



CCIRH

Evidence-Based Preventive Care Checklist for New Immigrants and Refugees

REGION



CARIBBEAN

Name _____ Date _____

Date of Arrival in Canada _____ Language(s) spoken _____

Country of Origin _____ Family Supports _____

Settlement/Refugee Claimant Worker _____ Refugee Claimant Hearing Date _____

1 st Visit	
	Date:
Vital Signs	Ht: Wt: BP:
Patient Health Concerns Address reason for visit Patient-centered approach	
Orientation	Clinic appointments and health system
Health History	Allergies, Current meds Previous Illness B Immunization status
Psychosocial Assessment	Past education: A Remain alert to possible PTSD but do not routinely screen for history of trauma Past occupation(s): Current housing: A If linked to integrated program: Depression Screen Migration/Displacement History: Document date of refugee claimants-hearing
Education	Nutrition screening & B counseling (programs to promote breastfeeding) A Screen for Unmet Contraceptive Needs/ Emergency Contraception B Exercise programs to prevent obesity (active living) A Home visitation for high risk mothers (infant <3)
Physical Exam Important signs in immigrants from developing countries	A Remain alert for malaria* if fever from A malaria zone Focused examination to address patient's presenting complaint
Problems/Plan	Plan and book follow-up visit
Screening Investigations	A CBC with differential (children/females) A Serology for Varicella* A HIV (A endemic regions)*
Immunizations*	A Children (Age Dependent): A DPT-aP A HPV A MMR A Varicella A Adults: A DPT A Varicella A MMR

- Links to an interactive synopsis of available evidence and recommendations for the condition.
- Links to the relevant section of the guidelines published in the Canadian Medical Association Journal.
- Links to the recommendations on the map.

Evidence Link: **A** Bold-CCIRH Recommendations **B** Systematic Review Linked Evidence: US and Canadian Task Force Preventive Care

*See Resource Page

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the preventative checklist is meant as a guide only.

Fair Use Authorization: See ccirhken.ca



uOttawa
Faculté de médecine
Faculty of Medicine



2 nd Visit (2-7 days)	
	Date:
Vital Signs	Wt: BP:
Patient Health Concerns Address reason for visit Patient-centered approach	
Physical Exam Important signs in immigrants from developing countries	<p>A Screen Visual Acuity A Dental Mouth Exam</p> <p>Nutritional status, fevers, scars/skin lesions, clubbing, wheezes, heart murmurs, lymphadenopathy, organomegaly, limb weakness</p>
Problems/Plan	A NSAIDs for Dental Pain and Refer for Dental pathology/pain
Screening Investigations	<p>Fasting Glucose (>35) B LDL/Cholesterol (men>35, women >45)</p> <p>B Screen for obesity Remain alert for isolation for pregnant women</p>
3 rd Visit (1-3 months)	
	Date:
Vital Signs	Wt: BP:
Patient Health Concerns Address reason for visit Patient-centered approach	
Orientation	Verify links to local resources (ie libraries, local events)
Psychosocial Assessment	<p>Remain alert for adjustment stress, signs of A child neglect/intimate partner violence</p> <p>Remain alert for possible onset of depression/A PTSD</p>
Education	<p>A Diet counseling (Iron Deficiency and Diabetes)</p> <p>A Dental Care (tooth brushing)</p> <p>B Adequate Vitamin D</p> <p>B Positive Parenting</p> <p>B Exercise</p> <p>B Assess for Smoking and Alcohol misuse</p>
Physical Exam Important signs in immigrants from developing countries	Ensure appropriate clothing for weather (cold and sun)
Problems and Plan	A Refer if positive for HIV
Screening Investigations	<p>A Cervical cytology B Mammography (50-75)</p> <p>Consider testing for chlamydia; GC, B syphilis (VDRL) B Fecal Occult Blood (>50)</p> <p>B Osteoporosis screening (women >65)</p>
Immunizations	<p>A Varicella (non-immune) A HPV vaccination (for 9-25 year old females)</p>



* See Resource Page

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the CCIRH preventative checklist is meant as a guide only.

Fair Use Authorization: See ccirhken.ca

Design & Production: Centre for e-Learning, Teaching and Learning Support Service (TLSS), University of Ottawa



Resource – see <http://ccirhken.ca/> for more http://www.ccirhken.ca/ccirh/checklist_website/en/resources.html

<p>Tuberculosis Screening: Tuberculin skin test (TST) Indications for TST: persons at high risk for disease</p> <ul style="list-style-type: none"> Contact with contagious TB, immigrants from TB endemic country within 5 years of arrival Increased risk of reactivation due to impaired immunity: HIV-AIDS, Diabetes, Renal Failure, Corticosteroids or other immunosuppressant drugs 	<p>INH Treatment of Latent Tuberculosis Infection (active disease ruled out) Isoniazid 300mg OD (children 5mg/kg); consider pyridoxine 25-50mg OD to prevent neuropathy in malnourished states</p> <ul style="list-style-type: none"> Provide 9 months of INH for all adults Consider up to 12 months in children 								
<p>Canadian criteria for a positive TST High risk people: 5mm HIV, Contact with active TB, signs of inactive TB on CXR, organ transplant steroids >15mg/day High risk conditions: 10 mm Silicosis, DM, Chronic Renal Failure, Leukemia, lymphoma, Malnutrition, child <5 years of age High Prevalence Population: 10 mm Foreign Born (high prevalence countries- see Greenaway et al. TB in CMAJ 2011) arrived <5 years, health care worker, aboriginal, prisons, homeless, urban poor</p>	<p>*Risk of INH hepatotoxicity (AST > 5 times normal)</p> <table border="1"> <tr> <th>Age</th> <th>Risk</th> </tr> <tr> <td>• 25-34</td> <td>4/1000</td> </tr> <tr> <td>• 35-49</td> <td>8/1000</td> </tr> <tr> <td>• 50+</td> <td>19/1000</td> </tr> </table> <p>Monitoring (i.e. AST at 3 weeks and Q 3months) is required for those over 50 years of age and those with pre-existing liver disease, alcoholism or concomitant use of hepatotoxic drugs.</p>	Age	Risk	• 25-34	4/1000	• 35-49	8/1000	• 50+	19/1000
Age	Risk								
• 25-34	4/1000								
• 35-49	8/1000								
• 50+	19/1000								
<p>Immunizations: Needed for primary prevention- particularly for travel to country of origin. If status unknown, serology: Hepatitis B, Varicella and offer a primary series: MMR, TdPP. Consider: Also consider Hepatitis A for all immigrants and refugees and Pneumococcal and H influenza for sickle cell disease -92 % of congenital Rubella syndrome in Canada in foreign born (FB) -Large proportion of FB involved in Rubella and Varicella outbreaks -Most neonatal Tetanus in the FB -WHO Extended Program of Immunization (EPI) program began in 1974- so many FB adults not covered this program does not routinely provide Rubella</p>	<p>Visiting Friends and Relatives (VFR) Travel- preparation for future travel home (see travel health website: www.TravelHealth.gc.ca) Consider: Fever, Meningococcal, Typhoid vaccines, prophylaxis for malaria. Counseling for Mosquito avoidance, DEET repellent, and bed nets Sex Transmitted Disease and motor vehicle accident prevention: seat belts, alcohol moderation Antibiotics for severe diarrhea (i.e. Azithromycin 1000mg once) Generous supply of regular medication in case trips are extended Summary of health information</p>								
<p>Laboratory Investigations: *Basic Tenets of Screening: suitable test and facilities to diagnose available, accepted treatment available, recognized latent or asymptomatic disease stage, diagnosis and treatment should be cost effective. *Consider periodic screening for infectious disease and chronic illness tailored to history of travel and lifestyle</p>	<p>Special Laboratory Investigations to Consider *Malaria: Rapid Diagnostic Test (RDT), thick & thin smears when fever within 3 months of travel to Malaria zone. Note: Many cases of Malaria occur in immigrants from developing countries, both on migration or after traveling home *Vitamin D: 25-Hydroxycholecalciferol: bone and muscle aches in women who use body veils.</p>								
<p>Working with an interpreter Pre-interview: Discuss with the interpreter the goal of the interview, emphasize confidentiality, and seating arrangements Interview: Speak to patient not to the interpreter- ensures patient faces physician when interpreter speaks, explain the interpreter's role, and frequently repeat back to patient what you hear. End of the interview: Repeat important concepts, review treatment plan carefully, have patient repeat back general diagnosis and plan</p>	<p>Global Health Risks Tuberculosis, Malaria, HIV-AIDS, Hepatitis A, B,C, Typhoid, Measles, Intestinal Parasites, Rheumatic Heart Disease, undiagnosed chronic conditions; Trauma and Violence: Rape, Torture Malnutrition and Micronutrient deficiency: iron, folate, iodine (some regions), Thalasemias (Africa, Middle East) Sickle cell (Africa, Caribbean); microcytic anemia, replace iron and then do Hgb electrophoresis</p>								

Treatment of common asymptomatic intestinal worms and parasites

* Doses are same for children unless noted by asterisk. ** not available in Canada

Intestinal worm or parasite	Primary treatment	Alternative treatment
Entamoeba histolytica (positive serology or stool antigen)	Paramomycin 500 mg po tid x 7d* Iodoquinol 650 mg po tid x 20d*	Metronidazole 750 tid x 10d
Giardia lamblia	Metronidazole 250 mg po tid x 5d*	Tinidazole
Ascaris lumbricoides	Albendazole 400 mg po x 1 dose ⁶	Mebendazole 100mg bid x 3d
Enterobius vermicularis	Albendazole 400 mg po x 1 dose (repeat in 2wks) ⁶	Mebendazole 100mg once then repeat in 2wks
Strongyloides stercoralis	Thiabendazole 50 mg/kg divided bid x 2d (max dose 3 g/d) **	Albendazole/Ivermectin
Schistosoma mansoni, haematobium	Praziquatel 40mg/kg po divided bid x 1d	
Trichuris trichiura	Albendazole 400 mg po x 1 dose	Mebendazole 100mg tid x 3d

Resources:

1. Online eligibility check for IFHP for refugee claimant patients <https://provider.medavie.bluecross.ca/>
2. Children and Youth to Canada: A Health Care Guide, Canadian Pediatric Society, 2000 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1987659/>
3. Canadian Guide to Immunizations, Health Canada, 2002 <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>
4. Travel and Tropical Medicine, Public Health Agency of Canada <http://www.TravelHealth.gc.ca>
5. Life expectancy calculator, PHIRN, 2012 <http://www.rrasp-phirn.ca/risktools>
6. Health Canada's Special Access Programme: Drugs and health products [database] Ottawa (ON): Health Canada; 2008 Available: <http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-drogues/index-eng.php>
7. Additional resources and information for clinicians, Bridge Refugee Clinic, Vancouver Coastal Health: www.refugeehealth.ca

Disclaimer: Given the constantly evolving nature of evidence and changing recommendations, the CCIRH preventative checklist is meant as a guide only.

Fair Use Authorization: See ccirhken.ca

