



# CCIRH

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

REGION



SOUTH & SOUTHEAST ASIA

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Arrival in Canada \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

Country of Origin \_\_\_\_\_ Family Supports \_\_\_\_\_

Settlement/Refugee Claimant Worker \_\_\_\_\_ Refugee Claimant Hearing Date \_\_\_\_\_

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

- A** : Links to an interactive synopsis of available evidence and recommendations for the condition.
- B** : Links to the relevant section of the guidelines published in the Canadian Medical Association Journal.
- C** : 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.

**Fair Use Authorization:** See ccirhken.ca



uOttawa  
Faculté de médecine  
Faculty of Medicine

SOINS CONTINUS  
**Bruyère**  
CONTINUING CARE

2 <sup>nd</sup> Visit (2-7 days)	
	Date:
<b>Vital Signs</b>	Wt: BP:
<b>Patient Health Concerns</b> Address reason for visit Patient-centered approach	
<b>Physical Exam</b> Important signs in immigrants from developing countries	<b>A Screen Visual Acuity</b> <b>Dental Mouth Exam</b> Nutritional status, fevers, scars/skin lesions, clubbing, wheezes, heart murmurs, lymphadenopathy, organomegaly, limb weakness
<b>Problems/Plan</b>	<b>A NSAIDs for Dental Pain and Refer for Dental pathology/pain</b>
<b>Screening Investigations</b>	<b>A Fasting Glucose (&gt;35)</b> <b>B LDL/Cholesterol (men&gt;35, women &gt;45)</b> <b>A Chest X-ray if Mantoux test&gt;10 mm*</b> Remain alert for isolation for pregnant women <b>B Screen for obesity</b>
3 <sup>rd</sup> Visit (1-3 months)	
	Date:
<b>Vital Signs</b>	Wt: BP:
<b>Patient Health Concerns</b> Address reason for visit Patient-centered approach	
<b>Orientation</b>	Verify links to local resources (ie libraries, local events)
<b>Psychosocial Assessment</b>	Remain alert for adjustment stress, signs of <b>A child neglect/intimate partner violence</b> Remain alert for possible onset of depression/ <b>A PTSD</b>
<b>Education</b>	<b>A Diet counseling (Iron Deficiency and Diabetes)</b> <b>B Positive Parenting</b> <b>A Dental Care (tooth brushing)</b> <b>B Exercise</b> <b>B Adequate Vitamin D</b> <b>B Assess for Smoking and Alcohol misuse</b>
<b>Physical Exam</b> Important signs in immigrants from developing countries	Ensure appropriate clothing for weather (cold and sun)
<b>Problems and Plan</b>	<b>A Refer if positive for Hepatitis B and HIV</b>
<b>Screening Investigations</b>	<b>A Cervical cytology</b> <b>B Mammography (50-75)</b> Consider testing for chlamydia; GC, <b>B Fecal Occult Blood (&gt;50)</b> <b>B syphilis (VDRL)</b> <b>B Osteoporosis screening (women &gt;65)</b>
<b>Immunizations</b>	<b>A Hepatitis B (non-immune)</b> <b>A HPV vaccination (for 9-25 year old females)</b> <b>A Varicella (non-immune)</b>



\* 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](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](http://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 dose<sup>6</sup>

Albendazole 400 mg po x 1 dose (repeat in 2wks)<sup>6</sup>

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](http://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](http://ccirhken.ca/)



uOttawa  
Faculté de médecine  
Faculty of Medicine

