



# CCIRH

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

REGION



CENTRAL AND SOUTH AMERICA

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):  Current housing: <b>A</b> If linked to integrated program: Depression Screen  Migration/Displacement History:                      Document date of refugee claimants-hearing
<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> CBC with differential (children/females)
<b>Immunizations*</b>	<b>A</b> Children (Age Dependent): <b>A</b> DPT-aP <b>A</b> HPV <b>A</b> Adults: <b>A</b> MMR <b>A</b> Varicella <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

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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	<p> <span style="color: green;">◆</span> <b>Screen Visual Acuity</b> <span style="float: right; color: green;">◆</span> <b>Dental Mouth Exam</b> </p> <p>Nutritional status, fevers, scars/skin lesions, clubbing, wheezes, heart murmurs, lymphadenopathy, organomegaly, limb weakness</p>	
<b>Problems/Plan</b>	<span style="color: green;">◆</span> <b>NSAIDs for Dental Pain and Refer for Dental pathology/pain</b>	
<b>Screening Investigations</b>	<p> <span style="color: blue;">●</span> <b>Fasting Glucose (&gt;35)</b> <span style="float: right; color: blue;">●</span> <b>LDL/Cholesterol (men&gt;35, women &gt;45)</b> </p> <p> <span style="color: blue;">●</span> <b>Chest X-ray if Mantoux test&gt;10 mm*</b> <span style="float: right;">Remain alert for isolation for pregnant women</span> </p> <p> <span style="color: blue;">●</span> <i>Screen for obesity</i> </p>	
3 <sup>rd</sup> Visit (1-3 months)		Later visits (3-6 months)
	Date:	Date:
<b>Vital Signs</b>	Wt: BP:	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 <span style="color: green;">◆</span> <b>child neglect/intimate partner violence</b>	Remain alert for possible onset of depression/ <span style="color: blue;">●</span> <b>PTSD</b>
<b>Education</b>	<span style="color: green;">◆</span> <b>Diet counseling (Iron Deficiency and Diabetes)</b> <span style="color: green;">◆</span> <b>Dental Care (tooth brushing)</b> <span style="color: blue;">●</span> <i>Adequate Vitamin D</i>	<span style="color: blue;">●</span> <i>Positive Parenting</i> <span style="color: blue;">●</span> <i>Exercise</i> <span style="color: blue;">●</span> <i>Assess for Smoking and Alcohol misuse</i>
<b>Physical Exam</b> Important signs in immigrants from developing countries	Ensure appropriate clothing for weather (cold and sun)	
<b>Problems and Plan</b>	<span style="color: blue;">●</span> <b>Refer if positive for Hepatitis B</b>	
<b>Screening Investigations</b>	<span style="color: blue;">●</span> <b>Cervical cytology</b> Consider testing for chlamydia; GC, <span style="color: blue;">●</span> <i>syphilis (VDRL)</i>	<span style="color: blue;">●</span> <i>Mammography (50-75)</i> <span style="color: blue;">●</span> <i>Fecal Occult Blood (&gt;50)</i> <span style="color: blue;">●</span> <i>Osteoporosis screening (women &gt;65)</i>
<b>Immunizations</b>	<span style="color: green;">◆</span> <b>Hepatitis B</b> (non-immune) <span style="color: green;">◆</span> <b>Serology for Varicella*</b>	<span style="color: green;">◆</span> <b>HPV vaccination</b> (for 9-25 year old females)



\* See Resource Page

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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)

<p><b>Tuberculosis Screening: Tuberculin skin test (TST)</b>  <b>Indications for TST: persons at high risk for disease</b></p> <ul style="list-style-type: none"> <li>Contact with contagious TB, immigrants from TB endemic country within 5 years of arrival</li> <li>Increased risk of reactivation due to impaired immunity: HIV-AIDS, Diabetes, Renal Failure, Corticosteroids or other immunosuppressant drugs</li> </ul>	<p><b>INH Treatment of Latent Tuberculosis Infection (active disease ruled out)</b>          Isoniazid 300mg OD (children 5mg/kg); consider pyridoxine 25-50mg OD to prevent neuropathy in malnourished states</p> <ul style="list-style-type: none"> <li>Provide 9 months of INH for all adults</li> <li>Consider up to 12 months in children</li> </ul>								
<p><b>Canadian criteria for a positive TST</b>  <b>High risk people: 5mm</b>          HIV, Contact with active TB, signs of inactive TB on CXR, organ transplant steroids &gt;15mg/day  <b>High risk conditions: 10 mm</b>          Silicosis, DM, Chronic Renal Failure, Leukemia, lymphoma, Malnutrition, child &lt;5 years of age  <b>High Prevalence Population: 10 mm</b>          Foreign Born (high prevalence countries- see Greenaway et al. TB in CMAJ 2011) arrived &lt;5 years, health care worker, aboriginal, prisons, homeless, urban poor</p>	<p><b>*Risk of INH hepatotoxicity (AST &gt; 5 times normal)</b></p> <table border="1"> <tr> <th>Age</th> <th>Risk</th> </tr> <tr> <td>• 25-34</td> <td>4/1000</td> </tr> <tr> <td>• 35-49</td> <td>8/1000</td> </tr> <tr> <td>• 50+</td> <td>19/1000</td> </tr> </table> <p>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.</p>	Age	Risk	• 25-34	4/1000	• 35-49	8/1000	• 50+	19/1000
Age	Risk								
• 25-34	4/1000								
• 35-49	8/1000								
• 50+	19/1000								
<p><b>Immunizations:</b> 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.  <b>Consider:</b> 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</p>	<p><b>Visiting Friends and Relatives (VFR) Travel- preparation for future travel home</b> (see travel health website: <a href="http://www.TravelHealth.gc.ca">www.TravelHealth.gc.ca</a>)  <b>Consider:</b> 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</p>								
<p><b>Laboratory Investigations:</b>  <b>*Basic Tenets of Screening:</b> suitable test and facilities to diagnose available, accepted treatment available, recognized latent or asymptomatic disease stage, diagnosis and treatment should be cost effective.  <b>*Consider periodic screening</b> for infectious disease and chronic illness tailored to history of travel and lifestyle</p>	<p><b>Special Laboratory Investigations to Consider</b>  <b>*Malaria:</b> Rapid Diagnostic Test (RDT), thick &amp; 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  <b>*Vitamin D: 25-Hydroxycholecalciferol:</b> bone and muscle aches in women who use body veils.</p>								
<p><b>Working with an interpreter</b>  <b>Pre-interview:</b> Discuss with the interpreter the goal of the interview, emphasize confidentiality, and seating arrangements  <b>Interview:</b> 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.  <b>End of the interview:</b> Repeat important concepts, review treatment plan carefully, have patient repeat back general diagnosis and plan</p>	<p><b>Global Health Risks</b>          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</p>								

**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	Primary treatment	Alternative treatment
<b>Entamoeba histolytica</b> (positive serology or stool antigen)	Paramomycin 500 mg po tid x 7d* Iodoquinol 650 mg po tid x 20d*	Metronidazole 750 tid x 10d
<b>Giardia lamblia</b>	Metronidazole 250 mg po tid x 5d*	Tinidazole
<b>Ascaris lumbricoides</b>	Albendazole 400 mg po x 1 dose <sup>6</sup>	Mebendazole 100mg bid x 3d
<b>Enterobius vermicularis</b>	Albendazole 400 mg po x 1 dose (repeat in 2wks) <sup>6</sup>	Mebendazole 100mg once then repeat in 2wks
<b>Strongyloides stercoralis</b>	Thiabendazole 50 mg/kg divided bid x 2d (max dose 3 g/d) **	Albendazole/Ivermectin
<b>Schistosoma mansoni, haematobium</b>	Praziquatel 40mg/kg po divided bid x 1d	
<b>Trichuris trichiura</b>	Albendazole 400 mg po x 1 dose	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.rrasp-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)

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