Refugee and Asylum Seeker Health in Australia

Drs Karen Kiang and Sophie Oldfield
Immigrant/Refugee Health Fellow
Royal Children’s Hospital Melbourne
(03) 9345 5522, pager 7142
refugee.fellow@rch.org.au
Refugee:
Someone who, “owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.”

UNHCR 1951 ‘Convention Relating to the Status of Refugees’ and 1967 ‘Protocol relating to the status of refugees’

Asylum seeker:
A person who has left their country of origin, has applied for recognition as a refugee in another country, and is awaiting a decision on their application. They are not given rights, protection, or assistance associated with UNHCR Refugee status.
UNHCR Global Trends 2015

• 65.3 M forcibly displaced
  • 21.3M Refugees
  • 40.8M Internally Displaced
  • 3.2M Asylum Seekers
  • 98,400 Unaccompanied Children

• 10M stateless
UNHCR numbers – end 2015

- 86% developing world
- <1% resettled
Where refugees are hosted

Number of refugees hosted

UNHCR 2014
See interactive version:
http://public.tableausoftware.com/profile/iting#!/vizhome/shared/3WDBWY5P9
Policy is changing...and changing again
Cumulative impact
Asylum seeker numbers – April 2016

<table>
<thead>
<tr>
<th>Entry</th>
<th>Victoria</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held detention</td>
<td>189</td>
<td>1695 + 1367 RPCs</td>
</tr>
<tr>
<td>Community detention</td>
<td>229</td>
<td>645</td>
</tr>
<tr>
<td>Bridging visa E holders</td>
<td>11,032 (Sept 2015)</td>
<td>28,503</td>
</tr>
</tbody>
</table>
HEALTH CARE PATHWAYS
## Access to health care

### Community detention
- Assessment & care by GP
- +/- Refugee Health Nurse
- Funded by IHMS
- Not Medicare eligible
- Screening completed varies
- Hospitals
- Medications: through IHMS letter and selected pharmacies (or ?hospitals)

### Bridging Visa
- +/- Triage
- +/- Assessment & care by GP
- +/- Refugee Health Nurse
- Medicare Eligible
- (10-20% expired now)
- All Medicare services (inc. CHC & hospitals)
- Medications: Medicare – HCC rate (2015) (or ?hospitals)

### Offshore
- +/- Assessment & care by GP
- +/- Refugee Health Nurse
- Medicare Eligible
- All Medicare services (inc. CHC & hospitals)
- Medications: Medicare HCC
1. Public Hospitals (including Emergency Department and Royal Dental Hospital Melbourne)

Medicare ineligible asylum seekers are to be provided full medical care (including emergency and elective) including pathology, diagnostic, pharmaceutical and other services in Victorian hospitals as either admitted patients or non-admitted patients. Medicare ineligible asylum seekers are not to be billed, except in situations where they receive the following services as non-admitted patients:

- spectacles and hearing aids
- surgical supplies
- prostheses
- aids, appliances and home modifications for the first 30 days post discharge until they are eligible for the Department of Human Services’ Aids and Equipment Program (see below)

- pharmaceuticals:
  - Note: these should be billed at a level consistent with the Pharmaceutical Benefits Scheme statutory copayments.
  - Note: a co-payment for prescriptions to treat tuberculosis should not be charged.
  - Victorian hospitals may bill Medicare ineligible asylum seekers for pharmaceuticals supplied to admitted patients upon separation.
Community supports

**Community detention**
- Housing provided
- Fixed location
- 60% Special Benefit
- Contracted case Mx
  - (welfare agencies)
- DIBP case manager
- No legal support
- Code conduct

No work rights
- Kinder (2015)/EI
- No education past 18 y
- Releases ongoing

**Bridging Visa**
- Housing not provided
- Crowded/?homeless
- 89% Newstart
- 6 weeks case work
- Complex – Band 5
- Most – Band 6
- No legal support
- Code conduct

Most work rights as of 2015
- (none 2012-2014)
- Kinder/EI
- No education past 18 y
- TPV processing over next 3 years

**Offshore/status granted**
- Support to find housing
- Case manager 6 -12 months intensive, then up to 5 years
- Centrelink – full access

- Work rights
  - Kinder/EI
  - Full access education
Pre-arrival and post-arrival screening and other assessment

REFUGEE HEALTH ASSESSMENT
Pre-departure health screen (offshore)

**Immigration Medical Exam - all**
*(Compulsory, 3–12 m prior to travel)*
- Hx/Exam
  - CXR ≥ 11 yrs
  - HIV ≥ 15 yrs
  - VDRL
  - FWTU ≥ 5 yrs
- Character requirement
- AUSCO

**Outcomes**
- +/- Visa
- Alert (Red, General)
- HU +/- delay travel

Australia
Post arrival health screening
*Voluntary*

**DHC - Humanitarian**
*(Voluntary – 3 d prior to travel)*
- Exam, parasite check
- RDT and Rx if positive
- CXR and HIV if PHx TB
- Albendazole
- MMR 9m – 54y
  - +/- YF vaccine
  - +/- OPV
- Ax local conditions
  - +/- Repeat visa medical

**Outcomes**
- Fitness to fly assessment
- Alert (Red, General)
  - +/- HU

Australia
Post arrival health screening
*Voluntary*
Post-arrival process

• Health screening
  • No national process
  • Victoria – primary care model: local GPs and RHN (2006) coordinate and undertake screening
  • NSW – specific services, RHN support (2013)
  • SA, WA, NT, ACT, Tas – central services
  • Quality and uptake are variable
  • High rates of specialist referral
Caring for Refugee Patients in General Practice

A desk-top guide (4th edition) Victoria

1. Caring for the refugee patient 3  7. Physical examination of refugee patients 12
2. Identifying patients from a refugee background 4  8. Undertaking investigations 14
3. Engaging a professional interpreter 6  9. Psychological sequelae 17
4. Consultation and management 8  10. Settlement support 19
5. Medical history, examination and immunisation 10  11. Asylum seekers 20
6. Diagnoses to consider: a syndromic approach 11  12. Referral and further information 22

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>7 – 30% all groups, 23 – 39% &lt; 5 years</td>
</tr>
<tr>
<td>Iron deficiency</td>
<td>13 – 30%</td>
</tr>
<tr>
<td>Low Vitamin D</td>
<td>60 - 90% African, 33 - 37% Karen</td>
</tr>
<tr>
<td>Low Vitamin A</td>
<td>20 - 40% African children</td>
</tr>
<tr>
<td>Low Vitamin B12</td>
<td>16 – 18% Afghan, Iran, Bhutan</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>sAg 0 – 21%, sAb 26 – 60%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1 - 4%</td>
</tr>
<tr>
<td>HIV</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Schistosoma</td>
<td>5 – 38% African and South Asian</td>
</tr>
<tr>
<td>Strongyloides</td>
<td>0 – 21% higher South Asian</td>
</tr>
<tr>
<td>Malaria</td>
<td>4 – 10% African - prior to DHC, still get cases</td>
</tr>
<tr>
<td>Faecal parasites</td>
<td>11 – 42% all groups, higher children</td>
</tr>
<tr>
<td>Mantoux test +</td>
<td>10 – 53%</td>
</tr>
<tr>
<td>STIs</td>
<td>0% gonorrhoea, 0 – 6% chlamydia</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0 – 8% adults, 0% children</td>
</tr>
<tr>
<td>Helicobacter pylori</td>
<td>82% African children</td>
</tr>
<tr>
<td>Inadequate immunisation</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Immunisation

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Australia</th>
<th>Iraq</th>
<th>Afghanistan</th>
<th>Burma</th>
<th>Iran</th>
<th>Bhutan</th>
<th>Pakistan</th>
<th>Sri Lanka</th>
<th>Thailand</th>
<th>DR Congo</th>
<th>Nepal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>DTPa</td>
<td>DTwP</td>
<td>DTwP</td>
<td>DTwP</td>
<td>DTwP/DT</td>
<td>DTwP</td>
<td>DTwP</td>
<td>DTwP/DT</td>
<td>DTwP</td>
<td>DTwP</td>
<td>DTwP</td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td>IPV</td>
<td>OPV/IPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib</td>
</tr>
<tr>
<td>Hep B</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Rotavirus</td>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>varies</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td>Pn conj</td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>MenC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>MMR</td>
<td>Measles</td>
<td>Measles</td>
<td>MMR</td>
<td>Measles</td>
<td>MMR</td>
<td>Measles</td>
<td>MMR</td>
<td>Measles</td>
<td>MMR</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MR</td>
</tr>
<tr>
<td>Varicella</td>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HPV</td>
</tr>
</tbody>
</table>

### Missing compared to Australian schedule
- MenC
- VV
- HPV
- Rotavirus 1
- Pneum
- MenC
- Mumps
- Rubella
- Varicella
- HPV

### Additional compared to Australian schedule
- BCG
- BCG
- BCG
- BCG
- BCG
- BCG
- JE
- JE
- JE
- BCG
- JE
Low vitamin D

- Common in refugee communities
- Dependent skin synthesis
  - Diet poor source vitamin D
- Clinical – bone/muscle pain/fatigue, rickets
- Risk factors
  - Lack of skin exposure to UVB in sunlight
  - Dark skin
  - Conditions affecting metabolism
  - Babies: Maternal RF, excl. breastfeeding with other RF
Tuberculosis (TB)

• Nearly 90% Australia’s TB notifications in people born overseas
• Best test still TST (Mantoux), IGRA ok if ≥5yrs
• Latent TB
  - Asymptomatic (only know if we test)
  - 20 – 55% Mantoux +
  - In children with LTBI - lifetime risk of developing TB disease is 10%, higher in young children (< 5 years, esp < 2 years)

• Active TB
  - up 150% since compared to this time last year

Prolonged cough, fever, night sweats, poor growth
Nutrition

• Low rates obesity on arrival
  • Opportunity health promotion
• Post arrival dietary patterns
  • Consider access to food, cooking and food preparation
  • Evolving obesity epidemic
• Anaemia
  • Consider pre-arrival diet
  • Gastrointestinal pathology
  • Lead
Critical challenges – mental health
The role of health professionals in refugee health care and advocacy

WHAT CAN YOU DO?
Language services

• Right and entitlement
  • Hospitals – should happen (advocate)
  • Community health – should happen (advocate)
  • MCH - VTIS
  • Private GPs – TIS 24 hr line (free)
  • Private specialists – TIS 24hr line (free)
  • Private psychologists/allied health – not available
Working effectively with interpreters

• Consider
  • Language, dialect
  • Age, gender
  • Religion
  • Political context
  • Familiarity
• Consider impact on interpreter
• Pragmatic issues – e.g. fasting
• Debrief
Maternal and child health

• Birth to school age

• Development, parenting, support, +/- immunisation
  • Checks: at birth, 2w, 4w, 8w, 4m, 8m, 12m, 18m, 2y, 3.5y

• Locally zoned
4 yr old kindergarten

• Important! - play based, preparation for school
• Free - kindergarten fee subsidy
  • Refugees/SHP visa 200–217, AS on BV A–F, TPVs 447, 451, 785, RoS visa
• Comm Detention – since 2015
• Pre School Field Officers
  • Help kids with developmental problems
  • Free kindergarten association
• Enrolment – call kinder
Schools

- All kids should be at school
- (Check level)
- Language schools
  - Within 18 m arrival
- Local Government and Catholic schools
- Can continue to end of year (if turn 18 during year)
- Support for disability
Primary care

• **Refugee health teams** - Advice on referral pathways

• **General Practitioners** - Health screening, general, 4yo check
  • _CD = IHMS accredited_
  • Community Health Centres = free
  • Local – bulkbilling doctors
  • (Local private doctors)
  • *Ideally refugee health experienced*

• **Immunisation** – GPs, MCH, Council
  • *Opportunistic*
Refugee Health Program/Nurses

- 16 community health centres
- 50 RHNS in 14 metro sites and 8 rural sites
- Allied health workers, physios, bicultural workers, support workers, case coordinators
Allied Health

- Community health centres
  - Often only 0 – school entry
  - Children with developmental problems 1 domain

- Early Intervention (0 – school entry)
  - Children with developmental problems > 1 domain
  - All children eligible, including asylum seekers, CD

- Hospital (varies)
Mental health

- Refugee/CALD specific
  - Victorian Foundation for Survivors of Torture (VFST, Foundation House)
  - Centre for Multicultural Youth (CMY)
- Mental health general
  - Schools
  - Headspace
  - Community health centres
  - ATAPS scheme
  - (Better Access scheme) – no interpreters
  - CAMHS - location and age

http://www.rch.org.au/immigranthealth/clinical/Mental_health_resources/
Acute care

• Ambulance
  • Free in emergency

• Public hospitals/related services
  • Free (don’t forget RVEEH hospital)
  • Refugee health nurse liaison (Monash health)
Specialist Paediatric Services

• Anything (anyone) complex, disability, worried
  • All Unaccompanied minors

• Refugee specific
  • RCH, Dandenong/Doveton, Footscray, Reservoir, Melton, Sunshine, Geelong, Ballarat, Bendigo
  • [http://www.rch.org.au/immigranthealth/about_us/About_the_Immigrant_Health_Service/](http://www.rch.org.au/immigranthealth/about_us/About_the_Immigrant_Health_Service/)

• Paediatric hospitals
  • All except RMH, Alfred, St Vincent’s, Footscray

• Most community health centres
Eyes

• Vision check
  • Government schools – school nurses
  • Medicare – e.g. OPSM, Spec savers (any bulk billing)
  • Australian College Optometry – all

• Glasses
  • Australian College Optometry cheapest ($40/pair)
  • Specsavers/OPSM

• Emergencies - RVEEH
Hearing

• Hearing check
  • Government schools – school nurses
  • Audiologists

• Hearing aids – Australian Hearing

• Emergencies - RVEEH
Teeth

- Priority access
- All refugees and AS
- All kids 0 – 12

- Clinics
Patient advocacy/consumer liaison

- Available all hospitals
- Mechanism to progress concerns
- Mandatory reporting systems
- Helpful!
- Consider if:
  - Care declined *(please act)*
  - Language services not available
  - Concerns about care quality
  - Bills being sent incorrectly
  - Positive feedback
Syrian refugees

Clinical and policy update
At sunset a group of mostly Syrian refugees arrive on the Greek island of Lesvos after crossing the Aegean Sea from Turkey.
© UNHCR/I.Prickett
Dozens of refugee families, mostly from Syria, camped near the Keleti train station.
Mauricio Lima for The New York Times

Syrian refugees remove snow from their shelters at an informal tented settlement in the Bekaa Valley, Lebanon. Winter storm 'Zina' swept through the region in January 2015, bringing snow and harsh conditions to millions of refugees.

© UNHCR/A. McConnell
Australia's response to the Syrian and Iraqi humanitarian crisis

On 9 September 2015, the Australian Government announced that it will make an extra 12,000 humanitarian places available for people displaced by the conflict in Syria and Iraq.

Priority for the additional 12,000 Humanitarian Programme places will be given to people displaced by conflict in Syria and Iraq who are:

- assessed as being most vulnerable – women, children and families with the least prospect of ever returning safely to their homes
- located in Lebanon, Jordan and Turkey.
Expected demographics

• Actually 12000 + 4000
• Likely 40% Victoria
• Starting end 2015

• 30% female headed households
• 50% children
  • 38% (of total) < 11 years
• Unaccompanied minors may be a priority group
• Discussion settlement location
INSIDE SYRIA

4,072
Number of schools damaged or turned into shelters, storage facilities or military bases

97%
School attendance of primary school-age children before 2011

30%
School attendance in 2013 in the hardest-hit areas, including Idlib and Aleppo

SURROUNDING REGION

500,000
Syrian refugee children are out of school

60,000
Syrian children in Jordan who are too far behind in their studies to enroll in the public school system
Syrian health systems

• 60% public hospitals out of service
• 60-70% reduction pharmaceutical production
• >50% doctors have left (>70% in parts)

• Immunisation
  • 95% 2010 -> 45% 2013

• FASSTT organisations – mental health poor
Syrian arrivals 2011-2015

Melbourne LGAs

Syria-born humanitarian arrival (persons)

- 400 to 500 (1)
- 100 to 200 (2)
- 10 to 50 (8)
- 1 to 10 (12)
- 0 to 0 (8)
Immigrant Health Clinical Resources

Clinical guidelines

- Clinical practice guideline (focus on ED presentations)
- Initial assessment and screening
- Overview of health issues in immigrant children
- Anaemia and iron deficiency
- Arsenic contamination of traditional Burmese medicines
- Growth and nutrition
- Helicobacter pylori
- Hepatitis B screening
- Immunisation catch-up
- Malaria screening
- Parasite infections
- Schistosomiasis
- Strongyloides
- STI screening
- Syphilis screening
- Tuberculosis screening
- Vitamin B12
- Vitamin D, RCH CPG Vitamin D deficiency and vitamin D supplements photoboard
- Vitamin A
Fellow positions in Refugee Health

The Victorian Department of Health has funded five refugee health fellow positions to build capacity across the state to improve refugee and asylum seeker health care.

Their roles include:
- Improving coordination of refugee and asylum seeker health care
- Providing advice and liaison about clinical issues in people who are refugee background/asylum seekers
- Providing education in refugee health to GPs, specialists, nurses, hospital staff and allied health as required, and in response to provider requests.

Fellows are happy to speak to either large or small groups, and can travel to outer metropolitan or regional areas if required. They can provide information across a variety of topics, and are happy to compile information on emerging issues.

The Royal Melbourne Hospital

Dr Kudzai Kanhu and Dr Joanne Gardiner

Dr Kudzai Kanhu and Dr Joanne Gardiner are based at the Victorian Infectious Diseases Service (VIDS) at the Royal Melbourne Hospital (RMH) and the Peter Doherty Institute in Parkville.

Joanne is a GP with a special interest in refugee mental health who also works in community health and at Foundation House. She runs a Refugee and Asylum Seeker GP clinic on Tuesday mornings at VIDS for refugee health assessments, complex problems, mental health and those not linked into a GP. Contact Joanne directly for referral enquiries at the email/telephone number listed below.

Available: Monday, Tuesday, Thursday (Kudzai) and Monday–Friday (Joanne)

Email: refugee.fellow@rmh.org.au Telephone: +61 3 9342 3000

Monash Health

Dr Mark Timlin

Dr Mark Timlin is a GP at the Refugee Health and Wellbeing Service at Monash Health in Melbourne’s South East. He has extensive experience in refugee health, having spent some time in Afghanistan, and has a particular interest in mental health.

Available: Tuesday, Wednesday, Thursday

Email: mark.timlin@monashhealth.org

Telephone: +61 3 9702 8100 Mobile: 0410 051 006

The Royal Children’s Hospital

Dr Sophie Oldfield and Dr Karen Kiang

Dr Sophie Oldfield and Dr Karen Kiang are senior paediatric trainees and fellows with the Immigrant Health Service (IHS) at The Royal Children’s Hospital (RCH) Melbourne. They provide clinical care for children of refugee and asylum seeker background during the IHS Monday afternoon clinic, and Sophie also provides an outreach clinic in Footscray. They also support other child-related services (early intervention, schools, maternal child health nurses, allied health, etc.). Both have a strong interest in international child health, with Sophie also having a special interest in community paediatrics.

Available: Monday–Friday (Karen) and Monday, Thursday, Friday (Sophie)

Email: refugee.fellow@rch.org.au Telephone: +61 3 9345 5522 (pager: 7142)
Thank you

Refugee.Fellow@rch.org.au