

# Phase 2 Ontario Health System Action Plan: Syrian Refugees

Ongoing Syrian Refugee Health Care Considerations for Health Care  
Providers

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# Phase 2: Health System Action Plan, Syrian Refugees

Ongoing Syrian Refugee Health Care Considerations for Health Care Providers

# Background

On February 29, 2016, Immigration, Refugees and Citizenship Canada (IRCC) announced that 26,166 Syrian refugees had resettled in Canada – meeting the federal government’s goal of settling 25,000 Syrian refugees in Canada by the end of February 2016. Ontario welcomed over 11,000 of the Syrian refugees included in this resettlement, which equaled 43% of the federal commitment.

To support this resettlement, the Ministry of Health and Long-Term Care (MOHLTC) released the *Ontario Health System Action Plan: Syrian Refugees* in December 2015. The goal of that first action plan was to ensure that the Ontario health care system was prepared and ready to support Syrian refugees resettling in Ontario and to wrap health services around Syrian refugees at each stage of their resettlement journey. Health system activities in this first phase focused on the arrival and initial resettlement of Syrian refugees in Ontario and included:

- primary care provision at the Toronto Pearson International Airport point-of-entry
- planning and coordination of health services in communities where resettlement assistance program (RAP) agencies were located
- creation of the Refugee HealthLine to connect refugees to health care providers for transitional health services
- development and sharing of education and awareness materials across the sector to support the provision of health care to refugees
- local planning coordination to set-up refugee health clinics and immunization clinics in communities across Ontario
- planning and coordination of health services for possible Interim Lodging Sites

Due to the volume of people and tight timelines in the initial resettlement, which was conducted outside of regular immigration processes, Ontario’s health care system needed to adapt. Now, as new Syrian refugees continue to resettle in Canada, Ontario’s health care system must ensure that the health needs of Syrian refugees are met within routine practices. Although the initial influx of refugees from the Syrian conflict have arrived in Canada, more continue to arrive every day and it is the responsibility of all Ontario health care providers to meet the needs of Ontario’s new residents.

# Phase 2: Ontario Health System Action Plan, Syrian Refugees

With the deactivation of the MOHLTC Emergency Operations Centre as the central coordination hub for the health system, the MOHLTC has developed this plan to provide high-level guidance to Ontario's health system for the ongoing and long-term support to newly arrived and resettled Syrian refugees in Ontario. Information in this plan is applicable to government-assisted refugees (GARs), privately sponsored refugees (PSRs), and Blended Visa Office Referred refugees (BVORs) from the Syrian conflict.

This plan provides guidance on:

- roles and responsibilities of specific health system partners
- general guidance and considerations for Syrian refugee health care
- resources available to support continuing Syrian refugee health care delivery<sup>1</sup>

Since November, 2015, close collaboration among the health system and other sectors (e.g., settlement services, social services, education, housing) has led to increased knowledge regarding the health needs of Syrian refugees and how all partners can work together to meet those needs. Moving forward, health system partners should continue to build these relationships to ensure that partners continue to meet refugee health needs in a timely manner.

A lot of information contained in the previous *Ontario Health System Action Plan: Syrian Refugees* is now outdated. Although information in the original plan may still be useful for some purposes, health care providers should refer to this plan for ongoing guidance.

## Current Context

As of February 29, 2016, the volume and pace of refugee arrivals in Ontario decreased. However, as indicated by the Government of Canada's [2016 Immigration Levels Plan](#), refugees (including Syrian refugees) will continue to arrive in the country in higher numbers than in previous years. In addition, refugees who have already resettled in the province will require ongoing and long-term health care support.

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<sup>1</sup> Please note this plan contains references to third party websites for information purposes only. The Ontario government does not exercise control over the content of these websites and is not able to confirm that all information available on these sites is accurate or current.

By the end of 2016, Ontario may accept as many as 16,000 GARs and PSRs from the Syrian conflict. These forecasts are subject to considerable variation based on federal processes and timelines.

The Ontario government is committed to supporting the health needs of Syrian refugees. The continued support of Ontario's health system will be critical in this next phase of long-term resettlement support and will provide a solid start for refugees as they settle and integrate in Ontario.

## Current Settlement Trends

Settlement patterns to date show that 95% of Syrian refugee newcomers of all categories (PSRs, BVORs and GARs) have settled in six areas of the province: the cities of Windsor, London, Hamilton, Ottawa, the Region of Waterloo and the Greater Toronto Area (GTA), particularly the City of Toronto and Peel Region. The majority of GTA-based refugees are finding permanent housing in Mississauga and Scarborough.

GARs are supported by federally funded RAP agencies which perform the functions of providing temporary accommodation and transitional support to GARs. There are currently 12 cities with RAP agencies in Ontario: six of them are long-established and six are agencies that are newly funded temporary agencies. The map on the following page identifies in which cities these RAP agencies are located. [IRCC's website](#) provides more information on the specific RAP agencies in these cities.

Image 1: Resettlement Assistance Program Agency Locations in Ontario



In total, according to June 2016 IRCC forecasts for **all refugees** (the majority of whom are likely to be from the Syrian conflict), the Toronto RAP agency is expected to support 2,335 GARs by the end of 2016. In addition, Hamilton, Kitchener, London, Ottawa and Windsor, the five other previously established RAP agency locations, are each expected to receive between 900 to 1,500 refugees. Newly funded RAP agencies in Kingston, Leamington, Peterborough, Thunder Bay and Sault Ste. Marie will welcome 50 to 180 refugees, while the new RAP agency in Mississauga will receive 300. The chart on the following page identifies the specific June 2016 IRCC GAR forecasts for each RAP agency. All forecast numbers are subject to change by IRCC and should only be used as a guide.

Health care providers in these cities are likely to encounter refugees and should be prepared to meet their needs.

PSRs and BVORs typically settle in the communities where their sponsors reside. A significant proportion of the PSRs who have settled in Ontario in the first half of 2016 are members of the Armenian ethnic community and have settled in and around Toronto. As of August, 2016, the top 10 Ontario PSR destinations for Syrian refugees are as follows: Toronto (2466), Ottawa (264), London (205), Mississauga (200), Windsor (116), Hamilton (92), Vaughan (91), Kitchener (73), Guelph (58) and Kingston (37). Other privately sponsored Syrian refugees are being welcomed in over 120 communities across the province. For this reason, although most refugees are resettling in the urban areas identified, health care providers across the province need to be



prepared to meet the health needs of Syrian refugees. [IRCC's website](#) includes a map of communities welcoming refugees across the country.

When they arrive, refugees often seek assistance from settlement organizations in their communities. Settlement service providers are located in communities across the province and often have a good understanding of where refugees are located in the community and what their specific needs are, including health needs. Health care providers are encouraged to build relationships with settlement services in the community to better support information sharing.

Image 2: Immigration, Refugees and Citizenship Canada 2016 Provincial Government Assisted Refugee Targets

IRCC 2016 Provincial GAR Targets by Destination Municipality (as of June 2016)	
Location of RAP Agency	Arrivals target 2016
Hamilton	1377
Kingston	100
Kitchener (Waterloo Region)	1136
<u>Leamington</u>	100
London	1273
Mississauga	300
Ottawa	1539
Peterborough	180
Thunder Bay/Sault Ste. Marie	100/50
Toronto	2335
Windsor	930

*\*Numbers listed are for all refugees (the majority of which are likely to be from the Syrian conflict); numbers are subject to change.*

# Health Status of Syrian Refugees

Before arrival in Canada, and as part of the immigration process, refugees undergo an immigration medical exam (IME) at their point of departure. The immigration medical examination is valid for one year from the date of assessment and includes:

- history and complete physical examination for all applicants
- urinalysis (those five years and older)
- chest X-ray (those 11 years of age and older)
- syphilis testing (Venereal Disease Research Laboratory) (those 15 years of age and older)
- Human Immunodeficiency Virus (those 15 years of age and older or before if indicated)

Upon arrival in Canada refugees are also assessed by Quarantine Officers at an airport.

The information from the IME is helpful in providing an initial picture of the health status of each refugee. Refugees will travel with a copy of the IME results which providers may request to see. However, additional tests and reports may be required (as indicated in the IME), other health concerns may arise after arrival in Canada, and all refugees will require ongoing care once they have settled into temporary and final accommodations.

It is important that upon arrival, Syrian refugees are connected to health care as early as possible so their health care needs can be addressed. The early connection of Syrian refugees to health care is also important because Syrian refugees are eligible for Supplemental and Prescription Drug coverage under the Interim Federal Health Program (IFHP) for up to 12 months following their arrival. This coverage can help offset the cost of health care in the first year (see [Interim Federal Health Program](#) section for more information).

Observations from health care providers in the field are helping to build an emerging picture of the additional health needs of Syrian refugees. While these observations are anecdotal, they are helpful in understanding the current health needs of Syrian refugees.

Overall, Syrian refugees are experiencing health concerns as a result of the ongoing conflict in Syria and difficult living conditions in countries of temporary asylum both inside and outside of refugee camps.

The following sections provide some additional observations that health care providers in the field have made.

## Access to Health Care

The health care system in Syria differs significantly from Ontario's system. While many Syrian refugees are accessing some form of health care in their first few weeks and months in Ontario, many continue to have difficulties finding ongoing health care due to a lack of understanding of how to connect with health care services, difficulties finding a provider within their geographic location, difficulties finding a new health care provider when they move to permanent accommodations, and/or difficulties finding a provider who can accommodate their language needs. Some refugees have also found that wait times are a barrier that impedes their ability to access health care.

The MOHLTC encourages health care providers to share information with refugees on how to connect with health care in Ontario (e.g. by communicating information on health care options from the Health Care Options in Ontario Fact Sheet found on the [MOHLTC's Syrian Refugees webpage](#) with Syrian refugees). It is especially important to inform refugees of the role and importance of primary health care providers. In addition, the MOHLTC encourages health providers who are able to provide transitional care for refugees to register with the [Refugee HealthLine](#) so that they can be matched with refugees seeking care.

## Dental Health

Dental health has emerged as a predominant health concern for Syrian refugees, in both children and adults. Often, this is the most urgent health need identified after arrival. Connecting Syrian refugees with a dental provider is extremely important following identification of dental health needs.

See the [Dental Guidance](#) section for further guidance on dental health care options.

## Mental Health

Mental health needs also continue to be a significant health concern for many Syrian refugees. While mental health symptoms may not be apparent upon arrival, health care providers should remain on alert for mental health problems that may emerge in the months following arrival.

When a mental health assessment is required, health care providers should assist refugees in connecting with mental health services. The [Mental Health Considerations](#) section in this plan contains further guidance on mental health care considerations and service options.

## Infectious Diseases

There continues to be no significant public health risk regarding infectious diseases within the Syrian refugee population. Health care providers should continue to monitor for infectious diseases; however, chronic diseases are the most likely type of disease that health care providers will need to address among Syrian refugees.

The [Syrian Refugee Early Assessment Considerations for Primary Care Providers](#) tool supports primary care providers in their early assessments and care of Syrian refugees of all ages. This tool addresses the types of infectious and chronic diseases that primary care providers should be aware of in this population. In addition, the [Surveillance & Case and Contact Management Guidance](#) and [Resources](#) sections of this plan contain additional information that may be useful to health care providers.

## Literacy

Arabic, Kurdish and Armenian are primarily the first languages of refugees from Syria. Providers should be aware that some Syrian refugees have poor literacy skills or are illiterate in their first language. Health care providers should not rely only on written communication to share health care information with refugees, even if the written communication is in the refugee's first language. Whenever possible, health care providers should communicate information verbally as well as in written format.

The [Language Considerations](#) section of this plan provides further guidance on options for language accommodations.

## Ongoing Research

Across the province, health sector partners are undertaking research to better understand and confirm the health needs of Syrian refugees. What is learned from this research will not only assist in meeting the needs of current refugees but also in meeting the needs of future refugees. The MOHLTC encourages health care providers to maintain an awareness of new research and findings regarding refugee health care in order to meeting the health care needs of refugees in the best way possible. Research groups and resources of interest include:

- [Centre of Excellence for Research in Immigration and Settlement \(CERIS\)](#)
- [Centre for Refugee Studies, York University](#)
- [International Metropolis Project](#)

## Refugees from Other Countries and Ontarians

The health needs of the Syrian refugee population are significant. Providing this group of refugees with high quality health care is important. However, this plan does not suggest that Syrian refugees should be given preferential treatment over refugees from other countries. Ontario welcomes thousands of refugees from around the world each year, all of whom deserve to receive the best health care the system can provide. Although the MOHLTC has developed the information in this plan specifically for addressing the needs of Syrian refugees, this plan may be useful as a starting point to find information on how to address the needs of refugees from other countries as well.

Relatedly, nothing in this plan suggests the provision of special treatment to Syrian refugees over and above the care provided to other Ontarians.

## Refugee HealthLine

The first step in meeting the health care needs of Syrian refugees is ensuring they are connected with the health services they need. The MOHLTC has created the temporary, toll-free, multilingual, Refugee HealthLine to connect refugees to health care providers for transitional health care and services.

The Refugee HealthLine is a registry of health care providers who are able to provide transitional care and services for refugee patients/clients. Transitional care includes initial assessment(s), care and/or referral(s) to other health services.

All providers, organizations, practices and/or clinics that deliver services funded by the IFHP and/or Ontario Health Insurance Program (OHIP) can register.

The MOHLTC encourages all health care providers who are able to offer their services to call the

**Refugee HealthLine (1-866-286-4770)**

to add their name, location, availability and the number of prospective patients/clients they are able to accommodate to the registry.

Refugees, RAP agencies, sponsors and settlement agencies are able to contact the Refugee HealthLine to find a matching health care provider in their area. When they call, the Refugee HealthLine refers them to providers in their area who are accepting refugee patients for transitional care. Refugees or their sponsors will then call the identified health service provider to book an appointment.

**If a health care provider can no longer offer services, the health care provider must call the Refugee HealthLine to remove their name from the list.**

Before registering with the Refugee HealthLine, health care providers should consider the language needs of refugees and how they can support those needs (i.e. can the health care provider speak a language commonly spoken by Syrian refugees such as Arabic or Kurdish? Does the health care provider have readily available interpretation services?). Ideally, health care providers serving refugees should be able to accommodate language needs (see the [Language Considerations](#) section of this plan for more information). If health care providers are unable to offer services in languages other than English or French, providers should communicate this when they register with the Refugee HealthLine. In addition, providers must communicate this to refugees or refugee sponsors who call to book an appointment. Refugees and/or sponsors must know that they will need to arrange for their own interpretation, if required. The MOHLTC expects hospitals and health care organizations with already established interpretation services to offer language assistance for all health care interactions with refugees who have limited English or French abilities.

For more information, see the [Refugee HealthLine](#) fact sheet on the ministry's website.

## Roles and Responsibilities of Health System Partners

This section contains general guidance on the roles and responsibilities of health system partners. In addition to the roles and responsibilities identified, health care providers should continue to work with health sector and other partners to ensure refugee health needs are met.

### Local Health Integration Networks

Local Health Integration Networks (LHINs) should continue to consider the needs of refugee populations within their regions during annual planning activities. The MOHLTC encourages LHINs to continue collaboration with settlement service providers and RAP agencies within their region. These partnerships will help address refugee health needs across the province and increase awareness of available health services. In addition, LHINs should continue to collaborate with and support health service providers in their area that provide health care to refugees. LHINs should also continue to support local partner awareness and understanding by sharing information on refugee health needs, care considerations and refugee-centred resources available – this will help ensure that refugees are connected to the health care services they need.

# Public Health Units

Public health units (PHUs) will continue to have a key role in providing community supports to newcomers within their communities. As a part of regular program delivery, PHUs should consider the needs of refugee populations within program implementation and activities including:

- delivering immunization
- facilitating public health dental programs
- providing information and education about healthy lifestyles and communicable disease prevention, including education on sexually transmitted infections and reproductive health
- providing healthy growth and development supports, including parenting education, health education for all age groups and selected screening services
- providing information on how to access health services in Ontario (e.g. by communicating information on health care options from the Health Care Options in Ontario Fact Sheet found on the [MOHLTC's Syrian Refugees webpage](#) with Syrian refugees)

PHUs make important connections with refugees through their programs and day-to-day service delivery. As such, PHUs should maintain awareness of the various health services available to refugees so they can help point refugees towards the correct resources and/or share these resources. PHUs may also wish to consider partnering with a RAP service provider or settlement agency to deliver health education and parenting workshops. Given the many large families, small children, and young parents within this refugee cohort, many stakeholders in the settlement sector have identified a critical need for parenting education to help refugees understand expectations and legal responsibilities of parents in Ontario.

PHUs should also ensure that staff awareness and understanding of refugee health needs and care considerations are maintained through tailored resources, service delivery and outreach.

In this second resettlement phase, PHUs should use routine mechanisms for infectious disease surveillance and case & contact management (see [Surveillance and Case & Contact Management](#) for more information).

The MOHLTC encourages PHUs to maintain connections with settlement service providers and RAP agencies to ensure public health considerations are addressed at these agencies.

# Primary Care Providers

Primary care providers are the initial point of contact to the health care system. Once settled into their final accommodations, refugees require ongoing care. The entrance into the local health system is a critical step in supporting their overall integration into Ontario. Because the health care system in their country of origin differs significantly from Ontario's, helping refugee newcomers from the Syrian conflict understand the critical role that primary care providers have in Ontario's health care system is important.

Providing primary care services to refugee populations continues to be especially important, including:

- initial health assessments
- required immunizations
- referrals to other health services, specialists and diagnostics
- ongoing primary care support

The MOHLTC encourages primary care providers to communicate their availability to provide transitional health care and services to refugee patients via the

**Refugee HealthLine (1-866-286-4770)**

Refugee health clinics and community health centres are experienced in providing care to refugee populations, have appropriate language supports and should be the primary choice where available.

Primary care providers' responsibilities also include understanding refugee health benefits and billing processes (e.g. OHIP and IFHP), and registering for IFHP as applicable. Refer to the [Interim Federal Health Program](#) and [Ontario Health Insurance Plan](#) sections of this plan for more information.

Primary care providers should continue to maintain an awareness and understanding of refugee health needs and care considerations and connect with other health and social service providers as necessary. The [General Guidance for Refugee Health Care](#) and [General Considerations for Refugee Health Care](#) sections of this plan contain many resources which can help primary care providers with this.

Some specific resources that may be of use to primary care providers include:

- the Syrian Refugee Early Assessment Considerations for Primary Care Providers tool on the [MOHLTC's Syrian Refugees webpage](#) for healthcare professionals



- the [Evidence-Based Preventative Care Checklist For New Immigrants and Refugees](#) developed by the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)
- [CAMH New Beginnings Clinic](#) which provides primary care providers with access to psychiatrists and social workers for discussion and advice on client/patient cases

Further resources can also be found in the [Resources](#) section of this plan.

## All Health Service Providers

All health service providers should continue to maintain awareness of refugee health needs in relation to the services they provide. This includes understanding refugee health benefits and billing processes (e.g., OHIP and IFHP), and registering for IFHP as applicable. Refugee specific health care guidance and considerations should continue to be followed/included in service delivery as outlined in the following sections of this plan.

All health service providers should consider how they can support the language needs of refugees. Providers who currently have interpretation services (e.g. hospitals), should use these services when serving refugees. Providers who do not currently have language services should explore options that exist within their community in order to provide these services.

The MOHLTC encourages all health care providers to communicate their availability to provide transitional health care and services to refugee patients via the

**Refugee HealthLine (1-866-286-4770)**

## General Guidance for Refugee Healthcare

The following section contains general guidance on some aspects of refugee health care. In addition to the following, health care providers should continue to maintain and develop an understanding of the unique aspects of refugee health care by collaborating with partners across all sectors.

# Interim Federal Health Program

Syrian refugees are automatically eligible for full health care coverage under the IFHP for up to 12 months. IFHP coverage includes:

- basic health care coverage (i.e., standard physician and hospital care)
- supplemental coverage (including limited vision and urgent dental care) and
- prescription drug coverage

Once a refugee is eligible for coverage under a provincial or territorial health plan (e.g., OHIP), basic health care coverage under the IFHP ceases. However, the Supplemental and Prescription Drug coverage continues for up to 12 months.

Providers must be registered as an IFHP provider in order to bill for services under the IFHP. To register as an IFHP provider, health care providers can visit the [Medavie Blue Cross provider website](#) and click on the “Request Account” link.

## Verifying Interim Federal Health Plan Coverage

Providers registered with Medavie Blue Cross can verify a patient’s coverage and coverage for specific benefits, including reimbursement rates, either through the electronic claim system or by contacting Medavie Blue Cross at 1-888-614-1880 (08:30 to 16:30 in each Canadian time zone).

For more information on the IFHP, visit the [Medavie Blue Cross provider website](#).

Note: health care coverage under the IFHP was restored to pre-2012 levels on April 1, 2016 for all beneficiaries. Eligible beneficiaries will receive full health care coverage (Basic, Supplementary and Prescription Drug coverage) for up to 12 months. More information can be found on [Immigration, Refugees and Citizenship Canada’s website](#) and on the [Medavie Blue Cross provider website](#). All health care providers should review this information.

## Ontario Health Insurance Plan

Every resident of Ontario who meets the eligibility requirements as set out in Regulation 552 of the *Health Insurance Act* is entitled to OHIP coverage.

Convention refugees/ protected persons residing in Ontario are eligible for OHIP and are exempt from the typical three-month waiting period.

After an individual is successfully registered for OHIP, ServiceOntario mails an OHIP card. All OHIP registrants are provided with a transaction record at the time of registration. Patients can use the transaction record to indicate OHIP coverage when receiving insured health services until the OHIP card arrives in the mail.

In those cases where a Syrian refugee has not yet obtained their OHIP card, the provider has the usual options in handling billing for these services, including holding the claim until the patient can provide their OHIP number. Providers can also bill the IFHP for health services until refugees are eligible for coverage under OHIP or until they have received their OHIP card.

To obtain further information on the billing of OHIP services, health care providers may contact their local OHIP claims office or the Service Support Contact Centre at: 1 (800) 262-6524.

## Dental Guidance

All Syrian refugees are eligible for full health care coverage under the IFHP, which includes limited/urgent dental care under supplemental benefits for up to 12 months.

Dental providers must register as a provider with the IFHP in order to submit claims. To register as an IFHP provider, dental providers can visit the [Medavie Blue Cross provider website](#) and click on the “Request Account” link.

Dental coverage criteria and limits are available via the [Medavie Blue Cross Provider website](#). Dental providers registered with Medavie Blue Cross can verify coverage for specific benefits, including reimbursement rates, either through the electronic claim system or by contacting Medavie Blue Cross.

The MOHLTC encourages dental providers to communicate their availability to provide transitional health care and services to refugee patients via the

**Refugee HealthLine (1-866-286-4770)**

Syrian refugee children in Ontario may also be eligible for the Healthy Smiles Ontario program. For more information on the Healthy Smiles Ontario Program, including application forms and eligible services, please visit the [Healthy Smiles Ontario website](#).

Please refer to the [Medavie Blue Cross Provider website](#) or the Dental Coverage for Syrian Refugees Fact Sheet on the [MOHLTC’s Syrian Refugees webpage](#) for more information on dental coverage for Syrian refugees.

# Immunization Guidance

Syrian refugees may lack immunizations and/or immunization records. Providers should only use written evidence and/or documentation to confirm previous immunizations. Individual recall of immunizations or history of illness may not be reliable. Providers should only consider immunization valid if there is written documentation of administration of vaccine at ages and intervals comparable with the [Publicly Funded Immunization Schedules for Ontario](#). Where records exist, providers need to review these records carefully to determine which vaccines have been received as well as the timing of their receipt in order to determine which vaccines are needed. Although providers can generally assume the potency of vaccines administered in other countries to be adequate, immunization schedules vary throughout the world (see the World Health Organization recommendations for routine immunization [summary tables](#)).

The MOHLTC does **not recommend** routine serologic testing to determine immunity of children and adults without immunization records. Providers need to assess children and adults to determine whether they are fully immunized in accordance with the Ontario schedule. Providers should consider children and adults lacking adequate documentation of immunization unimmunized and they should start these patients on an immunization schedule appropriate for their age and risk factors.

Although providers can give multiple injections safely and effectively in one visit, either the refugees or health care providers may prefer to receive/provide a maximum of four injections at a single visit. There is no upper limit for the number of vaccines that can be administered at one visit. Providers may need to prioritize which vaccines to give first if a number of vaccines are required. The MOHLTC recommends that health care providers give measles-containing and polio-containing vaccines as priorities.

The MOHLTC recommends meningococcal vaccine (Men-C-ACYW) as a priority for individuals nine months to 55 years of age who are temporarily residing in shared accommodation settings (e.g. RAP temporary lodging site). Based on the clinical judgment of the health care provider, individuals nine months to 55 years of age may receive Men-C-ACYW, even if Men-C-C is outlined in the routine schedule.

Children less than seven years of age may be eligible to receive hepatitis B vaccine if they meet the high risk criteria. The High Risk Vaccines Programs table in the [Publicly Funded Immunization Schedules for Ontario](#) provides information on hepatitis B vaccine high risk program.

Following the first visit, the health care provider should plan for subsequent doses as part of an ongoing catch-up schedule (see Routine Schedule or Catch-up Schedules 1 to 3 under the [Publicly Funded Immunization Schedules for Ontario](#)).

Information on contraindications and precautions can be found in the [Canadian Immunization Guide](#).

# Surveillance and Case & Contact Management Guidance

The risk of infectious diseases spreading to the general population as a result of Syrian refugee resettlement is low. However, refugees are a priority group for prevention and control efforts because they are more vulnerable. This is particularly true in group accommodation settings.

Infectious disease surveillance and case & contact management are routine public health actions in Ontario for reportable diseases. Whereas during the initial resettlement phase the MOHLTC issued an Enhanced Surveillance Directive, during this second phase, public health practitioners should use routine mechanisms for infectious disease surveillance and case & contact management.

The Ontario Public Health Standards establish requirements for fundamental public health programs and services, which include assessment and surveillance. The MOHLTC's Infectious Disease Protocols ([Appendices A and B](#)) outline the necessary public health activities and case definitions for reportable infectious diseases in Ontario. The activities outlined in these documents should be applied in refugee populations as well.

## General Considerations for Refugee Healthcare

### Language Considerations

Many of the arriving refugees are not yet proficient in English or French. Arabic, Kurdish and Armenian are the most commonly spoken languages among incoming Syrian refugees. Whenever possible, health system partners should offer interpretation services at point of care. It is extremely important that clear communication is established in the provision of health care for refugees. Accommodation of interpretation needs is imperative to facilitate clear communication and understanding of health care needs by refugees and health care providers.

Options to consider include in-person or over the phone interpretation services, translation of core written messages, and partnerships with local settlement or community organizations. It is important that professional interpretation services are used whenever possible. Professional interpreters understand the nuances of the

language and are therefore able to interpret accurately. This is particularly important in health care settings when it is critical that accurate information is being communicated.

The MOHLTC expects hospitals and health care organizations with already established interpretation services to offer language assistance for all health care interactions with refugees who have limited English or French abilities. Even minor procedures can cause considerable stress if not properly understood by refugees. Refugees should be asked to arrange for their own interpretation only where established interpretation services are not available.

It is important that providers remember some refugees may have poor literacy skills in their first language and that there are significant differences between written Arabic and spoken dialects. Even when providing translated written information, health care providers should ensure information is also communicated verbally and understood by their patients/clients.

Some refugees may be eligible for free professional interpretation services. The Ministry of Citizenship and Immigration funds [Language Interpreter Services \(LISs\)](#) to help service providers communicate with clients who are victims of domestic violence and sexual violence, as well as those who have been exploited through human trafficking. LISs are available across Ontario.

If a provider does not know of local interpretation services or third party providers, the LHIN may be able to assist in identifying translation service options. Some LHINs have arrangements for interpretation services that providers in their region may be able to access.

## Cultural Considerations

Cultural sensitivity and awareness are important to consider when delivering health services to refugees. Considerations may include practices that respect modesty, such as providing long gowns that cover the lower legs, ensuring access to gender-matched health care providers and interpreters, as appropriate, or ensuring that prescribed health interventions are culturally/religiously acceptable (e.g., medication does not contain alcohol). It is important to keep in mind that Syrian refugees are a heterogeneous group with diverse ethnic and religious backgrounds and therefore different norms, values and beliefs.

## Lesbian, Gay, Bisexual, Trans, Queer and Intersex Refugee Considerations

Research shows that lesbian, gay, bisexual, trans, queer and intersex (LGBTQI) individuals often have unique health needs and may delay or avoid seeking health care

or choose to withhold personal information from health care providers due to past negative experiences. LGBTQI refugees may have faced persecution in their country of origin based on homophobia, biphobia, or transphobia, and may not feel comfortable disclosing their sexual orientation or gender identity.

Providing upfront information about LGBTQI resources and services is important to support LGBTQI refugees when they arrive in Ontario. The MOHLTC encourages health care providers to identify local LGBTQI organizations in their area that can provide resources to refugees. In smaller municipalities, if LGBTQI organizations are not located in close proximity, information for services in the next closest municipality or online resources where they are available may be useful.

In Ontario, [Rainbow Health Ontario](#) works to improve the health and wellbeing of LGBTQI people and to increase access to competent and LGBTQI-friendly health care. Their website offers LGBTQI health-related information including fact sheets, academic research articles and other health services and resources.

## Mental Health Considerations

Syrian refugees arriving in Ontario may be at higher risk than the general population for mental health issues. Individuals who have experienced war, violence and displacement often experience symptoms of distress. Many are likely to require specific mental health and social supports as they attempt to reconcile events of the past and transition to life in Ontario.

Mental health symptoms may not be apparent immediately upon arrival, but can be triggered by resettlement stress arising from changes in social roles, unemployment and financial difficulties, as well as discrimination and social isolation. Health care providers should recognize that mental health issues may not present in the initial period of resettlement. Furthermore, refugees may not exhibit symptoms in the same ways as non-refugee populations or self-identify mental health concerns at all. As such, health care providers should continue to actively monitor patients for all health issues and be alert for signs of post-traumatic stress disorder, depression and other mental health problems that may emerge in the months following arrival in Ontario.

A variety of mental health and addictions support services are available to refugees. These include counselling and treatment, crisis intervention, and social rehabilitation services. Some coverage for mental health services is provided under the IFHP. Health providers should review the coverage provided on the [Medavie Blue Cross provider website](#).

Health care providers should ensure that refugees and sponsors are aware of the supports available to them. Health care providers may refer refugees to the [ConnexOntario](#) Helplines below (which operate in 170 languages), or refer directly to an appropriate service provider. The Refugee HealthLine may also connect refugees to

transitional care. Neither ConnexOntario nor the Refugee HealthLine are crisis lines, however they can help connect refugees to services. [Distress and Crisis Ontario](#) provides a listing of local distress and crisis lines.

Due to cultural and language barriers, discussions concerning mental health and mental illness may be interpreted or received differently by individuals. In order to provide the best possible care, providers should be sensitive to this. Coordination of appropriate language services will be particularly important for provision of mental health and addictions services.

The UNHCR's 2015 [Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians](#) is a helpful resource for primary care and mental health practitioners, including information on Syrian refugee mental health stressors, incidence of different mental health conditions, culture-specific symptoms and idioms of distress, and faith and culture-specific healing practices. This report recommends complementing professional interventions with linkages to social support systems, and faith-based communities where appropriate.

In addition, the Centre for Addiction and Mental Health (CAMH) provides a number of resources for health care providers to support and address refugee mental health needs. These include online training, consultation services and a clinic. The following CAMH websites provide more information that may be useful to health care providers:

- [CAMH Refugee Mental Health Project](#)
- [CAMH New Beginnings Clinic](#)
- [CAMH Working with Interpreters in Mental Health Clinical Settings](#)

## Looking Ahead

The Syrian refugees who settle in Ontario are building new lives for themselves and their families. They are becoming neighbours, friends, colleagues and community members. Their health and well-being are being supported by our provincial health system, as they are for all Ontarians.

More Syrian refugees continue to arrive every week. In this second phase of refugee resettlement, the Ontario government is committed to ensuring the health needs of all Syrian refugees continue to be met. Moving forward, with the help of all health care providers, Ontario will build a strong foundation for the health system to support current and future refugees in the months and years ahead.



# Resources

## Ministry of Health and Long-Term Care Resources

The resources listed below and more can be found on the [MOHLTC's Syrian Refugees webpage](#) for healthcare professionals.

- Dental Coverage for Syrian Refugees Fact Sheet
- Health Care Options Fact Sheet for refugees (available in English, French, Arabic, Kurdish (Sorani) and Kurdish (Kurmanji))
- Health Care Services Contact Information for Health Care Providers Fact Sheet
- Refugee HealthLine Fact Sheet
- Syrian Refugee Early Assessment Considerations for Primary Care Providers

## Additional Resources

The following resources are only a few of the resources available to health care providers and are not meant to be inclusive:

- [Access Alliance: Multicultural Health and Community Services](#)
- [Association of Translators and Interpreters of Ontario](#)
- [CAMH New Beginnings Clinic](#)
- [CAMH Refugee Mental Health Project](#)
- [CAMH Working with Interpreters in Mental Health Clinical Settings](#)
- [Canadian Collaboration for Immigrant and Refugee Health \(CCIRH\)](#)
- [Canadian Medical Association Journal: Refugee Health](#)
- [Centre of Excellence for Research in Immigration and Settlement \(CERIS\)](#)
- [Centre for Refugee Studies, York University](#)
- [The College of Family Physicians of Canada, Refugee Health Care: Resources to Assist Family Physicians](#)
- [ConnexOntario](#)
- [Distress and Crisis Ontario](#)

- [International Metropolis Project](#)
- [Language Interpreter Services](#)
- [MCIS Language Solutions](#)
- [Medavie Blue Cross provider website](#)
- [Ontario College of Family Physicians: Refugee Resettlement](#)

## Government of Canada: General Information Resources

- [2016 Immigration Levels Plan – Key Highlights](#)
- [Interim Federal Health Program](#)
- [Welcome Refugees – Immigration, Refugees and Citizenship Canada](#)

## Government of Ontario: General Information Resources

- [Ministry of Citizenship, Immigration and International Trade](#)
- [Syrian Refugees: How You Can Help \(ontario.ca/syrianrefugees\)](#)
- [Syrian Refugees: Information for Health Sector Partners](#)

