

## Medical care for migrant children in Europe

A practical recommendation for first and follow-up appointments



Ensure the child is accompanied by at least one parent or a responsible caregiver.



Check the child's growth and development and perform a physical examination.



Check that the parent/caregiver can communicate competently or provide access to interpretation services if needed.



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Specifically examine the skin and oral cavities and remain vigilant for signs of anaemia, scabies, impetigo, malnutrition, tooth decay and scars.



Check the child's **immunisation status** and if unknown or incomplete start catch up immunisation according to national recommendations as soon as possible.

> Start empirical treatment for intestinal parasites on children over 2 years of age and above 10 kg of weight.

Perform a routine vision and hearing screen.

## **8** Take a **blood sample** to measure

haemoglobin (to check for anaemia and treat iron deficiency), HBV-antibodies (Hbs-Ag, anti-Hbs and anti-HBc).

In addition, measure Vitamin D (if signs of risk factors or nutritional rickets), Schistosomiasis serology and CCA urine test (if from sub-Saharan Africa), HIV serology and PCR (if from sub-Saharan Africa or known risk), malaria screen (if febrile), Strongyloides serology (if at risk of immunosuppression), Syphilis serology (if sexually active or abused) and HCV antibodies (optional).



Schedule a follow up

appointment for review.



Provide the partner/caregiver with a document that includes information regarding the health assessment and interventions, in addition to storing a copy in the medical centre's records.

Perform a tuberculosis screen for

latent infections followed by chest

x-ray if positive on all migrant

children under 5 years of age or

those coming from high-endemic

countries.