

Thank you for your recent referrals and work in refugee health. We are seeing variation in testing and hope to ensure screening is consistent with the [2016 Refugee Guidelines](#). The following tests are recommended for **adults** arriving in Australia as refugees/seeking asylum. Please see the full guidelines (and RACGP guidelines) for other areas of screening.

All	<p><b>FBE/film</b></p> <p><b>Hepatitis B serology</b> - HBsAg, HBsAb and HBcAb - note 'chronic hepatitis B'</p> <p><b>Strongyloides serology</b> <i>*not Ukraine</i></p> <p><b>HIV serology</b></p> <p><b>Tuberculosis screening</b> - TST or IGRA ≤35 years, older if clinical risk - note 'contact history' on IGRA request</p> <p><b>Consider MMR and Varicella serology</b> (to determine vaccination)</p> <p><b>Faecal specimen</b> - cysts, ova, parasites <i>*not Ukraine</i></p>
Risk-based	<p><b>Ferritin</b> - women, men with risk factors</p> <p><b>Vitamin D</b> - lack of sun, dark skin, covered</p> <p><b>Active B12/folate</b> - arrived &lt;6 months <u>and</u> vegan or food insecurity; all Afghanistan, Bhutan, Gaza, Iran</p> <p><b>Rubella serology</b> - women childbearing age</p> <p><b>Syphilis serology</b> - risk factors</p> <p><b>Chlamydia/gonorrhoea</b> - NAAT urine/low vaginal swabs - risk factors</p> <p><b>Helicobacter pylori faecal antigen</b> if upper GIT symptoms or FHx gastric cancer</p>
Country-based	<p><b>Schistosoma serology</b> - endemic: Africa, Burma, Iraq, Syria; <b>not Middle East/other Asian countries/Afghanistan/Ukraine</b></p> <p><b>Malaria RDT and thick/thin films</b> - arrival &lt;3m endemic area (&lt;12m if fever): Africa (<i>except Egypt</i>), Burma, Bhutan, India, Pakistan, Afghanistan; <b>not Middle East/Egypt/Sri Lanka/Ukraine</b></p> <p><b>Hepatitis C serology</b> HCVAb - endemic: Congo, Egypt, Iraq, Pakistan, consider Syria, Ukraine; <b>not other African/Middle East/Afghanistan/Asian countries</b></p> <p><b>Hepatitis A serology</b> - all Gazan arrivals until more information available</p> <p><b>Extended nutrition screen</b> - suggest ferritin/B12/folate/vitamin A/zinc (+/- others) in all Gazan arrivals, and consider if risk factors in other groups</p>
Other NCD screening	<p><b>Lipids</b> - ≥45y, frequency varies with risk (<a href="#">RACGP 8.3</a>)</p> <p><b>Diabetes</b> - BSL or HbA1C - ≥40y if high risk, each 3 years (<a href="#">RACGP 8.4</a>)</p> <p><b>Albumin:creatinine &amp; eGFR</b> - ≥30y if high risk renal disease, each 1-2 years (<a href="#">RACGP 8.6</a>)</p> <p><b>FOBT</b> - ≥50y if low risk, each 2 years, extra screening high risk (<a href="#">RACGP 9.2</a>)</p> <p><b>Mammogram</b> - women 50-74y, each 2 years; ≥40y if first degree relative &lt;50y at diagnosis (<a href="#">RACGP 9.3</a>)</p> <p><b>HPV test</b> - women - ≥25y to 70-74y, each 5 years (<a href="#">RACGP 9.5</a>)</p>

IGRA = interferon gamma release assay, NCD = non communicable diseases, TST = tuberculin skin test

Please contact the refugee fellows at RMH and Monash Health for further information on adult screening.