Chapter

2

Screening Guidelines

Screening processes for the Medical Service

The purpose of the first consultation(s) with a refugee is:

- to ascertain what they are concerned about in relation to their health. This will generally be headaches, dental concerns, or backache. Many will also tell you of their concerns about treatment they have previously received and its consequences
- to perform a physical examination
- to assess their mental health at this point and with the EI counselor to assess the overall resilience of the family at this point
- to assess the need for catch-up primary health care (immunizations, screening)
- to undertake screening for diseases of public health importance, nutritional disorders or infectious diseases that are of relevance to the patient.

Although there are some differences between countries of origin in types of screening, these are generally fairly minimal.

Clinical history

The EI counselor will generally have met the patient and may have conducted a psychological state and functioning. If not, the counselor will ask you to undertake a **mental health screen** – checking on mood, sleep, appetite, and feelings about settling in Australia. Very few refugees want to recount their trauma history at the first consultation (and in fact many never do to the doctor). One of the reasons why refugees like going to the doctor at Companion House is that it is a fairly narrow service, which is not overwhelming and responds to their immediate needs. This seems to build confidence overall with the service, and is particularly useful for patients who come from cultures with no tradition of counseling or psychotherapy.

Ensure that you cover in your history:

Immunisation history: We have information on standard schedules around the world. (Note that all refugee camps use the schedule of the host country). Those least likely to have been immunized are those from countries where the primary health care sector functioned poorly:

- people from Afghanistan, especially women, under the age of 45
- people from south Sudan over the age of 18, who have often spent their early years out of country
- people from Sierra Leone under the age of 40
- young children from Zimbabwe
- older people from Burma (younger children will have been well immunized in Thai refugee camps and should have records).

Reproductive health history: This is often undertaken in the examination room if a patient attends with her family. Many women have never had the opportunity to discuss reproductive health with a clinician and will be very grateful for the opportunity. If you do not cover it in the first consultation, ensure that in subsequent consultations you address cervical screening. Some of the refugee-source countries have the highest incidences of cervical cancer in the world.

Clinical examination

Key aspects of the clinical examination are:

- Height and weight - take these at baseline and monitor them. Some common medications are dose-dependent. Many children are undersized and go through such a marked growth spurt that is very heartening for the parents, so we need a baseline.
- Visual acuity – this is often done poorly in the pre-arrival medicals.
- Dental check – dental referrals can be prioritized if there is a dental issue; otherwise the wait is approximately three months.
- Ears – looking for chronic perforations particularly.
- Be aware that the one body system that is never examined in pre-departure medicals is the genitalia, and sometimes the most significant abnormalities are

found in this region. However, it's generally not appropriate to do this early on unless the patient requests you to.

The rest of the clinical examination follows standard systems-based processes, focusing particularly on what the patient is concerned about. Take the opportunity of being in the small consulting room away from family members to ask about reproductive health issues, especially menorrhagia or amenorrhoea.

Pathology

Our standard screening schedule consists of:

- Full blood count
- Ferritin
- UEC and LFTs
- Schistosomiasis serology (essential for East and West Africans, good idea for those from SE Asia)
- Hepatitis B SAb and Sag. Antibody levels are to determine who should be immunized.
- Hepatitis C serology
- HIV
- VDRL
- Helicobacter stool serology if they meet screening guidelines
- Strongyloides screen
- Vitamin D levels. Even patients with lightly pigmented skin become vitamin D deficient over winter in Canberra. Anyone who wears hijab should have Vitamin D and PTH levels measured.
- Malaria screen (Pf and Pv antigen) + thick and thin film. Especially if children, and from malarious zone. However, if they have had pre-departure screening, they will have been given some anti-malarials before getting on the plane.
- Urine. If done at midday, and the patient is from a high risk country, also check for schistosomes on this. Dipstick urine looking for renal impairment.

- Stool MCS/COP especially for children. There is no need to do more than one sample as the chance of having a positive yield on a second or third sample when the first sample was negative is of the order of 1:100.

These tests are listed on Genie as a "refugee screening set".

It can be useful to do the blood collection yourself at Companion House, as otherwise it can become logistically difficult for the patient and the volunteer provide transport to arrange testing at a community pathology laboratory. However, especially for children, you may choose to get the pathology agency to collect the blood.

Other things to be considered in the initial assessment, depending on where they come from:

- TSH for patients from SE Asia – due to low iodine levels there, subclinical hypothyroidism with goiter is quite common.

- Thalassaemia screen. Do this as part of the routine screen ONLY in women of reproductive age. Iron deficiency will result in a false negative and if the film is microcytic and hypochromic, tests for haemoglobinopathy may need to be carried out later.

Other screening services

Tuberculosis:
Screening is currently performed at the Chest Clinic at the Canberra Hospital for **everyone under the age of 35 years who is asymptomatic**. Volunteers providing transport through the Settlement Support program generally take all family members at one appointment. There is significant attrition of patients going to TCH. Mantoux testing cannot be performed within a month of a live vaccine, eg MMR. People with Health Undertakings for CXR abnormalities, or those who have a history of treated TB should also be referred to the Chest Clinic.

Dental:
The ACT Dental Service provides free assessment and treatment for newly arrived refugees within the first 12 months of settlement.

Hearing:
ACT Community Health will provide screening for patients if you deem it necessary.

Under 2 years

Pre-departure screening

Refugees assessed offshore have received the following assessment as part of the medical examination:

- Medical examination
- HIV test
- Chest Xray if over 11 years
- Hepatitis B test if pregnant

Refugees assessed at Christmas Island Immigration Detention Centre (IDC) receive a medical examination and hepatitis B serology. HIV testing is NOT performed on Christmas Island (as of December 2010). Results of Chest Xray screening at Christmas Island are often not available prior to the patient's departure from the IDC.

The medical examination for the visa for offshore refugees may be conducted over a year before departure. Since 2006, refugees from most refugee-source countries also receive a pre-departure assessment and treatment conducted within 72 hours of departure. This screening and treatment consists of:

- Malaria screen and treatment
- MMR vaccination
- Fungicidal scalp treatment
- Medical examination

Notification of patients who require medical assessment in Australia within 72 hours or 2 weeks will be provided to the medical service, usually via the Settlement Support provider.