The Interim Federal Health Program (IFHP) for Syrian Refugees
as it applies in Newfoundland and Labrador
December 30, 2015

Introduction

This document summarizes information about the perceived health issues facing Syrian Refugees and the measures available in Newfoundland and Labrador and under the Interim Federal Health Program to ensure access to a range of health services. The contents are subject to change.

Health Status

Detailed information about existing health status and other demographics is available in document entitled Population Profile: Syrian Refugees which has been circulated by Immigration, Refugees and Citizenship Canada (IRCC). This is attached as a separate document.

Health Plan Coverage in Newfoundland and Labrador

- All Syrian refugees will be arriving to Canada as Permanent Residents and, as such, will be eligible for health insurance (MCP) on arrival.

- In addition, Syrian refugees will be covered under the Interim Federal Health Program (IFHP). Their IFHP coverage will provide them with basic coverage, including Type 1 supplemental benefits, for up to one year. Supplemental benefits include limited dental and vision care, services by allied health care practitioners, including clinical psychologists, drug benefits and a range of other services and products. The prescription drug benefits are for medications and other products listed on the NL Prescription Drug Plan formulary and other products as determined by IRCC.

- Some of the benefits may require pre-approval to determine the amount and type of coverage available, the processes for which may result in some delays in service.

- In order access benefits, providers to whom refugees go must be registered with Medavie Blue Cross. For some benefits, Medavie Blue Cross can be billed directly.

Income Support

- The federal Resettlement Assistance Program includes direct services such as initial reception, orientation and assistance with finding permanent accommodation, navigating the new community, shopping and other basic life skills. Refugees will receive federal income support, at a rate equivalent to provincial Income Support.
Access to Physicians

- In NL, the MUN Med Gateway program, a volunteer program led by students in partnership with the Faculty of Medicine, ANC and Eastern Health, works with refugees to develop individual medical histories that can be shared with family doctors. The program also helps match participants with family doctors as needed, conducts research about the health needs and issues of refugees, and undertakes other initiatives to benefit refugees as needs are identified.

- MUN Department of Family Medicine has established a clinic with a specific focus on the refugee population and is able to receive patients referred from Gateway. Depending on the overall volume of refugees to arrive, additional assistance from other family physicians may be required to address long term service needs. The Newfoundland and Labrador Medical Association is willing to assist by requesting support from other family physicians and by publishing relevant guidelines on its website.

Immunization

Background

- According to WHO and UNICEF estimates, immunization coverage in Syria was above 80% until around 2011/2012. The schedule included coverage for Bacillus Calmette–Guérin (BCG), DTP (diphtheria, tetanus, pertussis), polio (OPV), measles, hepatitis B, *Haemophilus Influenzae* Type b (Hib). [http://www.who.int/immunization/monitoring_surveillance/data/syr.pdf](http://www.who.int/immunization/monitoring_surveillance/data/syr.pdf)

- During the most recent WHO campaign, in March 2015, close to 3 million Syrian children under 5 years of age were vaccinated against polio (OPV).

- Since leaving Syria, depending on which camps individuals and families have been living in (whether Lebanon, Jordan or Turkey), some refugees may have received vaccinations, but are unlikely to have vaccination records available.

- Given the timing of the conflict, all children under 60 months of age are likely to be under immunized with a large proportion unimmunized.

- Confirming or updating immunizations is not part of the immigration medical examination; therefore, all individuals arriving as refugees should be assessed for immunization history.

- It is recommended that only written documentation is sufficient evidence of previous immunizations; the majority of refugees are unlikely to have immunization records upon arrival.

Immunization in Newfoundland and Labrador

- Children and adults will be provided with vaccines in accordance to the current schedule for Newfoundland and Labrador.

- Some vaccinations which are not included in the provincial schedules may be eligible reimbursement. The IFHP includes vaccines and vaccine administration (up to a maximum of
$428 for children 0 to 17 years of age and $446 for adults 18 years of age and older). This will be handled on an individual basis, similar to travel vaccines, and not offered through public health.

For information on the NL immunization schedules, including persons who are not up-to-date for vaccines, please visit the Government of Newfoundland and Labrador website

http://www.health.gov.nl.ca/health/publichealth/cdc/Section_2_Routine_Immunization_Schedules.pdf

Eligibility is determined by programs that are offered in NL to an age cohort, for example those eligible for varicella vaccine would be those born in 2001 and after.

**Psychotherapy and counselling benefits:**

- Initial assessment and therapy/counselling requires prior approval from Medavie Blue Cross. Requests must be accompanied by a letter from a physician that indicates the diagnosis and prescription for psychotherapy/counselling. The IFHP initially will approve 10 sessions. Prior approval requests for additional sessions must also be accompanied by a physician’s recommendation.

- The therapist must be a registered clinical psychologist licensed by the provincial/territorial College of Psychologists (where applicable)

- Fee per province for Initial & Subsequent Treatments, per hour: (BC = $160), (MB = $170), (SK = $110), (AB, PE, NL = $150), (ON = $205), (QC = $125), (NB, NT, NU, YT = $130), (NS = $140).

**Dental Care**

- See: https://www.medavie.bluecross.ca/cs/BlobServer?blobcol=urldata&blobtable=MungoBlobs&blobheadervalue2=abinary%3B+charset%3DUTF-8&blobheadername2=MDT-Type&blobkey=id&blobwhere=1187213211261&blobheader=application%2Fpdf

- Initial services are limited to emergency relief of pain or infection only. Where the treating dentist considers further treatment necessary, a prior approval request must be submitted to Medavie Blue Cross before treatment is begun.

**Dental care services covered**

1. Emergency examinations. Emergency examination are covered no more than once every six months per dental office
2. Diagnostic Radiography. Panoramic radiograph or eight periapical X-rays (but not both) X-rays must be clear and discernible and properly labeled. Digital X-rays are acceptable.
3. Restorations . Restorations are covered for severely affected teeth only. All restorations must be prior approved by submitting X-rays. Pre-approved fillings on anterior and molar teeth are restricted to the following: bonded composite resin fillings on anterior teeth and fillings on molar teeth are payable up to the rate of amalgam fillings. Fillings will be paid on a continuous surface basis only.
4. Extractions. Uncomplicated emergency extractions do not require prior approval. All complicated extraction codes must be submitted with X-rays for justification.
5. Emergency Prescriptions. Charges for prescribing emergency medications. Only those needed to treat the emergency conditions.
6. Anesthetics. Anaesthetics under age 13: four units allowed; age 13 and older: eight units allowed. All anesthetics must be submitted for predetermination.

Dental care services not covered
- Routine root canal treatments, orthodontics, temporary and permanent prosthetics
- Intravenous sedation and nitrous oxide
- Prophylaxis and fluoride
- Facility fees
- Specialist fees (unless specially approved for oral surgeons and pedodontists)
- Pulpotomies and stainless steel crowns
- Bite-wing X-rays
- Restoration of incipient lesions or those not visible on an X-ray are considered routine care and will not be covered
- Scaling and root planing
- Complete or partial dentures and relines

Resources for Practitioners
1. Caring for Kids New to Canada is on the Canadian Pediatric Society website and provides links to a variety of information. http://www.kidsnewtocanada.ca/e-checklist
2. The Canadian Collaboration for Immigrant and Refugee Health (CCIRH) maintains a website for knowledge exchange at http://www.ccirhken.ca/.
3. Specific guidelines for clinicians dealing with this refugee population have been developed and will be further edited for publication in the Canadian Medical Association Journal. http://www.cmaj.ca/site/misc/caring-for-a-newly-arrived-syrian-refugee-family-cmaj.151422.xhtml. Table 1 below is taken from this document.
Table 1: Summary of recommendations for Syrian refugees

Syrian refugees have faced war crimes, human rights violations, poverty and prolonged displacement, which may have physical and mental health implications.

Access to safe and adequate housing, employment and income, family cohesion, and keeping parents and children together during and after the integration process may have strong protective health effects.

Primary care clinicians:

- Should not routinely screen for trauma, but should remain alert for impairment of social functioning or high levels of suffering that may be related to post-traumatic stress disorder, depression or anxiety disorders, or exposure to war-related violence, and refer to appropriate services for assessment and follow-up.
- Should vaccinate all children and adults without a record of complete vaccination. Depending on age, these may include measles, mumps, rubella, diphtheria, tetanus, pertussis, *Haemophilus influenzae* B and polio.
- Should not offer testing for latent TB as the incidence of active TB in the Middle East Region remains low.
- Screen all children and adults for chronic Hepatitis B infection, prior immunity and vaccinate those who are susceptible.
- Should consider serology for varicella and vaccinate those who are susceptible; many Syrians are likely immune.
- Should consider screening for Hepatitis C; prevalence of this infection in Syrian refugees is currently uncertain, but war may have increased its prevalence.
- Should consider serology for the intestinal parasite *Strongyloides*, but should not collect stool samples, unless the patient has abdominal symptoms.