## MIGRANT & REFUGEE HEALTH

Infectious Diseases	LEGEND	Women's Health
Mental Health & Physical and Emotional Maltreatment	Chronic and Non-Communicable Diseases	
Chest X-Ray	All immigrants and refugees 11 years of age and over	
Urinalysis	All immigrants and refugees 5 years of age and over	
DO VACCINATE		
Diphtheria, pertussis, tetanus and polio	All adult and children immigrants with missing or uncertain immunization records	
Hepatitis B	Those who are negative for all three markers	
HPV	9-26 year old female patients	
Measles, mumps and rubella	All adult and children immigrants with missing or uncertain immunization records	
Varicella	All immigrant children < 13 years of age without prior serologic testing	
DO SCREEN		
Cervical cytology	Sexually active women	
Contraception	Immigrant women of reproductive age	
Dental disease	All adult immigrants and all immigrant children and adults	
Depression	Adults, if an integrated treatment program is available	
Diabetes mellitus (Type II)	Immigrants and refugees > 35 years of age from ethnic groups at high risk for type 2 diabetes (those from South Asia, Latin America and Africa)	
Hepatitis B	Adults and children from countries where the sero-prevalence of chronic hepatitis B virus infection is moderate or high (i.e. 2 % positive for hepatitis B surface antigen), such as Africa, Asia and Eastern Europe	
Hepatitis C	All immigrants and refugees from regions with prevalence of disease ≈ 3% (this excludes South Asia, Western Europe, North America, Central America and South America)	
HIV	With informed consent, all adolescents and adults from countries where HIV prevalence is greater than 1% (sub-Saharan Africa, parts of the Caribbean and Thailand).	
Schistosoma	Refugees newly arriving from Africa	
Iron-deficiency anaemia	Immigrant women of reproductive age and immigrant/ refugee children aged one to four years	
Syphilis	All immigrants and refugees 15 years of age and older	
Strongyloides	Refugees newly arriving from Southeast Asia and Africa	
Tuberculosis	Tuberculin skin test for patients under 50 years of age from countries with a high incidence of TB	





HEALTH & HUMAN RIGHTS POCKET CARD SERIES

## MIGRANT & REFUGEE HEALTH

LEGEND	Women's Health
Chronic and Non-Communicable Diseases	
Be alert for signs and symptoms of child maltreatment during physical and mental examinations, and assess further when reasonable doubt exists or after patient disclosure.	
Be alert for potential signs and symptoms related to intimate partner violence, and assess further when reasonable doubt exists or after patient disclosure.	
Be alert for symptomatic malaria in migrants who have lived or travelled in malaria-endemic regions within the previous 3 months (suspect malaria if fever is present or person migrated from sub-Saharan Africa).	
Be alert for signs and symptoms of post-traumatic stress disorder (unexplained somatic symptoms, sleep-disorders or mental health disorders such as depression or panic disorder).	
	Chronic and Non-Com Be alert for signs and symptoms of and mental examinations, and asse or after patient disclosure. Be alert for potential signs and sym violence, and assess further when r patient disclosure. Be alert for symptomatic malaria in in malaria-endemic regions within t if fever is present or person migrat Be alert for signs and symptoms, sl

## CULTURE SHOCK

Not everyone will experience culture shock, however it can take months to present so do not rule it out if the patient does not present with the following immediately.

- LONELINESS
- CHANGES IN SLEEP PATTERNS
- LETHARGY
- LACK OF CONFIDENCE
- IRRATIONAL ANGER
- IRRITABILITY
- UNWILLINGNESS TO INTERACT WITH OTHERS
- DEPRESSION
- LONGING FOR FAMILY
- HOSTILITY TOWARD NEW CULTURE

## TRANSLATION

DO NOT use children as translators as they may be unable to comprehend the level of information, thus creating a difficult power dynamic between the child and the parents. Professional translation services should be used whenever available.

Familiarize yourself with local services available to help migrants transition and encourage them to find local groups of people from the same background that continue practising their culture. Remember that some medical conditions such as mental health may not be openly discussed in other countries and as a result patients may be reluctant to talk about such topics.



"Guidelines adapted from: Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees . CMAJ 2011;183(12):E824e925. Special thanks to Catholic Social Services Edmonton for providing additional information."