REFUGEE HEALTH
NETWORK QUEENSLAND

Recommended Pathology Investigations for Refugee Arrivals

(Updated November 2021)

These tests are appropriate to arrange for **ALL** recently arrived refugees – both adults and children.

- **FBE**
- **U & E, LFT**
- **Hepatitis B sAg & sAb** (both are needed)
- **Hepatitis C Ab**
- **Schistosomiasis Ab**
- **Strongyloides Ab**
- **Syphilis Ab**
- **HIV Ab**
- **Varicella Ab** (if >14 years)
- **s. ferritin**
- **s. 25 OH Vitamin D level**
- **s. Vitamin B12**

Other tests to consider if there are **clinical indications**:

- s. beta HCG- if the patient may be pregnant
- TFTs- if the patient has a goitre
- Malaria thick/thin film, with/without P. falciparum Ag
- Varicella IgG- it is reasonable to assume that a young person is non-immune to varicella, unless there is a strong history of varicella.

Note:
Measles, mumps, rubella serology is unhelpful as most refugees receive a pre-departure MMR vaccine.
Tuberculosis (TB): Interferon Gamma Release Assay (QuantiFERON) is not generally covered by the Medicare Schedule for screening of refugee patients. **Tuberculin Skin Test (TST),** available through local TB clinics, is the recommended test. Please ensure that the second MMR and varicella vaccinations have been given *prior* to referral (as needed). Record the *date* of this vaccination (and any other live virus vaccine) in your TB referral.

Once results from the initial screening are received, it **may** be clinically appropriate to order:

- **Iron studies**- if the ferritin is low
- **Faeces or urine OCP, MCS**- if there are concerns of infection
- **Urine OCP**- for positive schistosomiasis serology and WTU positive for blood
- **Urine PCR for chlamydia and gonorrhoea**- if there is a risk of STIs
- **Faecal antigen for H. pylori**- if the patient has indigestion
- **Haemoglobin** electrophoresis- after the patient is iron replete and has been counselled

Pathology tests are only a small part of the comprehensive Health Assessment required. Further information about Refugee Health Assessments is available at:
refugeehealthguide.org.au/refugee-health-assessment/

Based on Recommendations for comprehensive post-arrival health assessment for people from refugee-like backgrounds. Australasian Society for Infectious Diseases and Refugee Health Network of Australia, 2016 and The Australian Refugee Health Practice Guide. Victorian Foundation for Survivors of Torture Inc (Foundation House), 2018.
Authors: Dr Margaret Kay and the Refugee Primary Health Care Clinical Advisory Group QLD.

Considering these recommendations:

These tests are informed by the recommendations from the Australian Society for Infectious Diseases (ASID) guidelines and clinical experience in managing the health of refugee clients.

While these tests are recommended, clinical assessment should guide the final decision as the recognition of other health issues may require other investigations.

Please note: pathology companies are only reimbursed for the first three tests that a GP orders on a single day. It is important to recognise the service that the pathology company is providing. When arranging follow up tests, it may be clinically appropriate to consider reducing the number of tests performed at each single episode to minimise the cost burden related to these tests. For example, if urine or faeces tests need to be ordered, it may be possible to arrange these on a separate occasion.

Interpreting the results:

Although a **microcytosis** may indicate the presence of a haemoglobinopathy, it is necessary to exclude iron deficiency. Before ordering a Hb electrophoresis ensure that iron deficiency has been corrected otherwise a false positive result may be obtained. Consult your pathologist for further advice if necessary.

People of African background commonly have a low WBC, and especially a low neutrophil count. This condition is called Benign Essential (or Ethnic) Neutropaenia (BEN) and the patient should be assessed clinically to determine that they are well and then monitored appropriately so that unnecessary bone marrow examinations are not arranged.

Borderline positive Hepatitis C results are common soon after arrival. These may be false positives and need to be confirmed using repeat serology and Hepatitis C RNA test before the diagnosis of a true positive can be made.

Positive and equivocal serology for strongyloides and schistosomiasis should be treated. Treatments for strongyloides (Ivermectin) and for schistosomiasis (Praziquantel) are available on PBS (authority). Patients can be managed by the GP using the clinical guidelines (below) ensuring they note the clinical situations when caution is required and specialist care should be sought. It is important to be aware of clinically relevant interactions between the medications being prescribed.

- *Recommendations for comprehensive post-arrival health assessment for people from refugee-like backgrounds. Australasian Society for Infectious Diseases and Refugee Health Network of Australia, 2016*
  www.asid.net.au/resources/clinical-guidelines

- *Australian Refugee Health Practice Guide. Victorian Foundation for Survivors of Torture Inc (Foundation House), 2018*
  refugeehealthguide.org.au/

- *Refugee Health Network Queensland - which has regularly updated clinical resources.*
  www.refugeehealthnetworkqld.org.au/