

**Guidelines  
for the Medical Assessment  
of Refugees**

**By**

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## **Refugees**

Are persons who are outside their country of nationality and who are unable or unwilling to return to that country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion or membership in a social group.

Health professionals have a unique opportunity to identify and begin to address the medical, psychological and social health consequences from which survivors of torture and refugee trauma may suffer. Thus, it is essential for health professionals working in these settings to be aware of the health consequences of such traumatic experiences.

It is crucial for the medical provider to establish rapport and trust with the torture/trauma survivor. This process begins with the physician understanding the many fears and apprehensions that the survivor brings into the examination room & he should demonstrate active listening at all times.

At the outset of the interview, the medical provider should explain the purpose and process of the medical evaluation. In order to avoid re-traumatizing the patient, questions should be asked as much as possible in an open ended manner, rather than in a rapid-fire fashion. Let the patient tell his/her story with as few interruptions as possible, rather than initially trying to get a chronological, detailed history of each event.

Eliciting a history of sexual assault may signal the need for specialized gynecologic/urologic evaluation including pregnancy testing and testing for sexually transmitted diseases. Unless a history of sexual assault is specifically inquired about, both for men and women, this vital information may not be offered spontaneously by the survivor.

Finally, file documentation of all the medical services provided to the refugee should be confirmed and enclosed with the refugee during his move from one locality to another.

## **The aim for medical evaluation for the refugees**

- To ensure follow-up with medical issues identified in medical screening.
- To identify persons with communicable diseases of potential public health importance.
- To enable a refugee to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact their ability to resettle.
- To refer refugees to primary care providers for ongoing health care.

The first step in the medical assessment of a newly arrived refugee is to obtain a detailed history, including any current symptoms, past medical problems, medications, allergies, social/family history, and a mental health assessment. Initially, the encounter should be dedicated to addressing the immediate health concerns of the patient.

Vaccination history should also be reviewed especially for children.

A medication history should include nonprescription (over-the-counter medications) as well as an inquiry about use of traditional and/or herbal remedies and therapies.

A family history should be sought.

The social history should be detailed. A living situation and family structure should be discussed; an important component is reviewing in details, the patient's travel history prior to arrival to the final destination.

Education level and literacy should be determined; results should be used to ensure that health information and other resources are provided at an appropriate level.

Occupational history is important as this will help to determine past environmental and chemical exposures, including questions regarding use of alcohol, tobacco, and illicit drugs.

In women, a menstrual history and history of contraception should be obtained.

Children with headaches, abdominal pain, anorexia, constipation, clumsiness, agitation, and lethargy may suggest high level of lead in their blood.

An estimated two-thirds of refugees experience some form of psychiatric condition as they might have been exposed to violence, trauma & torture prior to immigration or been subjected to unsafe or unsanitary conditions in refugee camps. Conditions of poverty, unemployment, social isolation, language difficulties, besides, many have trouble

adjusting to their new culture following departure from their home land, this likely contribute to the increased rate of psychiatric conditions; refugees are at increased risk for anxiety, depression, posttraumatic stress disorder, substance abuse, somatization, psychosis, and suicide; therefore, a mental health screen may be performed according to resources available for intervention for conditions identified and one of the main purposes of this screening is to assess and prevent acute psychiatric emergencies such as suicidal and homicidal ideation.

### **Performing the Physical Examination**

A thorough physical exam is critical; all steps should be clearly explained and same-sex examiners provided if requested.

It can be wise to reassure the refugee that this examination is for their health and not for regulatory purposes.

The physical exam should involve a comprehensive clinical evaluation as well as a head-to-toe review of all systems.

Vital signs, including heart rate, respiratory rate, and blood pressure, should be measured.

A careful inspection of the skin can help to diagnosis both localized and systemic diseases and signs of trauma should be looked for specifically.

Nutritional status should be assessed for all refugees.

Growth and development measures, such as height, weight, and head circumference in children, should be recorded as well sexual maturity.

Hearing and visual assessment should be assessed and appropriate referral provided to individuals with abnormal findings.

A careful oral and dental examination should be performed.

A gynecological exam may be performed as part of the physical assessment after the medical provider informs the refugee woman about the health benefits of this aspect of assessment and any procedures involved.

### **The following tests should be arranged**

- CBC with differential, erythrocyte indices and blood film (for malaria specifically)
- General chemistry profile: electrolyte, liver & renal functions
- Stool for ova and parasites
- Urinalysis
- Serology for HIV & viral Hepatitis (HBsAg, anti-HBs, anti-HBc, & Hepatitis C)
- Pregnancy test
- Serologic test for syphilis (VDRL or RPR)
- Urethral & vaginal swabs (specifically for STDs)
- Lead level
- Chest radiograph for any patient with TB symptoms

Screening for eosinophilia is mandatory to detect parasitic infections. An absolute eosinophil count exceeding 400 cells/ $\mu$ L warrants further investigations as parasitic infections are common among refugees, and these can lead to anemia resulting from blood loss, iron deficiency, malnutrition, growth retardation, invasive illnesses, and even death. Immigrants can be infected by multiple pathogens simultaneously, and some parasites may survive for as long as decades.

Refugee children are at high risk for lead exposure due to environmental causes and malnutrition associated iron deficiency anemia which result in increased absorption of lead from the intestine leading to neurodevelopmental and cognitive sequelae.

Lead poisoning, as indicated by a blood lead level (BLL) exceeding 10  $\mu$ g/dL

The CDC recommends screening for lead in all children from age 6 months to 16 years.

### **Medical Documentation of Torture**

Documentation of violence, torture and trauma is important for any patient seen by the medical provider, but especially so for those applying for political asylum. By providing such documentation, including preparation of a medical report or affidavit, a health professional can provide invaluable assistance to asylum seekers.

## **Check list for medical assessment for refugees**

### History

- Obtain and review pre-departure treatment and medical evaluation
- Encourage sharing of personal narrative (i.e. ask about country of origin, countries passed, time in refugee camp, history of torture. How did you become a refugee?)
- Perform a review of systems, focusing on infectious diseases and mental health
- Ask about use of traditional medications or healing practices

### Physical exam

In addition to the essential components of the physical exam, pay attention to:

- Blood pressure
- Body mass index
- Infectious disease: pallor, splenomegaly, jaundice
- Skin: burns, scars, or other signs of trauma or ritual scarification
- Genitourinary & gynecological assessment
- Dental condition: (caries, missing teeth, gingivitis)
- Hearing and vision problems

### Initial laboratory evaluation

- CBC with differential
- Basic metabolic panel (adults only)
- IGRA testing if available (or TST if <5 y old)
- Stool culture (first of 2)
- Hepatitis B serologies (HBsAg, HBsAb, HBcAb)
- HIV antibodies
- Lead level (if  $\leq 16$  y old)
- Optional: Urinalysis (if concern for Schistosomiasis)  
thick-and-thin blood smear (if concern for malaria)

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