HealthPathways Melbourne

Putting knowledge into practice

CASE STUDY 6:

Assistance with refugee health

Sahra and her husband Assad bring their 3 primary-school-age kids to see their GP. The GP finds out that they hold refugee visas and are from Somalia. The family's primary concern today is their eldest daughter's chronic abdominal pain.

The GP accesses the Interpreter and Translation Services pathway and connects with an Oromo interpreter using the free Translating and Interpreting (TIS) National Service.

A history reveals that the daughter has had upper abdominal pain, itchy skin, and an intermittent raised rash over her buttocks, plus some occasional cough, for some months. She is otherwise systemically well.

After reviewing the Refugee Health in Children pathway, the GP assesses that she may have typical signs of strongyloidiasis.

Using the Health Assessment for Refugees and People Seeking Asylum pathway, the GP arranges health screening investigations for all members of the family following the ASID Short Checklist of Recommendations for Comprehensive Post-arrival Health Assessment of Refugee-like Background, and provides them with pathology forms.

Using the Refugee Health Practice Guide (linked to from the page) to assess their need for specific country-based screening, the GP determines that they need screens for schistosomiasis and malaria, but not hepatitis C because no additional risk factors were identified through the history.

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Results from the investigation indicate that there are several conditions requiring treatment among the family, including helicobacter pylori infection, strongyloidiasis, and Vitamin D deficiency.

The GP consults the Refugee Health in Adults and Refugee Health in Children pages to determine the best course of treatment for each family member. For example, the GP finds that Assad has neutrophils of 1.2 x 109 /L and assesses that he has probable benign essential neutropenia.

The GP recommends Sahra undertake cervical screening, and during this consult assesses her risk of female genital cutting, using the FGC/M pathway. The GP finds that Sahra has had FGC/M and with consent, refers her to the Royal Women's Hospital African Women's Clinic for further management.

The GP decides that all family members also need an optometry assessment, and a hearing test, and consults the Refugee Health Referrals page for advice about where these services may be best accessed for the family.

The family also needs catch-up immunisations, and so the GP uses the handy links from the Health Assessment for Refugees and People Seeking Asylum page to determine the best course of action. The GP continues to see the family regularly in order to provide further supports after consulting the Refugee Health Referrals page for their various needs. The page provides many options, from a list of specialist clinics to mental health services.

Benign essential (ethnic) neutropenia (BEN) – reduced absolute neutrophil count (ANC) < 1.5 x 10^9/L in the absence of secondary causes
• Exclude other causes e.g., intercurrent illness, or infection. • If symptomatic patient or persistent neutropenia < 1.0 x 10^9/L and concerns about secondary cause, request non-acute haematology assessment.

Snippet from Refugee Health in Adults:

African Women's Clinic

- For women of all ages who have had FGC/M and would like to discuss their FGC/M or consider deinfibulation.
- Deinfibulation can be performed up to 34 weeks of pregnancy.
- Patients can self-refer.

See The Royal Women's Hospital – African Women's Clinic.

Do you have a case study?

If you would like to be involved, submit a case study, or for more information email info@healthpathwaysmelbourne.org.au