Refugee Health

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Overview

- Refugees to Australia – who, why & how?
- Health screening
- Case studies
- Management issues
- Local clinic model

The international context

- Globally 32.8 million “people of concern” to UNHCR
  - 10 million with refugee status
  - 13,000 annually accepted by Australia

The changing face of refugee settlement to Australia

- Since 1930’s…
  - Pre & post WW2 Europeans
  - Vietnam, Cambodia, Laos; Chile, El Salvador
  - frmr Yugoslavia, Iraq, Afghanistan, Iran
- Last decade
  - Sudan, Somalia, Burundi, Sierra Leone, Liberia, Togo…
  - Increasing rural & regional settlement

Pathway for humanitarian entrants

- Person in exile
- Granted refugee status & resettlement proposed by UN (Refugee program) OR
- Others at risk proposed by individual or group in Australia (Special humanitarian program = SHP)
- Application for resettlement in Australia (13,000 p.a)
  - Interview; character & medical checks
  - Visa medical examination
- Permanent Residency Visa granted
- Some entrants subject to Health Undertaking: required to contact health services (e.g. TB clinic) after arrival

Visa health requirement

<table>
<thead>
<tr>
<th>Pre-arrival screening test</th>
<th>Recipient</th>
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<tbody>
<tr>
<td>CXR (TB)</td>
<td>&gt;=11 yrs</td>
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<tr>
<td>HIV serology</td>
<td>&gt;=15 yrs</td>
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<tr>
<td>HBV serology</td>
<td>Pregnant women, Unaccompanied refugee minors</td>
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<tr>
<td>Syphilis serology</td>
<td>&gt;=15 yrs from refugee camp</td>
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<tr>
<td>Urinalysis</td>
<td>&gt;=5yrs</td>
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No requirement to document or undertake immunisation
If TB: treated & then travel. If HIV pos....
Pathway for humanitarian entrants (cont.)

Pre-departure medical screening ~72 hours pre-flight
(some entrants, selected countries)
Electronic & patient-held records

On arrival: met at airport by settlement service worker or proposer
Caseworkers sent copies of health manifests

Settlement service: Medicare enrolment, link with local health providers etc
For Sponsored: responsibility of proposer
All are permanent residents i.e. Medicare eligible

All eligible for psycho-social assessment and short-term intervention through STARTTS

Since 2005, additional health checks pre-departure

Refugees ex-Africa & Thailand
- Symptom review
- Malaria Ag test (“RDT”)
- Albendazole
- MMR if <30

Case study 1
- R.N., aged 2, Burundian
- Known health problems
  - sickle cell anaemia
  - encephalopathy / development delay
  - recent respiratory infections
  - ? on digoxin
- Arrived Sydney Nov 05 with family
- Unrousalable 24 hrs after arrival
  - Father unable to use 000 or seek help
- Died
  - Broncho-pneumonia & dehydration
  - Multiple focal cerebral infarcts (? old)
- New follow up procedures in place: health alerts

Case study 2
- 13 yo girl, ex-south Sudan, Dinka speaking
- In Australia 4 weeks
- History
  - Militia attack 5 years ago, house torched
  - Burns to trunk & limbs
  - Fled with family, reached refugee camp Kenya
  - Immunised as baby
  - Malaria in past
- Issues
  - Sleep disturbance
  - Self-conscious re scarcing to arms, trunk

Examination
- Tall, thin
- Well nourished, not pale
- Moderate scarcing arms, trunk
- Chest, abdo normal
- Good teeth
- Ears, vision OK
### Investigations
- FBC
- Malaria, Hep B, syphilis, schisto
- Vit D

### Management Plan commenced
- Long consultation for follow-up

### Case 2 - management plan
- Burns: Plastic surgical consult (bulk-billed…)
- Psych: STARTTS referral
- Under-immunisation:
  - MMR given o/s
  - ADT; Hep B; Boostrix when 15
- Other results
  - Mild Fe defi anaemia
  - Schistosomiasis titre 1: 256

### Psychological issues
- Depression
- Anxiety
- PTSD
  - Hyper-arousal
  - Intrusive thoughts
  - Avoidance
- Adjustment disorders
- Enduring personality changes
- Child behavioural problems

### Intervention
- Context of trauma important
- Adopt usual approaches
- Cultural considerations
- Specialised referral services

### Infectious disease issues
- TB
  - 400 new cases per year in NSW
  - 80% overseas born
  - “Think TB”
  - Chest Clinics: expertise & free care
- Blood-borne viruses
- Under - immunisation
- Helminths, parasites, protozoa
  - eg giardia, ascaris, schistosomiasis, malaria
- H. pylori
Schistosomiasis
- A blood fluke
- Chronic – usually asymptomatic
  - eosinophilia...
  - *Mansoni*
    - intestinal granulomata/strictures; cirrhosis
  - *Haematobium*
    - haematuria
    - bladder fibrosis, calcification
- Diagnosis
  - Serology
  - Microscopy of stool or urine - eggs
- Rx Praziquantel (Biltricide*) 40mg/kg in 2 divided doses

Female Genital Mutilation (FGM)
- A complex socio-cultural practice
- Severity: from minimal to infibulation
- Chronic effects possible
  - urinary retention, infection
  - dysmenorrhoea
  - sexual dysfunction
  - fistulae
  - obstetric complications
- Illegal in NSW

Vitamin D deficiency
- Risk factors include
  - Pigmented skin
  - Fully covered
  - Indoors
  - Higher latitudes
- Measure
  - 25-OH calciferol level
  - Alk phos, Ca, phos & PTH

Vit D defy management
- Cholecalciferol
  - Ostevit-D 5 caps then 1 daily x 3 months
  - Or, cholecalciferol 100,000 IU stat & in 3 months
- Sunshine!

Torture - some effects...
- Psychological
  - changed view of world, loss of self esteem, loss of trust, grief, PTSD, psychosexual...
- Physical
  - musculo-skeletal pain, immobility
    - eg, frozen shoulder
  - missing/damaged teeth
  - impaired hearing
  - scarring, disfigurement
  - damage to genitals, cervix, anus

Screening – what to do?
- Depends on country of origin, age, gender, symptoms etc
- May include:
  - FBC, HbEpg
  - Malaria
  - Serology
    - Schisto, strongyloides
    - Hep B, C, HIV
    - Syphilis
  - Vit D
- Assessment for latent TB
  - esp 5yrs & under
  - Mantoux (IGRA blood test)
- Eventually, usual scrg tests for age/gender
Medicare item no. 714

Eligible if
• a resident in Australia
• has Medicare
• visa in category of
  • Refugee
  • Special humanitarian program
  • Permanent protection visa
  • Temporary humanitarian visa or
  • Temporary protection visa
• within 12 months of person arriving in Australia or receiving residency

One off payment, $204
• Information collection can be done by nurse or assistant
• Other components of assessment need attendance by medical practitioner
• Must include
  • History & examination
  • Required investigations
  • Management plan

Some consultation issues

• Language
• Cultural beliefs & practices
• Trust
• Unfamiliarity with
  • family doctors & ongoing/preventive care
  • appointments, referral
  • medical procedures
  • confidentiality, consent
• Social issues common
  • Isolation, discrimination, settlement challenges

The benefits of professional interpreters

• Proper communication key
• Interpreters as professionals
  • trained, ethics code
• Free interpreting in private practice:
  TIS Doctors Priority Line 1300 131 450

Information & referral

• www.mhcs.health.nsw.gov.au – translated info
• www.racgp.org.au
  • Advocacy : link to resources
  • Aust. Family Physician 2007
• STARTTS 9794 1900
• Trans-cultural Mental Health Centre 1800 648 911
  • Liaison officers:
    • Coffs H 6656 7902 Robyn Palmer
    • Dubbo 6841 2974 Kirsten Gate
    • Griffith 6966 9900 Diane Graham
    • Tamworth 6767 8520 Sue Budden
• FGM: Auburn Hospital Maternity 9563 9815
• NSW Refugee Health Service 8778 0770