



Refugee Checklist for general practice

This checklist was developed for African refugees. It considers a wide range of possible health issues so is also applicable to refugees from the Thai-Burma border. Most newly arrived refugees, particularly those from war zones and refugee camps, have had minimal pre-arrival health screening. In most cases they will have had a chest x ray and HIV test if over 15, height and weight, and urinalysis. Hence the need for a history, thorough examination, and at least the first line investigations as described below.

Appointments

- An on-site interpreter of appropriate language (and gender, for women) should be used wherever possible. Otherwise use a telephone interpreter. The Doctors' Priority Line is free of charge for telephone and onsite interpreters.
- Long appointments, and reminder phone calls the day prior, are preferable. For the first six months the AMES Refugee Case Coordinator can help with support to attend, and reminders. For the Northern Division area this is Nihad Aganovic: 9484 7944 or 0434 305 430.
- Our [Medicare Items for Refugees](#) leaflet (also on www.ndgp.org.au) suggests items to use for refugee care.

Medical History — consider:

- TB (Patients who have signed Health Undertakings are required to follow up an abnormal result or finding prior to migration; will usually have documentation of this).
- Torture, trauma and psychological sequelae such as PTSD, depression, or psychosomatic symptoms.
- Malaria (if newly arrived with fever)
- Parasitic infestation (argument for giving stat doses of mebendazole if symptomatic)
- Women's health and related issues Pregnancy; sexual abuse; female genital mutilation; gender specific issues (women may only speak to women re gynaecological problems); family violence.

Immunisation

- Immunisation certificates and documents If documented, argument for checking Abs with bloods
- If nil documentation, start Catch-Up as soon as possible — see *Quick Catch-Up guide*

Examination — consider:

- Skin infestations including scabies, tinea, onychocercosis.
- Ear, nose, throat, dental caries
- Cardiac murmurs
- Chest sx — consider TB
- Hepatosplenomegaly — consider chronic malaria
- Nutrition - weight, anaemia

More resources

- See [full list of investigations](#) in the Refugee Health Assessment; see also Northern Division [Refugee Referral Resources](#) list
- Both available at www.ndgp.org.au, together with other resources

Investigations

Adults — first-line/immediate

- Hep BcAb, Hep B sAg Hep B cAg; if sAg +ve, test full Hep B serology and LFTs;
- Schistosomiasis; strongyloides;
- Hep C, HIV serology: only post-counselling
- Syphilis; first pass urine for chlamydia and gonorrhoea;
- FBE; vitamin D; Mantoux test or Quantiferon Gold (Medicare bulk bill if immuno-compromised);
- Faecal sample ova cysts parasites (OCP);
- Malarial Antigen Screening Test and thick and thin blood films- must be checked same day and notify patients if positive

Women of child bearing age— first line/immediate

- As above, include ferritin, blood group, rubella Ab, Hb electrophoresis for thalassemia/sickle cell trait.

Children — first-line/immediate

- Hep BcAb, Hep B sAg Hep B cAg; if sAg +ve, test full Hep B serology and LFTs;
- Schistosomiasis; strongyloides;
- Serology for Hep C / HIV if Hx suggests exposure; counselling and parental consent required.
- FBE; vitamin D; Mantoux test (Medicare bulk bill if immuno-compromised);
- Mantoux test, faecal sample for ova/cysts/parasites
- Malarial Antigen Screening Test; thick and thin blood films urgently; if child febrile and sick, consider immediate referral to Royal Children's Hospital.

Second-line — consider:

- If abdominal sxs faecal m/c/s COP, helicobacter serology
- Fasting chol/TGs/glucose, TSH, ECG, as determined by age, history and examination