Boat people pose no public-health threat despite parasites and some active TB

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The 50,000 Indo-Chinese refugees who are expected in Canada by the end of 1980 pose no widespread public-health threat, executive members of the Canadian Society for Tropical Medicine and International Health told a Toronto press conference Aug. 28.

"The boat people are no more a threat than your next-door neighbour who has spent 2 or 3 weeks in a country where exotic diseases are present," Dr. Philip Stewart, vice president of the organization, said. "There is no chance of any great epidemic of horrible diseases. Our system of sanitation is too well set-up."

"What we do have, however, is the potential that an individual may infect the family unit in which he stays, because that is where sanitation breaks down."

He added that physicians should be on the lookout for exotic diseases in their practices all the same. "Some of the diseases carried may be longer-lasting and may not show up on the surface during screening. Six months down the road someone may visit a family practitioner who has lost sight of the fact that the individual is from or has visited another area of the world. The physician could start working on the lines of traditional Canadian medicine while the individual has a disease that is more serious."

Dr. Stewart recalled two cases he had encountered in the past decade in which people were told by their family doctors that they had leukemia when, in fact, they had contracted leishmaniasis - a tropical parasite - during their travels. "Fortunately, they managed to get to us and they were textbook cases of this disease. This is the sort of potential tragedy that can be averted if the public and the physician become more aware of tropical disease in Canada," Dr. Stewart said.

Some medical authorities expressed concern about an influx of hepatitis coming into the country; there is indication that hepatitis B virus may infect 15% or more of the Vietnamese population, compared to 0.1% in the Canadian population.

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The provincial official, who is president of the tropical medicine group, said that "a few cases" of active pulmonary tuberculosis may slip through the net in months to come, but screening is being carried out, and there are routine roentgenograms for anyone who is tuberculin-positive.

The experts said doctors should also be on the lookout for penicillinase-producing Neisseria gonorrhoeae in months to come, since Southeast Asia is the source of this strain.

The refugees are screened in Southeast Asia by the intergovernmental Committee for European Migration, an organization funded by the United Nations High Commission for Refugees, using the same standards applied to any other immigrant group. The overseas examination includes a general physical, urinalysis on all people over age 5, serologic examination for syphilis for those 15 or over, chest roentgenogram for those over 11 and a stool test for parasitic infection. Although officials have said that no refugee with active tuberculosis will be admitted, scattered reports have already been received of refugees with active tuberculosis as well as untreated giardiasis and amebiasis. All refugees with evidence of previous tuberculosis, syphilis and parasitic disease should be surveyed by the local health authority. According to one bulletin, about 70% of the refugees have had positive stool examinations for parasites.

The Canadian Society for Tropical Medicine and International Health used the current concern over the boat people to alert the public and the medical community to the continuing need for vigilance for tropical disease. The group is attempting to raise $500,000 to fund an information program directed at doctors and the general public, to pay for research into tropical disease and encourage medical schools to introduce more training.

The group, in cooperation with the Canadian Public Health Association, has produced a comprehensive booklet entitled "Health Guide for Travellers to Warm Climates". It is available from the CPHA at 1335 Carling Ave., Suite 210, Ottawa K1Z 8N8.