

# Immigrants in Need of Comprehensive Care

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WASHINGTON — Health care for U.S. immigrants needs to go beyond screening for a few specific infectious diseases by providing care addressing the long-term needs of individuals as well as public health concerns, Dr. Elizabeth D. Barnett said at the annual meeting of the American Society of Tropical Medicine and Hygiene.

"We need to talk about a comprehensive health assessment and move away from the idea of a one-time screening," said Dr. Barnett, director of the International Clinic at Boston Medical Center.

Adequate comprehensive health assessments would focus not only on diseases of public health significance, but also diseases and conditions that affect the health of individuals and their families over decades. Such assessments would include:

- ▶ History and physical examination.
- ▶ Screening for infectious diseases such as tuberculosis and hepatitis B, and other standard tests of vision, hearing, and dental health.

▶ Routine immunizations, and other immunizations when indicated.

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▶ Identification of risk factors for chronic diseases such as hepatitis B infection leading to liver disease, *Helicobacter pylori* infection leading to gastric cancer, and human papillomavirus infection leading to cervical cancer.

- ▶ Health risks related to lifestyle, such as obesity, inactivity, smoking, and dental caries.
- ▶ Primary care visits and subspecialty follow-up.

In addition to using a universal screening panel for certain diseases, clinicians could perform targeted screening tests related to risk groups, Dr. Barnett said.

Universal screening programs use easily applied protocols that don't leave any patients out, but they are not responsive to differences in immigrant groups. Targeted screening programs could change according to the immigrant group, provided that clinicians stay up to date on health risks, she said.

Physicians who care for undocumented or migrant populations may think that they cannot do extensive screening because many such immigrants do not have health insurance and cannot pay for the services. "We need to keep in mind that there will be benefits in the long run if we address the most important health needs right up front," she said.

A system of screening for new immigrants could combine standard tests for diseases that pose significant burdens but that have readily available interventions—

such as TB, hepatitis B, and anemia—with other screening tests that focus on risk factors.

Foreign-born persons accounted for 53% of TB cases in 2003; foreign-born persons had a rate of about 24 per 100,000 people, compared with 3 per 100,000 in U.S.-born individuals. Positive results on tuberculin skin tests have ranged in some immigrant and refugee groups from 25% to 70% in different years.

In immigrant populations with specific

risk factors, targeted screening tests could look for diseases or conditions with proven interventions—lead levels in refugee and adopted children, schistosomiasis and strongyloides in Sudanese refugees, treponemiasis (syphilis) in refugee children, and Varicella antibody testing.

The increased prevalences of both *H. pylori* infection and cervical cancer in developing countries are two examples of health disparities in immigrant populations. No one knows for sure how immi-

grants with an *H. pylori* infection, many of whom are children, may fare 10 or 20 years from now, Dr. Barnett said.

Cervical cancer occurs at higher rates in Southeast Asian nations, but one report showed that a lower percentage of immigrant women aged 65 years or older from Cambodia and Vietnam had received a Pap smear in the preceding 3 years (64%-66%) than had women in the U.S. general population (86%) (MMWR 2004;53:760-7).

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References: 1. PROVIGIL full Prescribing Information. 2. Data on file, Cephalon, Inc. 3. Pack AI, Black JE, Schwartz JRL, Matheson JK, for the U.S. Modafinil in Obstructive Sleep Apnea Study Group. Modafinil as adjunct therapy for daytime sleepiness in obstructive sleep apnea. *Am J Respir Crit Care Med.* 2001;164:1675-1681. 4. Black JE, Hirshkowitz M, for the Modafinil in Obstructive Sleep Apnea Study Group. Modafinil for treatment of residual excessive sleepiness in nasal continuous positive airway pressure-treated obstructive sleep apnea/hypopnea syndrome. *Sleep.* 2005;28:464-471.

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