REFUGEE HEALTH
NETWORK QUEENSLAND

Recommended Pathology Investigations for Refugee Arrivals

(updated August 2026)

These tests are appropriate to arrange for **ALL** recently arrived refugees – both adults and children.

- **FBE**
- **U & E, Creat, LFT**
- **Hepatitis B sAg & sAb, cAb** (write "query chronic hep B" on pathology request)
- **Hepatitis C Ab**
- **Schistosomiasis Ab**
- **Strongyloides Ab**
- **Syphilis Ab**
- **Varicella Ab** (if > 14 years)
- **HIV Ab**
- **s. ferritin**
- **s. 25 OH Vitamin D level**
- **s. Vitamin B12**

You may wish to consider other tests if there are **clinical indications** e.g.

- **s. beta HCG** if the patient may be pregnant
- **Urine STI PCR**
- **TFTs** - if the patient has a goitre
- **Malaria thick/thin film, with/without P. falciparum Ag** – if travel from / through an endemic malaria area within past 3 months OR within the past 12 months if any symptom of fever
- **Varicella IgG >14 years of age** – (it is reasonable to assume that a young person is not immune to varicella and requires catch up immunisation without serology (unless convincing history))
- **Fasting lipids/ HbA1c** – risk factors / clinical indication

Note: **Measles, Mumps, Rubella** serology is unhelpful as most refugees receive a pre-departure MMR vaccine

Tuberculosis (TB): Referral to local TB service is required for TB screening post arrival with either Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (QuantiFERON).

- (IGRA is generally not covered by the Medicare Schedule for screening of refugee arrivals within general practice).

Please ensure that the second MMR and Varicella vaccinations have been given prior to referral. Record the date of this vaccination (and any other live virus vaccine) in your TB referral.

Once results from the initial screening are received, it **may** be clinically appropriate to order:

- **Iron studies -** if the ferritin is low
- **Faeces OCP, MCS-** if there are concerns of infection
- **Urine OCP** - for positive schistosomiasis serology and WTU positive for blood
- **Faecal antigen for H. pylori -** if the patient has GI symptoms - Indigestion
- **Haemoglobin** electrophoresis - after the patient is iron replete and has been counselled

Pathology Tests are only a small part of the comprehensive Health Assessment required.

PHNs gratefully acknowledge the financial and other support from the Australian Government Department of Health.

Further information about Refugee Health Assessments is available at:
refugeehealthguide.org.au/refugee-health-assessment/

Considering these recommendations:

These tests are informed by the recommendations from the Australian Society for Infectious Diseases (ASID) guidelines and clinical experience in managing the health of refugee clients.

While these tests are recommended, clinical assessment should guide the final decision as the recognition of other health issues may require other investigations.

Please note pathology companies are only reimbursed for the first three tests that a general practitioner orders on a single day. It is important to recognise the service that the pathology company is providing. When arranging follow up tests, it may be clinically appropriate to consider reducing the number of tests performed at each single episode to minimise the cost burden related to these tests. For example, if urine or faeces tests need to be ordered, it may be possible to arrange these on a separate occasion.

Interpreting the results:

Although a microcytosis may indicate the presence of a haemoglobinopathy, it is necessary to exclude iron deficiency. Before ordering a Hb electrophoresis ensure that iron deficiency has been corrected otherwise a false positive result may be obtained. Consult your pathologist for further advice if necessary.

People of African background commonly have a low WBC, and especially a low neutrophil count. This condition is called Benign Essential Neutropaenia (BEN) and the patient should be assessed clinically to determine that they are well and then monitored appropriately so that unnecessary bone marrow examinations are not arranged.

Borderline positive Hepatitis C results are not uncommon soon after arrival. These may be false positives and need to be confirmed using repeat serology and Hepatitis C RNA test before the diagnosis of a true positive can be made.

Positive and Equivocal serology for strongyloides and schistosomiasis should be treated. Treatment for Strongyloides (Ivermectin) is available on PBS (authority). The treatment for Schistosomiasis (Praziquantel) is also available on PBS (authority) but usually requires time to be ordered in by local pharmacy.

Patients can be managed by the GP using the clinical guidelines (below) ensuring they note the clinical situations when caution is required, and specialist care should be sought. It is important to be aware of clinically relevant interactions between the medications being prescribed.

- Recommendations for comprehensive post-arrival health assessment for people from refugee-like backgrounds. *Australian Society for Infectious Diseases and Refugee Health Network of Australia, 2016.*
- *Australian Refugee Health Practice Guide. Victorian Foundation for Survivors of Torture Inc (Foundation House), 2018*
- Refugee Health Network of QLD – *regularly updated clinical resources and education*
- Royal Children's Hospital Melbourne Immigrant Health Service – Clinical Resources

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