

Thank you for your referrals and work in refugee health. We see incomplete screening and variation in testing in children, which leads to missed healthcare, duplications in testing, and additional costs to the healthcare system. We aim to ensure screening is consistent with the <u>2016 Refugee Guidelines</u> with relevant updates for new arrival groups.

The following tests are recommended for **children** arriving in Australia as refugees/seeking asylum:

| All | Risk- or country-based |
|--|--|
| FBE/film | Active B12/folate - risk factors, all Afghan, Gazan and Rohingyan arrivals. Also |
| Ferritin | check homocysteine & urine methylmalonic acid if risk low B12 and disability |
| Hepatitis B serology - | or neurological symptoms |
| HBsAg, HBsAb, HBcAb | Vitamin D, Ca, PO4, ALP - risk factors, all Afghan and Gazan arrivals |
| Tuberculosis screening TST or IGRA. | Consider MMR and varicella serology in <u>adolescents</u> to assess vaccination |
| TST preferred <5y | Schistosoma serology - endemic: Africa, Myanmar, Bangladesh, Iraq, Syria; not other Middle East/Afghanistan/Ukraine/other Asian countries |
| Strongyloides serology* Faecal specimen* - cysts, | Malaria RDT and thick/thin films - arrival <3m endemic area (<12m if fever): Africa (<i>except Egypt</i>), Myanmar, Bangladesh, Bhutan, India, Pakistan, |
| ova, parasites | Afghanistan; <i>not Middle East/Egypt/Sri Lanka/Ukraine</i> |
| * not required for Ukraine | Hepatitis C serology HCVAb - endemic: Congo, Egypt, Iraq, Pakistan, Rohingyan cohorts, consider Syria, Ukraine; <i>not</i> other African/Middle East/Afghanistan/Asian countries |
| | Hepatitis A serology – all Gazan and Rohingyan arrivals until more information available |
| | HIV serology - 15y and older, all UHM, clinical concerns any age |
| | STI screening (HIV, syphilis, urine NAAT chlamydia/gonorrhoea, consider rectal/throat swabs) - if risk factors |
| | Syphilis serology - all UHM, where parent has syphilis, if risk factors |
| | Extended nutrition screen - low weight for age, poor food access. All new Gazan and Rohingyan arrivals should have vit A, Vit C and zinc levels (+/- other) |
| | Pb – all Gazan and Rohingyan until further information, if developmental |
| | issues, consider if history <u>thanaka</u> use (Myanmar, Rohingyan) |
| | TFT - if developmental issues |
| | Helicobacter pylori faecal antigen if upper gastrointestinal symptoms |
| | Others - based on clinical findings as needed |

UHM = unaccompanied humanitarian minor – term also used for any unaccompanied/separated child

These guidelines are summarised on our website (see <u>Initial assessment</u>, and specific guidelines for <u>Afghan</u>, <u>Ukrainian</u> and <u>Palestinian</u> refugees). We would be grateful for any suggestions/feedback. We look forward to working together, and are happy to answer questions, provide catch-up vaccination plans, or meet remotely or directly (if useful). Our team can be contacted on 9345 5522 pager 7142 or email: refugee.fellow@rch.org.au.

RCH Immigrant Health team June 2025