




McMaster  
*at night*  
Pediatric  
Curriculum:

**Kids New to**  

---

**Canada**

# Objectives

- Overview on Immigrants and Refugees in Canada
  - Case studies
  - Medical Assessment
    - History
    - Physical Examination
  - Aspects of care: Language, cultural competency
  - Newcomer health Resources
- 
- A dark blue background featuring a silhouette of a city skyline with various skyscrapers. A large, bright, circular moon is positioned in the center of the skyline, partially obscured by the buildings. The overall scene is a night-time cityscape.

# Background

Classified as **permanent residents** (family class, economic immigrants, refugees), **temporary residents** (foreign workers, students, refugee claimants/asylum seekers) and those without official status

Over **250,000** permanent residents and **775,000** temporary residents in 2011

Children <15 years comprise 20% of immigrants each year

# Background

Permanent residents qualify for provincial health insurance, **HOWEVER**, in Ontario/Quebec/BC, you must wait 3 months after arrival for eligibility.

*Resettled refugees* are eligible for limited, temporary coverage through the **Interim Federal Health Program (IFHP)**, until they qualify for provincial or territorial health coverage.

*Refugee claimants* are eligible for coverage from the IFHP, but are **NOT** eligible for provincial insurance.

# Case 1

Zarah is a four-year old Somali girl who arrived to Canada as a Government-assisted refugee with her family from a refugee camp in Kenya. Prior to coming to Canada she would have had a medical examination and which of the following laboratory tests:

- A. Chest X-ray
- B. VDRL and HIV serology
- C. Urinalysis
- D. All of the above
- E. None of the above

# Case 2

Majeed is a six-year old boy from Afghanistan but who came to Canada via a refugee camp in Pakistan. When you ask about immunizations, the father shows you a written card in Pashto with the acronyms “BCG and OPV” listed. With respect to his immunization, what is the best approach:

- A. Find someone to translate the card into English
- B. Do serology, especially for polio and measles
- C. Assume that he has had the routine immunizations but probably missed Rubella, Mumps and Varicella as these are often not given in low resource countries
- D. Assume that he may not have received effective vaccines and start over again

# History

What would you ask about a child new to  
Canada on history?

# History

Obtain a **thorough** history, physical examination and appropriate investigations

Be sensitive to and aware of **cultural and language differences**

Identify **chronic illnesses** that may have been inadequately treated

Be aware of **diseases not typically** seen in Canada



# History

- Focus on chief concerns of family
- Child's **age**: precise birthdate may not be known
- **Birth** history (if known): gestational age, birth weight
- History of specific **diseases** or sick contacts, such as TB, HIV, hepatitis, leprosy (assess risks)\*
- **Immunization** status (only accept written documentation); use 'catch-up' schedule liberally
- **Dietary/Nutritional** history: access to water/food
- Developmental **milestones** (delays may be unnoticed)
- Social history: climate, urban/rural
- **Travel** history, including refugee camps
- Family history: **consanguinity** (developmental delay, dysmorphisms, seizures)
- Psychosocial: **exposure to violence/trauma**, mood, transition

# History specific to Newcomers

## **Immigration history:**

Country of origin, ethnic group, reasons for leaving, path and mode of arrival, challenges/trauma

## **Sociocultural dimensions of health:**

Traditional healing practices, understanding of health status

## **Acculturation:**

Support systems, local contacts/organizations, language, interpreters, schooling, housing, food security

## **Barriers:**

Bias, racism, discrimination

# History specific to Newcomers

## Documentation:

- Pre-immigration screening/test results
- Immunization records
- Growth records
- Any medical documents from country of origin

## Immigration Medical Examination (IME): Hx, PE, labs and CXR

- >5 years: urinalysis
- >11 years: CXR for TB
- >15 years: Syphilis serology
- > 15 years: HIV serology

**NOTE: IME only assesses “danger to public health or safety” and not health of the child.**

# WHO Immunization Schedule

Table 1: The WHO's Expanded Program of Immunization (EPI) Plus\* schedule

Vaccine	Birth	6 wks	10 wks	14 wks	9 to 12 mos
BCG	•				
DPT		•	•	•	
OPV	[•]	•	•	•	
Measles					•
HBV†	•	•		•	
Yellow Fever (YF)					•

**NOTE!** Children immunized under the WHO schedule are **not** fully immunized in accordance with Canada's National Advisory Committee on Immunizations (NACI)

# Physical Exam

What would you look for?

A dark blue background featuring a silhouette of a city skyline with various skyscrapers. A large, bright full moon is visible behind the buildings, partially obscured by them. The overall scene is a night-time cityscape.

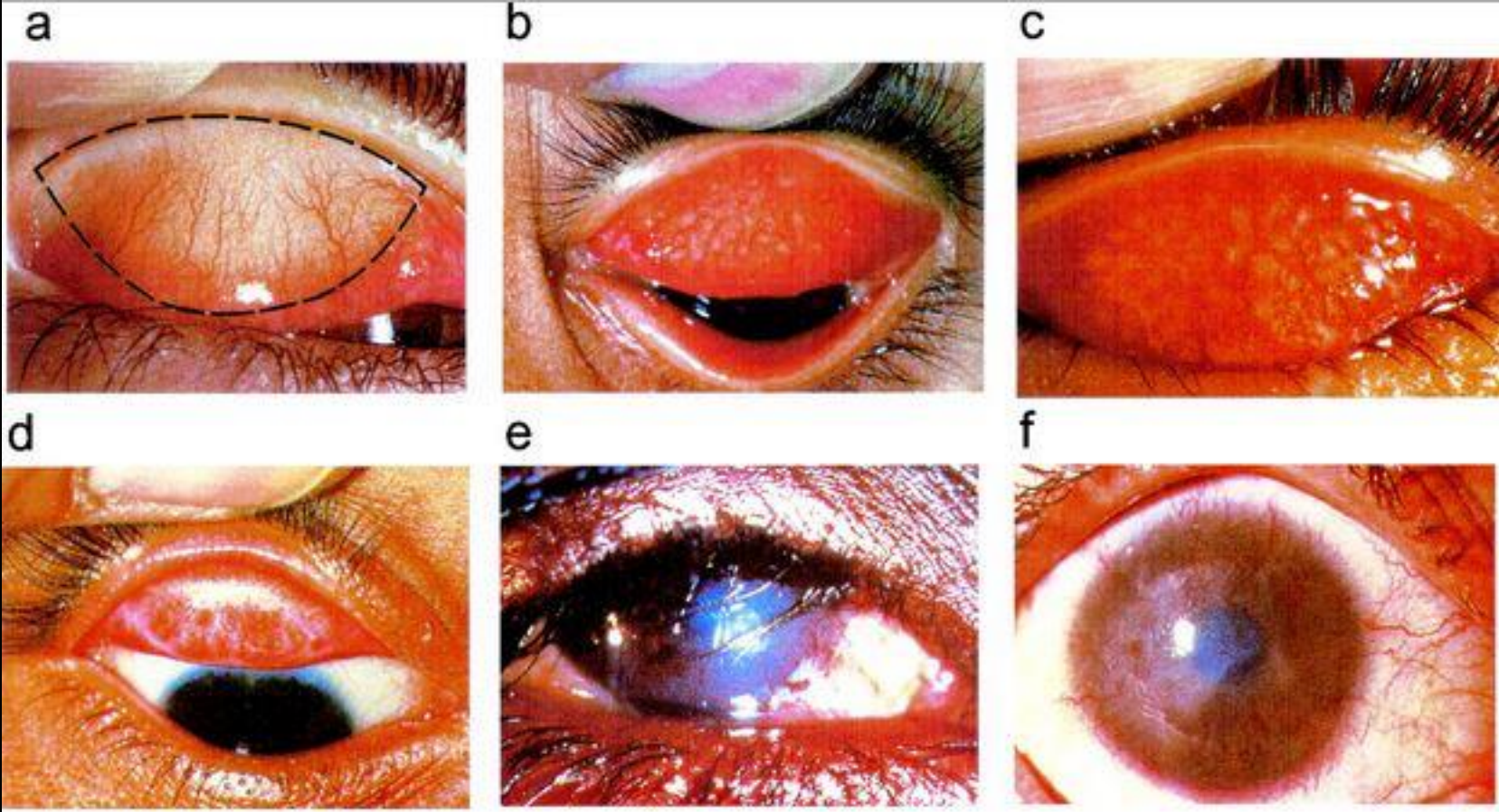
# Physical Exam

- **General:** well vs unwell; signs of congenital infections; nutrition status; VITALS
- **Growth:** height, weight, head circumference (WHO growth charts)
- **Nutrition:** muscle wasting, edema, abdominal distension; assess for malnourishment and micronutrient deficiency (i.e. iron).
  - Majority of refugees can be assumed to be malnourished, though may be subclinical.
  - Calorie and protein deficiency are common and micronutrient deficiencies may be very common.
  - Ask about food security issues!

# Physical Exam continued

- **Eyes:** test all immigrants/refugees soon after arrival
  - 19 million children <15 years are visually impaired (12 million as a result of refractive errors);
  - Common causes of blindness worldwide: trachoma, onchocerciasis, xerophthalmia
- **Ears:** hearing test (80% of hearing impaired from low- and middle-income countries, often from CSOM)
- **Dental:** hygiene and caries
- **Skin:** marks/scars from traditional healing

# Trachoma







# Workup

What would you order?

The background of the slide features a dark blue gradient. In the lower half, there is a black silhouette of a city skyline with various skyscrapers. A large, bright white full moon is positioned behind the skyline, partially obscured by the buildings.

# Workup

Order based on clinical indications (+ endemic areas, family history, clinical signs)

Consider country of origin and route taken

- **CBC + diff**– look for **anemia** (do iron studies, Hemoglobinopathy panel if indicated for sickle Cell, thalassemia, G6PD); eosinophilia (parasites)

## CONSIDER:

- **Malaria** smear if febrile
- **Hepatitis & HIV** serology
- **Stool** (O&P x 3) + schistosomiasis + strongyloides serology
- **Mantoux** skin test (all children from endemic areas, regardless of BCG)

# Test Your Knowledge

CASE 1: Zarah is a four-year old Somali girl who is immigrating to Canada as a Government-assisted refugee with her family from a refugee camp in Kenya. Prior to coming to Canada she would have had a medical examination and which of the following laboratory tests:

- A. Chest X-ray
- B. VDRL and HIV serology
- C. Urinalysis
- D. All of the above
- E. None of the above

# The Answer

- **E: None of the above!**

## **Immigration Medical Examination (IME):**

>5 years: urinalysis

>11 years: CXR

>15 years: Syphilis serology

> 15 years: HIV serology

“... Please note that the immigration medical examination... is done for immigration purposes and is **not** confirmation of overall good health” --  
[www.cic.gc.ca/](http://www.cic.gc.ca/)

# Test Your Knowledge

**CASE 2:** Majeed is a six-year old boy from Afghanistan but who came to Canada via a refugee camp in Pakistan. When you ask about immunizations, the father shows you a written card in Pashto with the acronyms “BCG and OPV” listed. With respect to his immunization, what is the best approach:

- A. Find someone to translate the card into English
- B. Do serology, especially for polio and measles
- C. Assume that he has had the routine immunizations but probably missed Rubella, Mumps and Varicella as these are often not given in low resource countries
- D. Assume that he may not have received effective vaccines and start over again

# The Answer

**D. Assume that he may not have received comprehensive vaccines and start over again**

Confirming immunizations is not part of the IME! Only accept written documentation as evidence of immunizations, and even written is not always reliable.

A catch-up schedule is available from the National Advisory Committee on Immunization or Ontario immunization schedule.

**If uncertain about cold-chain process, types or dates of vaccines, use catch-up schedule LIBERALLY!**

# Summary

Newcomers to Canada come from all regions of the world.

Over 250,000 individuals, including immigrants and refugees, became permanent residents of Canada in 2011. About 20% of new permanent residents are children or youth.

To assess health issues in immigrants and refugees, physicians and other health care professionals must address endemic diseases, cultural backgrounds and circumstances that brought the family to Canada, among others.



# Resources

- Refuge Hamilton Centre for Newcomer Health
  - <http://www.newcomerhealth.ca>
  - Established in December 2011, provides client-centred, primary health care services to Hamilton's new immigrant and refugee populations
  - Provide care to Government-assisted refugees, refugee claimants, newcomers who experience barriers, privately-sponsored refugees
- Kids New to Canada
  - [www.Kidsnewtocanada.ca](http://www.Kidsnewtocanada.ca)
  - Developed by CPS, provides evidence-based information to health-care professionals on assessments and medical care, health promotion and advocacy for refugees/immigrants to Canada

# The End

