

REGION



NORTH AFRICA

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 <i>Immunization status</i>
Psychosocial Assessment	Past education: A Remain alert to possible PTSD but do not routinely screen for history of trauma Past occupation(s): A If linked to integrated program: Depression Screen Current housing: Migration/Displacement History: Document date of refugee claimants-hearing
Education	Nutrition screening & B <i>counseling (programs to promote breastfeeding)</i> A Screen for Unmet Contraceptive Needs/ Emergency Contraception B <i>Exercise programs to prevent obesity (active living)</i> A 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
Problems/Plan	Plan and book follow-up visit
Screening Investigations	A Mantoux Skin Test (TST)* A Hep B (sag/sab/cab)* A Hep C antibody* A CBC with differential (children/females) A Serology for Varicella * A Serology for Strongyloidiasis * A Serology for Schistosomiasis *
Immunizations*	A Children (Age Dependent): A Adults: A DPT-aP A HPV A DPT A Varicella A MMR 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-CCIRHs 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.

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SOINS CONTINUS
Bruyère
CONTINUING CARE

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	A Screen Visual Acuity A Dental Mouth Exam Nutritional status, fevers, scars/skin lesions, clubbing, wheezes, heart murmurs, lymphadenopathy, organomegaly, limb weakness	
Problems/Plan	A NSAIDs for Dental Pain and Refer for Dental pathology/pain	
Screening Investigations	A Fasting Glucose (>35) B LDL/Cholesterol (men>35, women >45) A Chest X-ray if Mantoux test>10 mm* B Screen for obesity Remain alert for isolation for pregnant women	
3 rd Visit (1-3 months)		Later visits (3-6 months)
	Date:	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	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)



* See Resource Page

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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

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

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

***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

Entamoeba histolytica

(positive serology or stool antigen)

Giardia lamblia

Ascaris lumbricoides

Enterobius vermicularis

Strongyloides stercoralis

Schistosoma mansoni, haematobium

Trichuris trichiura

Primary treatment

Paramomycin 500 mg po tid x 7d*

Iodoquinol 650 mg po tid x 20d*

Metronidazole 250 mg po tid x 5d*

Albendazole 400 mg po x 1 dose⁶

Albendazole 400 mg po x 1 dose (repeat in 2wks)⁶

Thiabendazole 50 mg/kg divided bid x 2d
(max dose 3 g/d) **

Praziquatel 40mg/kg po divided bid x 1d

Albendazole 400 mg po x 1 dose

Alternative treatment

Metronidazole 750 tid x 10d

Tinidazole

Mebendazole 100mg bid x 3d

Mebendazole 100mg once then repeat in 2wks

Albendazole/Ivermectin

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.rasp-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-drogués/index-eng.php>
 7. Additional resources and information for clinicians, Bridge Refugee Clinic, Vancouver Coastal Health: www.refugeehealth.ca

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