

Checklist for migrant children and adolescents new to Switzerland **Updated May 2022**

This checklist by the reference group on migrant health, paediatrics switzerland, is a rough guide needing adaptation to individual needs according to the patients' and families' situation, as not all items may apply to all patients. None of the suggestions are binding. We recommend distributing it over different consultations with a focus on building good trust relations in the beginning; ⁽¹⁾ suggested for first, ⁽²⁾ potentially delayed to follow-up consultation(s). AS/R stands for Asylum-seeker/Refugee.

Depending on needs children are often seen again after a few days (in case of Mantoux or to discuss results) (V1 b) at 1 Month (V2), 2 Month (V3) and 6 Month (V4) depending on needs.

Country of Origin: _____

Cause for migration: _____

Transfer: direct, via: _____

Duration of travel if not direct: _____

Date of first arrival in Switzerland: _____

Stay in Federal Asylum Center: no; yes, currently; yes, previously

If yes: place _____

If yes: Medical file from previous medical visits in federal asylum center: no yes

Current permit: _____

Languages and proficiency: no interpreter needed, preferable, necessary

Language for Interpreter if needed: _____

Potential Social Worker/ Mentor/ Volunteer contact: _____

Lodging (condition, nr of rooms...):

History

Concerns Path. findings			Comments
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	⁽¹⁾ Health problems needing immediate attention? <ul style="list-style-type: none"> • currently sick, • interruption of medication for chronic disease, • danger for patient/ family etc. 	

<input type="checkbox"/>	<input type="checkbox"/>	(1) Acute complaints	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Abdominal complaints, Diarrhea, Vomiting?	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Cough?	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Recurrent fever?	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Other?	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Patient medical history	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Family medical history/medical conditions depending on origin/situation (e.g. AS/R): cough? TB? HIV? Early death?	
<input type="checkbox"/>	<input type="checkbox"/>	Development (motor, language, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Adjusting to new situation (school, friends...)	
<input type="checkbox"/>	<input type="checkbox"/>	Psychological (Anxiety, Depression, Drugs, Sleep disturbances etc.) In case of forced migration: signs of post-traumatic stress? (e.g. new bed wetting, behavior change etc.), Feeling safe now?	
<input type="checkbox"/>	<input type="checkbox"/>	Endured physical abuse? Sexual abuse? Psychological Violence?	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Separation from close family-members: in home country or when traveling: specify	
<input type="checkbox"/>	<input type="checkbox"/>	Previous psychosocial situation (housing, educational background of parents...)	
<input type="checkbox"/>	<input type="checkbox"/>	Current psychosocial situation (housing, finances, legal situation, social, family structure)	
<input type="checkbox"/>	<input type="checkbox"/>	Wellbeing /Needs of main caregivers to fulfill parental role under new circumstances	
<input type="checkbox"/>	<input type="checkbox"/>	Female genital cutting <input type="checkbox"/> family <input type="checkbox"/> mother <input type="checkbox"/> patient	

Physical Examination

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	(1) Weight: _____ kg Height: _____ cm; BMI: _____ kg/m ² ; <2 years : head circumference: _____	
<input type="checkbox"/>	<input type="checkbox"/>	BP _____ / _____	
<input type="checkbox"/>	<input type="checkbox"/>	(1) Physical exam (general, Heart, Pulmo, Abdo/HSM, ENT)	
<input type="checkbox"/>	<input type="checkbox"/>	Vision/Eyes	
<input type="checkbox"/>	<input type="checkbox"/>	Hearing/Ears	
<input type="checkbox"/>	<input type="checkbox"/>	Teeth	
<input type="checkbox"/>	<input type="checkbox"/>	Skin	
<input type="checkbox"/>	<input type="checkbox"/>	(2) Genital (preferably not first visit, if from FGC-practicing country document presence/absence for legal reasons)	
<input type="checkbox"/>	<input type="checkbox"/>	Puberty status	
<input type="checkbox"/>	<input type="checkbox"/>	Musculo-skeletal (e.g., Scoliosis)	
<input type="checkbox"/>	<input type="checkbox"/>	Basic Neurological	
<input type="checkbox"/>	<input type="checkbox"/>	Normal psycho-motor development (see SSP check list)	

Tuberculosis risk with indication to test

Indicated	Tested	Not indicated	Tuberculosis Testing	Planned for
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • < 5 years and AS/R, High risk country (origin or transit) All ages if: <ul style="list-style-type: none"> • Symptomatic persistent cough (>2 weeks), unremitting cough, weight loss/failure to thrive, persistent (>1 week) unexplained fever (>38°C), persistent, unexplained lethargy or reduced playfulness: activity reported by the parent/caregiver, night sweats, Pneumonia not responding to Antibiotics, Gibbus, Meningitis, especially < 1y of age • Post exposure • Immuno-compromised • Offer TB-testing to all coming from Ukraine 	
			Mantoux for < 5 y, for ≥ 5 y IGRA possible, IGRA in case of previous BCG also in < 5 y possible (e.g., Ukraine) Avoid Mantoux /IGRA testing during 1 month after administrating an MMR-vaccine. Simultaneous application is feasible.	

RESULT IF TESTED :

Vaccinations

Yes	No	Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Previously vaccinated as reported by caregiver
<input type="checkbox"/>	<input type="checkbox"/>	Vaccination records available (take a photocopy)
<input type="checkbox"/>	<input type="checkbox"/>	For asylum-seekers: vaccines received recently (transit/ in Swiss-center)

Vaccinations indicated (unknown/insufficient number), up to date or not indicated for the age according to the Swiss Vaccination recommendations incl. specific ones for refugees (italic)

Only documented vaccines or positive Serologies count

Indicated Number of doses missing if known	Up- to date	Not indicated		Vaccination planned for	
				Depending on results	
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	<p>Tetanus (with diphtheria and pertussis)</p> <p><i>If unknown:</i></p> <p><input type="checkbox"/> vaccinate doing a full catch-up course <i>or</i> <input type="checkbox"/> tetanus titer ideally 4-6 weeks after initial booster and vaccinate accordingly:</p> <ul style="list-style-type: none"> • ≥ 1000 IU/l: no further tetanus immunization is needed • ≥ 500 and <1000 IU/L: single additional dose 6 months after the first one • < 500 IU/L: two further doses 2 and 6 months after the first one <p>If vaccinated within last 6 months -> titer possible</p> <p>Use vaccines including Di Per and (always for first dose) Pol; Include Hib if <5 years. <8y: Infanrix (ev Hexa)®, ≥8y: Boostrix® polio</p>		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	<p>Polio</p> <p>Include IPV in Tetanus catch-up vaccination <i>Ukraine: Include Polio in dTp-Boosters incl. in adolescents</i></p>		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	<p>Hepatitis B</p> <p><i>If unknown:</i></p> <p><input type="checkbox"/> vaccinate directly (full course) <i>or</i> <input type="checkbox"/> Hep B-Ab-titer ideally 4-6 weeks (up to 6 months ok) after booster and vaccinate accordingly (see below)</p>		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	MMR		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococci (< 5 years)		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	Meningococci (2-5 years, >11 years)		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	VZV > 11 years or AS/R in refugee-centers		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	HPV > 11 years		

<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A: if outbreak in refugee center or travelling to high prevalence country. Serology before vaccination can be considered depending on age and origin.		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	Consider FSME depending on risk		
<input type="checkbox"/> ____	<input type="checkbox"/>	<input type="checkbox"/>	Consider Influenza depending on risk		

Serologies

Indicated	Available	Not indicated	Indication: Groups at risk, Country of Origin or Transit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B (HbsAg, anti-Hbc) <ul style="list-style-type: none"> All AS/R; Africa, Asia, Central/South-America and potentially Eastern Europe if > 12 years of age, for infants/newborns: if mother has negative serology: no testing; history of sexual abuse <i>Ukraine: if not fully vaccinated</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV 1 /2 <ul style="list-style-type: none"> Mother HIV +, Clinical signs Other risk factors: child separated from birth-mother, history of sexual abuse, history of blood product transfusion, unprotected sexual activity, > 15 y, etc Origin with increased risks: Sub-Saharan Africa, Caribbean, central Asia, (Eastern Europe) No general testing of children from high risk countries with known negative maternal serology and no RF/exposure <i>Ukraine: offer testing especially in absence of negative HIV test during pregnancy or/and in the presence of risk factors/ exposure</i> Only test if consent obtained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis Sexually active, history of abuse, suspicion of congenital infection, <2 years and no info on maternal serologies (especially if Sub Sahara Africa)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chagas: <ul style="list-style-type: none"> >9Mte old from Latin America (esp. Bolivia/ poor conditions), for newborns if status of mother unknown or positive: direct exam and PCR in the first month of life (umbilical cord blood or peripheric blood) + serology at 9 months of age.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongyloides: Africa, South-East Asia – especially if likely to become immuno-compromised immunocompromised (any origin) (Ukraine if immunocompromised) For West Africans: Ivermectin may be dangerous in the presence of Loa loa -> get specialist advice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schistosoma –Serology + ev CCA in urin <ul style="list-style-type: none"> all African and Middle Eastern countries; Brazil, Venezuela, Surinam, Southern China, Indonesia, the Philippines, the Laos and Cambodia NOT: Turkey, Iran, Afghanistan, Sri Lanka. http://www.who.int/mediacentre/factsheets/fs115/en/ (especially, if bath in still or slow moving water) <ul style="list-style-type: none"> → if positiv or symptomatic: Stool/Urin test; Praziquantel is contra-indicated in patients with Neurocysticercosis: get specialist advice, especially if neurological complaints/ seizures are present!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A Potentially search for immunity (especially if from Afghanistan, Sub-Saharan Africa) instead of vaccinating (AS/R; growing-up in Europe but travel low/middle income country or frequent visitors of such origin)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malaria rapid testing/smears if febrile + from endemic area
			<i>If vaccination catch-up strategy based on serology is chosen:</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus titer up to 6 months after vaccine given (ideally 4-6 weeks after vaccine given) (see above)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anti-HBs-Ab ideally 4-8 weeks after vaccine given <ul style="list-style-type: none"> • If anti-HBs \geq100 IU/L immune, no further doses • If anti-HBs 10-99 IU/L: give 1-2 more doses depending on age (0-10y: 2x Engerix 10; >11 y: 1x Engerix 20 (if Hep A neg: ev 1 Twinrix + 1 Havrix after 6 months) • If anti-HBs <10 IU/L: complete vaccination and do HbsAg

Intestinal parasites

Indicated (potentially)	Results available	Not indicated		Planned for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AS/R, low and middle income countries	
Options:			Preferable if:	
<input type="checkbox"/>	1-3 x stool exams: Gardia lamblia Ag in stool + protozoae/helminths		- if abdominal complaints, eosinophilia growth retardation, anemia, develop. delays to exclude intestinal parasites it takes up to 3 stool exams	
<input type="checkbox"/>	Albendazol 1-<2years: 200 mg po 1x: >2 years and >10 kg: 400mg po 1x		- if asymptomatic, but exposure risk	
<input type="checkbox"/>	Gardia Lamblia Ag in Stool + stool on protozoa/helminthes (SAF) once		- if asymptomatic, but exposure risk	
<input type="checkbox"/>	no exam / no treatment (await self clearance if parasites present)		- if asymptomatic +/- exposure risk	
<input type="checkbox"/>	Other:			
	Notes/Results:			
	PS: If stool positive in family member: consider 1x stool or treatment			

Further Tests

indicated	Results available	Not indicated	Blood	Planned for:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full blood count (ideally with differential)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ferritin (all if AS/R, Low/Middle Income, Anemic, Fe-poor diet)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitamin D: dark skin, poor sunlight exposure (very covered clothing), alternative: direct treatment	
			Guthrie: consider newborn screening for infants \leq 6 months without previous screening (it may also be considered in case of incomplete screening such as newborn screening from Ukraine)	
			Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Search for Chlamydia, Gono etc., ev. pregnancy <ul style="list-style-type: none"> • if sexual abuse, unprotected intercourse 	

Other

Yes	No	?	Female genital cutting ⁽²⁾	Planned for
<input type="checkbox"/>	<input type="checkbox"/>		Potential Female genital cutting risk Egypt, Sub-Saharan Africa, Kurds, Indonesia, Malaysia ... http://data.unicef.org/resources/female-genital-mutilation-cutting-country-profiles/	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital Status: cut if yes: describe/ note type : Write if patient/family declined exam:	
<input type="checkbox"/>	<input type="checkbox"/>		Prevention information given: <ul style="list-style-type: none"> • Medical: Harmful practice even if minor forms • Legal: punishable even if performed abroad • Support needs etc. (see guidelines) 	

Prevention Information discussed:

- ⁽²⁾ Nutrition (no sweet beverages etc., adapting to local ingredients)
- ⁽²⁾ Limitation of Screen-time, importance of physical activity
- ⁽²⁾ Information on out-side activities, social activities and integration offers available
- ⁽²⁾ Accidents
- ⁽²⁾ Travel back to home country (e.g., malaria prophylaxis, vaccines, FGM/C) -> consult before travel
- ⁽²⁾ For adolescents: sexual education, contraception, drugs, confidentiality, avoiding physical conflicts
- Seeking medical care: where to go in an emergency ⁽¹⁾, when to see paediatrician / family doctor ⁽²⁾
- General age-related advice (e.g., Sudden infant death etc.)

Suggested next visits: (e.g., write date or months):

PROVIDE FAMILIES WHO MAY EASILY MOVE WITH ALL USEFUL MEDICAL DOCUMENTATION (PAPER/ELECTRONICALLY) THAT MAY BE OF USE FOR FURTHER CARE

For additional information on catch-up vaccinations consult the recommendations of the federal office of public health: Empfehlungen für Impfungen sowie zur Verhütung und zum Ausbruchmanagement von übertragbaren Krankheiten in den Asylzentren des Bundes und den Kollektivunterkünften der Kantone, BAG
<https://www.bag.admin.ch/bag/de/home/krankheiten/infektionskrankheiten-bekaempfen/infektionskontrolle/gesundheitsversorgung-asylsuchende.html>

The checklist was developed by the Reference group migrant child health of the SSP and is based on: PIGS guidelines 2016; Klinische Betreuung von Migranten, Fokus Pädiatrie, Paediatrica, Gehri et al. 2016; Data from GE; Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA, ECDC; Empfehlungen für Impfungen sowie zur Verhütung und zum Ausbruchmanagement von übertragbaren Krankheiten in den Asylzentren des Bundes und den Kollektivunterkünften der Kantone, BAG; [www.kidsnewtocanada: Fouqère Y. High coverage of hepatitis B vaccination and low prevalence of chronic hepatitis B in migrant children dictate a new catch-up vaccination. Vaccine. 2018: We thank SwissTPH and FOPH and practicing paediatricians for Inputs/Advice received.](#)

It was further adapted in April 2022 for Ukrainian children and adolescents seeking protection in Switzerland following the recommendations of the reference group on migrant health of paediatrics switzerland and PIGS: **Paediatric Refugees from Ukraine: Guidance for health care providers in Switzerland, 2022**