



**Please bring this letter with you and share it with your doctor**

Dear Physician:

**HEALTH CONCERNS FOR NEWCOMERS TO CANADA**

Certain health concerns are more common in new immigrants to Canada arriving from developing countries, especially refugees. Although immigrants have been “screened” by Canadian immigration medical authorities, and considering the many cultural/language barriers that may exist adding to the challenge of obtaining informed consent, there are certain health issues and screening investigations that should be considered after arrival in Canada including:

- 1) Complete Blood Count and Differential (including eosinophil count)
  - Useful for detecting nutritional problems such as iron, folate, and vitamin B12 deficiencies.
  - Also useful for detecting eosinophilia suggesting the presence of asymptomatic tissue helminthic (worm) infections (such as schistosomiasis, strongyloidiasis, leishmaniasis, and others).
- 2) Hepatitis A (antibody), hepatitis B (surface antigen and antibody) and hepatitis C (antibody) serology
  - The prevalence of HBV and HCV is very high in many developing countries.
  - Detection of HBV or HCV in any immigrant warrants timely investigation of close contacts, free HBV immunization of any susceptible close contacts, and free hepatitis A (HAV) immunization of HAV susceptible individuals with evidence of chronic liver disease.
- 3) Stool for ova and parasites
  - Over 50% of refugees from subSaharan Africa have asymptomatic carriage of intestinal parasites, some of which require prompt treatment.
  - Any immigrant with eosinophilia should have three stool examinations for ova and parasites (using stool containers with preservative). Some authorities recommend performing “routine” stool examinations for ova and parasites in all refugees.
- 4) Pap smear
  - Cervical cancer risk is very high in women who have immigrated to Canada.
  - All women immigrants to Canada should be offered a Pap smear (informed consent may be difficult to obtain in some cultural groups).
- 5) Routine immunization status
  - All immigrants (especially refugees) should be considered under-immunized requiring primary immunization series as per the Canadian Immunization Guide (<http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html>) and Manitoba Health immunization schedules (<http://www.gov.mb.ca/health/publichealth/cdc/schedule.html>).
- 6) Sexually Transmitted Infections (STI) work-up
  - Immigrants who are at risk for STIs, or whose partners are at risk, require a full STI work-up including genital swabs (or urine in males) for chlamydia and gonorrhea, Pap smear (as mentioned above), syphilis serology, and HIV serology.
  - Chronic low abdomino-pelvic pain in women must be considered pelvic inflammatory disease until proven otherwise.

In addition, clinicians should be aware of particular clinical presentations in recent immigrants:

- 1) Febrile illness with chills within the first 6-12 months of arrival in Canada
  - Must be considered malaria until proven otherwise.
  - Is a potential medical emergency requiring STAT malaria blood smears.
  
- 2) Cough lasting more than 3 weeks with or without weight loss or night sweats, within the first 5 years of arrival in Canada
  - Must be considered tuberculosis until proven otherwise.
  - Requires chest radiography and sputum or gastric aspirate examination for acid-fast bacilli.
  
- 3) Mental health issues
  - Post-traumatic stress disorder must be considered (but not over-diagnosed) in all refugees who are unable to make cross-cultural adjustments beyond 9 to 12 months after arrival in Canada.

Resources for more information or consultation:

- Infectious Diseases (HSC 787-2071; SBGH 237-2053)
- Tropical Medicine (WRHA Travel Health and Tropical Medicine Clinic 940-8747)
- Tuberculosis Clinic (HSC 787-2384)
- Viral Hepatitis Investigative Unit (HSC 787-3630)
- Community Support Services for refugees (Welcome Place 977-1000)
- Public Health/Mental Health/Family Services (see table below):

<b>Community Area</b>	<b>Address</b>	<b>Phone number</b>
St. James-Assiniboia	2015 Portage Ave	940-2040
Assiniboine South	3401 Roblin Blvd	940-1950
Fort Garry	3-139 Tuxedo Blvd	940-2015
St. Vital	6-845 Dakota St.	940-2045
St. Boniface	240-614 Des Meurons	940-2035
Transcona	1615 Regent Ave	940-2055
River East	975 Henderson Hwy	938-5000
Seven Oaks	1021 Court Ave	940-5050
Inkster	61 Tyndall Ave	940-2020
Point Douglas	601 Aikins St	940-2025
Downtown	490 Hargrave St	940-2274
	425 Elgin Ave	940-3160
River Heights	385 River Ave	940-2000

Pierre Plourde, WRHA Medical Officer of Health, February 2005

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