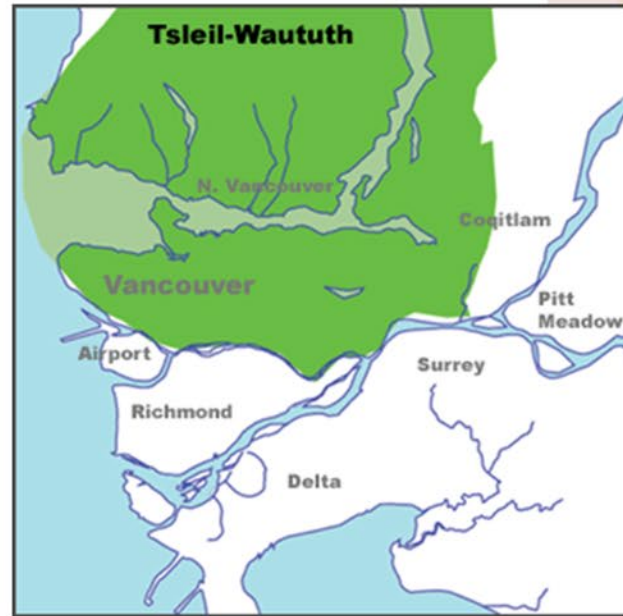
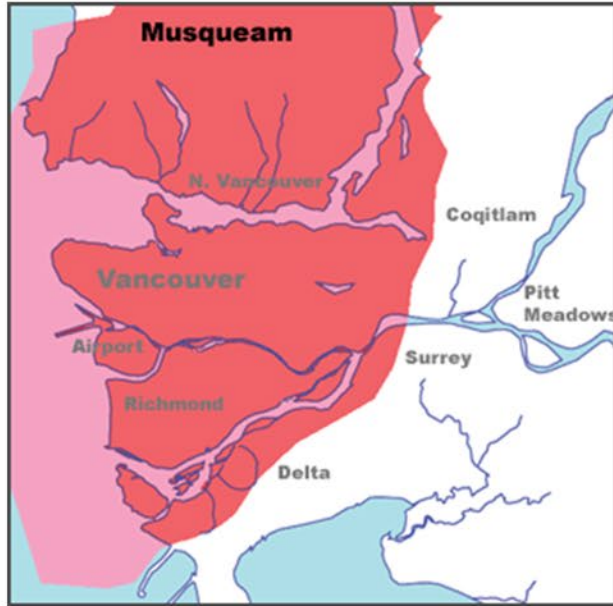


We would like to acknowledge that we are gathered today on the traditional territories of the Musqueam, Squamish and Tsleil-Waututh peoples.

Source: www.ijohomaps.net/na/canada/bc/vancouver/firstnations/firstnations.html



Immigrant & Refugee Health in Canada: primary care and infectious diseases



Jan Hajek, MD, FRCPC & Mei-ling Wiedmeyer, MD, CCFP

December 13, 2023

Disclosures

- No relationships with any commercial interests
- We speak from a position of privilege as health care providers. We do not speak on behalf of people and communities, but in recognition of our shared humanity.

'If you have come to help me you are wasting your time. If you have come because your Liberation is bound together with mine, let us walk together'.

- Aboriginal activists group, Queensland, 1970s.

[source: <http://nationalunitygovernment.org/content/liberation-and-you-are-aboriginal-land>]

Acknowledgements

Input and acknowledged slides from Dr. Vanessa Redditt (Crossroads Clinic, Toronto) and Dr. Jeanette Smolak-Pedersen (Umbrella Multicultural Health Co-op)

Who Are We?

Mei-ling (Family Physician)

Umbrella Multicultural Health Coop

- Serves immigrants and refugees w/ language and cultural barriers
- Community Health Centre, team-based care, Cross Cultural Health Brokers
- Main ethnocultural groups:
 - Middle Eastern (Arabic-speaking)
 - Iranian/Afghan (Farsi/Pashto/Dari-speaking)
 - Latin American (Spanish-speaking)
 - Eritrean (Tigrinya/Amharic-speaking)
- Comprehensive longitudinal primary care for insured and uninsured patients, mobile clinic for migrant farmworkers

Jan (Infectious Diseases Specialist)

- International work: World Health Organization and Doctors without Borders (MSF).
- Senior Policy Advisor Citizenship and Immigration Canada (2009 – 2010)
- Co-director of the upcoming UBC Tropical and Geographic Medicine course in May.

Learning Objectives

1. Understand unique healthcare needs of the immigrant and refugee population in BC
2. Understand some specific infectious disease considerations for immigrant and refugee populations in BC
3. Understand some specific approaches to providing high quality primary care for immigrants and refugees in BC



Photo: [unhcr.org](https://www.unhcr.org)

Immigration Overview



What % of Canadians were not born in Canada?

2021 Census Data

Nearly 1 in 4, or 23%, are or have been a landed immigrant or permanent resident in Canada

Immigration Categories

Permanent Resident Groups:

Economic Immigrants

Family Class

Refugees

Government assisted refugees (GAR)

Privately sponsored refugees (PAR)

Protected Person (accepted RC)

Humanitarian & Compassionate

Small number of "other"

Temporary Groups:

Refugee Claimants

Workers

E.g. Temporary foreign workers


Students

Visitors

Don't forget:

Undocumented migrants

Differential Rights According to Group



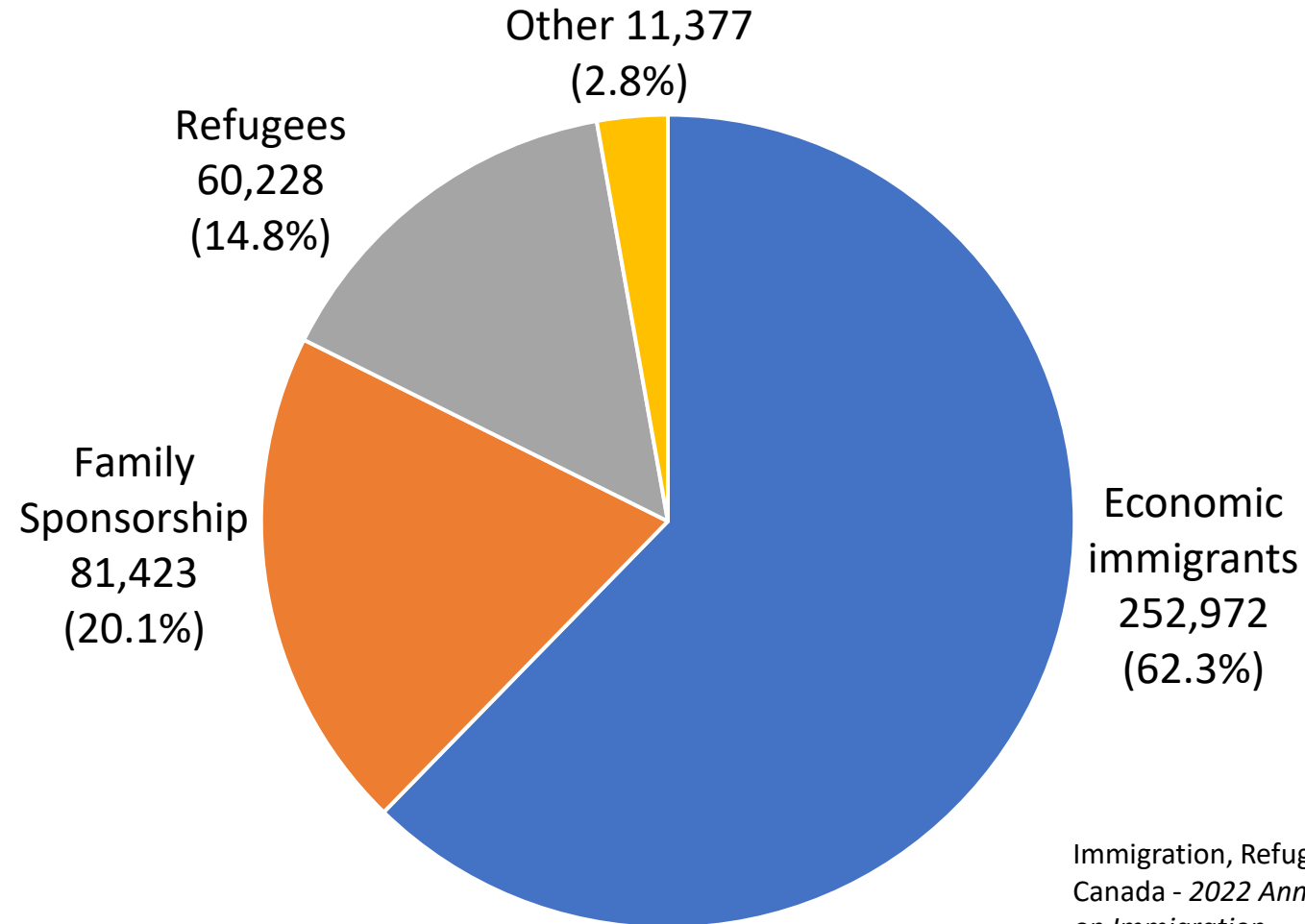
Citizen	<ul style="list-style-type: none">• Vote• Enter, remain, leave• Canadian Charter Rights & Freedoms
Permanent Resident	<ul style="list-style-type: none">• Social benefits (health care)• Move in Canada• Maintain residency
Temporary Resident*	<ul style="list-style-type: none">• Social services varies by province• Community Orgs support

*Precarious Status:

Including undocumented people who continue to live and work in Canada beyond the expiration of their temporary documentation, and whose access to health and social services is limited.

Permanent Residents Admitted to Canada (2021)

Total = 405,999



Immigration, Refugees, and Citizenship
Canada - 2022 Annual Report to Parliament
on Immigration

Permanent Residents Admitted to Canada (2021)

Top 10 Source Countries

Rank	Country	Total Number ¹⁹	Percentage (%)
1	India	127,933	32
2	China, People's Republic of	31,001	8
3	Philippines	18,021	4
4	Nigeria	15,593	4
5	France	12,688	3
6	United States of America	11,951	3
7	Brazil	11,425	3
8	Iran	11,303	3
9	Afghanistan	8,569	2
10	Pakistan	8,476	2
Total Top 10		256,960	63
All Other Source Countries		149,039	37
Total		405,999	100

Immigration, Refugees, and Citizenship
 Canada - 2022 Annual Report to Parliament
 on Immigration

Key highlights for IMMIGRATION TO CANADA 2021



IRCC Funded

More than **550** service provider organizations, and provided settlement services to more than **428,000 clients.**



Permanent Immigration

405,999 residents were welcomed into Canada in 2021.

191,338 individuals transitioned from temporary to permanent residents under various TR to PR pathways.



Temporary Residents

A total of **1,467,333** travel documents were issued to visitors, students and temporary foreign workers.



There was a total of **445,776** study permit holders.

There was a total of **415,817** work permit holders under the Temporary Foreign Worker Program and the International Mobility Program.



Canadian Citizenship

221,919 permanent residents became Canadian citizens in 2021-22.



Legal Definition of Refugee

1951 United Nations Geneva Convention Relating to the Status of Refugees:

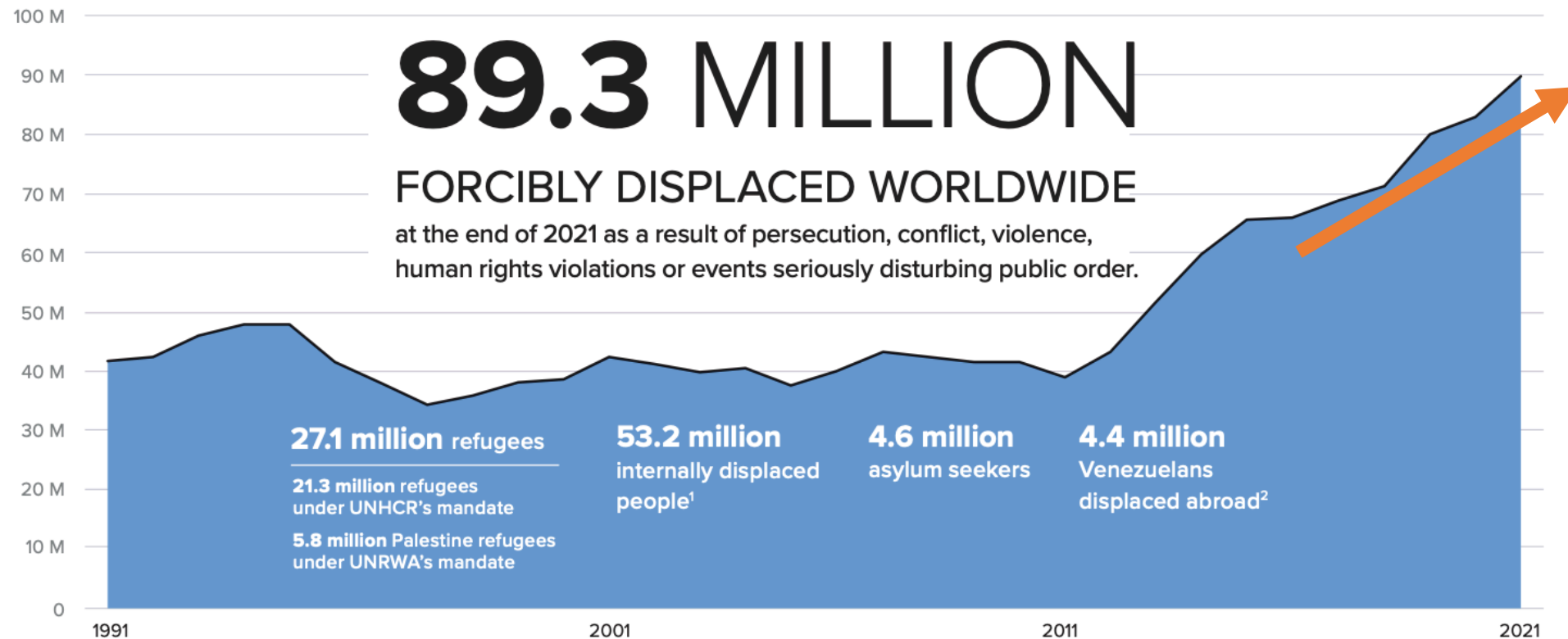
- *“Someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion.”*





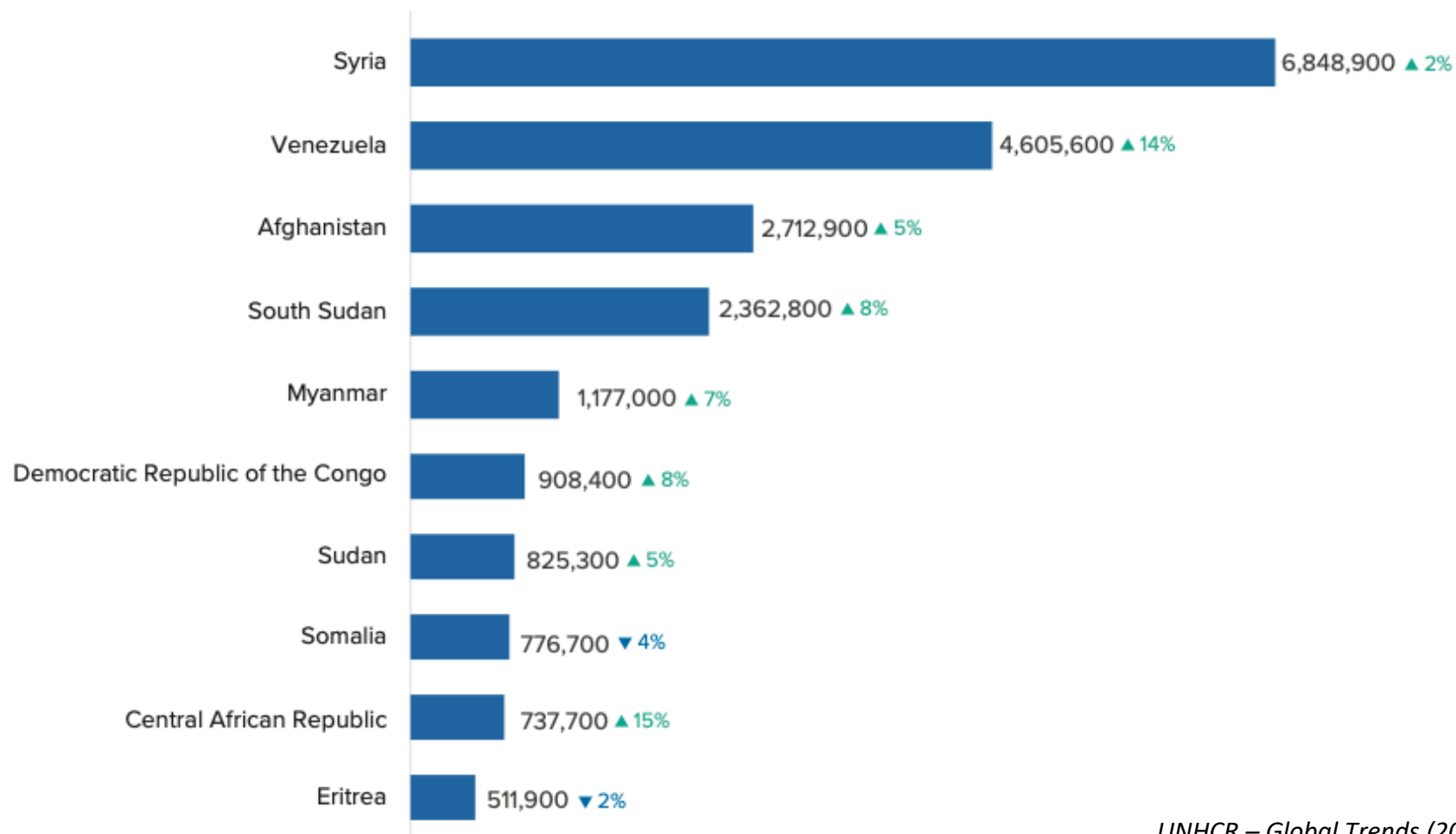
How many refugees do you think there are globally currently?

Trends at a Glance



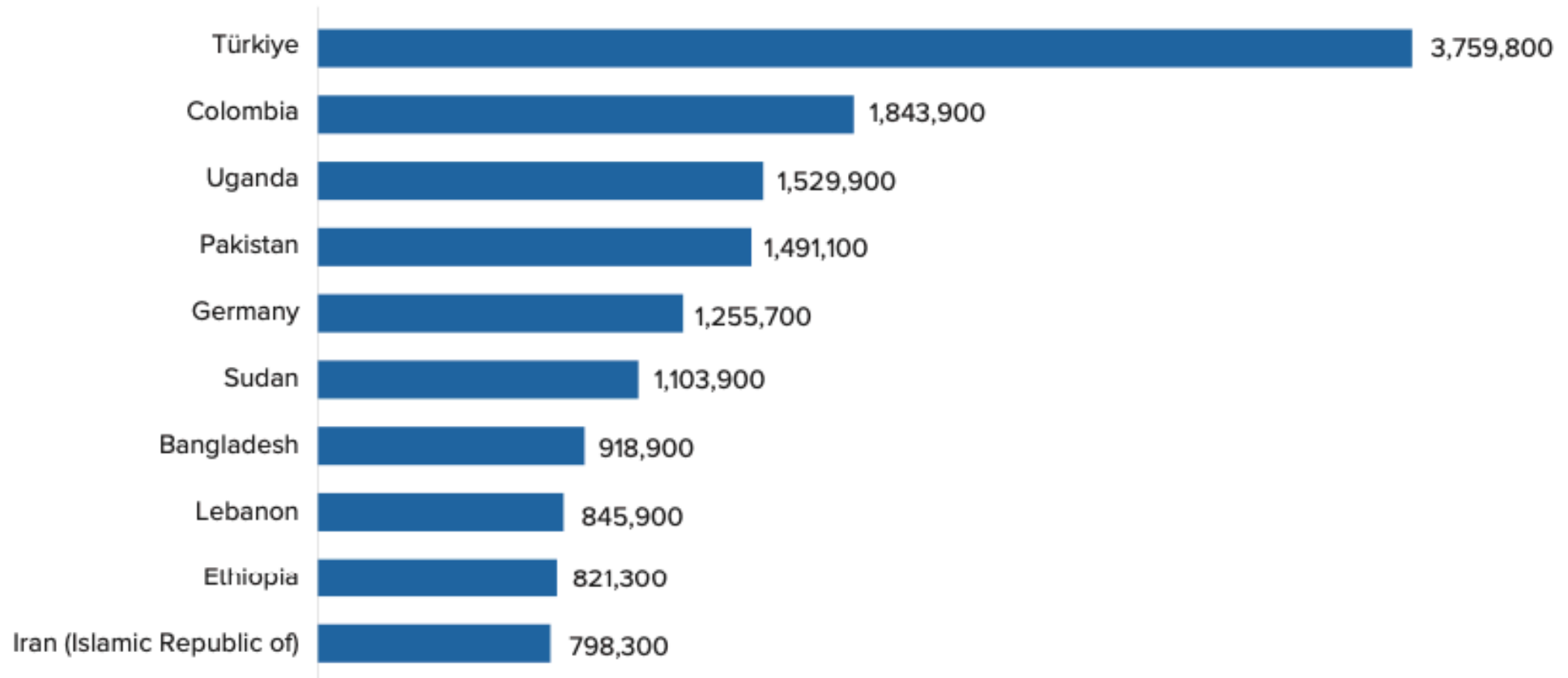
Top **Source** Countries of Refugees (2021)

Figure 5 | **People displaced across borders by country of origin | end-2021**

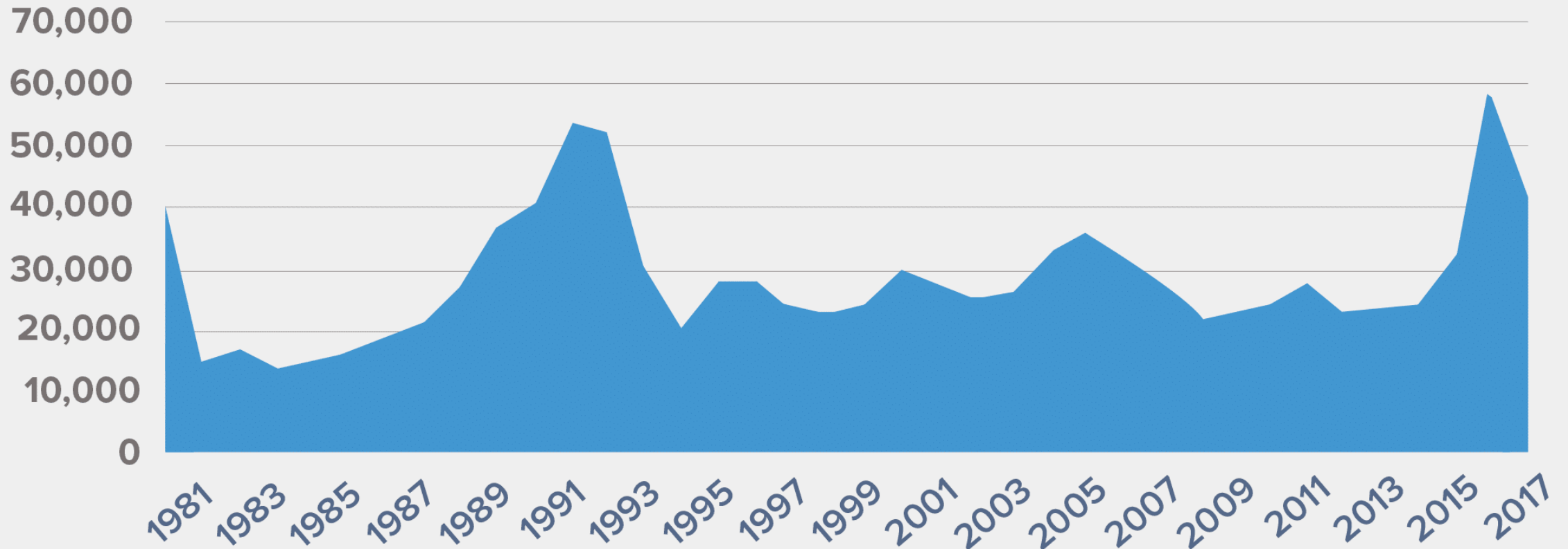


Top **Host** Countries for Refugees - 2021

Figure 7 | **People displaced across borders by host country | end-2021**




REFUGEE ARRIVALS IN CANADA, 1980–2017



Access to Health Care in BC

For Immigrants and Refugees

Health Insurance for Immigrants / Refugees



Immigration Status	Health Insurance	Settlement Assistance / Social Services
Economic Immigrants	MSP*	Yes
Family Class Immigrants	MSP*	Yes
Gov't Assisted Refugees (GAR)	IFHP → MSP for basics + IFHP for supplemental	Yes
Private Assisted Refugees (GAR)	IFHP → MSP for basics + IFHP for supplemental	Yes
Refugee Claimants (RC)	IFHP	Yes
Temporary Permits (Workers, Students)	MSP* or private insurance from employers	Limited
Undocumented Migrants	None	Extremely limited

***Subject to 3 month wait period**

Interim Federal Health Program (IFHP)

- Temporary health care coverage for **refugees**
 - GAR/PSR: until MSP
 - Refugee claimants: until passed refugee hearing
- **Basic coverage:**
 - In-patient and out-patient hospital services
 - MD & NP care
 - Laboratory, diagnostic
 - Ambulance services
- **Supplemental coverage:**
 - Medications
 - Emergency dental
 - Vision
 - Allied health (e.g. OT, SLP, PT, RCC)
 - Assistive devices, medical supplies

 **PROTECTED - B**

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: _____
Sex: _____ UCI: _____
Citizenship: _____ Application no.: _____

*****NOT VALID FOR TRAVEL***
DOES NOT CONFER STATUS**

The above named individual is eligible for the following coverage:

Coverage:	Effective Date:	Valid Until:

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered by the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP, I will notify CIC immediately of any changes to my immigration status, or if I become eligible for, or receive other health insurance;
- understand that it is my responsibility to renew this coverage before _____ and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

SIGNED at _____ on _____

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web <https://provider.medavia.bluecross.ca/> phone 1-888-614-1880 or fax 506-867-3824.

Client ID #: _____
Family name:
Given name(s): _____
Date of birth: _____



IFHP Providers

- Register IFHP Medavie Blue Cross: <https://ifhp-pfsi.medavie.bluecross.ca/>
- IFHP Provider Search: <https://ifhp.medaviebc.ca/en/providers-search>

IFHP Provider Geographic Search

* Enter Location: (required)

715 Carnarvon St, New Westminster, BC V3M 6C X 

* Select Provider Type: (required)

General Practitioner - Dentist 

* Select Distance - KM: (required)

1 5 10 25 50 100 150

Select Language:

French English All

Search for Providers

- Resources: <https://www.medaviebc.ca/en/health-professionals/resources>

Providing Care for the Uninsured

- E.g. work visa expired and they didn't understand how to apply for extension
- E.g. baby born to parent without MSP (3 month waiting period for MSP)
- Commonly excluded from health and social services unless able to pay
- Often hospital bills are sent automatically. Challenging to waive.
- Tips:
 - Community health centre?
 - Contact specialist directly for assistance (e.g. phone advice, free consultation)?
 - Contact pharmacy to advocate to waive dispensing fees?
 - Contact dentist to advocate to waive fees?
 - Write advocacy letters to hospitals?
 - Reach out to advocacy organizations?

Original Paper | [Published: 03 November 2012](#)

A Comparison of Health Access Between Permanent Residents, Undocumented Immigrants and Refugee Claimants in Toronto, Canada

[Ruth M. Campbell](#) , [A. G. Klei](#), [Brian D. Hodges](#), [David Fisman](#) & [Simon Kitto](#)

[Journal of Immigrant and Minority Health](#) **16**, 165–176 (2014) | [Cite this article](#)

8512 Accesses | **81** Citations | **6** Altmetric | [Metrics](#)

*“...**immigration status** was the single most important factor affecting both an individual’s ability to seek out healthcare and her experiences when trying to access healthcare. The healthcare seeking behaviour of undocumented immigrants was radically distinct from refugee claimants or immigrants with permanent resident status, with undocumented immigrants being at a greater disadvantage than permanent residents and refugee claimants”*

(Campbell et al, 2014, p. 165)

Providing Health Care

To Immigrants and Refugees

Immigration Medical Examination (IME)

- All immigrants / refugees
- Before or after arrival in Canada
- Purpose: assess potential burden of illness and limit public health risks
- Includes:
 - History
 - Physical exam
 - CXR (≥ 11 yo) to screen for TB
 - Syphilis serology (≥ 15 yo)
 - HIV testing (≥ 15 yo, as well as children who have received blood or have a known HIV+ mother)
 - Urinalysis (≥ 5 yo)





New Patient Assessments

- Often done over multiple visits
- Use a trained **language interpreter (e.g. PLS)**
- Be flexible
- Provide culturally humble care

CASE

Ms. G. is a 42-year-old female from Eritrea who just arrived in B.C. two months ago. She is booked for an initial appointment with you.

- What information would be important to collect on history and physical exam?

CMAJ Evidence-Based Guideline for Immigrants and Refugees (2011):

<https://www.cmaj.ca/content/cmaj/183/12/E824.full.pdf>

Evidence-based clinical guidelines for immigrants and refugees

Kevin Pottie MD MCISc, Christina Greenaway MD MSc, John Feightner MD MSc, Vivian Welch MSc PhD, Helena Swinkels MD MHSc, Meb Rashid MD, Lavanya Narasiah MD MSc, Laurence J. Kirmayer MD, Erin Ueffing BHSc MHSc, Noni E. MacDonald MD MSc, Ghayda Hassan PhD, Mary McNally DDS MA, Kamran Khan MD MPH, Ralf Buhmann MDCM PhD, Sheila Dunn MD MSc, Arunmozhi Dominic MD, Anne E. McCarthy MD MSc, Anita J. Gagnon MPH PhD, Cécile Rousseau MD, Peter Tugwell MD MSc; and coauthors of the Canadian Collaboration for Immigrant and Refugee Health

Competing interests: See end of document for competing interests.

Coauthors of the Canadian Collaboration for Immigrant and Refugee Health: Deborah Assayag, Elizabeth Barnett, Jennifer Blake, Beverly Brockest, Giovanni Burgos, Glenn Campbell, Andrea Chambers, Angie Chan, Maryann Cheetham, Walter Delpero, Marc Deschenes, Shafik Dharamsi, Ann Duggan, Nancy Durand, Allison Eyre, Jennifer Grant, Doug Gruner, Sinclair Harris, Stewart B. Harris, Elizabeth Harvey, Jenny Heathcote, Christine Heidebrecht, William Hodge, Danielle Hone, Charles Hui, Susan Hum, Praseedha Janakiram, Khairun Jivani, Tomas Jurcik, Jay Keystone, Ian Kitai, Srinivasan Krishnamurthy, Susan Kuhn, Stan Kutcher, Robert Larocche, Carmen Logie, Michelle Martin, Dominique Elien Massenet, Debora Matthews, Barry Maze, Dick Menzies, Marie Munoz, Félicité Murangira, Amy Nolen, Pierre Plourde, Hélène Rousseau, Andrew G. Ryder, Amelia Sandoe, Kevin Schwartzman, Jennifer Sears, William Stauffer, Brett D. Thombs, Patricia Topp, Andrew Toren, Sara Torres, Ahsan Ullah, Sunil Varghese, Bilkis Vissandjee, Michel Welt, Wendy Wobeser, David Wong, Phyllis Zelkowitz, Jianwei Zhong, Stanley Zlotkin.

Editor's note: See Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.090313/-/DC1, for affiliations and contributions of coauthors.

This document has been peer reviewed.

Correspondence to: Dr. Kevin Pottie, kpottie@uottawa.ca

CMAJ 2011. DOI:10.1503/cmaj.090313

Conditions covered in systematic reviews

(see Appendix 2, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.090313/-/DC1 for summary of recommendations and clinical considerations)

Infectious diseases

- Measles, mumps, rubella
- Diphtheria, tetanus, polio, pertussis
- Varicella
- Hepatitis B
- Tuberculosis
- HIV
- Hepatitis C
- Intestinal parasites (*Strongyloides* and *Schistosoma*)
- Malaria

Mental health and maltreatment

- Depression
- Post-traumatic stress disorder
- Child maltreatment
- Intimate partner violence

KEY POINTS

- Clinical preventive care should be informed by the person's region or country of origin and migration history (e.g., forced versus voluntary migration).
- Forced migration, low income and limited proficiency in English or French increase the risk of a decline in health and should be considered in the assessment and delivery of preventive care.
- Vaccination (against measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, varicella, hepatitis B and human papillomavirus) and screening (for hepatitis B, tuberculosis, HIV, hepatitis C, intestinal parasites, iron deficiency, dental pain, loss of vision and cervical cancer) should be routinely provided to at-risk immigrants.
- Detecting and addressing malaria, depression, post-traumatic stress disorder, child maltreatment, intimate partner violence, diabetes mellitus and unmet contraceptive needs should be individualized to improve detection, adherence and treatment outcomes.

Chronic and noncommunicable diseases


- Diabetes mellitus
- Iron-deficiency anemia
- Dental disease
- Vision health

Women's health

- Contraception
- Cervical cancer
- Pregnancy

Canadian Collaboration for Immigrant and Refugee Health (CCIRH) – Checklists:

http://ccirhken.ca/ccirh_main/sample-page/page3-2/



Evidence-Based Preventative Care Checklist For New Immigrants and Refugees

Home Clinical Resources About Us Recommendations by Region Français

Checklist: North Africa

Choose a region checklist:

- Caribbean
- Central & South America
- Eastern Europe
- Central Middle East
- North Africa**
 - 1st visit
 - 2nd visit
 - 3rd visit
 - Later visits
- South & Southeast Asia
- Sub-Saharan Africa

Complete this online checklist or download the PDF version of the [North Africa checklist](#) (.pdf, 740 kb).

Note: When using the online version of the checklist, remember to print it before exiting the website. **Your answers will not be saved.**

Print Checklist

Name:

Date:

Date of Arrival in Canada:

Language(s) spoken:

Country of Origin:

Family Supports:

Settlement/Refugee Claimant Worker:

Refugee Claimant Hearing Date:

Legend:

Symbol	Meaning
●	Links to an interactive synopsis of available evidence and recommendations for the condition.
◆	Links to the relevant section of the guidelines published in the Canadian Medical Association Journal.
▲	Links to the map.

1st Visit

	Date: <input type="text"/>
Vital Signs	Ht: <input type="text"/> Wt: <input type="text"/> BP: <input type="text"/>
Patient Health Concerns	Address reason for visit; Patient-centered approach <input type="text"/>

1st Visit

New Patient
(*Example*)

HISTORY

- **(Im)migration:**
 - Date of arrival
 - Country of birth/origin
 - Immigration journey
 - Immigration/refugee class,
 - Referring organization
 - Relatives who arrived w/ pt
 - Relatives who are still overseas
 - Relatives already in Canada
 - Languages
- **Previous care in Canada**

1st Visit – New Patient

History

- PMHx:
 - Chronic diseases
 - Hospitalizations
 - Surgeries
 - Kids:
 - Prenatal/perinatal hx
 - Developmental hx
- Medications:
 - Rx, OTC, herbals, old meds from their home country
- Allergies
- **Immunizations**

1st Visit – New Patient

History

- **Sexual and Reproductive Health Hx:**
 - Previous OB Hx
 - Previous PAP tests
 - Previous infections
 - Contraception needs
- Family Hx
- **Social Hx**
 - Relationship status
 - Family members / number of children / children living in Canada
 - Living situation
 - School / work
 - Supports

1st Visit – New Patient

History

- ROS – including mental health:
 - **Screen for depression**
 - DON'T routinely screen for PTSD, maltreatment of children, intimate partner violence
 - **BUT** be alert for signs and symptoms
- HPI:
 - Current concerns

1st Visit – New Patient

History

Physical exam:

- Height, weight
- BP
- HEENT
- CVS
- Resp
- Abdo
- GU/pelvic (if needed)
- MSK (if needed)
- Skin

CASE

Ms. G. has not had much health care prior to her arrival in Canada. She does not have any old medical records.

She feels fatigued, has regular headaches, and doesn't eat much as her stomach feels upset.

What investigations would you order?

1st Visit – New Patient

Investigations

Age-appropriate screening according to Canadian guidelines

Infectious disease screening to consider:

- Hepatitis B
- Hepatitis C
- Syphilis
- HIV
- Gonorrhea / chlamydia
- Varicella
- TB skin test
- Serology for schistosomiasis (Africa+) and Strongyloides (SE Asia, Africa)

Chronic disease screening:

- Anemia: CBC, Fe
- Cancer screening including PAP/HPV testing
- +/- DM screening and lipids

Other investigations based on presenting symptoms

Immunizations



- Adults:
 - 1-2 MMR shots (2 if born after 1970)
 - Primary series of Tetanus, Diphtheria and inactivated poliovirus (Td-IPV) (three shots), one of which should be a Tdap-IPV (includes pertussis as well)
- Children:
 - No records → (re)immunize
 - Records → catch up if needed
- Varicella:
 - Check serology in those ≥ 13 yo and vaccinate if non-immune
 - Vaccinate all children < 13 yo

Follow Up Visits

– New Patient

- Review lab results
- Consider other investigations needed
- Manage any condition as needed
- Address vaccination needs
- Address social needs

Infectious diseases

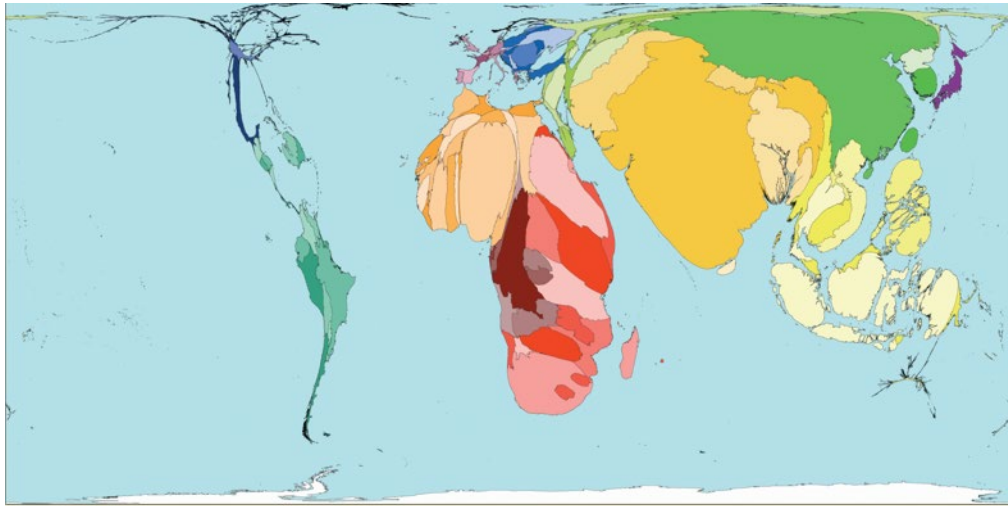
- TB, TB, TB
- Strongyloides
- H. pylori



TB – worlds #1 killer

- 10.6 million people fell sick with TB
- 1.3 million people died of TB

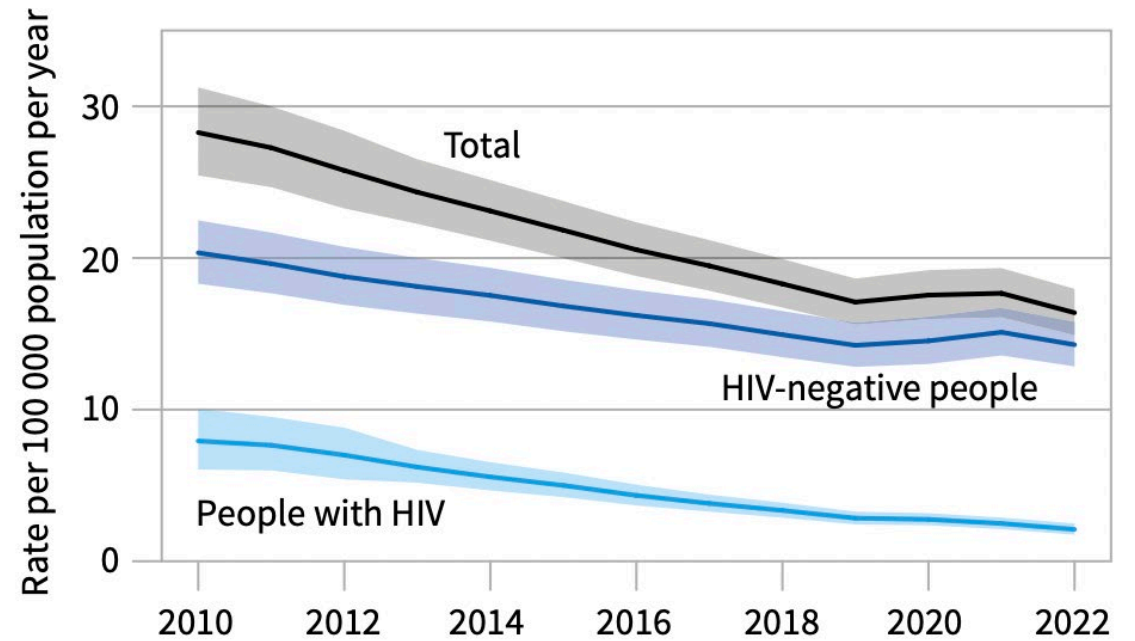
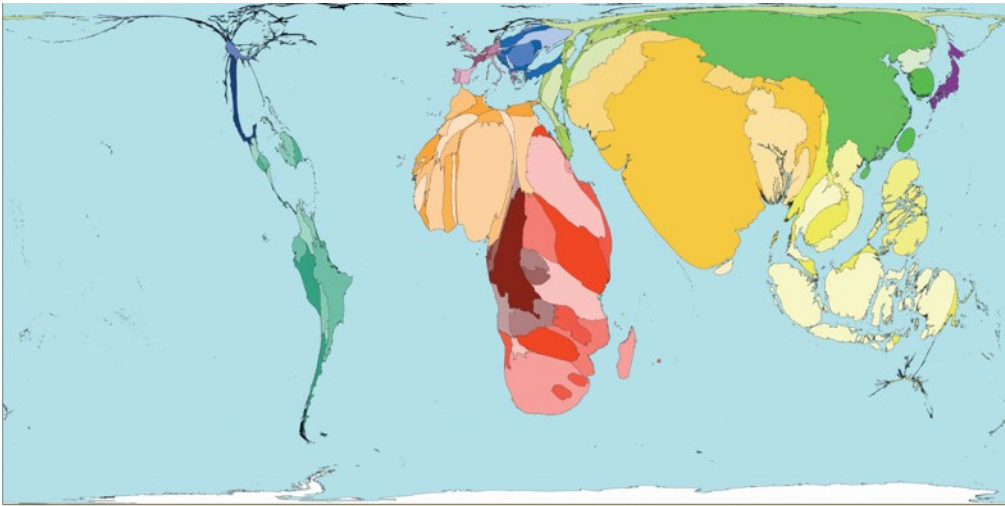
>95% of deaths from TB in resource limited regions



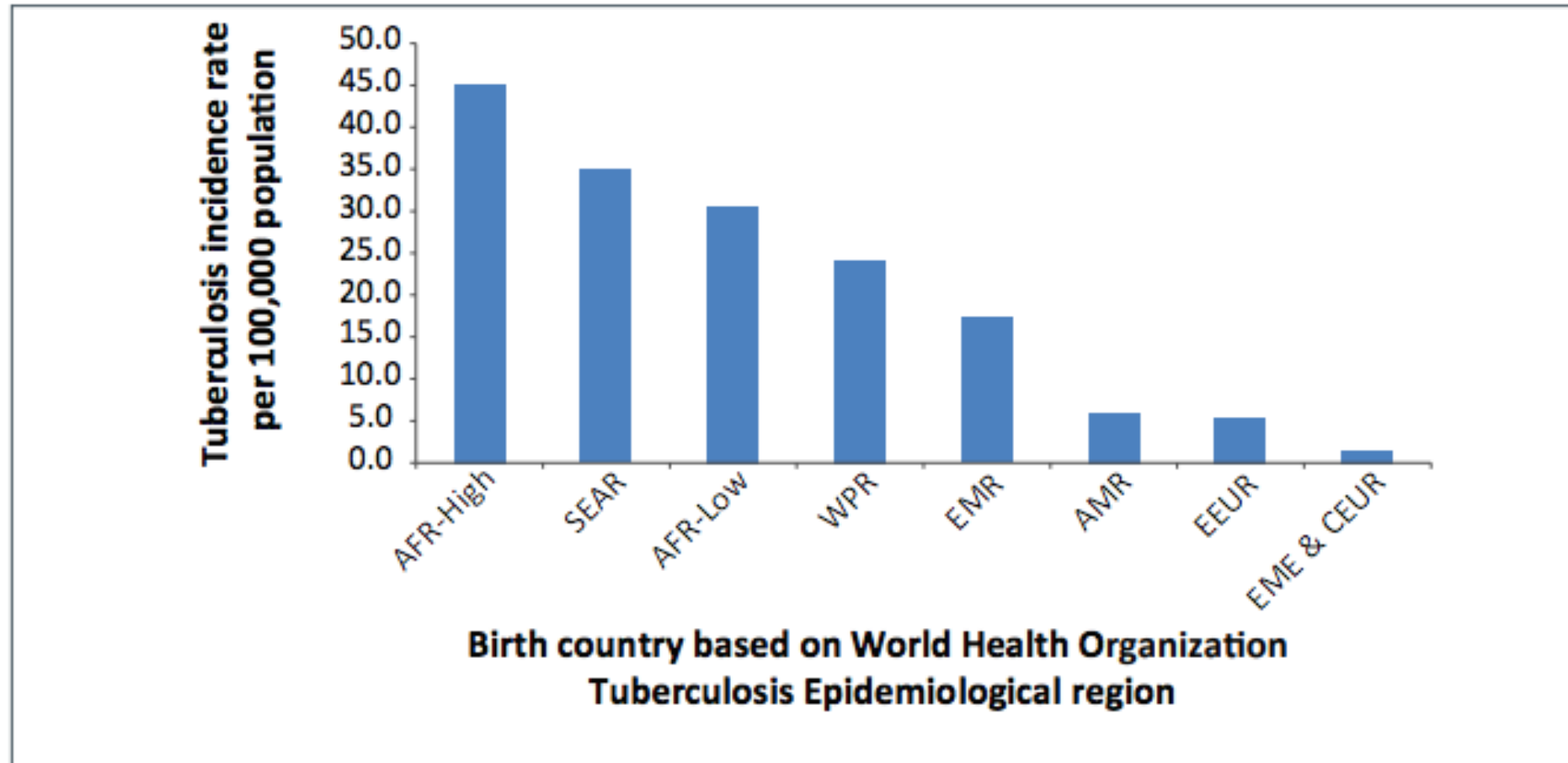
TB – world's #1 killer

- 10.6 million people fell sick with TB
- 1.3 million people died of TB

>95% of deaths from TB in resource limited regions

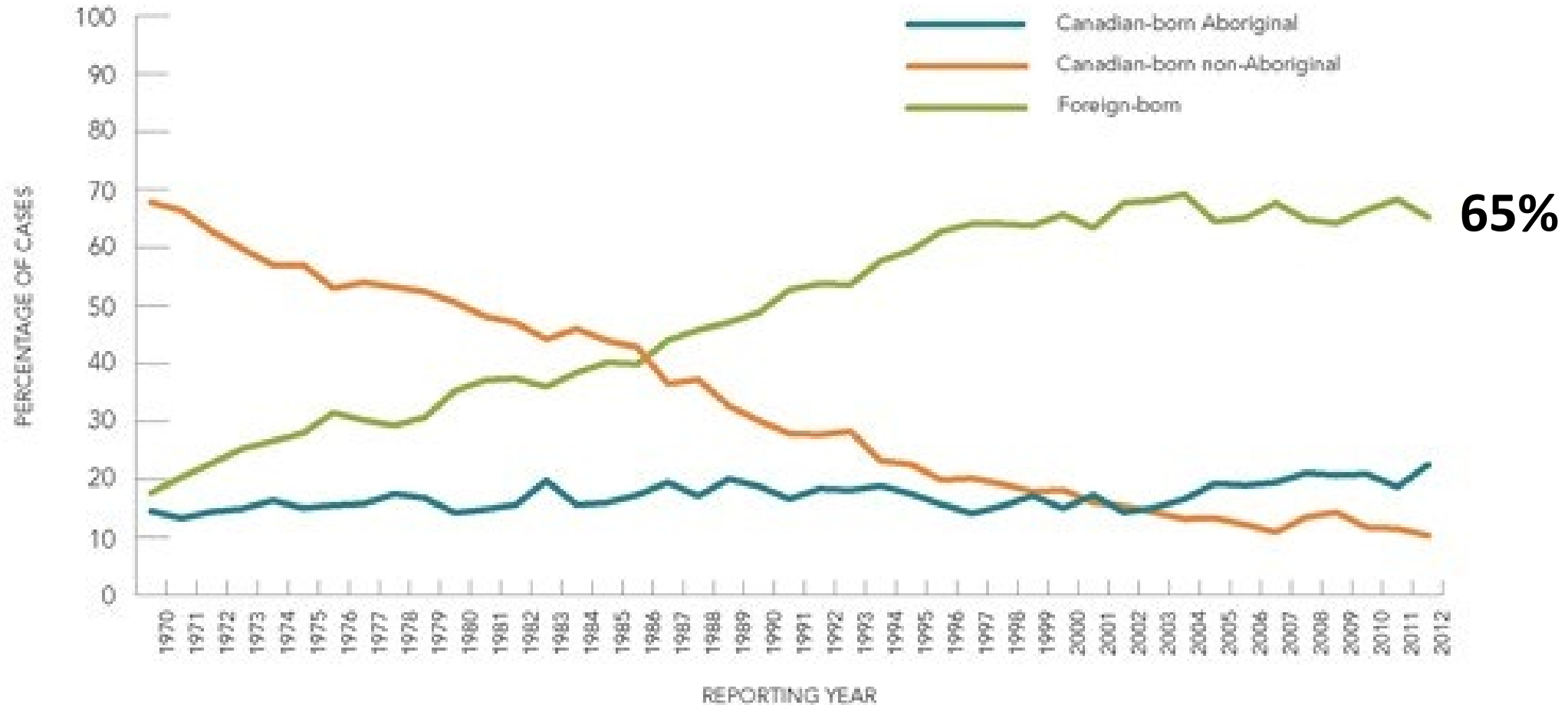


Rate of TB in Canada reflects the rate of TB in country of origin



TB trends in Canada

65% of all cases occur among foreign born



TUBERCULOSIS IN CANADA, 2021

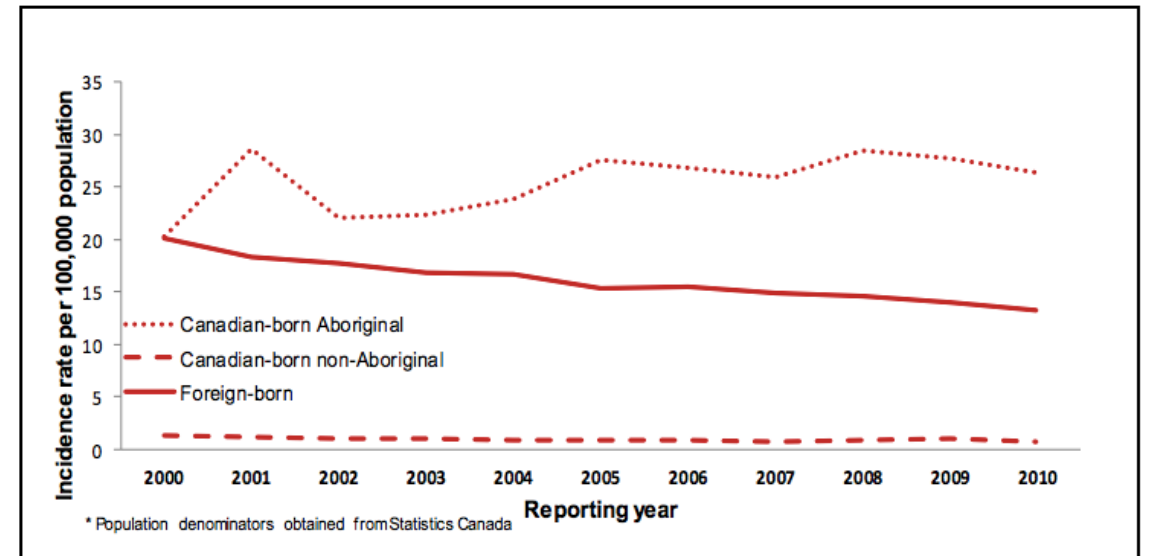
1,904 active TB cases

5.0 active TB cases per 100,000 population

Incidence of active TB (per 100,000)

Person born in Canada (non-Indigenous)	0.2
Person born outside of Canada	13.4
Indigenous person – First Nations	16.1

Figure 5. Reported TB incidence rate by population group in Canada, 2000-2010*



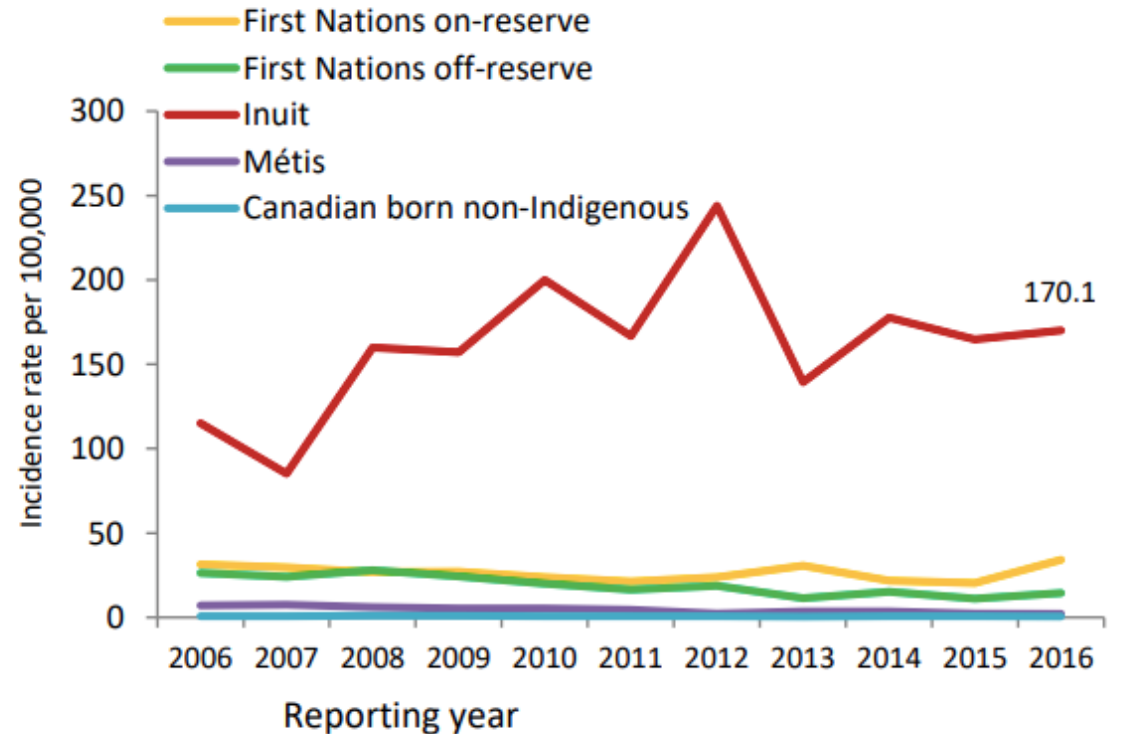
TUBERCULOSIS IN CANADA, 2021

1,904 active TB cases

5.0 active TB cases per 100,000 population

Incidence of active TB (per 100,000)

Person born in Canada (non-Indigenous)	0.2
Person born outside of Canada	13.4
Indigenous person – First Nations	16.1
Indigenous person – Inuit	135.1



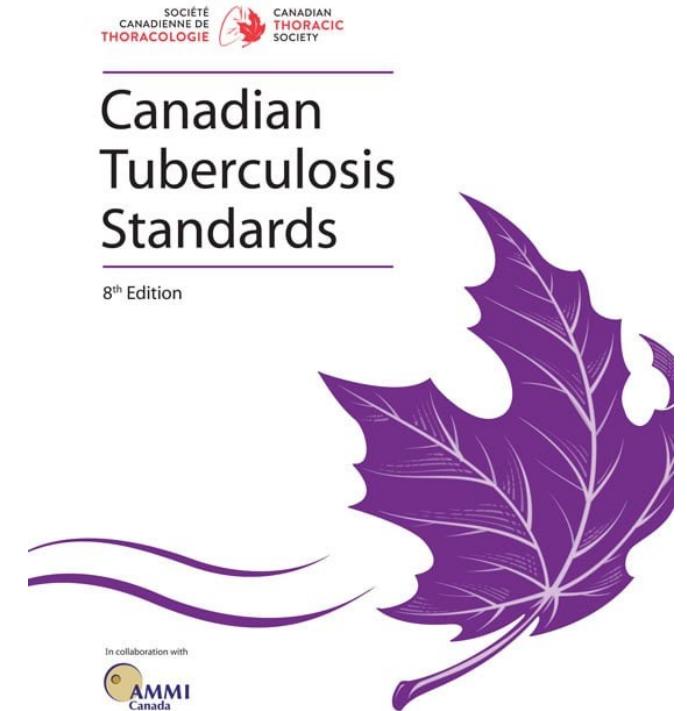
TB screening – IME



- IME (CXR) identifies <3% of patients with TB in Canada
- 2019 - added IGRA/TST for 5 high risk groups
 1. Close contact with an active TB case in the previous 5 years
 2. HIV
 3. History of head and neck cancers within the previous 5 years
 4. Dialysis or advanced CKd (eGfr <30 ml/min/1.73 m²)
 5. Solid organ or bone marrow transplant and on immunosuppressant therapy

Latent TB infection

- Diagnosis:
 - TB skin test
 - IGRA blood test
- Significance
 - 5 – 10% of people will progress to active TB
 - 50% of that risk in the first 2 years
- Treatment
 - Rifampin daily x 4 months
 - Rifapentine + INH weekly x 3 months → 1st line in Nunavut



LTBI screening – in Canada

Should I test?

- **Consider:**

1. Country of origin
2. Refugee status
3. Time since arrival
4. Comorbidities

TB screening – in Canada

Should I test?

- **Consider:**

1. Country of origin
2. Refugee status
3. Time since arrival
4. Comorbidities

Table 2. Risk of TB disease and the incidence rate ratio of TB disease among different populations stratified by risk.

Risk factor	Annual risk of TB disease for the first 2-3 years after testing positive (%)^a
VERY HIGH RISK	
People living with HIV	1.7 to 2.7
Child or adolescent (<18y) tuberculosis contact	2.9 to 14.6
Adult (≥18y) tuberculosis contact	0.8 to 3.7
Silicosis	3.7
HIGH RISK	
Stage 4 or 5 chronic kidney disease with or without dialysis	0.3 to 1.2
Transplant recipients (solid organ or hematopoietic)	0.1 to 0.7
Fibronodular disease	0.2 to 0.6
Receiving immunosuppressing drugs (eg, tumor necrosis factor α inhibitors or steroids) ^b	0.5
Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)	0.1 to 0.4
MODERATE RISK	
Granuloma on chest x-ray	0.1
Diabetes	0.1 to 0.2
Heavy alcohol use (at least 3 drinks/day)	0.1 to 0.2
Heavy tobacco cigarette smoker (at least 1 pack/day)	0.1
LOW RISK	
General (adult) population with no known risk factor	0.03
Persons with a positive two-step TST booster and no known risk factor	0.02

TB screening – in Canada

Should I test?

1. All people born outside of Canada with conditions associated with a **very high risk** of TB reactivation
2. All people from countries with a TB incidence $\geq 50/100,000$ and with conditions associated with a **high risk** of TB reactivation
3. All **refugees** from countries with TB incidence $\geq 50/100,000$ who are ≤ 65 years as soon as possible after arrival and up to two years after arrival
4. All people born from countries with a **TB incidence $> 200/100,000$** who have low to moderate risk of TB reactivation and are ≤ 65 years as soon as possible and within five years of arrival

REFERRAL TO

Vancouver TB Clinic, 655 W12th Avenue New Westminster TB Clinic, 100-237 E Columbia St

REFERRAL FROM

Referring Provider's Name: _____ Date (yyyy/mm/dd): _____

Phone: _____ Fax: _____

Appointment Request: Medically Urgent (PLEASE CALL 604-707-2720) Non-Urgent

CLIENT DEMOGRAPHICS

Name: (Last) _____ (First) _____ (Middle) _____

DOB (yyyy/mm/dd): _____ Gender: _____

PHN: _____ Primary Tel#: _____

Address: _____

Country of birth: _____ Interpreter Required: No Yes: Language: _____

CLINICAL INFORMATION

BCG Vaccination: Unk No Yes, date (yyyy/mm/dd) _____

TB exposure history: Unk No Yes, date (yyyy/mm/dd) _____

Previous Skin Test: Unk No Yes, date (yyyy/mm/dd): _____ Result: _____ mm

IGRA history: Unk No Yes, date: _____ Result: Non-Reactive Reactive

TB signs and symptoms (specify): _____

Medical History / Medications **[Please attach relevant consult, lab and imaging reports]:**

REASON FOR REFERRAL

TB Physician Consultation, please indicate reason:

AFB smear positive Symptoms suggestive of TB CXR/CT scan suggestive of TB

Other, please specify: _____

The following is required to complete your referral:

Recent CXR or imaging (within 3 months)

If possible, collection of 3 sputum specimens for AFB smear and culture

TB Assessment & Screening ONLY, please indicate reason:

Pre-Biologic Steroids Cancer Immune Suppression, reason: _____

Other: _____

Test requested: TST IGRA consult

NOTE: If immune compromised, please attach a CXR within the past 3 months. See [Section 4\(b\)](#), Tables 7 and 9 of the [BCCDC TB Manual](#).

Office Use Only: Date received: _____ Client ID# _____
DI images/reports entered: YES NO Previous TB record: YES NO

Strongyloides

- Intestinal helminth
 - Soil-transmitted
 - 30-100 million people
 - Can be life-long
- Asymptomatic +/- eosinophilia
- Hyper-infection with steroids → overwhelming sepsis
- Screen with serology
- Ivermectin (0.2mg/kg x 2 doses)

Strongyloides – who to screen



Strongyloidiasis Epidemiologic Risk Assessment

Birth, Long-Term Residence in or Travel to (cumulative 6 months)

Low Risk (<3%) North America, Western Europe, Australia	Moderate Risk (3-10%) Eastern Mediterranean, Middle East, North Africa, Indian subcontinent, Asia	High Risk (>10%) Southeast Asia, Malay Peninsula, Oceanic Islands (excluding Australia/New Zealand), Sub-Saharan Africa, South America, the Caribbean
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CASE REPORT

Open Access



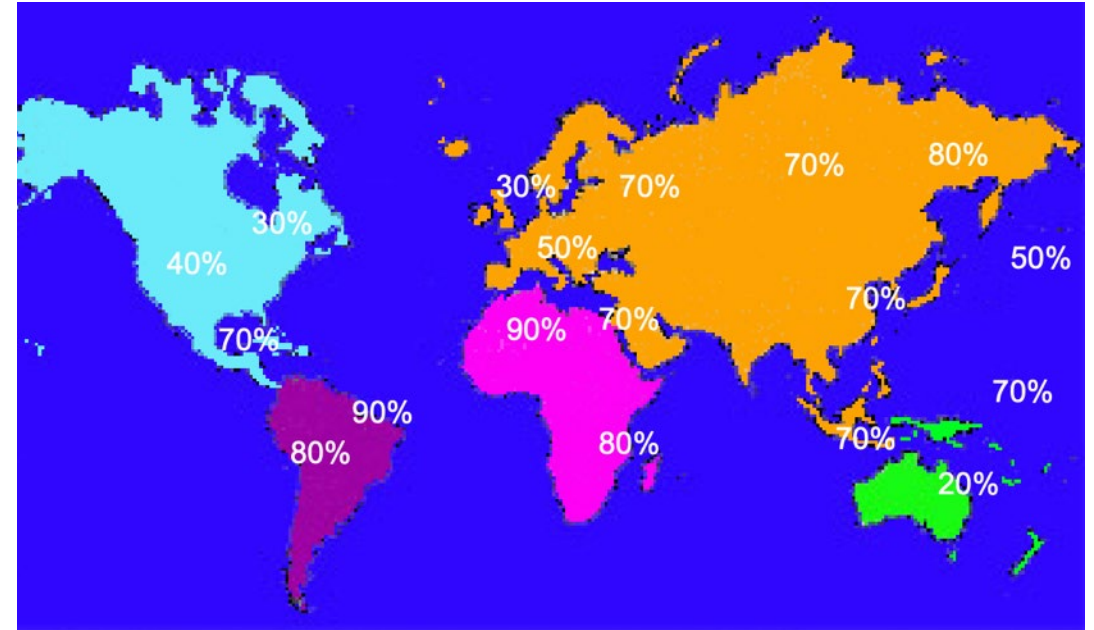
Strongyloides hyperinfection syndrome precipitated by immunosuppressive therapy for rheumatoid arthritis and COVID-19 pneumonia

Hasan Hamze¹, Teresa Tai² and David Harris^{3*}



H pylori

- Higher prevalence among immigrants
- Associated with
 - Gastric/duodenal ulcers - 10%
 - Dyspepsia – 25%
 - Gastric cancer - <1%
- Stool antigen
- Treat if positive
 1. Quad therapy (PPI + Amoxil, Flagyl, Clarithro)
 2. Bis-Quad ((PPI + Bismuth, Flagyl, Tetracycline)
 3. Amoxil + Levofloxacin
 4. Amoxil + Rifabutin



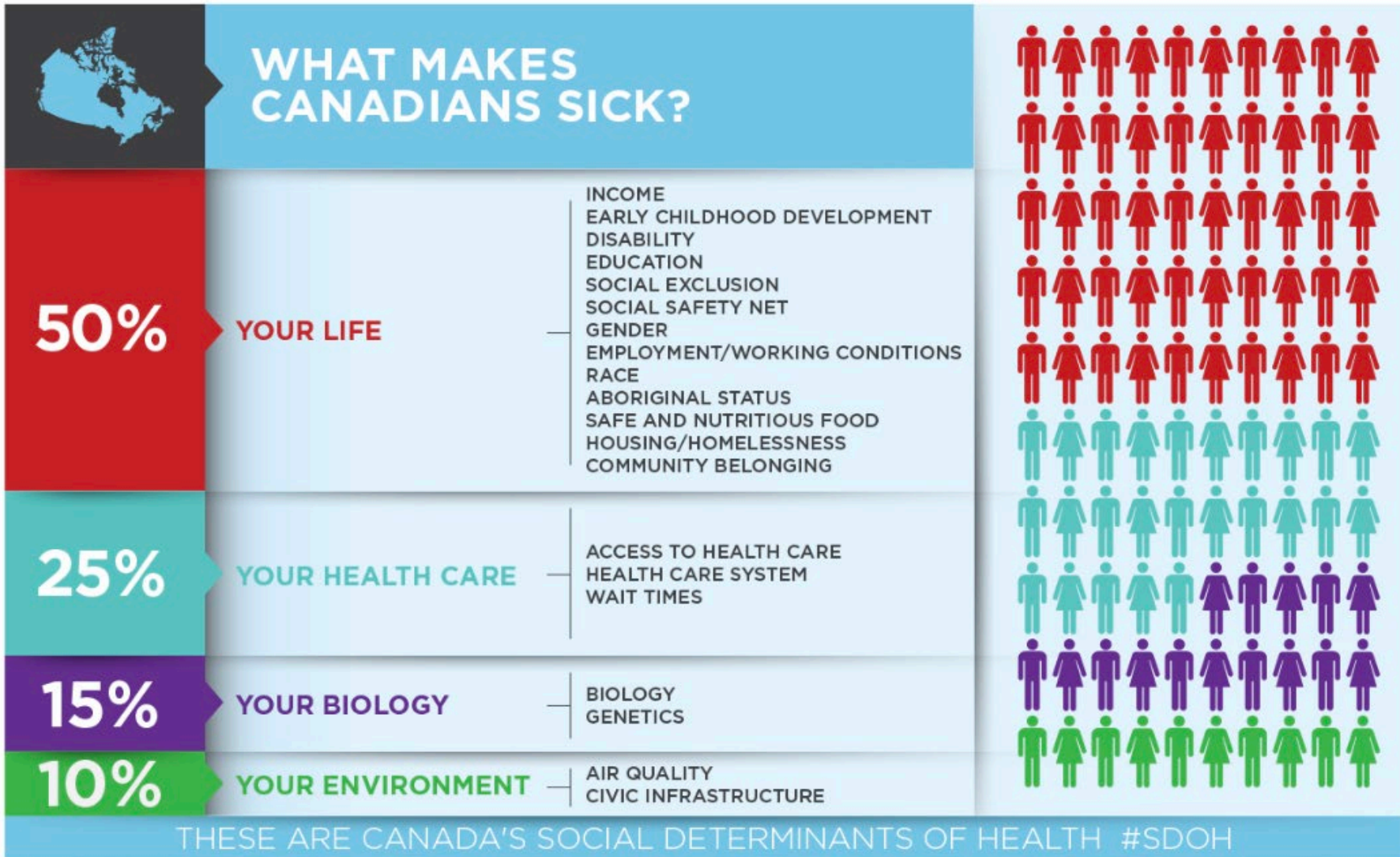
CASE

Ms. G. only knows a few words in English. She has not made any friends and feels lonely. She spends most of her time at home worrying about the well-being of her family. Making ends meet is often challenging.

What referrals would you make?

Social & Structural Determinants of Health

For Immigrants and Refugees



Canadian Medical Association (2016)

Factors Influencing Health

Pre/During Migration

Political and social instability
Violence & trauma
Poor living conditions
Healthcare system barriers

Post-Migration

Uncertain immigration status
Language/communication
barriers
Cultural barriers
Poverty / financial stressors
Employment stressors
Housing instability
Family separation
Loss of social status
Social isolation
Discrimination, racism
Healthcare system barriers

Promoting Resilience

Safety

Learning
English

Education

Recreation
and exercise

Safe housing

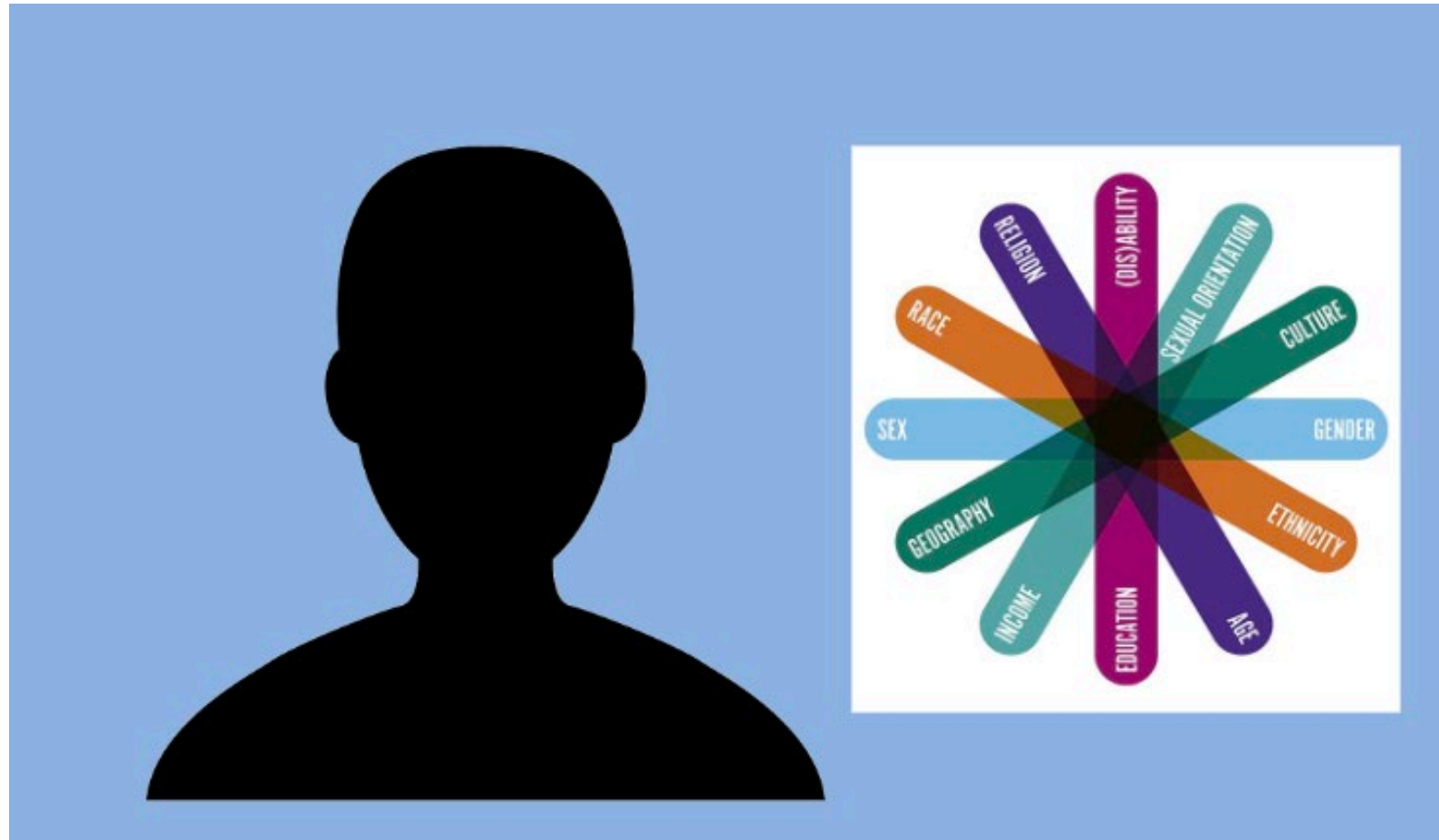
Employment

Health care

Friendships
and social
connections

Financial
stability

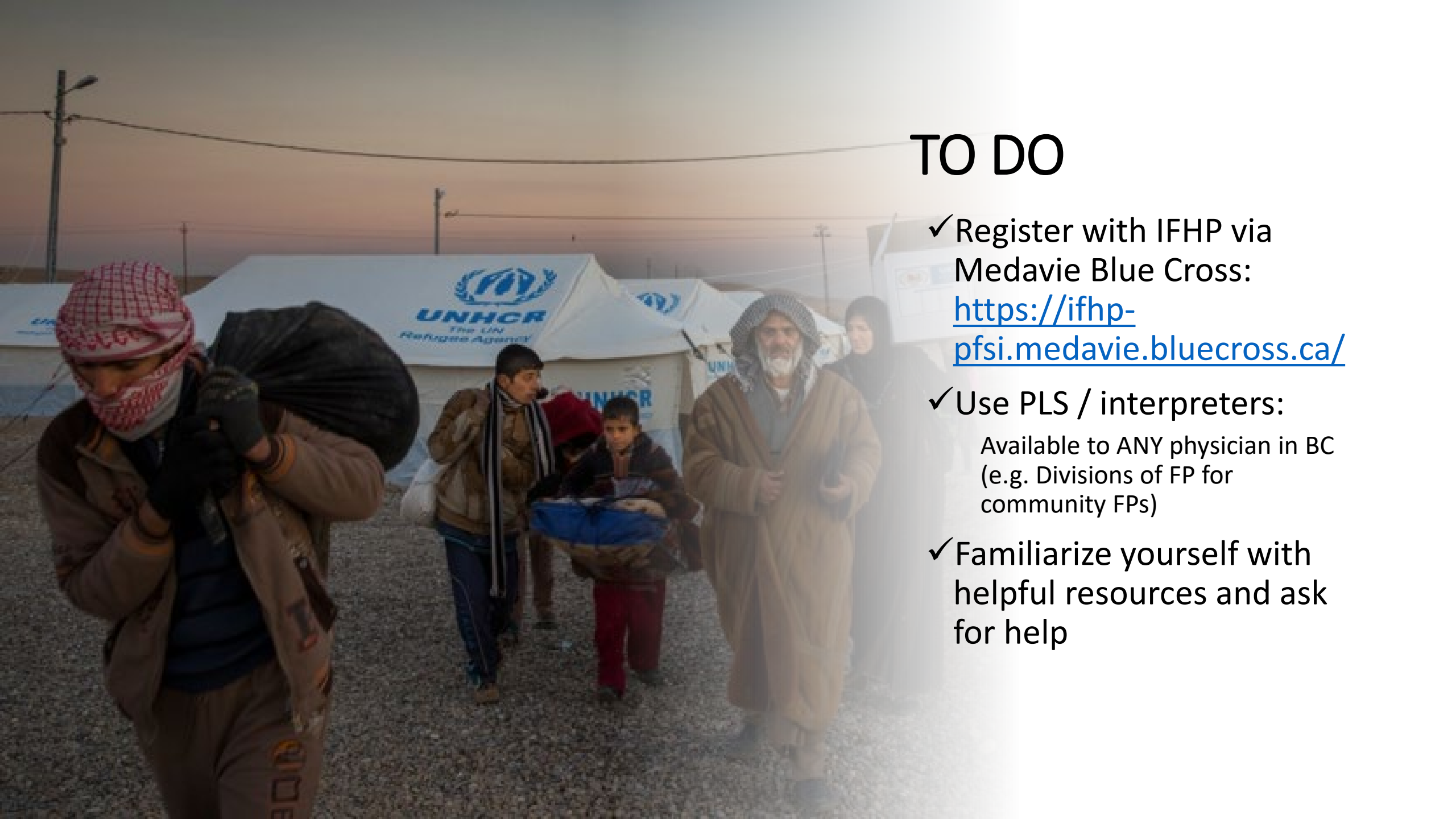
Health Care System Design



Credit: Dr. Vanessa Redditt

Practical Tips & Resources

Caring for Immigrants and Refugees



TO DO

- ✓ Register with IFHP via Medavie Blue Cross:
<https://ifhp-pfsi.medavie.bluecross.ca/>
- ✓ Use PLS / interpreters:
Available to ANY physician in BC (e.g. Divisions of FP for community FPs)
- ✓ Familiarize yourself with helpful resources and ask for help

Resources

- RACE Line - Medical Refugee Health



- 2011 CMAJ Evidence-Based Guideline for Immigrants and Refugees: <https://www.cmaj.ca/content/cmaj/183/12/E824.full.pdf>
- CCIHR Check lists: http://ccirhken.ca/ccirh_main/sample-page/page3-2/
- Caring for Kids New to Canada: <https://www.kidsnewtocanada.ca/>
- Refugee Care app



Community Supports



Take Home Pearls

Set up for Success!

- ✓ Interpretation
- ✓ Cultural Humility
- ✓ Coverage and Billing
- ✓ Social Determinants

Checklists will help you screen

Community will help you manage

- ✓ settlement, local community organizations

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THANK YOU!

QUESTIONS?

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