

## Investigations for newly arrived refugees—a guide for GPs

Newly arrived refugees to Australia benefit from a comprehensive health assessment by a general practitioner. This includes undertaking investigations that consider limited past access to vaccinations, time spent in resource-poor environments, disease prevalence in countries of origin and of transit, specific ethnic susceptibilities to disease, as well as individual risk factors.

Refugee Health Queensland provides a network of refugee health services throughout the state. This document is designed to facilitate and prioritise the selection of pathology tests for newly arrived refugees in general practice.

Refugee Health Queensland recommends the following pathology testing schedule be used for your refugee patients

Tests to be ordered on the first episode (Tier 1) To be requested on all newly arrived refugees, if no documentation of testing within the past 3 months	
1. Hepatitis B serology: HepBs Ag, HepBsAb, HepBcAb 2. Schistosoma serology 3. Strongyloides serology 4. HIV serology 5. FBE 6. U&E 7. LFT 8. Serum ferritin 9. 25-OH Vitamin D level	
Tests to be ordered in subsequent episode (Tier 2) <i>NB: Can be added to Tier 1 screen if considered clinically urgent</i>	Clinical considerations on a patient-to-patient basis
1. Malaria: P. falciparum Ag, thick and thin films	<ul style="list-style-type: none"> <li>- If any clinical suspicion</li> <li>- URGENT request if febrile patient</li> <li>- People from African and South East Asian Countries</li> </ul>
2. Hepatitis C serology	<ul style="list-style-type: none"> <li>- People who have ever injected drugs</li> <li>- People who are or have ever been incarcerated</li> <li>- People who resided in Egypt pre-2000</li> <li>- Recipients of organs, tissues, blood or blood products before February 1990 in Australia, or at any time overseas</li> <li>- People with tattoos or skin piercings (include forms of scarification)</li> <li>- People born in countries with high hepatitis C prevalence</li> <li>- Sexual partners of people with hepatitis C</li> </ul>
3. Syphilis serology	<ul style="list-style-type: none"> <li>- Adults</li> <li>- Sexually active adolescents</li> <li>- People suspected of having been sexually assaulted</li> </ul>
4. Chlamydia/Gonorrhoea urine PCR	<ul style="list-style-type: none"> <li>- Adults</li> <li>- Sexually active adolescents</li> <li>- People suspected of having been sexually assaulted</li> </ul>
5. TSH	<ul style="list-style-type: none"> <li>- If clinical suspicion of thyroid disease</li> <li>- People from areas where hypothyroidism is endemic</li> </ul>
6. Vitamin B12	<ul style="list-style-type: none"> <li>- Poor nutrition, other nutritional deficiencies or malabsorption</li> <li>- Has abnormalities on FBE</li> <li>- From area or is of ethnicity known to have high prevalence of vitamin B12 def</li> </ul>
7. Iron studies	<ul style="list-style-type: none"> <li>- When clinically indicated or abnormal Ferritin result</li> </ul>
8. Faeces MCS & OCP	<ul style="list-style-type: none"> <li>- All children</li> <li>- When symptomatic</li> <li>- Has eosinophilia</li> <li>- Schistosoma or strongyloides serol positive or equivocal</li> </ul>
9. MSU MCS & OCP	<ul style="list-style-type: none"> <li>- When symptomatic</li> <li>- Has eosinophilia</li> <li>- Schistosoma serol positive or equivocal</li> </ul>
10. Se betaHCG	<ul style="list-style-type: none"> <li>- Females of child bearing age</li> </ul>

If you require further information on the pathology testing schedule above please contact Dr Megan Evans at Refugee Health Queensland on 07 3163 2880 or [megan.evans@mater.org.au](mailto:megan.evans@mater.org.au)