

Audience Questions and Answers: Infectious Disease Challenges in Refugee Health

May 9, 2012

During the “Infectious Disease Challenges in Refugee Health” webinar, participants submitted questions to the presenter, Dr. Elizabeth Barnett. Due to time constraints, not all questions were answered during the webinar. Questions and responses are provided here for those questions that were not covered during the webinar. The webinar can be viewed on the Refugee Health Technical Assistance Center (RHTAC) website www.refugeehealthta.org. For further questions or comments, please contact RHTAC by email at refugeehealthTA@jsi.com.

Q: Please recommend good resources (reference materials) that providers can use to inform themselves and staff about infectious diseases of tropical origin.

A: Several textbooks have excellent and detailed information about these infections: Strickland: Hunter’s Tropical Medicine and Emerging Infectious Diseases, Manson’s Tropical Diseases, and Tropical Infectious Diseases edited by Guerrant, Walker and Weller. For a specific focus on managing immigrants with parasitic infections Immigrant Medicine has chapters on a number of parasitic infections with focus on immigrants. The CDC website has a parasite section with very useful information as well.

Q: Are there any specific educational resources for providers who are not familiar with parasitic disease but are screening foreign-born populations?

A: The CDC Refugee Health Guidelines has sections on screening, and many links to other useful sections. Here is the URL: <http://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html>

Q: If testing for Hepatitis B in refugees/immigrants is standard practice, why isn't the Hepatitis B vaccine mandated for adult refugees/immigrants?

A: Hepatitis B vaccine is recommended for any adult at risk in the US, and CDC has written extensive recommendations about this. See <http://www.cdc.gov/mmwr/pdf/rr/rr5516.pdf>. Some health assessment programs (MA included) will provide hepatitis B vaccine to all refugees, while other states may not be able to do this. Cost of hepatitis vaccine is likely the issue that limits universal coverage for all adults in many settings.

Q: What options are available for a Congolese woman who complains of abdominal pain, was diagnosed with internal hemorrhoids, but will not follow the proper treatments as prescribed by the gastroenterologist? Are there other methods of reaching noncompliant patients?

A: The differential diagnosis for abdominal pain in refugees/immigrants can be very broad. One cause might be hemorrhoids, but one might want to consider other causes as well. For this woman, the first approach would be to address the common causes (parasites, liver disease, ulcer, etc) and then look broadly for other causes (lactose intolerance, psychosomatic pain, complications of pregnancy, etc). A primary care provider who can develop a relationship with her to explore what she thinks might be the cause, and work with her over time to address the pain will likely be most helpful in the long term. Perhaps she does not understand the recommendation about the management of hemorrhoids, or there are factors she has not yet disclosed that are relevant to her adherence to the treatment plan. Perhaps she cannot understand how the treatment is relevant to her complaint, especially if she has not had many years of education or does not have a sophisticated understanding of “Western” concepts of the biomedical model of illness.