Issues related to infectious disease and immunization status of immigrant children including immigrants, refugees and international adoptees

In 1992 nearly 61,000 children and youth 19 years of age or under emigrated to Canada, either alone or with their families. Over half came to Ontario, 22% to Quebec. 13% to British Columbia, 7% to Alberta, 2% to Manitoba and the remainder entered other provinces and territories.

The health status of these children and youth is not always optimal. Depending on their country of origin they may have any of a number of infections including parasitic infestations, tuberculosis, human immunodeficiency virus (HIV) infection, syphilis, chronic hepatitis B carriage or dormant malaria. Their immunization status may be incomplete or unknown. Additionally some may have been immunized with ineffective vaccines which would not meet current licensure standards in Canada.

Physicians who provide care for these children and youth must be aware of what is done - and, more importantly, what is not done - as part of the entry process into Canada. Recommendations for dealing with the many issues related to their health, including those outside of the area of infectious diseases, are currently being devised. Until guidelines are available, the Infectious Disease and Immunization Committee of the Canadian Pediatric Society presents the following as information for practicing physicians to ensure that false assumptions regarding the extent of health screening of immigrants are corrected.

Children entering Canada legally from abroad fall into one of three categories:

- International adoptees, sponsored by prospective parents through adoption agencies
- Refugees who leave their own country because of persecution or fear of persecution
- Immigrants who do not fall into either of the first two categories.

Health assessment is the responsibility of the Division of Immigration Health, Health and Welfare Canada. It is essential to be aware that children who enter Canada as refugees are not screened prior to arrival. The process is initiated after their first hearing which may be months after arrival into the country. For all other children including adoptees and immigrants, health screening must have been done within the 12-month interval prior to entry to Canada. The process includes a history and physical examination (including vision and hearing screening) for all individuals. Additional screens are age dependent: for children aged five years or older, dipstick analysis of urine for protein, sugar and blood, plus microscopy if any are positive; for those aged 11 or years or older, chest radiograph; for those aged 15 years or older, VDRL test.

In some instances reports of tests done to rule out infections such as HIV, hepatitis B virus and tuberculosis may be provided by the immigrant. Neither the required nor volunteered test results should ever be considered reliable. In some cases favourable test results may be purchased and in others the test is not subject to the same degree of quality control as in Canada. If indicated these tests should be repeated once in Canada. If there is doubt expert opinion should be sought.

Updating immunizations is not part of the screening process for admission to Canada. Once in Canada there is no standard process to ensure that such children receive appropriate vaccines according to recommended schedules. Guidelines for immunization of such children have been made by the National Advisory
Committee on Immunization\(^1\) and will be published in the next edition of the Canadian Immunization Guide.

The Division of Immigration Health, Health and Welfare Canada can assume no responsibility for statements made herein.

**REFERENCE**


**SUGGESTED READING**


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