

Health Screen **CAR** *Patients*

A region-specific reference summary of health considerations commonly relevant to refugee patients from the Central African Republic. Supports clinical judgement; does not replace the Australian Refugee Health Practice Guide.

IMPORTANT

This is a region-specific reference summary to support clinical judgement, not a clinical guideline. Always use the **Australian Refugee Health Practice Guide** (refugeehealthguide.org.au) as the primary clinical reference. Patients are individuals; epidemiological information about a country of origin should inform, not replace, clinical assessment.

This appendix summarises health considerations commonly relevant to refugee patients from the Central African Republic (CAR), who form a significant arrival group in Townsville. Many of these considerations apply more broadly to refugee patients from central and east Africa.

Context

The Central African Republic has experienced prolonged conflict and displacement, with significant gaps in routine health services, immunisation programmes, and access to care. Patients arriving in Australia may have spent extended periods in refugee camps in Cameroon, Chad, the Democratic Republic of Congo, or other neighbouring countries before resettlement. Many patients speak Sango, a primarily spoken language with limited interpreter availability in Australia.

Initial assessment considerations

Migration history <i>where, when, how long</i>	Country of origin, route, time in transit countries or camps, time since arrival in Australia, family members in Australia and elsewhere.
Vaccination history <i>often incomplete</i>	Documented vaccinations are frequently absent or incomplete. Plan catch-up immunisation per the Australian Immunisation Handbook. Many patients require multiple visits to complete catch-up schedules.
Infectious disease screen <i>per ARHPG</i>	Standard refugee health screen including tuberculosis (latent and active), hepatitis B, hepatitis C, HIV, syphilis, schistosomiasis, strongyloides, malaria, and intestinal parasites where epidemiologically relevant.
Nutritional and developmental <i>children especially</i>	Growth, anaemia, vitamin D, iron, B12, dental health, vision, hearing. Developmental assessment for children where appropriate.
Mental health and trauma <i>over time</i>	Many patients have experienced or witnessed violence. Initial assessment focuses on current wellbeing and safety; specialist trauma assessment typically occurs over time with QPASTT or similar services.
Chronic disease <i>often undetected</i>	Hypertension, diabetes, cardiovascular risk factors may be undetected. Some patients have established chronic disease without prior diagnosis.

Conditions worth specific attention

INFECTIOUS DISEASES

- **Tuberculosis** — high regional prevalence. Screen for latent TB with IGRA (preferred for adults) or TST. Active TB workup if symptomatic. Hospital-based TB clinic referral for management.
- **Schistosomiasis** — common in central African freshwater exposure. Consider serology and treatment per ARHPG. May be asymptomatic for years.
- **Strongyloides** — chronic asymptomatic infection common. Screen with serology; treat per ARHPG. Important to identify before any immunosuppression.
- **Malaria** — recent arrival from endemic area may warrant blood film, especially if febrile. Less likely in patients arriving after extended time in low-transmission settings.
- **Hepatitis B** — significant regional prevalence. Screen all patients; vaccinate susceptible patients; refer chronic carriers for hepatology assessment.
- **HIV** — screen with informed consent; explain confidentiality clearly; refer positive patients to specialist HIV services.
- **Syphilis** — screen per ARHPG.
- **Intestinal parasites** — empirical treatment with albendazole may be considered per ARHPG; stool examination for ova, cysts, parasites in symptomatic patients.

NUTRITIONAL AND METABOLIC

- **Anaemia** — common, often multifactorial (iron deficiency, parasites, haemoglobinopathies). Full blood count, iron studies, ferritin.

- **Vitamin D deficiency** — common, particularly in patients with darker skin and limited sun exposure during settlement. Screen and treat per standard guidance.
- **Haemoglobinopathies** — sickle cell trait and disease occur. Consider haemoglobin electrophoresis where clinically indicated, particularly before pregnancy planning.
- **Chronic disease screening** — blood pressure, lipids, HbA1c per Australian cardiovascular risk and diabetes guidance.

WOMEN'S AND REPRODUCTIVE HEALTH

- **Cervical screening** — per National Cervical Screening Program. Discuss sensitively and over multiple visits if needed.
- **Pregnancy planning and antenatal care** — standard pathways, with attention to immunisation status, haemoglobinopathy screening, and prior obstetric history.
- **Female genital cutting (FGC)** — prevalent in some CAR communities. Sensitive enquiry, clinical assessment as appropriate, referral to specialist services if required. Avoid assumptions about how the patient experiences this.
- **Family planning** — discuss when appropriate. Be aware of religious, cultural, and family considerations; the patient leads.

CHILDREN

- **Growth and development** — plot on standard charts. Some children may be small for chronological age due to nutritional history.
- **Hearing and vision** — frequently missed in transit; screen early.
- **Dental health** — caries often advanced; refer to public dental services.
- **School readiness and learning** — consider developmental assessment for children with disrupted schooling or potential learning difficulties.
- **Immunisation catch-up** — work through schedule systematically with the family.

MENTAL HEALTH

- **Trauma exposure** — likely significant, often multi-generational. Disclosure typically occurs over time, not at first visit.
- **Adjustment** — many patients face significant settlement stress (housing, work, family separation, system unfamiliarity) that affects mental health.
- **Referral to QPASTT** — for specialist torture and trauma counselling and support. Patients can self-refer or be referred by the GP.
- **Watch for delayed presentation** — mental health concerns often surface 12–24 months after arrival as immediate settlement stress eases.

Cultural and practical considerations

Language <i>Sango primarily spoken</i>	Sango interpreter access is limited and often requires advance booking. Some patients may also speak French, Lingala, or other regional languages, which may have better interpreter availability.
Family and community <i>often closely involved</i>	Decisions about health care may involve extended family. Confidentiality concerns may be heightened in small community groups. Discuss who the patient wants involved in their care.
Religious practice <i>Christian and Muslim</i>	CAR has significant Christian and Muslim populations. Religious considerations may affect dietary advice, fasting (Ramadan), modesty, and gender preferences for clinicians.
Prior healthcare <i>often limited</i>	Many patients have had limited contact with formal healthcare systems and may be unfamiliar with concepts such as preventive care, recall, or chronic disease management. Take time to explain.

TIP

The refugee health assessment for a patient from CAR will typically take 2–3 longer appointments to complete safely. Resist the temptation to cover everything in one visit. Staged care is the norm, not the exception.

KEY REFERENCES

Australian Refugee Health Practice Guide — primary clinical reference for refugee health assessment and ongoing care. refugeehealthguide.org.au

Victorian Refugee Health Network on-arrival assessment template — practical structured assessment tool. refugeehealthnetwork.org.au

Australian Immunisation Handbook — for catch-up immunisation schedules. immunisationhandbook.health.gov.au

Queensland Refugee Health Network — Queensland-specific resources, training, and contact information. refugeehealthnetworkqld.org.au

NEXT STEP

Use this reference alongside the Australian Refugee Health Practice Guide when planning structured health assessments. For local clinical support and complex case advice, contact the Townsville Refugee Health Nurses. For trauma and mental health support, refer to QPASTT.