

REFUGEE HEALTH MATTERS

Syrian Refugees

16th NOVEMBER 2015 UPDATE

We welcome the Australian Government's decision to accept an additional 12000 refugees from Syria. This document has been prepared to assist refugee health doctors and nurses to provide the most appropriate care for this patient group. We recommend offering a complete refugee health assessment.[1]

Syria is a country that until March 2011 had a reasonable functioning health system with a life expectancy of 75 years and an obesity rate amongst adults of 21% [2]. Since that time the conflict has left most systems in disarray. Over half of the Syrian population of 22.8 million have been displaced,[3] and access to health care has become very difficult.

Mental health: Many people have experienced significant trauma, both physical and mental. Very high rates of emotional disorders (54%),[4] including post-traumatic stress disorder, anxiety and depression (30%) have been recognised amongst Syrian Refugees in neighbouring countries. [5]

Women's health: Be aware that high rates of sexual assault have been reported. Women may have not had access to contraception or antenatal care. People have been persecuted for being LGBTI.

Disability: There have been many injuries resulting in longer-term disability.[3] Injuries may result in physical disability, sensory impairment and psychological trauma.

Infectious Diseases

Immunisations: Previously Syria had good vaccination coverage. However rates have dropped significantly since the onset of the conflict. Large numbers of children will be unimmunised or under-immunised. Polio cases were reported in Syria in 2013/2014 but after an extensive vaccination campaign there have been no further cases.[3] Be aware of the presenting features of vaccine preventable diseases such as measles and chickenpox.

Hepatitis A outbreaks have been reported, with over 30000 cases occurring in 2014 [3]. Anyone with clinical hepatitis should be tested for Hepatitis A. Many case of Brucellosis and Typhoid have also been reported and concerns exist about the potential for cholera outbreak's.[6]

The prevalence of **chronic hepatitis B** is thought to be between 5 and 7%, [7] and all arrivals should be screened with serology.

HIV rates are low at less than 0.01% of the population [2]. As pre-arrival screening occurs in those over 15 years of age, repeat screening in Australia is not indicated routinely unless there are risk factors.

The overall prevalence of **Hepatitis C** is 0.4%. However in those who have injected drugs the prevalence is reportedly as high as 47% [8]. **Schistosomiasis** screening is not necessary unless eosinophilia is present, as rates are low. [9]

Malaria has not been reported in Syria.

There is limited information on the prevalence of *Strongyloides stercoralis* infection, although reports from neighbouring countries suggest it is likely to be endemic in Syria, and should be screened for with serology

Cutaneous Leishmaniasis has been frequently noted in Syrian refugees managed in Turkey [10] and doctors should be alert for this in patients with skin lesions and consider prompt specialist referral.

Rates of **Tuberculosis** (TB) were relatively low before the current crisis (incidence 17/100000) [11]. However deterioration in functioning health systems is expected to have led to an increase in active TB, and in the number of people harbouring latent infection.

Nutrition

High rates of anaemia in women and children have been reported (44 – 48 %), malnutrition has been reported however rates have been low. [12] [3]

Vitamin D deficiency is common in veiled women and those with dark skin.

Syrian refugees over 60 years old in Lebanon have increased self-reported rates of non-communicable diseases such as hypertension (60%), diabetes (47%) and heart disease (30%). [13] Syria has a far higher rate of tobacco use than Australia(24% compared with 7%). [14, 15]

Summary

All new Syrian arrivals should be offered a comprehensive refugee health assessment [16] including screening for anaemia, Hepatitis B, strongyloides, and non-communicable diseases (as per Australian guidelines). Consideration should be given to screening for other conditions such as Latent Tuberculosis, Hepatitis C, Vitamin D deficiency and HIV based on emerging prevalence data and risk factors.

Be aware of the very high rates of mental health conditions expected.

Vaccination catch-up needs to be undertaken, particularly in children.

Always offer an interpreter and consider whether there is a gender preference for care provider or interpreter.

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More detailed information is available from the Royal Children's Immigrant Health website.

<http://www.rch.org.au/immigranthealth/clinical/syrian-refugees/>

The Refugee Health fellows are available for help and assistance:

Refugee.fellow@mh.org.au (for adult, general practice mental health and infectious diseases issues)

Refugee.fellow@rch.org.au (for paediatric issues)

Mark.timlin@southernhealth.org.au (for general practice and mental health issues)

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