be prepared that they may not be available, and look them up in Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) to determine what vaccinations are due. All Chicago providers should maintain high clinical suspicion for vaccine-preventable diseases among this population. In addition, all providers should use every medical encounter as an opportunity to vaccinate with age- and season-appropriate vaccines.

Children who are due for their measles, mumps, and rubella (MMR) vaccine and varicella-containing vaccine (live, attenuated vaccines) should receive both at the same time. Otherwise, live, attenuated vaccines need to be spaced 28 days apart, resulting in delayed protection.

Additional CDC resources:

- General information about immunizations in newly arrived migrants: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>
- Catch-up immunization schedule for children 18 years and younger: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>
- Adult immunization schedule: <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Varicella: CDPH has detected high rates of varicella (chickenpox) among Chicago's new arrivals population; cases have occurred in both children and adults. Providers should continue to maintain high vigilance for this disease and urgently vaccinate children and adults with no or unknown history of disease or vaccination. Varicella is highly contagious, especially within congregate settings. Polymerase chain reaction (PCR) testing should be performed for any patient suspected to have varicella. All suspected or confirmed cases of varicella should be reported to CDPH within 24 hours. While often mild and self-resolving in young children, varicella infection can be severe in newborns, adults, pregnant persons, and immunocompromised individuals.

Post-exposure prophylaxis should be offered to all exposed persons without evidence of immunity:

- Immunocompetent individuals 12 months and older without contraindications for varicella vaccine should be offered varicella vaccine as soon as possible and ideally within 5 days of exposure.
- People who are at high risk for severe varicella and complications and for whom varicella vaccine is contraindicated (i.e., pregnant persons, immunocompromised persons, and certain infants) should receive VariZIG within 10 days of exposure.

The American Academy of Pediatrics recommends that certain individuals at increased risk for moderate or severe varicella should be considered for acyclovir or valacyclovir treatment. For maximum benefit, antiviral therapy should be given within the first 24 hours after the varicella rash starts. Groups at increased risk include:

- Healthy people older than 12 years of age
- People with chronic cutaneous or pulmonary disorders
- People receiving long-term salicylate therapy
- People receiving short, intermittent, or aerosolized courses of corticosteroids

Intravenous antiviral therapy is recommended for severe diseases and for varicella in immunocompromised hosts. Some experts also recommend antiviral therapy for pregnant women with varicella, especially during the second and third trimesters.

More information on reporting, testing, treatment, post-exposure prophylaxis, and infection prevention & control can be found here: <https://www.chicagohan.org/diseases-and-conditions/varicella>

If you are a healthcare provider who has diagnosed a recent arrival with a communicable disease, you may contact the EOC Health/Medical Team to coordinate isolation at (773) 519-2920.

Hepatitis A: Hepatitis A Virus (HAV) is highly transmissible from person-to-person. In recent years there have been outbreaks of HAV reported across the country, including Illinois, among unstably housed individuals, those experiencing homelessness or transiently housed. Unstably housed individuals or those residing in congregate settings should be vaccinated for Hepatitis A:

<https://www.cdc.gov/hepatitis/populations/peh.htm>

Hepatitis A vaccine is the most effective method of preventing infection. One dose provides 95% protection, and 2 doses provide 99% protection.

Providers should consider offering hepatitis A vaccine as a preventive measure and record the dose of hepatitis A vaccine in I-CARE; discuss frequent and diligent handwashing, specifically using soap and water for at least 20 seconds (alcohol hand sanitizer does not kill hepatitis A); advise to avoid sharing food, drinks, drugs, cigarettes, towels, toothbrushes, eating utensils, and having sex with someone who has HAV infection; consider offering a hygiene kit that includes soap and a towel as a conversation starter.

More information on reporting, testing, treatment, post-exposure prophylaxis, and infection prevention & control can be found here: [Hepatitis A - HAN \(chicagohan.org\)](http://chicagohan.org) If individuals present with jaundice, scleral icterus, or elevated liver enzymes:

- Send serum for hepatitis IgM testing and have the lab save the specimen for 30 days
- Report clinical suspicion to the CDPH Disease Reporting Hotline at 312-743-9000
- Attempt to collect all contact information, including alternate phone numbers and alternate addresses, so if the individual is confirmed hepatitis A IgM positive, we can quickly determine appropriate settings for post-exposure prophylaxis of contacts

Respiratory Viruses: Congregate settings, such as traditional and non-traditional shelters, are high risk for the transmission of respiratory viruses including SARS-CoV-2 (COVID-19), influenza (flu), and respiratory syncytial virus (RSV). Staying up to date on vaccinations is the best way to protect against serious illness caused by these infections. Updated COVID-19 and flu vaccines are recommended for all people ages 6 months and older. RSV immunizations are recommended for infants <6 months and high-risk infants, pregnant mothers between 32–36 weeks of pregnancy, and adults 60 years and older.

Other vaccine-preventable diseases: While CDPH has not detected increased rates of other vaccine-preventable diseases among this population, clinicians should continue to maintain vigilance for signs and symptoms of vaccine-preventable diseases such as pertussis (whooping cough), measles, rubella, pneumococcal disease and meningococcal disease. All detected cases should be reported immediately to CDPH. **Contact the CDPH Disease Reporting Hotline at 312-743-9000.**

Syndemic Infectious Disease (HIV, STIs, viral hepatitis, Mpox, and TB)

Providers should evaluate the sexual and reproductive health of new arrivals to provide or refer them to needed syndemic infectious disease services. If evaluating the person directly, health care providers should take a comprehensive sexual and reproductive health history ([std.pdf \(cdc.gov\)](#)).

- All new arrivals from countries where the prevalence of hepatitis B virus infection is $\geq 2\%$ and their children (irrespective of county of birth) should undergo routine screening, regardless of vaccination status or duration of residence in the United States. Helpful information about hepatitis screening and vaccination among newcomers can be found here: [Hepatitis B | CDC Yellow Book 2024](#).
- The US Preventive Services Task Force (USPSTF) recommends one-time screening for hepatitis C virus for all adults aged 18 and older and repeat screening in those at risk. Helpful information can be found here: [Testing Recommendations for Hepatitis C Virus Infection | CDC](#).
- Sexually transmitted infections (STIs) assessment should include a thorough medical history, physical examination, and laboratory testing.
- STIs to be considered depending on clinical presentation include **syphilis, chlamydia, gonorrhea, mpox, chancroid, granuloma inguinale, lymphogranuloma venereum (LGV), genital herpes, genital warts, and trichomoniasis.**
- The medical history should include reviewing any pre-departure screening, diagnosis and treatment provided (e.g., pre-arrival gonorrhea screening is required for all applicants 18 to 24 years of age, and syphilis for those 18 to 45 years), by obtaining a sexual history (e.g., sexual partner(s) with known or suspected STIs), prior history of STI or sexual trauma, and asking about active symptoms of current infection (genital discharge, dysuria, genital lesion, or rash).
- Physical examination should include lymph node palpation and genital examination.

Laboratory testing for new arrivals to include:

- HIV testing in all persons >12 years and including those ≤ 12 years if risk factors or maternal history is unknown.
- Screening for syphilis should be done in those 18 to 45 years of age who did not have pre-departure screening, anyone who has concern for increased risk, anyone who has signs or symptoms, and according to current CDC guidance STI Screening Recommendations ([cdc.gov](#)).
- Screening for syphilis during the pregnancy should occur during the first trimester of pregnancy and second test should be taken during the third trimester of pregnancy (preferably at 28 weeks of gestation) (State of IL [Prenatal Syphilis Act 410 ILCS 320]).
- Screening/testing for gonorrhea in sexually active women <25 years of age or those considered at increased risk and in accordance with CDC guidance STI Screening Recommendations ([cdc.gov](#)).
- Screening/testing for chlamydia in sexually active women <25 years of age or those considered at increased risk and in accordance with CDC guidance STI Screening Recommendations ([cdc.gov](#)).

CDPH's Syndemic Infectious Disease Bureau operates three high-volume STI specialty clinics (Lakeview Specialty Clinic, Roseland Specialty Clinic and South Austin Specialty Clinic). CDPH STI Specialty Clinics offer no cost services for STIs, including HIV, for anyone ages 12 and older, regardless of immigration status. Parental or guardian consent is not required.

- For more information on the STI Specialty Clinics, including location and hours of operation, visit the: [City of Chicago :: STI/HIV Testing and STI Treatment](#).
- To prevent bacterial STIs, doxycycline PEP (doxy-PEP) is offered at the CDPH STI Specialty clinics: https://www.chicago.gov/city/en/depts/cdph/provdrs/infectious_disease/supp_info/doxy-pep-for-bacterial-stis.html.
- HIV testing and prevention are delivered at CDPH STI clinic sites. If HIV test is positive, providers should offer intensive HIV-positive-result counseling that includes referral to medical and case management services, and partner counseling and referral to services to encourage partner notification. If negative, providers should consider offering HIV PrEP (pre-exposure prophylaxis), which is available free-of-charge at the CDPH STI Specialty clinics.
- CDPH STI Specialty Clinics also offer the following vaccinations on a walk-in basis: Hepatitis B, Human Papillomavirus (HPV), mpox, and COVID-19.

Tuberculosis: Incidence rates of tuberculosis (TB) in Central and South American countries are higher than in the United States, and clinicians should maintain a high index of suspicion for TB disease for newcomers presenting with signs or symptoms of TB. Note that newcomers are not screened for TB prior to arrival in the United States; however, individuals who are granted parolee status (which includes nationals of Cuba, Haiti, Nicaragua, and Venezuela) must attest to screening with an interferon gamma release assay (IGRA) within 90 days after arrival to the United States.

Newcomers who will be staying in congregate settings in Chicago are screened for TB signs and symptoms upon arrival, and those placed in City-run shelters can opt-in to medical care at the CCH Migrant Health clinic where every person aged ≥ 2 years receives an interferon gamma release assay (IGRA) TB test. Individuals with symptoms concerning for TB disease are referred immediately to the ED for further evaluation. Individuals who report previous TB disease, HIV infection, and/or have a positive result on the IGRA TB test are scheduled for a chest X-ray and receive follow up care as indicated by the chest imaging result.

As newcomers are connected to healthcare in Chicago, some cases of TB disease have been identified. This is not entirely unexpected, as most TB cases (~75%) in the United States occur in people who were born abroad and later immigrated to the United States. To date, no cases of multi-drug resistant TB or rifampin-resistant TB have been identified among newcomers in Chicago. Additionally, CDPH has not identified any cases of TB linked to exposure to a newcomer with TB disease; however, this could change as contact investigations continue.

When seeing newcomers, clinicians should ask about signs and symptoms of TB disease, which include cough lasting longer than 3 weeks, hemoptysis, chest pain, fever, night sweats, unintentional weight loss, weakness, or fatigue. Note that many individuals diagnosed with TB disease report no symptoms or only mild symptoms that often overlap with other more common respiratory ailments. Any person residing in Chicago with suspected or confirmed TB disease should be reported to the CDPH TB Program. Reporting information and TB Program contact information is available on the [TB page of the CDPH HAN site](#). CDPH provides nurse case management, directly observed therapy, and ensures appropriate TB care for all individuals with TB disease in Chicago, regardless of their immigration status.

Latent TB infection is not a reportable condition in Illinois, and management of individuals with latent TB infection is presently beyond the scope of the CDPH TB Program. Clinicians are encouraged to assess all recent immigrants for latent TB infection and provide [appropriate treatment](#). Note that IGRA assays (in contrast to tuberculin skin tests) are not affected by past receipt of the Bacille Calmette-Guerin (BCG) vaccine for TB, which is commonly given outside the United States. For more information on TB testing and diagnosis, please see the [CDC's TB Testing and Diagnosis webpage](#).

Behavioral Health

CDPH has provided Narcan, fentanyl test strips, and basic harm reduction flyers around preventing opioid overdose to all shelters and has provided Narcan to all Chicago Police Districts. CDPH conducted on-site harm reduction trainings at five shelters with elevated concerns around drug use and overdose in the Summer of 2023.

Harm reduction resources available in Chicago:

- Medication Assisted Recovery Now (MAR NOW) is a 24/7 immediate treatment hotline for anyone with opioid use disorder who is seeking recovery. This program connects callers with a provider who can prescribe medications for opioid use disorder (MOUD). Callers do not need any documentation or insurance to be able to access this program. **The number to access is: 833-234-6343.** More information at <https://e.helplineil.org/mar-now/>.
- Free Narcan is available at all Chicago Public Libraries, CDPH STI, and Mental Health Clinics. To locate Narcan, use the following link: bit.ly/FindNarcan
- We host a General Public Harm Reduction Training. During this training we go over how to use Narcan, fentanyl test strips and other vital harm reduction information. **If you would like to schedule a training with CDPH please contact osu.cdph@cityofchicago.org.**
 - Upcoming Training dates:
 - December 1, 2023, at 12pm
 - January 5, 2024, at 12pm
 - January 26, 2024, at 12pm
- There are 5 Public Health Vending Machines around the city. For access to these machines, please use this link to register for a PIN code: https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health/supp_info/vending-machine-survey.html. Once registered for a PIN code, individuals can access any of the machines. If individuals need immediate access to Narcan at the machine, they can use the code 1234 to access Narcan.
 - Locations of vending machines:
 - Harold Washington Library (3rd floor)
 - DFSS Community Service Center at 10 S. Kedzie (lobby)
 - Red Line 95th St. CTA Station (North Terminal)
 - Roseland Community Triage Center at 200 E 115th St (entryway)
 - Uptown Library (front lobby/entryway)
- If you are looking for bulk orders of Narcan, fentanyl test strips, and xylazine test strips please reach out to OSU.CDPH@cityofchicago.org
 - We ask all providers to pick up bulk orders at our office

- Due to high demand, there is a wait for our fentanyl and xylazine test strips. If you would like this harm reduction tool more immediately, you are able to request to build the kits to have them available.

CDPH Office of Mental Health operates and funds mental health services across the city to ensure Chicagoans receive care when and where they need it, regardless of ability to pay, immigration status, or health insurance.

- CDPH City-Run Mental Health Clinics
 - CDPH operates 5 clinics that provide outpatient therapy services, psychiatric services, and case management free of charge to youth and adults. Clinic locations and intake information can be found here: [City of Chicago :: Mental Health Centers.](#)
- Trauma-Informed Centers of Care (TICC) Network
 - CDPH funds a robust network of 46 community-based mental health providers to expand mental health services in communities across Chicago. Each TICC provider operates a range of outpatient services to individuals. TICC organizations and sites can be found here: [City of Chicago TICC Network \(arcgis.com\)](#)
- Unspoken Awareness Website
 - CDPH manages a city-wide mental health awareness campaign that includes information about mental health and a resource finder. The Unspoken Resource Finder includes mental health providers across the city that offer low-barrier mental health services. Unspoken website can be found here: [Find Mental Health Support - City Of Chicago Unspoken.](#)
- Crisis Assistance Response and Engagement (CARE) Team
 - Through the CARE program, CDPH integrates mental health clinicians into the 911 response system. The CARE team responds to behavioral health crisis calls to 911 in their respective catchment areas. See more information about CARE here: [Program Summary - Crisis Assistance Response & Engagement Program \(CARE\) \(chicago.gov\).](#)
- 988 Suicide and Crisis Hotline
 - People can call or text 988 or chat [988lifeline.org](#) for themselves or if they are worried about a loved one who may need crisis support.
 - 988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health related distress
 - **Telephonic Support:** Crises are addressed on the phone and resources are provided
 - **Mobile Crisis Response:** If immediate danger present, 988 call-takers will activate mobile crisis providers in the area to respond to the person where they are located
- 211 Metro Chicago Resource Line
 - **2-1-1 is a free, 24/7/365 service** that connects callers to essential health and social service support and information during times of non-emergency crisis and for everyday needs.
 - The website serves as a resource finder: [211metrochicago.org](#)
- The Living Room Program (LRP)
 - Program available for individuals in need of a crisis respite program with services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where

individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Recovery Support Specialists. Individuals seeking services at LRP's are screened for safety by Qualified Mental Health Professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.

- While CDPH does not directly fund Living Room programming, this serves as an option for someone who is experiencing crisis and needs immediate support. Locations include:

Thresholds	4423 N. Ravenswood Ave., Chicago, IL 60640	773-537-3601	https://www.thresholds.org/programs-services/crisis-response/the-living-room
Healthcare Alternative Systems	5001 W. Fullerton Ave, Chicago, IL 60639	(773) 745-7107	https://www.hascares.org/

Pre-Natal Care, Newborn Care, and Early Childhood Nutrition Support:

Newborn Care: CDPH offers a universal newborn and postpartum nurse home visit, Chicago Family Connects, between 3- and 5-weeks post-partum for persons who deliver at one of the following partner hospitals. Visits are available to all new arrivals delivering at these hospitals.:

- St. Anthony Hospital
- Mount Sinai
- Rush University Medical Center
- University of Chicago Medical Center
- Humboldt Park Health
- Swedish Hospital
- Roseland Hospital

The visits include physical assessments for the birthing person and the infant as well as newborn and postpartum education and connection to resources. Families are introduced to the service at bedside in the hospital shortly after delivery with the visits taking place between 2-5 weeks. Nurses will visit the family in home, at shelters or other agreed upon locations to maximize privacy and minimize transportation as a barrier for the service. For more information on Family Connects Chicago, to sign up for our newsletter or to find additional education and resource materials please visit our OneChiFam website [One Chicago Family | Home](#).

Pre-Natal & Early Childhood Nutrition Support: CDPH offers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program to pregnant, breastfeeding, and postpartum persons, infants, and children up to age five. WIC provides eligible families with access to healthy monthly food packages; individualized nutrition education and counseling provided by licensed dietitians; breastfeeding support through individualized consultation and prenatal education; health screenings for nutrition risk and lead exposure; referrals to health care and social services, including prenatal care, mental health support, substance use, and immunizations. Special guidance by the State of Illinois has been developed and is currently being implemented at clinics to reduce some barriers for newcomers in accessing the WIC program.

More information about accessing WIC benefits can be found by calling the Automated WIC Locator at (800) 323-4769 or 2-1-1.

CDPH WIC services are provided at the following locations:

- Alivio Medical Center: 2355 S. Western Ave
- Alivio Medical Center, Morgan: 966 W. 21st St
- Asian Human Services: 2424 W. Peterson Ave
- Austin: 4909 W. Division St
- Chicago Family Health Center: 9119 S. Exchange Ave
- Englewood: 641 W. 63rd St
- Erie Family Health Center, Humboldt Park: 2750 W. North Ave
- Erie Family Health Center, Superior: 1701 W. Superior St
- Erie Family Health Center, West Town: 2418 W. Division St
- Greater Lawn: 4150 W. 55th St
- Henry Booth House: 2907 S. Wabash Ave
- King Center: 4314 S. Cottage Grove Ave
- Uptown: 845 W. Wilson Ave
- Westside Health Partnership: 2400 S. Kedzie Ave

Lead Testing: Lead poisoning disproportionately impacts newcomer children arriving in the United States. Refugee children arriving in the United States have higher blood lead levels than U.S.-born children, though this varies among sub-populations. Since refugee children (1) often enter into the country after the universal blood lead testing ages of 12 and 24 months, (2) are likely to never have received prior testing, and (3) are at above-average risk for lead poisoning, CDC has special post-arrival recommendations for them. These include initial lead exposure screening with blood test for: all infants and children under 16 years of age; adolescents 16 years or older if there is a high index of suspicion, or clinical signs/symptoms of lead exposure; and all pregnant and lactating women and girls. All blood lead test results are mandated by Illinois law to be reported to the Illinois Department of Public Health.

Additional guidance, links to forms and recommendations:

CDC General Information on Lead Poisoning in Refugee and Immigrant Children
<https://www.cdc.gov/nceh/lead/prevention/refugees.htm>

CDC Guidelines for Lead testing in Refugee/Immigrant Children
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>

CDPH HAN for Lead Poisoning Prevention
[Lead Poisoning Prevention - HAN \(chicagohan.org\)](https://www.chicagohan.org/lead-poisoning-prevention)

[IDHS Welcoming Immigrant and Refugees](https://www.dhs.state.il.us/page.aspx?item=124289)
<https://www.dhs.state.il.us/page.aspx?item=124289>

[IDPH Lead Poisoning Prevention/Resources, Laws & Rules, & Surveillance](https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention.html)
<https://dph.illinois.gov/topics-services/environmental-health-protection/lead-poisoning-prevention.html>

Reproductive Health

Health Care Coverage for Pregnant Persons

[Illinois state law](#) provides a right to reproductive healthcare, including abortion and maternity care.

There are two programs for pregnant people, regardless of citizenship or immigration status:

- [Medicaid Presumptive Eligibility](#) (MPE) offers immediate, temporary coverage for outpatient healthcare for pregnant people.
- [Moms & Babies](#) coverage is the full Medicaid benefit package, including covers both outpatient healthcare, and inpatient hospital care, including labor and delivery, primary and specialty care, and prescription drugs for pregnant people. Moms & Babies can cover up to three months of coverage retroactively. Individuals do not have to be a citizen, a legal immigrant or have a social security number to qualify for Moms & Babies.

New Supplemental Insurance Benefit – HFS Family Planning Program

There is new statewide coverage for reproductive health care called the [HFS Family Planning program](#). With no out-of-pocket cost, this new statewide coverage program covers ALL FDA-approved birth control methods (emergency contraception, IUD, contraceptive arm implant, pills; screening for breast, cervical, and testicular cancer; treatment for genital/urinary infections; vaccines related to sexual health, and other reproductive health services). This program is open to people of ALL AGES and ALL GENDERS. When applying for Medicaid, be sure to check YES next to “Apply for Family Planning Program?” This way, even if the individual does not qualify for Medicaid, they will receive coverage for reproductive health. Applying for the HFS Family Planning Program will NOT impact eligibility for Medicaid.

For Providers: You can now provide **Family Planning Presumptive Eligibility (FPPE)** under the HFS Family Planning program, allowing immediate, temporary coverage for your patients for 31-60 days. In order to become an FPPE provider, an organization must

- (1) Be certified by the Department of Healthcare and Family Services,
- (2) Complete an MPE/FPPE Agreement with HFS, and
- (3) Attend department training.

To obtain the new agreement and become an FPPE provider, request a form from HFS.MPE.FPproviders@illinois.gov.

Note: All current MPE providers and new medical facilities wishing to become an FPPE and/or MPE providers will need to complete a new Agreement that incorporates language on FPPE and MPE.

Supplemental Benefit – Illinois Breast and Cervical Cancer Program

the [Illinois Breast and Cervical Cancer Program](#) for uninsured Illinois residents aged 35-64. Call the Women’s Health Line at 888-522-1282 to get connected to a provider that can provide a free pelvic exam, Pap smear, breast exam, and mammogram.

Finding Reproductive Health Services

- Find a clinic that receives federal grants to ensure they provide services regardless of someone’s insurance status or ability to pay:
 - [Title X](#) (ten) Family Planning Clinics are funded to provide a broad range of family planning services and related preventive health services. These include STI and HIV testing, HIV counseling, cervical and breast cancer screening, and HPV vaccines. Services are confidential and provided regardless of patients’ ability to pay and clinics charge for services on a sliding fee scale.
 - [Federally Qualified Health centers](#) are community-based organizations that are funded to deliver comprehensive, culturally competent, high-quality primary healthcare services, regardless of patients’ ability to pay, and charge for services on a sliding fee scale.
- Find an abortion provider: ineedana.com

Pregnancy Options Counseling for Individuals, Staff Training: All pregnant people deserve non-directive, comprehensive pregnancy options counseling. Anyone can provide pregnancy options counseling- not just clinicians, but counseling must be values-neutral and meet the standard of care for pregnant persons (I.e., be inclusive of all 3 pregnancy options: parenting, adoption, and abortion).

- Individuals may call the All-Options Talkline for nonjudgemental support about a past or current experience with abortion, adoption, parenting, infertility or pregnancy loss, 1-888-493-0092
- Staff may contact [Provide](#) for pregnancy options counseling training at no cost.

Additional Resources

- For financial assistance with abortion-related costs, including travel, medical care, and lodging, contact the [Chicago Abortion Fund](#), 1-312-663-0338
- For practical abortion support like lodging, transportation, food, and childcare, text or call the [Midwest Access Coalition](#), 1-847-750-6224
- For clergy counseling to support pregnancy, parenting, abortion, and adoption, call [Faith Aloud](#), 1-888-717-5010
- For miscarriage and abortion support, text or call the [M & A Hotline](#), 1-833-246-2632

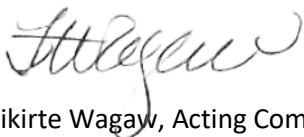
Finally, new arrivals to Chicago may have trauma or medical issues related to a recent or past sexual assault. Resilience, formerly Rape Victim Advocates, can provide support. Call the Chicago Rape Crisis Hotline at 1-888-293-2080.

Conclusion

CDPH acknowledges that this is fast-paced and ever-evolving response. The details on healthcare services in shelters and intermediary settings may change as the response evolves. For questions or concerns about any of the content contained in this letter, please feel free to reach us at CDPHHealthSystems@cityofchicago.org. For other information about the response, please refer to the City's [Welcoming City](#) website.

Thank you for your continued efforts supporting the health of all those in Chicago.

Sincerely,



Fikirte Wagaw, Acting Commissioner
Chicago Department of Public Health



Stephanie Black, Senior Medical Advisor
Chicago Department of Public Health