CCIRH Evidence-Based Preventive Care Checklist for New Immigrants and Refugees

REGION EASTERN EUROPE

Name _____ Date _____

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

Country of Origin _____ Family Supports _____

Settlement/Refugee Claimant Worker _____ Refugee Claimant Hearing Date _____

	1st 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	Ⓑ *Immunization status*
Psychosocial Assessment	Past education: Past occupation(s): Current housing: Migration/Displacement History:	Ⓐ **Remain alert to possible PTSD but do not routinely screen for history of trauma** Ⓐ **If linked to integrated program: Depression Screen** Document date of refugee claimants-hearing
Education	☐ Nutrition screening & Ⓑ *counseling (programs to promote breastfeeding)* ☐ Ⓑ *Exercise programs to prevent obesity (active living)*	☐ Ⓐ **Screen for Unmet Contraceptive Needs/ Emergency Contraception** ☐ Ⓑ **Home visitation for high risk mothers (infant <3)**
Physical Exam Important signs in immigrants from developing countries	☐ Focused examination to address patient's presenting complaint ☐ Ⓐ **Remain alert for malaria* if fever from ⚠ malaria zone**	
Problems/Plan	Plan and book follow-up visit	
Screening Investigations	☐ Ⓐ **Mantoux Skin Test (TST)*** ☐ Ⓐ **CBC with differential (children/females)**	☐ Ⓐ **Hep B (sag/sab/cab)*** ☐ Ⓐ **Hep C antibody***
Immunizations*	Ⓐ **Children (Age Dependent):** ☐ Ⓐ **DPT-aP** ☐ Ⓐ **HPV** ☐ Ⓐ **MMR** ☐ Ⓐ **Varicella**	Ⓐ **Adults:** ☐ Ⓐ **DPT** ☐ Ⓐ **Varicella** ☐ Ⓐ **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: Ⓐ **Bold-CCIRHs Recommendations** Ⓑ *Systematic Review Linked Evidence: US and Canadian Task Force Preventive Care.*

uOttawa
Faculté de médecine
Faculty of Medicine

***See Resource Page**

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

Soins continus Bruyère Continuing Care

	2nd 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	☐ A **Screen Visual Acuity** ☐ Nutritional status, fevers, scars/skin lesions, clubbing, wheezes, heart murmurs, lymphadenopathy, organomegaly, limb weakness	☐ A **Dental Mouth Exam**
Problems/Plan	☐ A **NSAIDs for Dental Pain and Refer for Dental pathology/pain**	
Screening Investigations	☐ A **Chest X-ray if Mantoux test>10 mm*** ☐ B *Screen for obesity*	☐ B *LDL/Cholesterol (men>35, women >45)* ☐ Remain alert for isolation for pregnant women

	3rd Visit (1-3 months)	Later visits (3-6 months)
	Date:	Date:
Vital Signs	Wt: BP:	Wt: BP:
Patient Health Concerns Address reason for visit Patient-centered approach		
Orientation	☐ Verify links to local resources (ie libraries, local events)	
Psychosocial Assessment	☐ Remain alert for adjustment stress, signs of A **child neglect/intimate partner violence**	☐ Remain alert for possible onset of depression/A **PTSD**
Education	☐ A **Diet counseling (Iron Deficiency and Diabetes)** ☐ A **Dental Care (tooth brushing)** ☐ B *Adequate Vitamin D*	☐ B *Positive Parenting* ☐ B *Exercise* ☐ B Assess for *Smoking and Alcohol misuse*
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 Hepatitis B**	
Screening Investigations	☐ A **Cervical cytology** ☐ Consider testing for chlamydia; GC, B *syphilis (VDRL)*	☐ B *Mammography (50-75)* ☐ B *Fecal Occult Blood (>50)* ☐ B *Osteoporosis screening (women >65)*
Immunizations	☐ A **Hepatitis B** (non-immune) ☐ A **Varicella** (non-immune)	☐ A **HPV vaccination** (for 9-25 year old females)

CCIRH

uOttawa
Faculté de médecine
Faculty of Medicine

Soins continus Bruyère
Continuing Care

***See Resource Page**

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

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

Tuberculosis Screening: Tuberculin skin test (TST)
Indications for TST: persons at high risk for disease

- 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

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

- Provide 9 months of INH for all adults
- Consider up to 12 months in children

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

***Risk of INH hepatotoxicity (AST> 5 times normal)**

Age	Risk
• 25-34	4/1000
• 35-49	8/1000
• 50+	19/1000

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.

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

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

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

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.

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

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

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	Paramomycin 500 mg po tid×7d*	Metronidazole 750 tid x 10d
(positive serology or stool antigen)	Iodoquinol 650 mg po tid×20d*	
Giardia lamblia	Metronidazole 250 mg po tid×5d*	Tinidazole
Ascaris lumbercoides	Albendazole 400 mg po×1 dose[6]	Mebendazole 100mg bidx3d
Enterobius vermicularis	Albendazole 400 mg po×1 dose (repeat in 2wks)[6]	Mebendazole 100mg once then repeat in 2wks
Strongyloides stercoralis	Thiabendazole 50 mg/kgdivided bid×2d (max dose 3 g/d) **	Albendazole/Ivermectin
Schistomsoma mansoni, haematobium	Praziquatel 40mg/kg po divided bid x 1d	
Trichuris trichiura	Albendazole 400 mg po×1 dose	Mebendazole 100mg tid x3d

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

CCIRH

uOttawa
Faculté de médecine
Faculty of Medicine

SOINS CONTINUS Bruyère CONTINUING CARE