Author’s response to reviews

Title: Health of Syrian unaccompanied asylum seeking adolescents (UASA) at first medical examination in Germany in comparison to UASA from other world regions

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Author’s response to reviews:

Reviewer 1:

1. Is this screening mandatory for all newly arrived UASA's, and if so did all newly arrived UASA's attend? If not - how were patients selected?

- The screening is mandatory. All UASA who are accommodated in so-called “Clearinghouses” in the City of Bielefeld need to attend the medical screening. We included all UASA in our study that received their medical screening within one particular outpatient clinic for internal and tropical medicine. The medical screening within this clinic followed a systematic protocol. We described it more detailed within the section “Study Design” (page 4, line 81-87).

2. I think the study does not provide insights into the health needs, as there were no questions asked about the care the UASA's themselves wanted, nor on their use of healthcare facilities; perhaps leave that part of the research questions out.

- We deleted the part regarding the health care needs of the UASA (page 1, line 19; page 3, line 71-78).

3. Were professional interpreters involved in the translation of the medical history? If not (and informal interpreters were used) please reflect in the discussion on the limitations of
informal interpreters (for instance possible underestimation of mental health problems and other sensitive topics that will not be shared with informal interpreters).

- During the medical screening informal interpreters were on site. We discussed associated bias as a limitation within our discussion (page 12, line 309-311).

4. P.5 line 116 "All diagnoses that were made within the first two quarters of medical care were counted as part of the.."I did not understand what you mean by first two quarters diagnoses at first medical examination.

- We included all diagnoses in our analysis that were made within the first two quarters (i.e. 6 months) of treatment. That means we also included diagnoses that were made after the first medical screening, because in some cases follow-up examinations were necessary to get a reliable diagnosis. We added this more precise explanation as part of the methods (page 5, line 118-121).

Regarding results

5. The health status was not assessed by an overall health status measurement (like e.g. self-perceived health); I do not think you can say anything about the general health status of these persons; the paragraph with the heading health status only addresses health behaviors like smoking, alcohol etc.

- We changed the heading of the paragraph “Health status and health behaviour” into “Weight status and health behaviour” (page 6, line 144).

Regarding discussion

6. Did you use any specific instrument to screen for PTSD or depression? If so, please describe; if not, then describe on what grounds the diagnosis depression or PTSD was made.

- We did not use any specific instrument for screening of PTSD or depression. The diagnosis of a psychological problem was based on the appearance of the patient, specific complaints or symptoms of the patient (e.g. sleeping disturbances, nightmares, severe headache, eating disorders) and respective reports of the accompanying person from the clearinghouse including weak social interaction with peers and staff.
7. In the discussion you talk about preventive interventions in the clearing houses. Could you make this a bit more specific? Who should do this and why do you think these UASA's would be interested in this/participating in this? In the Nehterlands it turned out to be quite hard to involve UASA's in health promotion activities, even they were addressed by peer-refugees or facilitated by having these meeting at home.

- We included a few ideas about what kind of preventive measures can be integrated in the Clearinghouse. However, we do not go into more detail, as the focus of our article is to identify the weight status, health behaviour and disease spectrum among UASA (page 9, line 257-263).

8. Why would you target preventive interventions on smoking, alcohol and physical exercise and not on mental health or on sexual behavior (NB did you screen for STD's as these are highly prevalent among UASA's in the Netherlands).

- In addition to preventive measures regarding health behaviour we already pointed out the importance of a psychological screening as part of the medical screening to identify mental health problems as early as possible and to prevent the transition into chronicity. Within our study all UASA were screened for HBV infection, female UASA were screened for syphilis (none positive), and all females were referred to a gynaecologist for HPV vaccination and a gynaecological examination.

9. In the discussion I missed a reference to the 2018 ECD guidelines for screening on infectious diseases in refugees.

- We added the guidelines from the ECDC within the discussion of our manuscript (page 11, line 304-307).

Reviewer 2:

- In the introduction section, the overall aim of the study needs a more clarity. To what extend this study had only to purpose to assess the healthcare needs among UASA? Any other objectives? To what extend the discussion of any potential actions to meet the identified needs was included among the objectives of this study?
- To clarify the aim of our study, we deleted the part with the health care needs and point out that we aim to identify the weight status, health behaviour and disease spectrum among UASA with a special focus on Syrian UASA (page 3, line 71-72).

- I am suggesting to the authors to add a section with the design of the study. I missed also any reference to the recruitment methods and sampling procedures. How many UASA subjects were eligible?

- We added the section “Study Design” and described the sampling strategy more detailed (page 4, line 81-87).

- Why the medical doctor who performed the examinations was well trained only in fields that cover tropical medicine and infection diseases? To what extent he/she was well trained in communication and compassionate skills as well as in the area of mental health disorders?

- The examining person is a medical doctor with very long experience who had been trained in general internal medicine with further specialisations in tropical medicine and infectious diseases. For many years she is compassionately engaged and skilled in the treatment of migrants and refugees from different origins and is familiar and experienced with intercultural communication. This is the reason why she had been asked from the City of Bielefeld to take care of young refugees residing in clearing houses (see also under “Study design”).

- Subsequently to the above, why the systematic medical examination was limited only tests relevant to infectious diseases?

- The medical examination was not limited to infectious diseases. Within the medical examination also the medical history was captured and a complete physical examination was done. Laboratory diagnostic procedures included full blood count, liver transaminases, creatinine, electrophoresis, BSR, CRP, ferritin, urine analysis, pregnancy testing and vitamin A and D in special subgroups. For the purpose of this article not all results are reported in detail.