Health assessment of refugees and migrants in the EU/EEA

Handbook for Health professionals

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Purpose of the handbook

This handbook has been written to provide medical examiners with:

- an overview of the migration health assessment (HA) process;
- guidance on conditions of importance for HA (a list of parameters);
- a standardised process to obtain appropriate, accurate and comprehensive information.

The essential HA protocol will include:

- collection of medical history, including vaccination status;
- physical examination findings, including vital signs;
- basic mental health evaluation;
- indication of follow-up or treatment needs.

The health protocol draws on the extensive experience of the International Organization for Migration (IOM) in the provision of migration HA. Specifically, the protocol provides guidance to physicians on the scope of migrant HAs in locations where there is no diagnostic support beyond the level of rapid test kits, with the aim of detecting conditions of interest for immediate attention or with follow-up needs.

Key concepts and definitions

Health assessment (HA) — A HA consists of an evaluation of the physical and mental health status of migrants made prior to departure or upon arrival in a country of transit or destination. HAs involve a medical examination and review of a migrant's medical history; related services may include preventive and/or curative treatment or referral for treatment, counselling, health education, preparation of migration health forms and travel health assistance. HAs also serve to identify any significant medical conditions (SMCs) so that appropriate plans can be made to ensure that assisted migrants travel in a safe and dignified manner, are fit to travel, receive appropriate health assistance when necessary and do not pose a health risk to other travellers or receiving communities.

Examining physician — In the context of this document, an examining physician is used to indicate the health professional conducting the initial HA, notwithstanding future health encounters at follow-up or treatment points.

Conditions — Physical or mental disorders of the individual that are identified or flagged by either the individual or the examining physician from the history, examination and subsequent tests.

Significant medical condition (SMC) — An SMC refers to a condition, disease or disability that is likely to have an impact on travel or hosting/settling refugees or migrants at any stage. At the **pre-departure stage**, an SMC may be a condition that affects an individual's capacity to make a competent decision (e.g. mental health condition or disability or substance-related disorders) or one that signals the need for significant health support at the final destination (e.g. severe chronic or deteriorating conditions or conditions that require specialised treatment). At the **travel stage**, an SMC may be a condition that affects an individual's fitness to travel or signals the need for special travel arrangements, such as a medical escort, wheelchair or stretcher. At the **arrival stage**, the presence of an SMC triggers arrangements for healthcare continuity, such as referrals and other health-related reintegration components.

Travel health — Concerns the health of individuals in the travel (or movement) phase of migration. Health assistance in this context involves the mitigation of health risks that may result from travel. These health risks stem from the interaction of several factors, including the duration of the journey, the nature and conditions of travel (e.g. by road, air, boat, etc.), the level of access to adequate health facilities along the route and at the point of final destination and the pre-existing health conditions of the traveller.

Fitness for travel — The possession of a physical and mental condition that enables the individual to safely travel with no significant risk of deterioration under normal circumstances, no risk of jeopardising the safety of other passengers or of causing — as a result of foreseeable health-related conditions — a logistical or financial burden (e.g. as a result of flight deviation for medical assistance). This implies an assessment of travel risks and whether there is a need for stabilisation prior to travel.

Continuity of care — In the context of migration, continuity of care refers to the principle of establishing adequate mechanisms for the continuity of healthcare between countries of origin, transit and destination. This applies to individuals with known chronic, yet stable health conditions that require lasting medical care (e.g. insulin-dependent diabetes, complicated hypertension, seizure disorders, etc.) as well as to those who require continuity of treatment and for whom interruption of that treatment could have a significant public health impact (e.g. tuberculosis or HIV/AIDS). This concept may also apply to those requiring specialised assistance in the foreseeable future (e.g. need for surgery, pregnancy with a past history of complications, mental health, etc.) or to those in need of special housing, schooling and/or institutionalisation. The files of those individuals in need of continuity of care should be flagged by the examining physician.

The human mobility crisis facing the European Union (EU) is complex and the governments of the EU are facing challenges in addressing the health needs of the increased number of migrants arriving from various parts of the world. There is currently no standardised approach to assessing the health needs of these migrants, many of whom have spent days or weeks traveling by foot, exposed to the elements and possible traumas and lacking access to adequate food, water, shelter and health services.

The personal health record intends to be a standard instrument for the assessment of the health status of refugees and migrants arriving in the EU/EEA, independent of their point of entry and/or stay at the time of the HA. Based primarily on personal histories, physical examinations and assessments of mental health status, the HA will aim to evaluate the health needs of newly arrived refugees/migrants regarding acute or chronic conditions, certain communicable or non-communicable diseases, immunisation status, injuries or mental health problems. Depending on the context, it could also involve basic laboratory tests. Immediate treatment will be provided, if needed, and any necessary or recommended follow-up will be indicated. The HA are wholly voluntary and are completely separate from any legal decision on entry/exit or residence. The same guarantees provided in regular healthcare scenarios will be applied regarding privacy, confidentiality, cultural needs or others.

Given the context of recent refugee and migrant arrivals to the EU/EEA, the HAs will be undertaken in a variety of locations, such as at organised hotspots, reception or registration centres, hospitals or healthcare centres. Despite sometimes remote or crowded contexts, adequate patient privacy will be ensured for the taking of personal histories and clinical examination.

Assumptions and constraints

This handbook provides a framework for the provision of initial HA services to refugee and migrant beneficiaries. The HAs in the current EU/EEA migration scenario aims at the identification of immediate health and follow-up needs — which are separate from any legal or administrative considerations around migration.

The following assumptions apply to the HA process outlined in this handbook.

- The HAs are conducted on a voluntary basis and in full respect of patient confidentiality.
- A system for documentation and referrals shall be put in place in case of urgent medical care needs. Local healthcare facilities shall be notified. Continuity of care or treatment shall be ensured either locally or at the final destination, as necessary.
- HAs adhere to national reporting mechanisms, e.g. notification of diseases of public health concern, and do not constitute a parallel system. Reportable conditions will be duly notified.
- HAs are conducted by qualified, culturally competent health professionals. Mental HAs are sensitive to the particular vulnerabilities and experiences of the target population. Medical interpreters and cultural mediators are available as needed.
- HAs are considered an opportunity for prevention measures, including counselling and/or health education.
- Migrant populations entering the EU/EEA are at risk of developing infectious diseases in the same way as other EU populations, and in some cases may be more vulnerable. It is important, therefore, that they should benefit from the same level of protection as indigenous populations regarding infectious diseases, including those prevented through routine vaccinations. In addition, these populations may be subject to specific risks for infectious diseases in relation to their country of origin, countries visited during their migration and the conditions they experienced during their migration. This document is meant to be a reminder for frontline healthcare workers of the risks.
- The risk for EU/EEA countries of experiencing outbreaks of infectious diseases as a consequence of the current influx of migrant population is extremely low. They do not represent a significant risk for EU/EEA populations.

Process and protocol

An outline of the migration HA process

The HA process commences with patient registration or the taking of basic patient contact information. The examining physician may also note his/her contact information and should indicate the context or location of the HA.

The process then proceeds to the taking of the patient's medical history, including their known vaccination record. During the patient's medical history, the patient will be referred to an appropriate health facility and the examining physician's comments noted accordingly should there be some indication of a need for immediate follow-up or further investigation.

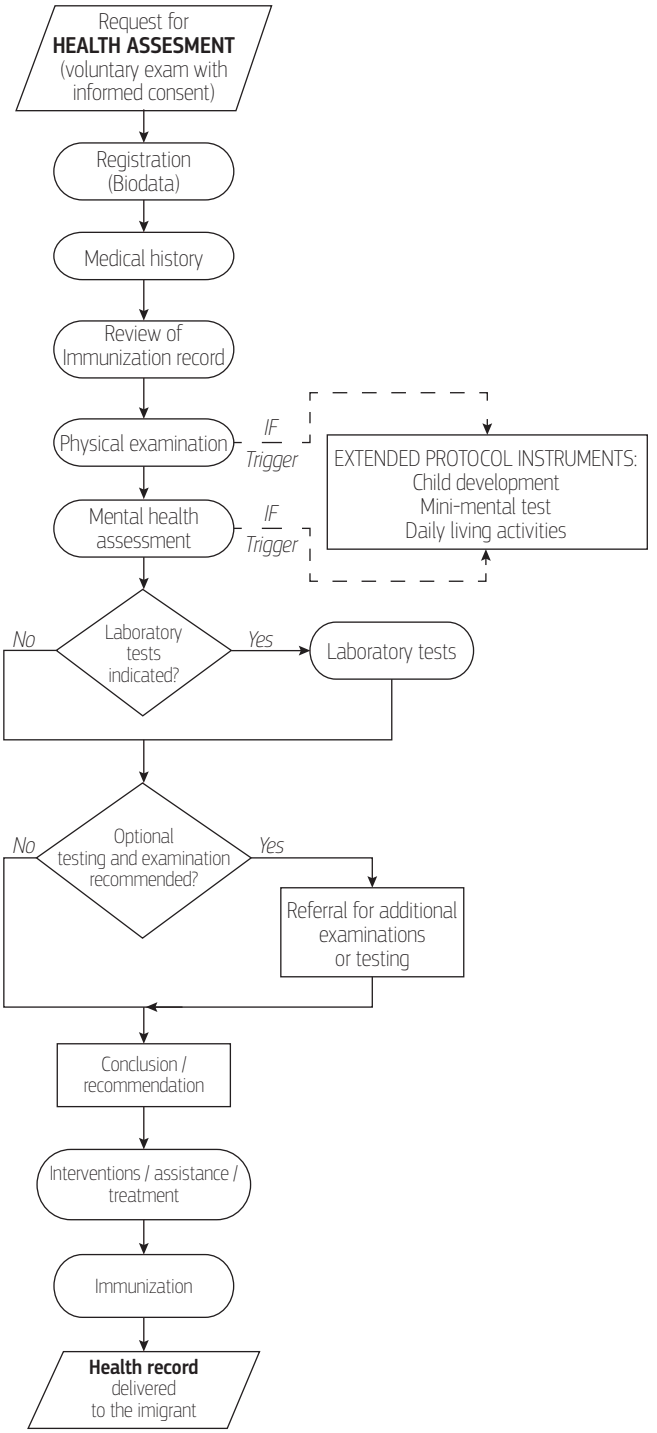
HAs are conducted on a wholly voluntary basis.

HA process scenarios

Some operational scenarios that are likely to occur are:

- examining physician does entire examination;
- examining physician/nurse/healthcare assistant appropriately shares examination;
- examining physician refers patient to further diagnostics or treatment;
- examining physician indicates need for future follow-up or continuity of care;
- patient may receive more than one HA or health encounter based on their individual migration context, location and health needs.

Health assessment protocol



Health questionnaire content

SECTION A. PATIENT REGISTRATION

Description

This section captures data in relation to the identification of the individual as well as basic sociodemographic information. The purpose is also to identify contact parameters in case there is a need to pass on additional information.

Possible considerations to add: (other names); (education); (nationality)

(Passport or other ID document) is also open for discussion in this specific context.

1	Patient family name	
2	Patient first name	
3	Date of birth (DD/MM/YYYY)	
4	Sex/gender	
5	Country of birth/countries lived in/transited	
6	Telephone or mobile number	
7	Email address	
8	Marital status (married/separated/single)	
9	Number of family members travelling	
10	Number of family members travelling under the age of 10	

SECTION B. SERVICE PROVIDER INFORMATION

Description

The assumption is that during the journey, the individual may require assistance at multiple points of the journey.

This section serves to identify the medical provider and enable contact in case of need (e.g. for additional information).

1	Physician family name	
2	Physician first name	
3	Telephone or mobile number	
4	Email address	
5	Name of medical affiliation (e.g. clinic, hospital)	
6	City, country	
7	Interpretation/mediation used	Y/N

SECTION C. MEDICAL HISTORY

Description

A positive response on most of these questions may serve as a 'trigger' (indication) for further diagnostic attention/procedures. These details are part of the physician's professional knowledge/ discretion.

1	Illness or injury requiring hospitalisation	Y/N	
2	Surgical interventions	Y/N	
3	Heart disease or high blood pressure	Y/N	
4	Neurologic disease, incl. stroke or seizures	Y/N	
5	Mental illness/problems	Y/N	
6	Stomach or bowel disease (incl. recent diarrhoea)	Y/N	
7	Liver or kidney disease	Y/N	
8	Diabetes or other endocrine disorder	Y/N	
9	Urogenital problems/conditions	Y/N	
10	Hematologic disease	Y/N	
11	Muscle, bone and joint problems	Y/N	
12	Problems with eyes or ears	Y/N	
13	History of cancer or tumours	Y/N	
14	Tuberculosis, pneumonia or other lung disease	Y/N	
15	Family member or close contact with an infectious disease (or TB contact in general)	Y/N	
16	Recurrent fever (in the past 6 months)	Y/N	
17	Coughing. Specify if protracted coughing over 2 weeks, combined with other symptoms	Y/N	In some circumstances (e.g. protracted coughing over 2 weeks with loss of weight, history of family TB, etc.) this will serve as a trigger for TB diagnostics.
18	Significant weight loss (in the past 6 months)	Y/N	
19	Sexually transmitted infections	Y/N	
20	Skin conditions (e.g. rash)	Y/N	
21	Tattoos, body piercings	Y/N	(possible trigger for viral hepatitis)
22	History of blood transfusion	Y/N	
23	History of torture, violence	Y/N	
24	Displaced from home (specify duration)		
25	Current medications (specify)		
26	Allergies including to drugs	Y/N	
27	Smoking or history of smoking	Y/N	
28	Alcohol or history of alcohol		
29	Pregnancies (number)	Y/N	
30	Deliveries (number)		
31	Last menstrual period		
32	Current pregnancy	Y/N	
33	Gestational week		

SECTION D. PATIENT'S IMMUNISATION RECORD*

Description

This section captures the current immunisation record.

1	Immunisation record presented/available	Y/N	
2	Immunisation status meets age-specific requirements based on national requirement of the country of stay	Y/N	If yes, proceed with points 3-24 and indicate date or age at vaccination.
3	Paediatric diphtheria and tetanus vaccine (DT)	Y/N	
4	Diphtheria, tetanus, pertussis (DTP)	Y/N	
5	Paediatric diphtheria, tetanus and acellular pertussis (DTaP)	Y/N	
6	Older children and adults tetanus and diphtheria vaccine (Td)	Y/N	
7	Older children and adults tetanus, diphtheria and acellular pertussis (Tdap)	Y/N	
8	Oral polio vaccine (OPV)	Y/N	
9	Inactivated polio vaccine (IPV)	Y/N	
10	Measles, mumps, rubella (MMR)	Y/N	
11	Rubella	Y/N	
12	Measles	Y/N	
13	Measles-rubella	Y/N	
14	Mumps	Y/N	
15	Mumps-rubella	Y/N	
16	Haemophilus influenzae type B (Hib)	Y/N	
17	Hepatitis A	Y/N	
18	Hepatitis B	Y/N	
19	Meningococcal	Y/N	
20	Human papillomavirus (HPV)	Y/N	
21	Varicella (chicken pox)	Y/N	
22	Herpes zoster (shingles)	Y/N	
23	Pneumococcal	Y/N	
24	Influenza	Y/N	

***** Vaccination record codes: *Completed series (C)*; *Not age appropriate (A)*; *Insufficient time interval (T)*; *Contraindicated (F)*; *Not routinely available (R)*; *Not appropriate season for vaccination (S)*.

SECTION E. CLINICAL MEASUREMENTS

1	Height (cm)	
2	Weight (kg)	
3	BMI	(to be calculated)
4	Head circumference if < 18 months (cm)	
5	Blood pressure initial: systolic (mmHg)	
6	Blood pressure initial: diastolic (mmHg)	
7	Blood pressure repeated: systolic (mmHg)	(only if the initial measurement is higher than normal)
8	Blood pressure repeated: diastolic (mmHg)	
9	Pulse initial (/min)	
10	Respiratory rate (/min)	
11	Pulse repeated (/min)	
12	Visual acuity left (uncorrected)	
13	Visual acuity right (uncorrected)	
14	Visual acuity left (corrected)	
15	Visual acuity right (corrected)	

SECTION F. EXAM FINDINGS

Description

The structured elements of the physical examination section serves as a reminder to physicians on the systems to examine. While the appropriate checkbox is ticked, there should be a larger comment section where details of significant findings may be noted down.

1	General appearance and nutritional status	Normal/abnormal/not assessed
2	Hearing and ears	Normal/abnormal/not assessed
3	Eyes	Normal/abnormal/not assessed
4	Nose, mouth and throat (include dental)	Normal/abnormal/not assessed
5	Heart (S1, S2, murmur, rub)	Normal/abnormal/not assessed
6	Breast	Normal/abnormal/not assessed
7	Lungs	Normal/abnormal/not assessed
8	Abdomen (including liver, spleen)	Normal/abnormal/not assessed
9	Genitalia	Normal/abnormal/not assessed
10	Inguinal region (including adenopathy)	Normal/abnormal/not assessed
11	Extremities (including pulses, edema)	Normal/abnormal/not assessed
12	Musculoskeletal system (including gait)	Normal/abnormal/not assessed
13	Skin (including findings consistent with self-inflicted injury or injections)	Normal/abnormal/not assessed
14	Lymph nodes	Normal/abnormal/not assessed
15	Nervous system	Normal/abnormal/not assessed
16	Mental status (including mood, intelligence, perception, thought processes, behaviour during examination...)	Normal/abnormal/not assessed Trigger: if there is evidence of a memory deficit sufficient to interfere with normal activities, a mini-mental state examination form has to be completed. Trigger: in case of evidence of a significant personality disorder, mental illness or substance abuse, a specialist's report will likely be required.

Some information to take into account when performing medical examinations

When screening symptomatic and asymptomatic newly arrived migrants, some diseases should be taken into account in accordance with the country or origin. A longer transit through a number of countries and settings with different disease epidemiology from country of origin to final destination will influence the diseases to consider.

Infectious diseases to consider according to country of origin

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea	Somalia
Diphtheria	Cases reported to WHO in 2012, 2013 and 2014	0, 0 and NA	0, 0 and 0	3, 4 and 5	8, 0 and NA	65, 7 and NA
Typhoid fever	Risk for typhoid	✔	✔	✔	✔	✔
Cholera	Risk	No recent outbreak	Recurrent outbreaks	Ongoing outbreak in Baghdad, Babylon, Najaf, Qadisiyyah and Muthanna	NA	Endemic
Hepatitis A	Risk	High endemicity	NA	High endemicity	High endemicity	High endemicity
Hepatitis E	Risk	NA	NA	High endemicity	NA	High endemicity
Helminthiasis	Risk of soil-transmitted helminthiasis (ascaris, whipworm, hookworm)	+	++	+	++	++
	Risk of urinary schistosomiasis	✔		✔	✔	✔
Leishmaniasis	Risk of cutaneous leishmaniasis	✔	✔	✔	✔	✔
	Risk of visceral leishmaniasis	✔	✔	✔	✔	✔
Hepatitis B	Prevalence of chronic hepatitis B	Intermediate prevalence: 5.6 %	High prevalence: 10.5 %	Low prevalence: 1.3 %	High prevalence: 15.5 %	High prevalence: 12.4 %
Hepatitis C	Prevalence	High prevalence: 3.1 %	High prevalence: 1.1 %	High prevalence: 3.2 %	High prevalence: 1 %	NA
HIV	Prevalence	Low	NA	Low	Low	Low
Malaria	Risk of malaria	Malaria-free	Risk of *P. vivax* >> *P. falciparum*	Malaria-free	Risk *of P. falciparum* >> *P. vivax*	Risk *of P. falciparum*
Measles	Incidence per 100 000 in 2013 and 2014	1.84 and 2.68	1.41 and 1.75	2.09 and 3.02	0.77 and 0.02	2.17 and 9.12
Polio	Cases reported to WHO in 2012, 2013 and 2014	0, 35 and NA	46, 17 and 28	0, 0 and 2	0, 0 and 0	1, 195 and 5
Tuberculosis	Incidence/100 000	Low: 17	High: 189	Low: 25	High: 40 to 499	High: 285
Antimicrobial resistance	Risk for carriage of multidrug-resistance Gram-negative bacteria	NA	NA	NA	NA	NA
Rabies	Risk level for humans contracting rabies	High	High	High	High	High

NA = Not available

Infectious diseases to consider in overcrowded settings

Poor living conditions, crowded shelters and detention centres and refugee camps may increase the risk of the spread of lice and/or fleas, which in rare cases can carry diseases e.g. louse-borne diseases (relapsing fever due to *Borrelia recurrentis*, trench fever due to *Bartonella quintana*, epidemic typhus due to *Rickettsia prowazekii*) and murine typhus, as well as the spread of mites (scabies). In recent months, sporadic cases of relapsing fever have been reported in Belgium, Germany, the Netherlands and Finland among migrants from Eritrea, Somalia and Sudan.

Meningococcal disease outbreaks have been associated with overcrowding in refugee settings. Sharing dormitories, poor hygiene and limited access to medical care have been reported as contributing factors. Meningococcal carriage rate has been shown to be higher in individuals in overcrowded settings and most cases are acquired through exposure to asymptomatic carriers. Meningococcal disease has usually been reported in children but is still a leading cause of both meningitis and sepsis in adolescents, young adults and adults, particularly in densely populated settings such as refugee camps. In addition, overcrowding has been associated with increased transmission of measles, varicella and influenza.

Infectious diseases to consider for differential diagnosis during clinical examination

Clinical presentation	Differential diagnosis to consider
Fever	Typhoid fever Malaria Louse-borne diseases Visceral leishmaniasis
Respiratory symptoms	Tuberculosis Influenza
Gastrointestinal symptoms	Cholera Typhoid fever Helminthiasis: ascaris, whipworm, hookworm
Sores	Scabies Cutaneous leishmaniasis Cutaneous diphtheria
Skin rash	Measles Rubella Louse-borne diseases
Meningitis or other neurologic symptoms	Rabies Meningococcal meningitis

SECTION G. LABORATORY/OTHER TESTS

1	Urinalysis: dipstick for albumin or protein, sugar and blood	
2	Malaria rapid test (pan malaria)	
3	Pregnancy	
4	Electrocardiogram	
5	Mantoux	

SECTION H. DIAGNOSTICS to be considered if needed at destination, except if emergency and person is referred to hospital

1	Imaging: chest X-ray	
2	Imaging: other X-ray	
3	Imaging: other imaging examination (e.g. ultrasound, etc.)	
4	Electrocardiogram (if not performed at hotspot)	
5	Laboratory: full blood count	
6	Laboratory: creatinine	
7	Laboratory: hep B surface antigen (HBsAg)	
8	Laboratory: hep C serology	
9	Laboratory: HIV	
10	Laboratory: syphilis	
11	Laboratory: liver function tests	
12	Laboratory: tuberculosis (sputum smear)	
13	Instrument: mini-mental state dementia screening form	
14	Instrument: assessment of activities of daily living	
15	Instrument: chart of early childhood development	
16	Other referrals (specialist, pregnancy-related care, hospitalisation, etc.)	
17		
18		
19		

SECTION I. SUMMARY FINDINGS

Description

Use ICD codes when necessary to protect confidentiality and also possible sensitivities of the patients.

1	SMC has been identified?	
2	TB, active, infectious	Use ICD A15-A19 codes
3	TB, active, non-infectious	Use ICD A15-A19 codes
4	Sexually transmitted diseases	Use ICD A50-A64 codes
5	Human immunodeficiency virus	Use ICD B20-B24 codes
6	Physical impairment/disability	
7	Significant mental health condition	
8	Addiction (abuse) of specific substances	
9	Other significant condition (specify):	

SECTION J. TREATMENT RECOMMENDATION

1	Treatment required?	
2	Treatment required for syphilis (ICD A50-A64)?	
3	Treatment required for malaria?	
4	Treatment required for gastrointestinal parasites? (e.g. presumptive treatment)	
5	Treatment required for acute condition?	
6	Treatment required for chronic condition?	
7	Hospitalisation required (immediate)	
8	Hospitalisation required (within several days)	
9	Hospitalisation required (within several months)	
10	Immunisation required?	
11	Adjusted/appropriate accommodation required?	

SECTION K. TRAVEL RECOMMENDATION

1	Fit for further travel? (Yes/conditionally/no)	
2	Special medical attention during the travel?	
3	If pregnant, not to travel before .....?	
4	If pregnant, to travel before ....?	
5	TRQ: ambulance	(TRQ = travel requirements)
6	TRQ: WCH	
7	TRQ: stretcher	
8	TRQ: oxygen	
9	TRQ: bowel preparation	
10	TRQ: diapers	
11	TRQ: urinary catheter	
12	TRQ: other	
13	TRQ: medical escort	
14	TRQ: family escort	
15	TRQ: operational escort	

SECTION L. POST-ARRIVAL RECOMMENDATION

1	PTR: special schooling needs	(PTR = post-travel recommendation)
2	PTR: consequences on daily living activities (assistance required)	
3	PTR: special housing requirements	
4	PTR: follow-up examination needed by GP (within 1 w/1 m/6 m)	
5	PTR: follow-up examination needed by specialist (within 1 w/1 m/6 m)	

SECTION M. TREATMENT ADMINISTRATION

Specify Tx provided and duration and dosage of medication provided.

1	Tx administered for syphilis (ICD A50-A64)	
2	Tx administered for malaria	
3	Tx administered for gastrointestinal parasites	
4	Tx administered for other conditions (specify medication and dosage)	
5	Tx — other treatment applied (specify)	

SECTION N. VACCINE ADMINISTRATION

1	Vaccine administered (date/dose and application/batch #)	
2	Vaccine: DT	
3	Vaccine: DTP	
4	Vaccine: DTaP	
5	Vaccine: Td	
6	Vaccine: Tdap	
7	Vaccine: polio — OPV	
8	Vaccine: polio — IPV	
9	Vaccine: MMR	
10	Vaccine: rubella	
11	Vaccine: measles	
12	Vaccine: measles-rubella	
13	Vaccine: mumps	
14	Vaccine: mumps-rubella	
15	Vaccine: Hib	
16	Vaccine: hep A	
17	Vaccine: hep B	
18	Vaccine: meningococcal	
19	Vaccine: human papillomavirus	
20	Vaccine: varicella	
21	Vaccine: pneumococcal	
22	Vaccine: influenza	
23	Vaccine: others	

Vaccination should be offered as needed, according to national immunisation guidelines of the hosting country.

If no or uncertain documentation exists, the individual should be considered as unvaccinated. For best protection of the individual, administer and document first doses of the vaccine series as early as possible following entry to or registration in a host country and continue vaccine series at place of long-term residence according to national guidelines of the host country.

Priority should be given to protection against measles, rubella, diphtheria, tetanus, pertussis, polio, Hib (< 6 years unless other country-specific recommendation) and hepatitis B.

Additional vaccinations could be considered for the following diseases:

- invasive meningococcal disease (disease common in densely populated settings such as refugee camps, vaccine included in many EU routine programmes);
- varicella (disease common in crowded settings and susceptibility is high among migrants, vaccine included in some EU routine programmes);
- invasive pneumococcal disease (vaccine included in many EU routine programmes);
- influenza (disease common in crowded settings during influenza season, vaccine included for all children in some EU routine programmes and risk groups including the elderly in all EU routine programmes).

Vaccinations to be offered in the absence of documented evidence of prior vaccination

Disease/age group	Children and adolescents (< 18 years)	Adults (> 18 years)
Priority vaccinations		
Measles, mumps, rubella	Administer to individuals ≥ 9 months of age. Two doses of MMR* should be administered at least 1 month apart but preferably longer according to national guidelines. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months of age.	Administer to all individuals, one or two doses of MMR according to national guidelines*.
Diphtheria, tetanus, pertussis, polio, Hib	Administer to individuals ≥ 2 months, three doses of DTaP-IPV-Hib (Hib component only for children < 6 years unless other country-specific recommendations) containing vaccines at least 1 month apart, followed by a booster dose according to national guidelines. Pentavalent and hexavalent combination vaccines are authorised up to 6 years of age.	Administer to all adults, three doses of TDaP-IPV-** containing vaccines according to national guidelines.

Disease/age group	Children and adolescents (< 18 years)	Adults (> 18 years)
To be considered		
Hepatitis B	Administer to individuals ≥ 2 months, three doses according to national guidelines*** Administer to new-born infants to HBsAg-positive mothers within 24 hours from birth, according to national guidelines.	Administer to all adults, with or without previous screening, according to national guidelines.
Meningococcal disease	National guidelines for meningococcal vaccines against serogroups A, B, C, W135 and Y should be followed unless the epidemiological situation suggests otherwise.	
Pneumococcal disease	Administer to individuals ≥ 2 months with 1-3 doses of conjugate vaccine at least 1 month apart, according to national guidelines.	Administer to individuals ≥ 65 years, according to national guidelines.
Varicella	National guidelines should be followed unless the epidemiological situation suggests otherwise. If used, administer to individuals ≥ 11 months of age, two doses of varicella at least 1 month apart, but preferably longer.	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating non-immune, non-pregnant women of childbearing age.
Influenza	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups older than 6 months ahead of and during influenza season.	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups including pregnant women ahead of and during influenza season.
Tuberculosis	Administer BCG according to national guidelines. Re-vaccination with BCG is not recommended.	BCG is generally not recommended for adults, unless specific reasons suggest otherwise.

* MMR vaccine is contraindicated in immunocompromised individuals and during pregnancy. Pregnancy should be avoided for 1 month after MMR vaccination.

** If shortage of vaccine administer at least one dose of vaccine containing acellular pertussis component.

*** Testing for hepatitis B virus infection (HBsAg) could be done before vaccine is administered.

Additional protocol instruments

Assessment of activities of daily living

Applicant name:			**File no :**	
	Note performance without help		**Note degree of assistance**	
	With ease, no devices, no prior preparation	**With difficulty, device or prior preparation**	**Some help**	**Totally dependent**
Feed/drink				
Dress upper body				
Dress lower body				
Don brace/prosthesis				
Wash/bathe				
Perineum (at toilet)				
Sphincter control	**Note control without help**		**Note frequency of accidents**	
	Complete, voluntary	**Control, but with urgency or use of cath., appl. or supp.**	**Occasional, some help needed**	**Frequent or much wet/ soil**

Source: CIC DMP Handbook

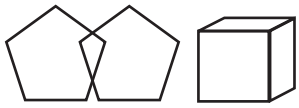
Mini-mental state dementia screening form

Adapted from Folstein et al. J psychiat. Res., 1975, Vol 12, pp. 189-198.

Date: _____ / _____/_____

Applicant's name: _____

Medical examiner's signature: _____

Item	Score
Registration	
1. Give three words and warn the applicant that you will ask them to be recalled in 3 minutes' time. Test immediate recall.	3
Attention/concentration	
2. Ask the applicant to count backwards from 100 in steps of seven (up to five steps) OR to spell the word 'WORLD' backwards.	5
Short-term memory	
3. Memory recall. Ask the applicant to recall the words given in question 1.	3
Language	
4. Ask the applicant to name two common items, as shown (e.g. pen, watch).	2
5. Ask the applicant to repeat the following sentence: 'No ifs, ands or buts'.	1
6. Ask the applicant to do the following three things with a piece of paper: • pick it up with the left hand; • fold it in half; • put it on the floor. Give all three instructions before handing over the paper.	3
7. Ask the applicant to do what is written on the paper ('Close your eyes').	1
8. Ask the applicant to write a short sentence (must contain a subject and verb and must make sense).	1
Orientation	
9. Ask the applicant their address OR where they are now (street number, street, town, state, country).	5
10. Ask what today's date, day and season are (day, month, year, season).	5
Visuospatial skills	
11. Ask the applicant to copy this figure (intersecting pentagons or a 3-dimensional cube) 	1
Total	**30**
Probable cognitive impairment: score less than 24	
Definite cognitive impairment: score less than 17	

Source: Handbook for medical examiners, immigration New Zealand

Chart of early childhood development

1-2 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Holds head erect and lifts head		Recognises parents	
Regards faces and follows objects through visual field		Engages in vocalisations	
Becomes alert in response to voice		Smiles spontaneously	
3-5 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Grasps cube — first ulnar then later thumb opposition		Laughs	
Reaches for and brings objects to mouth		Anticipates food on sight	
Plays at making sounds		Turns from back to side	
Sits with support			
6-8 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Sits alone for a short period		Rolls from back to stomach	
Reaches with one hand		Is inhibited by the word 'no'	
First scoops up a small object then grasps it using thumb opposition			
Imitates 'bye-bye' and babbles			
Passes object from hand to hand in midline			
9-11 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Stands holding on		Walks by supporting self on furniture	
Imitates pat-a-cake and peek-a-boo		Follows one-step commands, e.g., 'come here' or 'give it to me'.	
Uses thumb and index finger to pick up small object			
1 year of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Walks independently		Points to desired object	
Says 'mama' and 'dada' with meaning		Says one or two words	
Can use a neat pincer grasp to pick up a small object			
Releases cube into cup after demonstration			
Gives toy on request			
18 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Builds tower of three to four cubes		Walks up and down stairs	
Throws ball		Says 4–20 words	
Scribbles spontaneously		Understands a two-step command	
Seats self in chair		Carries and hugs doll	
Dumps small objects from bottle		Feeds self	

24 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Speaks short phrases, two words or more		Verbalises toilet needs	
Builds tower of six to seven cubes		Turns pages of book singly	
Points to named objects or pictures		Plays with domestic mimicry	
Stands on either foot alone and jumps off floor with both feet		Pulls on simple garment	
30 months of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Walks backward and begins to hop on one foot		Helps put things away	
Holds crayon in fist, copies a crude circle		Puts on clothing	
Points to objects described by use		Carries on a conversation	
Refers to self as 'I'			
3 years of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Holds crayon with fingers, copies circle		Dresses with supervision	
Builds tower of eight cubes and imitates three-cube bridge			
Gives first and last name			
3-4 years of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Climbs stairs with alternating feet		Feeds self at mealtime	
Begins to button and unbutton		Takes off shoes and jacket	
Responds to command to place toy in, on or under table			
Knows own sex			
Gives full name			
4-5 years of age			
Activities to be observed on exam		**Activities related by parents or caregiver**	
Runs and turns without losing balance		Self-care at toilet	
May stand on one leg for at least 10 seconds		Dresses self except for tying shoes	
Buttons clothes			
Knows the days of the week			

Source: CIC DMP handbook

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