

Workshop

IMMIGRANT HEALTH

Practical pearls for your practice!

Lavanya Narasiah MD MSc CCFP

December 2022

NO CONFLICT OF INTEREST TO DECLARE

1999-2018

- **CDAR** : Clinique des demandeurs d'asile et réfugiés
 - CIUSSS de l'Ouest-de-l'Île-de-Montréal



Currently

Program MSSS



- ❖ Medical Director Clinique des Réfugiés
 - CISSS Montérégie Centre
- Medical Advisor Infectious disease Unit
 Racialized persons, Immigrants, Ethno-cultural Minorities
 - Direction de la santé publique de Montréal





Supervision: HERZL Family Practice — Hôpital Général Juif, Montréal

Adjunct Professor - McGill University Clinical teaching Professor - Université de Sherbrooke



Objectives

At the conclusion of this session, participants will be able to:

✓ Describe an overview of immigrant populations in Canada

Apply a primary care framework to appropriately identify and manage key issues in immigrants populations

List key practical resources relevant to immigrant and refugee health

Share some of my Practice Pearls and Resources

TOOL BOX

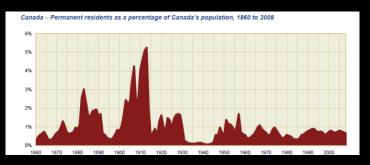




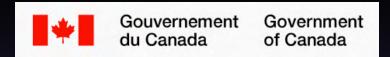
CANADA - COUNTRY OF IMMIGRANTS

Historical Highlights

- ◆ 1896 to 1967:
 - Immigrants from UK, Europe and U.S.
 - Low levels of immigrants during Depression
 - ◆ World War II



Facts and Figures: CIC 2008



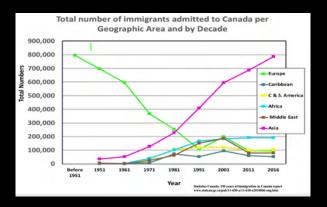
1967: POINT SYSTEM FOR SELECTION

(permanent residents, skilled workers and business immigrants)

1969: Canada signed the *United Nations Convention Relating to the Status of Refugees*

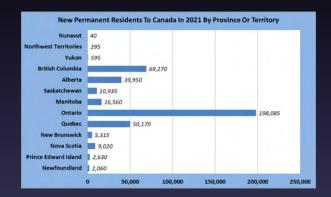


- CANADA'S HUMANITARIAN TRADITIONRESETTLEMENT PROGRAMS (examples)
 - Czechoslovakian refugees (68-69);
 - Chileans (73); Indochinese (75-78)
 - Vietnamese; Cambodian; Laotian (79-80)
 - ♦ Kosovars (99)
 - ♦ Bhutanese (2008)
 - Syrian (x 2015)



Origins

Asia and Pacific 49% (China; Philippines; India ...)



79% go to 3 cities

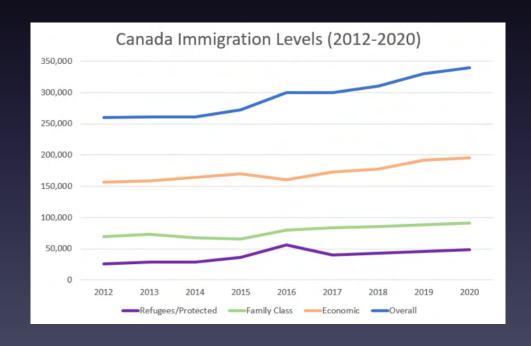
- ✓ Toronto (~90,000/yr)
- ✓ Vancouver (~37,000/yr)
- ✓ Montreal (~38,000/yr)

COUNTRY OF IMMIGRANTS



X 90' ~ 200k - 250k immigrants/yr from > 200 countries ~ 10% refugees

* X 2017 > 300 K/yr ~ 15% refugees ** x 2021 > 400 K



Citizenship and Immigration Canada. Facts and Figures: Immigration Overview Permanent and Temporary Residents. Ottawa: Citizenship and Immigration Canada,



Province of Quebec

- ❖ 1991 Canada-Quebec Accord selection of immigrants
- Quebec welcomes ~ 50 000 immigrants/year



Ministère de l'immigration, Francisation et Intégration (MIFI)

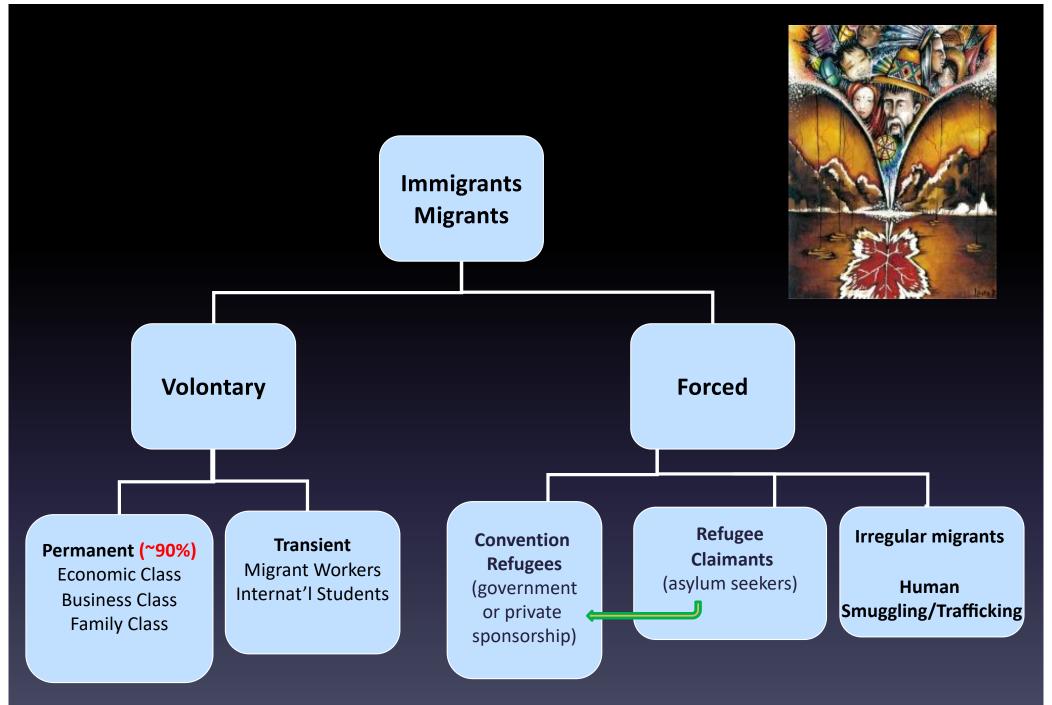
- Quebec resettles proportion refugees = demographic weight (15%)
 - (sponsor + accept annually ~ 5000 7000)
 - Place of residence determined by:
 - MIFI + sponsoring groups





Origin of immigrants

- 1. Africa (30-35%) (17% North Africa)
- 2. Asiea + Middle East (25-30%)
- 3. America's (20%) (Caribbean 8%, South Am 6%)
- 4. Europe (17%)



**Migrants with precarious status, uninsured, undocumented

« Person 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 their nationality, and is unable to or, owing to such fear, is unwilling to avail him/herself of the protection of that country»

(art. 1A (2) Geneva Convention, 1951)

Worldwide

- > 90 Million forcibly displaced/exile
- > 27 Million Refugees

Source UNHCR stats 2022

Refugees accepted into Canada

Africa and Middle east

Asia and Pacific

Syria (> 60 000 since Nov 2015)



Who is a refugee ?



100 % recognized before entering Canada

35 - 40 %
"Recognized"
in Canada

Convention Refugees

- Gvt. assisted refugees (GARS)
- Privately sponsored (PSR)

Refugee claimants

Asylum seekers

Currently





> 25 K Afghan refugees arrived under all streams since Aug 2021

Canada-Ukraine authorization for emergency travel (CUAET)





- x March Dec 2022
- √ 715 K applications received
- √ 436K applications approved

CAMPS ~ 1/3 of refugees





Syrian refugee camp - Turkey



2/3 "Urban refugees"



Beirut-Lebanon

Global Migration





- Increasing
- Migration Factors: Human conflict, Economic, Environnement
- Climate crisis Environmental/Natural Disasters
- Considerable change in migration patterns



Migration, Environment, Climate change - Division

2017/2018/2019...2021/2022 — QUEBEC PROVINCE BORDER with USA waves of asylum seekers

Safe Third Country agreement Chemin Roxham

Quebec prov. > 90-95% RCMP interceptions

- 2017 ~ 20 K entries via Quebec prov. by foot (~ 5700 in Aug 2017)
 - 2018 ~ 18 500
 - 2019 ~ 16 000
 - Since nov. 2021 ...

RCMP boosts presence at Lacolle border to accommodate surge of asylum seekers

By Dan Spector Global News



BARRIER TO HEALTH CARE: HEALTH INSURANCE COVERAGE



IFH



Who are precarious status migrants (MPS)?



Heterogenous group of persons

not eligible for public health insurance

temporary migrants

(ex: international students, migrant workers, visitors, etc.)

persons in between migratory status

(ex : expired work permit, "wait period", etc.)

persons without status/undocumented

Dr. Lavanya Narasiah

Infectious diseases

Preventable diseases

Chronic diseases

Mental health

Barriers/Lack of access to health care



SAUNCERS

10/100 67

Patricia F. Walker NED Elizabeth D. Barnett

SECTION COITO

James M. Jaranson ... William M. Stroffer



Health of Immigrants

Many arrive with similar or better self-reported health than general Canadian population :

"healthy immigrant effect"

- Due to pre-selection... But with time...
- Important health disparities are emerging in subgroups of immigrants



- Increase in mortality due to preventable and treatable diseases
- Lower level of use of health and preventive services

(DesMeules et al, 2004)





Singh Can J Public Health 2004:95:14-21 DesMeules Can J Public Health 2004:95:22-26 DesMeules J Imm Health 2005:7:221-232

CIC medical exam

Goals

Identify any potential danger to public health or security

Identify/Prevent excessive burden on the social or health care system of Canada

Exemption for refugees and AS

Compulsory for:

- ✓ All immigrants and refugees
- ✓ All visitors, workers, students > 6 months





Review of health history (Y/N)

Physical Exam

Paraclinical:

- 1. Syphillis (>15 yrs)
- 2. Chest X-ray (>11 yrs)*
- 3. Urinalysis (>5 yrs): dipstick for protein, glucose, blood;if + ____ microscopy
- 4. HIV* (X Jan. 2002 > 15 yrs)
- Viral hepatitis (only if HIV+; chronic liver disease)

Results property of Canadian Govt.



PRAIDA

Regional program for the Settlement and Integration of Asylum Seekers

CDAR

Clinic for asylum seekers and refugees

2 teams

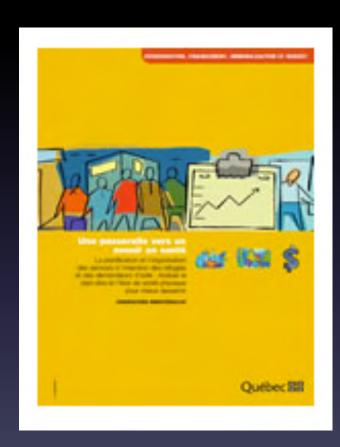
Social Services of PRAIDA -- x march 2021 - rue Port Royal (nurses ; SW) 514-484-7878 ext. 64500 (formerly SARIMM x 60 yrs)

Health Services of CDAR -- CLSC Côtes des Neiges (formerly - Clinique Santé Acceuil x > 35 yrs)

- CIUSSS Centre Ouest de l'ile de Montréal
 - ✓ Regional Mandate for Asylum Seekers
- YMCA temporary housing

Quebec Ministry of Health « Bridge towards a healthy future »

MSSS – Passerelle vers un avenir en santé – 2012



<u> http://www.msss.gouv.qc.ca/</u>

14 REFUGEE CLINICS IN CLSC's ACROSS PROVINCE

Sherbrooke

Quebec city

Montreal

Brossard

St-Hyacinthe

Granby

Laval

Gatineau

Lanaudière

St-Jérome

Trois Rivières

Arthabaska

Drummondville

Chicoutimi

Quebec Ministry of Health « Bridge towards a healthy future »

MSSS – Passerelle vers un avenir en santé since 2012

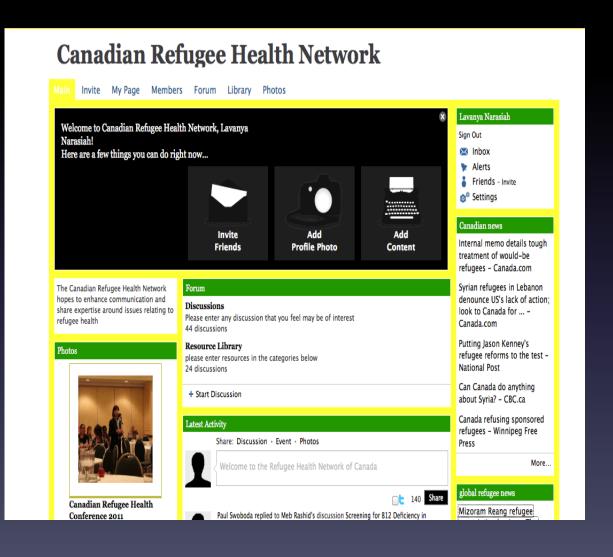


- Evaluation of health and well being for refugees soon after arrival to Quebec
- Multidisciplinary team
 - Nurse
 - Social Worker
 - Doctor
- Working in partnership with Community Organizations
- Improve Access to Health and Social services adapted to needs

<u> http://www.msss.gouv.qc.ca/</u>

Refugee and Newcomer Clinics across Canada

- Toronto
- Ottawa
- Quebec province 14
- Vancouver
- Calgary
- Moose Jaw
- Hamilton
- Kitchener
- Halifax
- St. Johns
- ...





"Pearl"



Migration as a Social Determinant of Health

A detailed migration history is key to a comprehensive health evaluation





Migration as a Social Determinant of Health

Pre-migration

Country of origin vs

Country of birth



Migration

Transit countries



Post-migration

Arrival to Canada until presently

VFR

Countries and exposures

Rural vs. Urban

Health state and change of habits

Access to health services

Access education / employment

Family structure / changes / separation / loss

Exposure trauma / violence / sickness / political instability



IMMIGRANTS = FUTURE TRAVELERS = FUTURE VFR'S

Visiting Friends and Relatives

Immigrants whose race and ethnicity is different than country of residence, then return to country of origin to visit family and friends







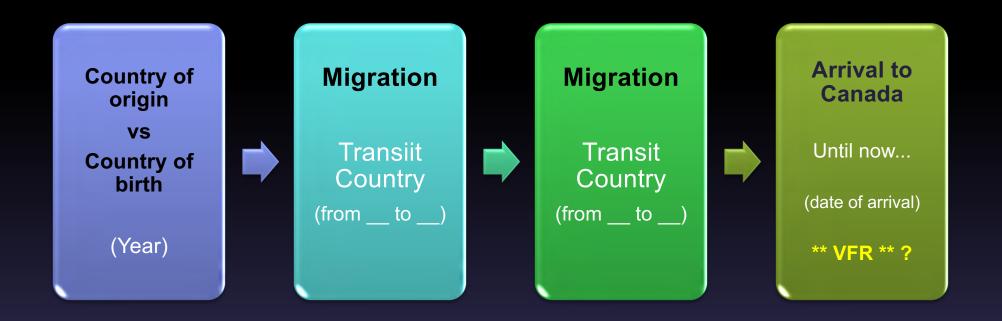
"Pearl"

Start by explaining confidentiality



"Pearl"

Document migration history



Example – Origin Angola (parents)

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DRC France DRC Tanzania Burundi CANADA
1976 → 82-86 →87-2005 → 2006-2016 → 2016-2018 → 2018 June
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Different approaches to health care for immigrants

- Prevalence in country of origin
- Exposure and Risk factors
- Diseases by Race and Ethnicity













Evidence Based Clinical Guidelines for Immigrants and Refugees

Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

✓ e - CMAJ Resume of Guidelines

http://www.cmaj.ca/cgi/collection/canadian_guidelines

for immigrant health

✓ Annexes:

Recommendations on 20 subjects w complete articles

Evidence reviews/academic publications

www.cmaj.ca/content/183/12/E824/suppl/DC1

Paper version - CMAJ 6 september, 2011, vol.183 (12)

Committee members of the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)



CMAJ

GUIDELINES

Evidence-based clinical guidelines for immigrants and refugees

Kevin Pottie MD MCISc, Christina Greenaway MD MSc, John Feightner MD MSc, Vivian Welch MSc PhD, Helena Swinkels MD MHSc, Meb Rashid MD, Lavanya Narasiah MD MSc, Laurence J. Kirmayer MD, Erin Ueffing BHSc MHSc, Noni E. MacDonald MD MSc, Ghayda Hassan PhD, Mary McNaily DDS MA, Kamran Kahn MD MPH, Raif Buhrmann MDCM PhD, Shelia Dunn MD MSc, Arunmozhi Dominic MD, Anne E. McCarthy MD MSc, Anita J. Gagnon MPH PhD, Cécile Rousseau MD, Peter Tugwell MD MSc; and coauthors of the Canadian Collaboration for Immigrant and Refugee Health

Competing interests: See end of document for competing interests.

Counthons of the Canadian Collaboration for Immigrant and Reflages Health Debond, Nasay, Blüzhelh Banes, Lentier Blais, Bewerly Drockset, Glovati Blugos, Glern Campbell, Andrea Chambers, Aage Chan, Maryam Chechentu, Wilder Debon, Muc Dechones, Bluil Bhumamin, Am Doggas, Nary Durand, Allison Byer, Jennifer Gernt, Doug Graner, Stoichi Harris, Swort B Harris, Blaisch Harrys, Jenny Health Chamilton, Chinister Heiderbeck, William Holeg, Daniel Hore, Carolis Hiz, Susan Hun, Presceda Januskiram Viller, Bronke, Debord Lencek, 1 für. Stoich Michael Mortin, Stank Knizher, Robert Larcobe, Cammel Logo, Michele Mortin, Stank Stanker, Robert Larcobe, Cammel Logo, Shidele Mortin, Michael Mortin, Glova, Michael Mortin, Glova Mortin, Stank Stacker, Robert Larcobe, Cammel Logo, Shidele Mortin, Michael Mortin, Glova Morting, Anna Solven, Ferne Porter, Aurelia Starke, Jenstife Stank, Parissia Topa, Andrew G. Ryder, Kein Schwarzum, William Stanker, Berthe London, Philas Viller, Michael Will, Wendy Webeert, David Wong, Phylis Zadowit, James Parissis Zhop, Andrea Chang, Stalkey Zickel.

Editor's note: See Appendix 1, available at www.cmaj .ca/lookup/suppl/doi:10.1503/cmaj.090313/-/DC1, for affiliations and contributions of coauthors.

This document has been peer reviewed

Correspondence to: Dr. Kevin Pottie, kpottie@uottawa.ca

CMAJ 2011. DOI:10.1503/cmaj.090313

KEY POINTS

- Clinical preventive care should be informed by the person's region or country of origin and migration history (e.g., forced versus voluntary migration).
- Forced migration, low income and limited proficiency in English or French increase the risk of a decline in health and should be considered in the assessment and delivery of preventive care.
- Vaccination (against measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, varicella, hepatitis B and human papillomavirus) and screening (for hepatitis B, tuberculosis, HIV, hepatitis C, intestinal parasites, iron deficiency, dental pain, loss of vision and cervical cancer) should be routinely provided to at-risk immigrants.
- Detecting and addressing malaria, depression, posttraumatic stress disorder, child maltreatment, intimate partner violence, diabetes mellitus and unmet contraceptive needs should be individualized to improve detection, adherence and treatment outcomes.



CCIRH Guideline Topics

Vaccine Preventable Diseases

- DcaT- P
- MMR
- Hepatitis B
- Varicella

Infectious Diseases

- HIV/AIDS
- Tuberculosis
- Hepatitis C
- Malaria
- Intestinal Parasites

Mental health

- Depression
- PTSD
- Intimate Partner Violence
- Child Maltreatment

Chronic Diseases

- Iron Deficiency Anemia
- Diabetes type II
- Dental disease
- Vision Health

Women's Health

- Cervical cancer
 - (cytology/vaccination)
- Pregnancy
- Contraception

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Diseases by Race and Ethnicity



Diabetes type II: 2-4X higher prevalence with earlier onset

- South Asia
- Africa
- Latino America

DM – Recommendations CCIRH Screen immigrants > 35 years of age



Anemia – Recommendations CCIRH

Women

Screen immigrant and refugee women of reproductive age for iron-deficiency anemia (with hemoglobin).

Children

Screen immigrant and refugee children aged one to four years for iron-deficiency anemia (with hemoglobin).

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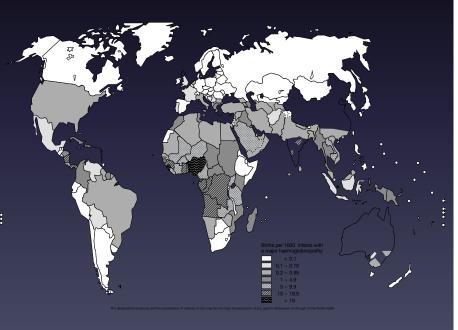
Screening for Hemoglobinopathies

Approach Children vs Adults?

Screen if:

- ✓ Anemia ---- microcytic/normocytic --- normal ferritin
 - ✓ Screen for hemoglobinopathies via HPLC or Hb electrophoresis
- ✓ High-risk ethnic populations
 - ✓ Ex: Asian, African, Mediterranean descent
- ✓ If PMx is suggestive ...
 - ✓ Family Hx, vague Sx, Hx past screening +...

HEMOGLOBINOPATHIES - WHO



WOMEN's HEALTH CCIRH RECOMMENDATIONS



- Screen women of reproductive age for unmet contraceptive needs
- Provide culturally sensitive, patient-centered contraceptive counseling
- Screen sexually active women for cervical abnormalities (Papanicolaou test) to detect and treat invasive changes
- Recommend vaccination against HPV if indicated

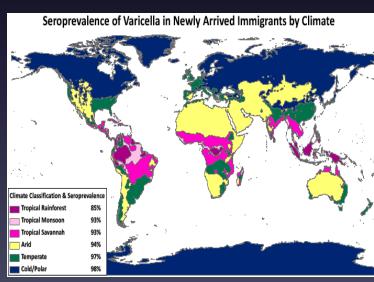
Pottie K, Nolen A, Topp P and al. Cervical cancer:evidence review for newly arriving immigrants and refugees CMAJ 2011

Dunn S, Janakiram P, Blake J, Hum S and al. Contraception:evidence review for newly arriving immigrants and refugees CMAJ 2011

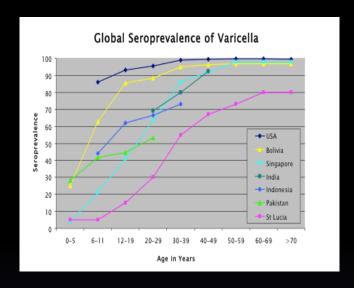
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Varicella

- Outbreaks of varicella in immigrant communities
- Adults 25X higher mortality rates
 - U.S study: 5X higher mortality for > 45 y.o foreign born vs U.S born
- Pregnant women: higher risk of neonatal and congenital varicella



Greenaway 2013 Infection & Epi;142(8):1695-1707



Temperate climate countries: > 95% immune by 20 y.0 VS

Tropical countries : ~ 50-70%

HIGHER RISK

- Immigrants < 50yrs age
- Origin Latin America, SE Asia,
 Caribbean
- Refugees
- First 2 years of arrival

Slide adapted – courtesy of Dr. Chris Greenaway

"VFR" – Visiting Friends and Relatives (~ 18% canadian travellers)

- Higher risk travellers that are more difficult to counsel!
 - Type of traveller and reason for travel
 - Conditions of travel and exposures
 - Barriers to pre travel clinic consult.
 - 70% DO NOT CONSULT
 - Post travel health....



IMMIGRANTS = FUTURS TRAVELLERS AND FUTURE VFR

NEED ADAPTED APPROACH

Bacaner N, Stauffer B, Walker P, Keystone J. Travel medicine considerations for North American immigrants visiting friends and relatives. JAMA 2004; 291:2856 – 2864.

Gaps in Vaccinations in Migrants

- Vaccine coverage ranges from 60-90%
- EPI began in 1974: many adults may not be covered
- Most adults do not have vaccination records and only 50% up to date in some studies
- At risk for outbreaks post arrival (measles, rubella, varicella)
- Barriers accessing vaccine post-arrival



Slide adapted - courtesy Dr. Chris Greenaway

Montreal based study – Susceptibility to MMR



- A large study 1480 immigrants Montreal prevalence of serological immunity to MMR in newly arrived immigrants/refugees
- 36% of participants were susceptible to at least one of the three diseases
- Immigrant women were particularly at risk
 - Asia + Pacific; Latin America; Caribbean

Greenaway C et al. Susceptibility to Measles, Mumps, and Rubella in Newly arrived Adult Immigrants and Refugees. Ann Intern Med. 2007; 146:20-24

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Countries with Varicella vaccine in NIP – WHO 2019

CCIRH – RECOMMENDATIONS MMR and Varicella

MMR: Vaccinate all adult immigrants without immunization records with 1 dose of MMR without prior serotesting



Ensure that immigrants and refugees of all ages are immune to varicella.

Vaccinate all immigrant children < 13 yr with varicella vaccine without prior serologic testing.

Screen all immigrants and refugees from tropical countries ≥ 13 yr for serum varicella antibodies, and vaccinate those found to be

Greenaway.C , Rashid.M, Barnett.E, Munoz M. et al. MMR and Varicella : evidence review for newly arriving immigrants and pefugees
Can Med Assoc. J. 2011

"Pearl"

Use any/all opportunity to update immunization

If no proof of prior vaccination – initiate age appropriate primary series

(UNIVERSAL ACCESS and FREE)

Programmes et noms commerciaux des vaccins

Programme québécois d'immunisation

Le tableau ci-dessous présente le PQI, qui comprend l'ensemble des programmes de vaccination soutenus financièrement, par le MSSS.

Le PQI est accessible gratuitement à toute personne vivant au Québec sans égard à son statut o couverture d'assurance, incluant les personnes en attente de statut légal.

D'autres programmes de vaccination, pour les populations siblées peuvent etre soutenus financièrement par d'autres instances (gouvernement fédéral, employeurs).

- Special attention to :
 - varicella, measles
 - hepatitis B vaccine in newly arrived children and >18 yrs
- Keep in mind ongoing exposures (VFR) ex. Hep A + B, Polio, typhoid, etc.

QUEBEC FRENCH ONLY RESOURCES

Protocole d'immunisation du Québec (PIQ)

Introduction

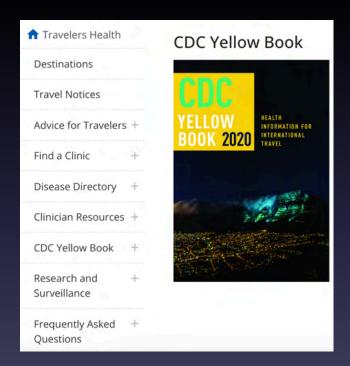
Capsule narrée

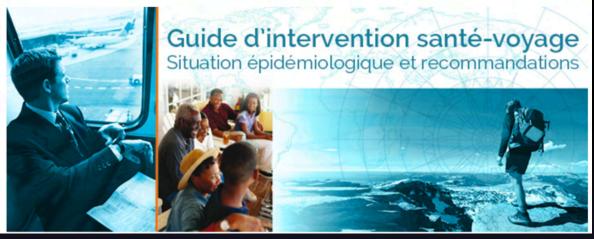
Infolettre

Sections

Introduction

Cette septième édition du <u>PIQ</u> a été conçue, une fois de plus, à partir du maillage des connaissances scientifiques et de l'expertise dans le domaine de l'implantation des pr d'immunisation. Le PIQ est rédigé par le groupe de travail sur l'acte vaccinal et est ent section des vaccins pour les voyageurs est validée par le <u>CCQSV</u>.





https://www.inspq.qc.ca/sante-voyage/guide

ENGLISH RESOURCES



Gouvernement du Canada Government of Canada

CANADA IMMUNIZATION GUIDE — chapters for newly arrived + inadequate records

https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

Montreal region Resource

- Tools and Translation of international vaccine records Hôpital Ste-Justine
- https://www.chusj.org/soins-services/V/Vaccination/Carnets-devaccination?prov=maladiesinfectieuses



Sandra Caron, infirmière clinicienne

Clinique de pédiatrie internationale

Tél.: 514-345-4931 poste 6066

<u>sandra.caron.hsj@ssss.gouv.qc.ca</u>



ACCES to ALL Pregnant women residing in Quebec quebec.ca/magrossesse

LE RÔLE DES PROFESSIONNELS(LES) DE LA SANTÉ EN CONTACT AVEC LES FEMMES ENCEINTES

- Encourager les femmes enceintes à remplir le formulaire Ma grossesse.
- Soutenir les femmes qui ont des difficultés à remplir leur formulaire.
- Être inscrit(e) sur la liste des professionnels des CI(U)SSS qui offrent des suivis obstétricaux.
- Faire connaître aux femmes enceintes les services en périnatalité offerts par les CI(U)SSS et les organismes communautaires de leur région.
- S'assurer de rejoindre les femmes vivant en contexte de précarité socio-économique: nouvelles arrivantes, adolescentes, femmes ayant un problème de dépendance, etc.

Pour permettre aux futures mamans et leur famille d'être bien entourées pour l'arrivée de leur bébé





Programme OLO and SIPPE - CLSC

CLINIQUE POUR LES MIGRANTS SANS COUVERTURE MÉDICALE



For whom?

- ✓ Migrant persons with precarious status
- ✓ Persons without health insurance and non eligible for RAMQ or IFH
- ✓ Undocumented Persons
- ✓ Persons with precarious financial situation

To take appointment:

- By phone: Monday from 17h to 20h
 438 844-5696
- In person: Thursdays between 9h30 to 12h
 560, boul. Crémazie Est, Suite 100,
 Montréal H2P 1E8 (Métro Crémazie sortie sud)





BILL 83

IMPLEMENTATION AND INFORMATION

Since 22 September 2021, all minor children whose family intends to stay in Quebec for more than 6 months may be registered by the RAMQ for the public health insurance and prescription drug insurance plans.



BILL 83 APPLIES TO CHILDREN WHOSE PARENTS:

- hold a study permit (excluding a social security agreement);
- hold an open work permit (not specific to an employer in Quebec);
- hold a visitor's permit valid for more than six months; or
- are without legal status in Canada.

https://doctorsoftheworld.ca/article/bill-83-implementation-and-information



A guide for health professionals working with immigrant and refugee children and youth



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Google™ Custom Search



Assessment & Screening

Medical Conditions

Mental Health & Development

Health Promotion Culture & Health

Providing Care for Newcomers Beyond the Clinic

- Since June 2013
- Website : http://www.kidsnewtocanada.ca
 - Bilingual
 - Free



Navigating the system: A primer on health insurance for newcomers

For Health care professionals working with newly arrived children and families



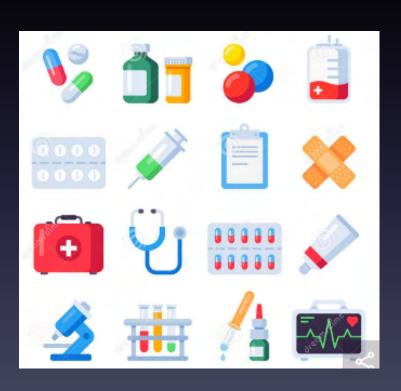
Dr. Selim Rashed and team(Hôpital Maisonneuve Rosemont)

Clinics specialized in pediatric immigrant health

- Dr. Louise Auger and team
 (Montreal Childrens Hospital Clinique
 Multiculturelle)
- Dr. Chicoine and team(Hôpital St-Justine)
 - Clinique de pédiatrie internationale

"Pearl"

Approach past medical history and treatments with perspective



- Past medical history diagnosis
- History of medication :
 - taken, interrupted present or past
 - What they brought?
 - What was not brought?
 - What finished and since when?
 - What is taken PRN?
 - What is sent from abroad?
 - What is taken from another family member?

"Pearl"

Special attention – undiagnosed or untreated congenital or chronic diseases

First access to health care services

- Opportunity to assess and triage multiple health issues simultaneously
 - Active
 - Neglected

"Pearl" Non compliance or ...?



Lack of compliance is not always the reason for inadequately controlled chronic diseases (ex. DM, HTN, etc.)

- "Lack of compliance" can often indicate
 - inadequate communication
 - possible other barriers to explore

"Pearl" Take into account adaptation/navigation factors

- Allow extra time
- Do not interpret late/missed appointment as lack of need/collaboration/compliance
- Take a moment to explain our health care systems
 - Your role
 - Concept of prevention
 - Medication and renewals
 - How to take appointment



"Pearl"

Develop a culturally sensitive approach

"LEARN"

- L Listen
- E Explain
- A Aknowledge differences
- R Recommend
- N Negociate



Ask questions +++
Attention to non verbal

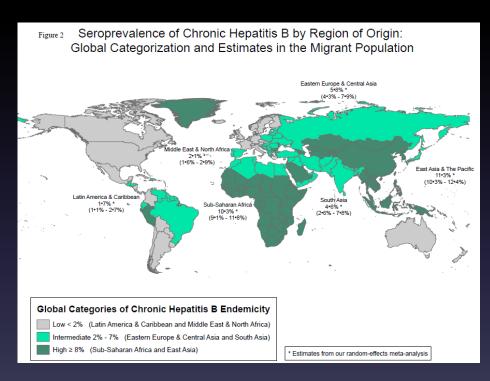
Mortality from viral hepatitis and Hepatocellular carcinoma (HCC) in immigrants: 2-4 fold higher

Hepatitis B

Disproportionate burden of HBV infection among immigrants:

- Overall prevalence is ~10 fold higher (~ 4.35% vs 0.35%)
- >50% of HBV cases in Canada
- Highest rates: East Asia, Pacific nations and Sub-Saharan Africa
- Higher risk of acute HBV
 - unvaccinated kids (<10yrs) living with HBV carrier
 - travel acquired (medical, household, sexual)



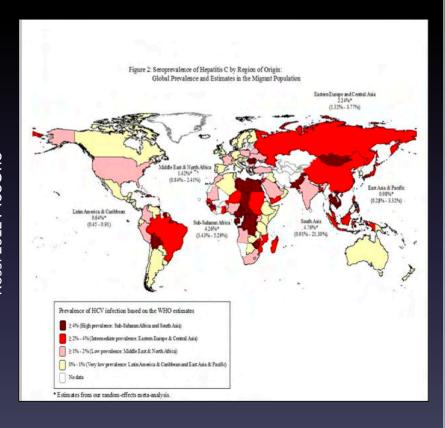


Rossi 2012 PlosOne

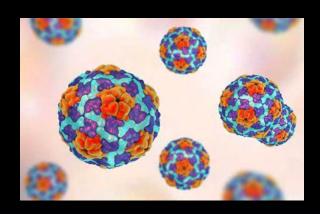
Slide adapted – content courtesy Dr. Chris Greenaway

Disproportionate burden of HCV infection among immigrants

Hepatitis C



- Prevalence is 1.5-2-fold higher (~2% vs. 0.8%) than host populations
 - **up to 18% high prevalence regions
- 35% of HCV cases in Canada
- Increase risk of ESLD and HCC at diagnosis and during follow up (2X)
- Exposure due to contaminated blood products/injections, unsafe medical/dental practices in countries of origin
- Highest rates in Quebec by region of birth 2009-2018: Sub-Saharan Africa, South and South East Asia, Eastern Europe and Central Asia

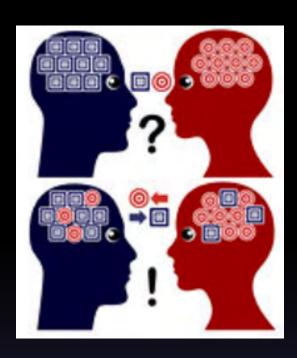


Context HBV + HCV in CANADA

Available tests
Effective HBV vaccines and Suppressive Therapy
HCV curative therapy (>95%)

CCIRH – RECOMMENDATION HEP B + C

- Screen in those from moderate or high seroprevalence regions
 - ≥ 2% positive for hepatitis B surface antigen (HBsAg)
 - ≥ 2% anti-HCV
- Screen with: HBsAg, anti-HBc, anti-HBs; anti-HCV
- Link to care and treatment (timely)
- Vaccinate those found to be susceptible



"Pearl"

Special attention to language and communication barriers

- Do not underestimate importance of language barriers and need for translation - to ensure patient safety
- Document : language, if barrier, who interpreted (formally or informally)
- Ask them to repeat or sum up
 - clinical impression, diagnosis, recommendations
 - medication/treatment:
 - Ask to see all their meds and how/when taken
 - Date of next appointment

COVID-19 - disproportionate toll on immigrant/refugee populations

CONTRIBUTING FACTORS

- Overrepresented in essential jobs
 - agricultural and food industry, health care, sanitation, warehouses...women over represented in health care work settings
- longer commutes public transport or carpooling, buses
- Difficult living conditions
 - Overcrowding
 - Multigenerational households (vulnerable)
- Inequities accessing testing and care
- Language barriers, lower fluency, literacy



Ontario ICES report Sept 2020

immigrants/refugees - 25 per cent of the

Ontario population --- accounted for

43.5 per cent of all COVID-19 cases.

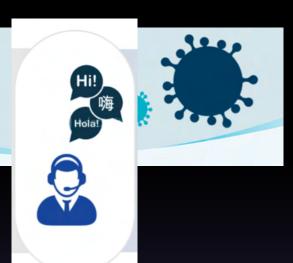
 Rates of testing lower and Rates of positive tests higher for immigrants/refugees vs with Canadian-born

INEQUALITY IN THE FACE OF THE PANDEMIC:
RACIALISED POPULATIONS AND COVID-19
(Santé Montreal report)
https://santemontreal.qc.ca/fileadmin/fichiers/
Campagnes/coronavirus/situationmontreal/point-sante/populationsracisees/Populations-Racisees-Covid-19.pdf

Language barriers — creative solutions during pandemic



Access to telephone interpreters



FP Adrian in Marian in Mar

Town Crier trucks

Phone line created by health care professionals speaking Creole - Mtl North, St-Michel, Rivière

des Prairies



Phone lines in Greek, Hindi, Punjabi, Tamil, Urdu, Bengali, Montreal - Parc Extension



Language barriers

TOOLS

Google translate app

Access Multilingual / multimedia resources

- **Advocate Use and Access to interprets **
 - In person : Mtl Banque d'interrégionale d'interprètes (BII)
 - Immediate phone interpretation (Rio Network and Language Line)



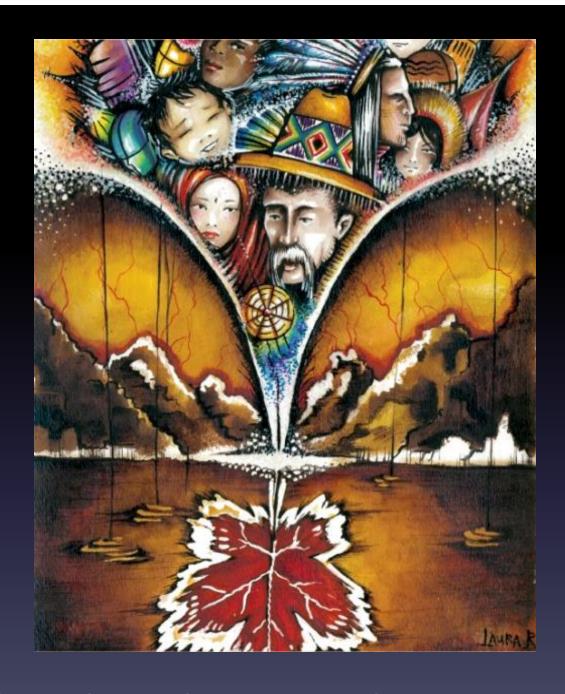
Immigration and cultural communities

Gvt and community programs + services Resettlement community organisations



If language barrier - consider a travelling chart

Ex:https://www.ccirhken.ca/



Multiculturalism – Culture - Health



Mental Health - Immigrants

- Prevalence of mental health problems:
 - Initially lower than general population
 - With time... rises to become similar to levels in general population
 - Risk factors in migrants:
 - Exposure to violence, sexual or organized crime, emprisonment, war, torture
- Common presentation / Somatic complaints

Canadian Guidelines for Immigrant Health

Common mental health problems in immigrants and refugees: general approach in primary care

Laurence J. Kirmayer MD, Lavanya Narasiah MD MSc, Marie Munoz MD, Meb Rashid MD, Andrew G. Ryder PhD, Jaswant Guzder MD, Ghayda Hassan PhD, Cécile Rousseau MD MSc, Kevin Pottie MD MClSc; for the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

Welcome to the Patient Health Questionnaire (PHQ) Screeners

Screener Overview

Recognizing signs of mental health disorders is not always easy. The Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals that is quick and easy for patients to complete. In the mid-1990s, Robert L. Spitzer, MD, Janet B.W. Williams, DSW, and Kurt Kroenke, MD, and colleagues at Columbia University developed the Primary Care Evaluation of Mental Disorders (PRIME-MD), a diagnostic tool containing modules on 12 different mental health disorders. They worked in collaboration with researchers at the

PHQ and GAD-7 Screeners				
PHQ	-9		\$	
Selec	t language:		‡	

PHQ-9 – in many languages

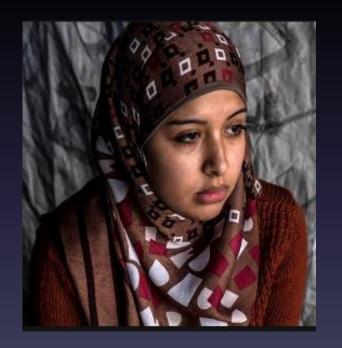
http://www.phqscreeners.com/overview.aspx?Screener=02 PHQ-9

"Pearl"

Approach mental health = Keep in mind functionality

Special Attention to

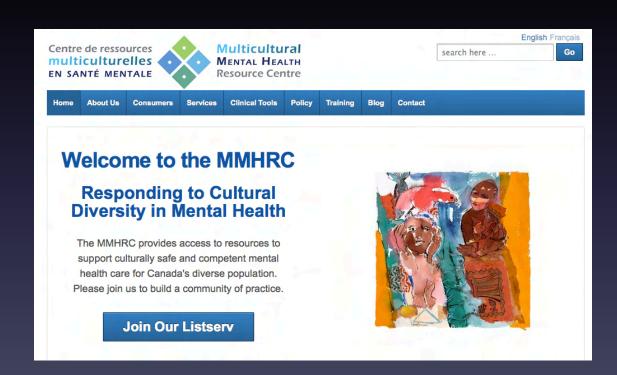
- Adaption/migration stressors, trauma
- Somatic symtoms
- Cultural expressions of suffering, cultural idioms of distress



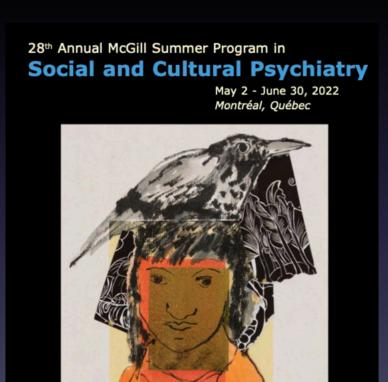
Overview

- How is adaptation to new country/life
- General mood
- Sleep
- Apetite
- Functioning all spheres
 - daily, family, education, work...

- Cultural Consultation Service (CCS) Jewish General Hospital
 - Tel.: 514-340-8222 ext. 25655 ; Fax: 514-340-7503
- Transcultural Child psychiatry Montreal Childrens Hospital
- Transcultural Psychiatry Clinic Hôpital Jean-Talon



http://www.mmhrc.ca



Division of Social and Transcultural Psychiatry

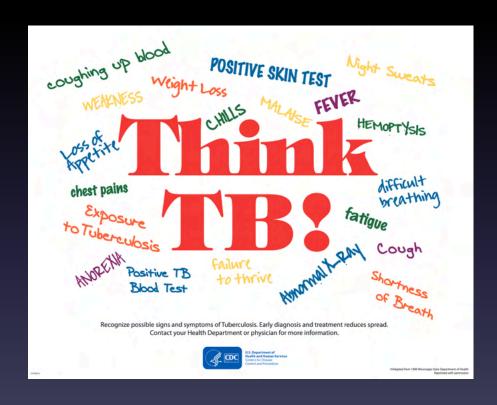
🐯 McGill

Department of Psychiatry, McGill University

www.mcgill.ca/tcpsych

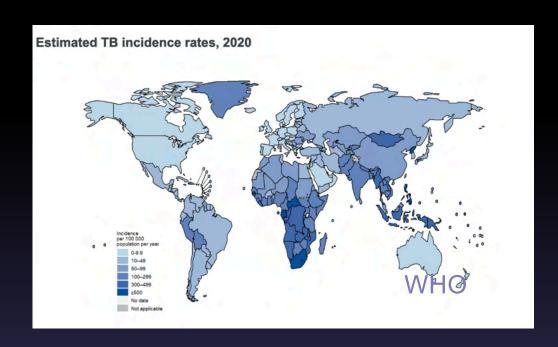
Tuberculosis – Primary care

- Recognition/Diagnosis active TB
 - Pulmonary
 - Extra-pulmonary
 - Larynx
 - Lymph nodes
 - Pleura
 - Brain
 - Kidney
 - Bones or joints
 - Miliary and Disseminated TB



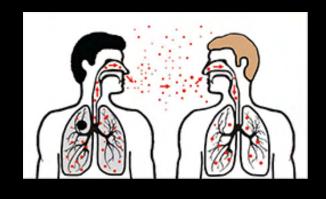
Prevention – Screening/Treating Latent TB (LTBI)

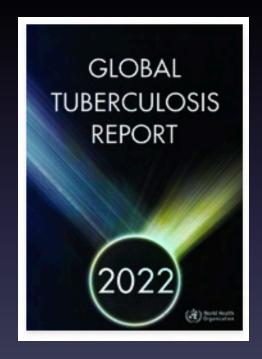
Tuberculosis





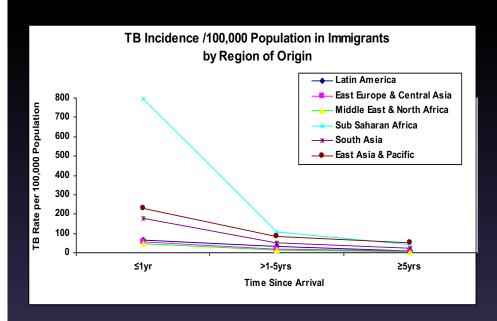
- > 2/3 cases are in foreign born (on the rise)
- LTBI 5-10% lifetime risk of active TB disease
- Higher rates of reactivation if comorbidities + risk factors





Web app
TB incidence by country

DECISION TO SCREEN FOR LTBI



Creatore IJTLD 2005;9(6):667-672, Cain AJRCCM 2007:175(1):75-79, Farah Int J of Epi 2005;34(5):1005-1011

Likelihood of having LTBI /Risk of reactivation

- Country of Origin, Transit
 - (TB incidence)
- Time since arrival
 - (5-10x higher year 1, 2x higher 1-4 yrs vs > 5 yrs after arrival)
- Immigration category
 - (refugees 2x risk)
- Age
- Underlying Medical co-morbidities
 - (HIV, DM, RI, immunosuppresion, etc.)
- Ongoing exposures (VFR, household, etc.)

Risk of Hepatoxicity/side effects (increase with age)

Likelihood of Compliance (barriers)

RECOMMENDATION - Targeted Screening Immigrants for LTBI

Canadian 8th TB Standards (2022)

Chapter 13: Tuberculosis surveillance and tuberculosis infection testing and treatment in migrants (Dr. Greenaway and al.)

https://www.linksmedicus.com/news/canadian-tuberculosis-standards-8th-edition/

WHO?



All persons/All ages/Any time since arrival

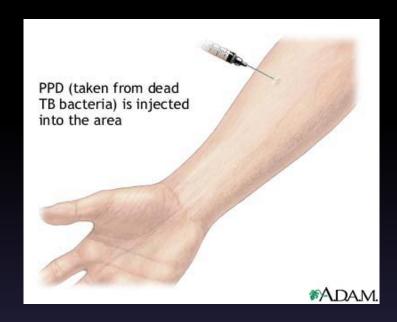
Strongly recommend

with conditions associated with very high risk of reactivation

Conditionally recommend

- from countries TB incidence > 50/100K, high risk of reactivation
- < 65 yrs from countries TB incidence >200/100K, low/moderate risk reactivation, ideally < 5 yrs post-arrival</p>
- Refugees < 65 yrs, TB incidence > 50/100K ideally < 2 yrs post-arrival</p>
- Refugees and other immigrants Consider in > 65 yrs depending on risk factors

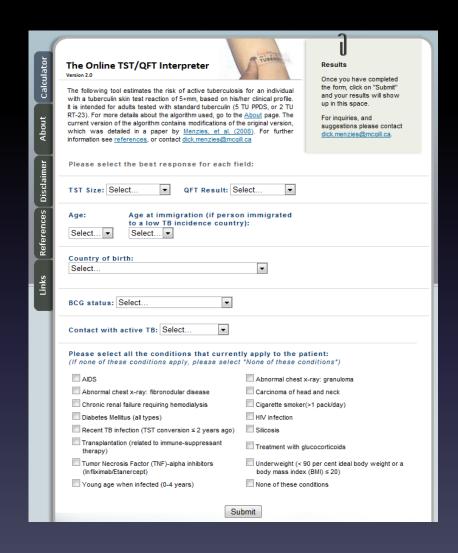
Do not screen TB incidence <50/100K with no risk factors



WITH WHAT?

- ✓ TST or IGRA
- ✓ < 2 yrs age : TST

Online TST/IGRA interpreter



https://www.tstin3d.com/en/calc.html

A FEW OF THE TB CLINICS - MTL



MCH - Glen TB Clinic- Children Respirology Center



MUHC – Glen

Montreal Chest Institute

TB Clinic - Adults

Hôpital Ste-Justine (Enfants)

Clinique Tuberculose



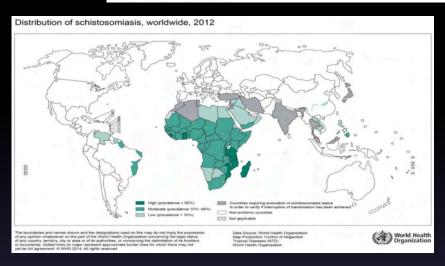
TB Clinic (Adult)

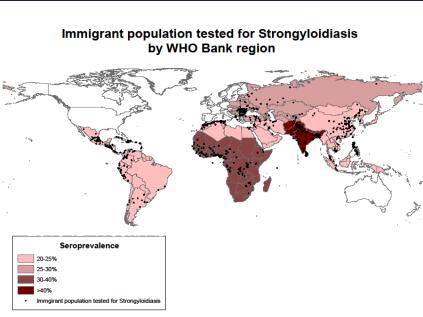
Prevalence of strongyloidiasis and schistosomiasis among migrants: a systematic review and meta-analysis

Archana Asundi, Alina Beliavsky, Xing Jian Liu, Arash Akaberi, Guido Schwarzer, Zeno Bisoffi, Ana Requena-Méndez, Ian Shrier, Christina Greenaway

Lancet Glob F

Lancet Glob Health 2019; 7: e236–48





Updated Screening Recommendations

Schistosomiasis

Screen all at-risk immigrants from Endemic regions: SS Africa, N Africa, Middle East and SE Asia

If Serology+ --> Stool and Urine O+P

Strongyloidiasis -

Screen all high and intermediate risk immigrants prior to immunosuppressive therapy

(steroids/chemotherapy)

*high risk: hematologic malignancy, steroids,

HTLV-I/II

Serology +/- Stool O+P



J.D. MacLean Center for Tropical Disease

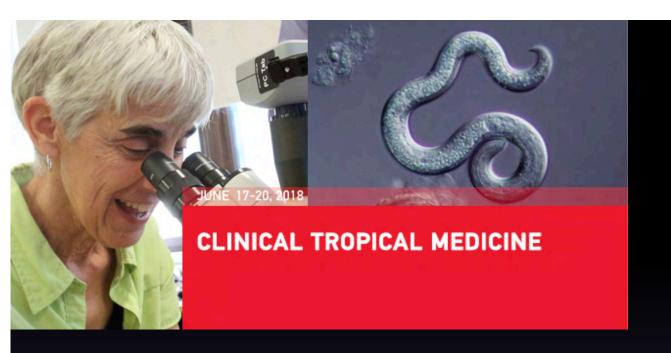
McGill University Health Center (MUHC) – Glen 1001 Boulevard Décarie

Montréal, QC H4A 3J1

tel. ARC (514) 934-8488 rendezvousmuhc@muhc.mcgill.ca

Outside MD's: Call locating – ask for tropical medicine

- Director : Dr. Michael Libman
- Associate Director : Dr. Cedric Yansouni
- Dr. Sapha Barkati
- Dr. Brian Ward
- Dr. Chris Greenaway (HGJ)
- Dr. Selim Rashed
- Dr. Makeda Semret ...



EVERY 2 YRS

EVERY YEAR



McGill Summer Institute in Infectious Diseases and Global Health

HOME

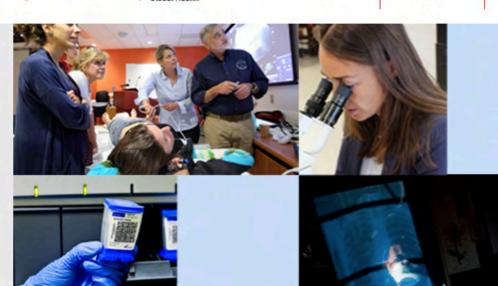
ABOUT

VENUE

PROGRAM

APPLICATION

CONTACT US





MCGILL SUMMER INSTITUTE IN INFECTIOUS DISEASES AND GLOBAL HEALTH



CLINICAL GUIDELINES CHECKLIST

www.ccirhken.ca







SCREENING Asymptomatic refugees in our practice

- CBC , Ferritin
- ALT , Creat.
- Hep B + C
- Syphillis
- HIV
- varicella serology (> 13 ans)
- Serology schistosomiasis (country) + strongyloides (all)
- STI
- Cancer screening PAP,
 mammography, stool blood vs colono
- According to age and RF: Fasting glucose, lipid profile... PME

- Vit. D
- Stool O+P x 2 * (under 5, migration RF)
- Mantoux (TST)

CHILDREN

- TSH
- Electrophoresis Hb
- Def G6PD
- Lead kids < 15 years</p>
- Vitamine A

Consider: urinalysis, B₁₂, nutritional deficiencies, serology measles, rubella adults