

Migrant and Refugee Populations: A Public Health and Policy Perspective on a Continuing Global Crisis

Prof Sotirios Tsiodras, Kapodistrian University of Athens, Greece

Migrant and refugee populations: a public health and policy perspective on a continuing global crisis

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Hosted by Paul Webber
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May 16, 2019

Objectives

- **Public Health threats & migrants as a vulnerable population**
- **Spectrum of infectious diseases associated w migrants**
- **Screening & infection control practices in migrants**

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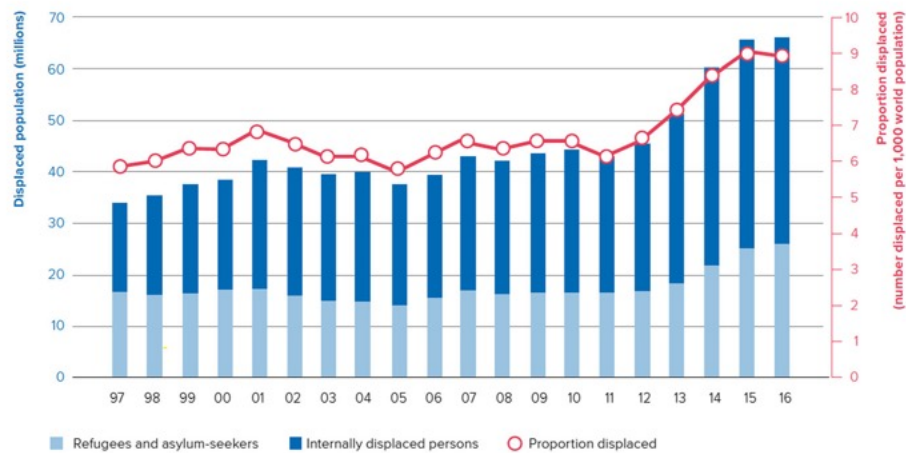
IOM Definition of migrant

- any person who is moving/has moved across an international border or within a State away from his/her habitual place of residence, regardless of
 - Legal status; voluntary/involuntary movement; cause for movement; length of stay



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Global n of migrants 1990–2016 estimated > 60 million people

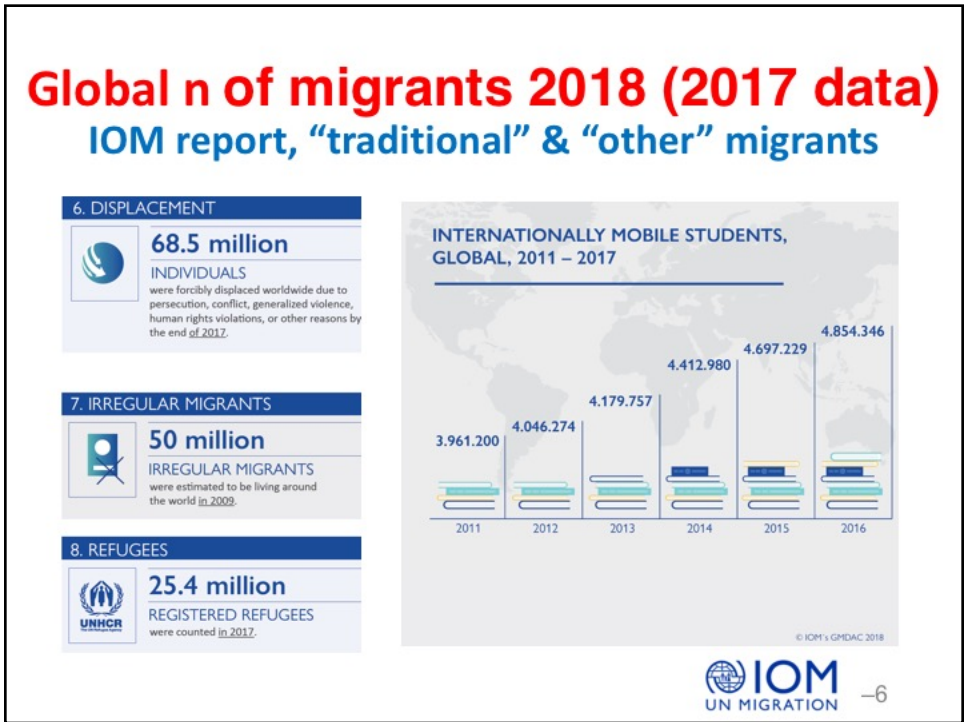
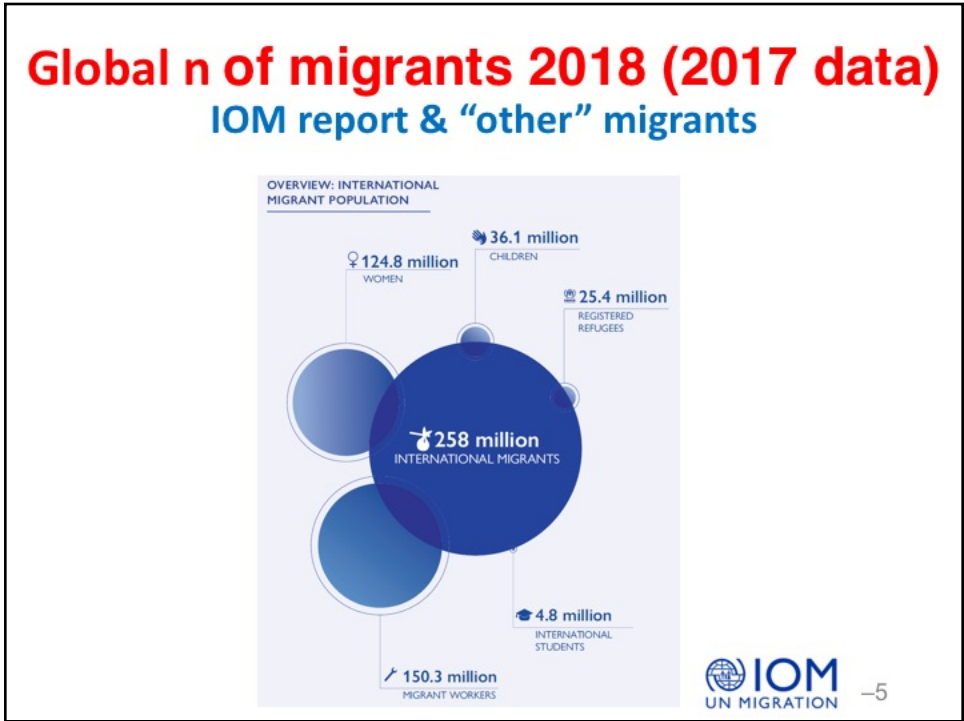


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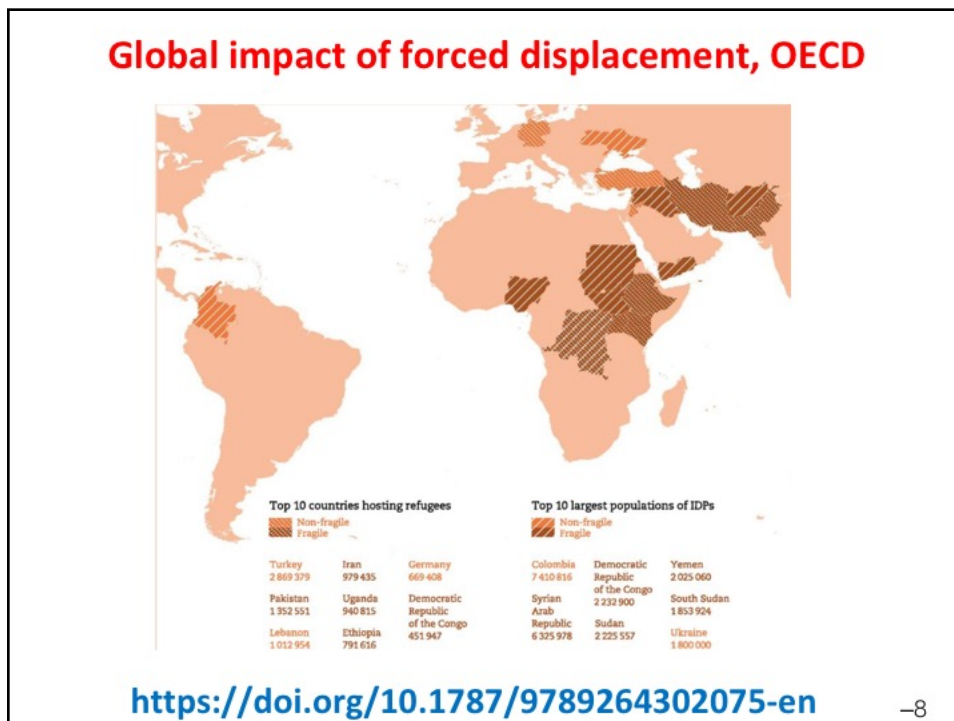
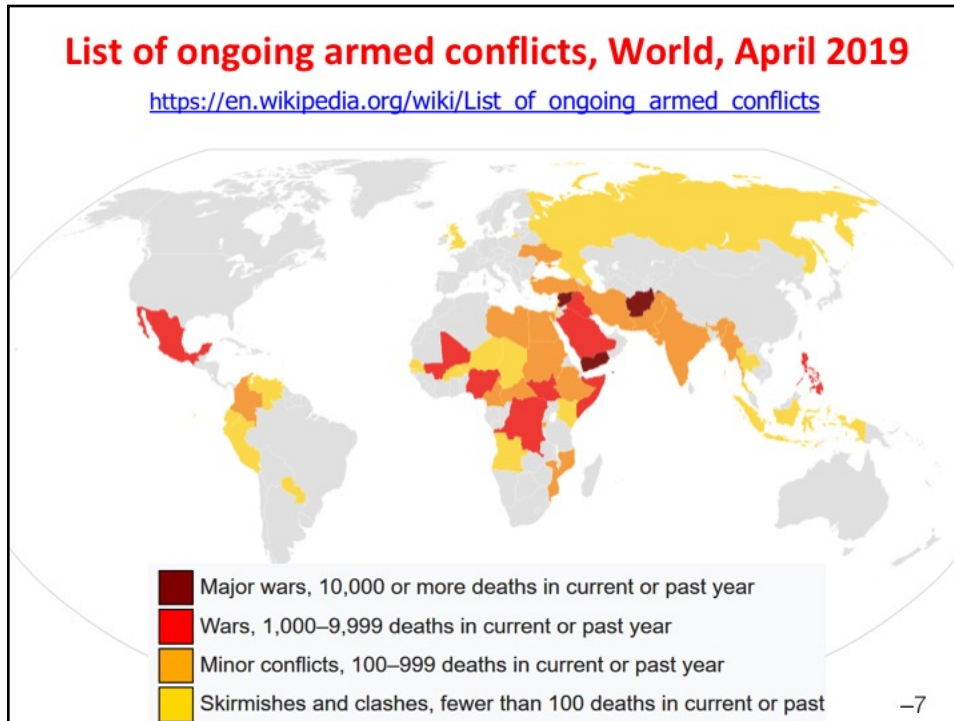
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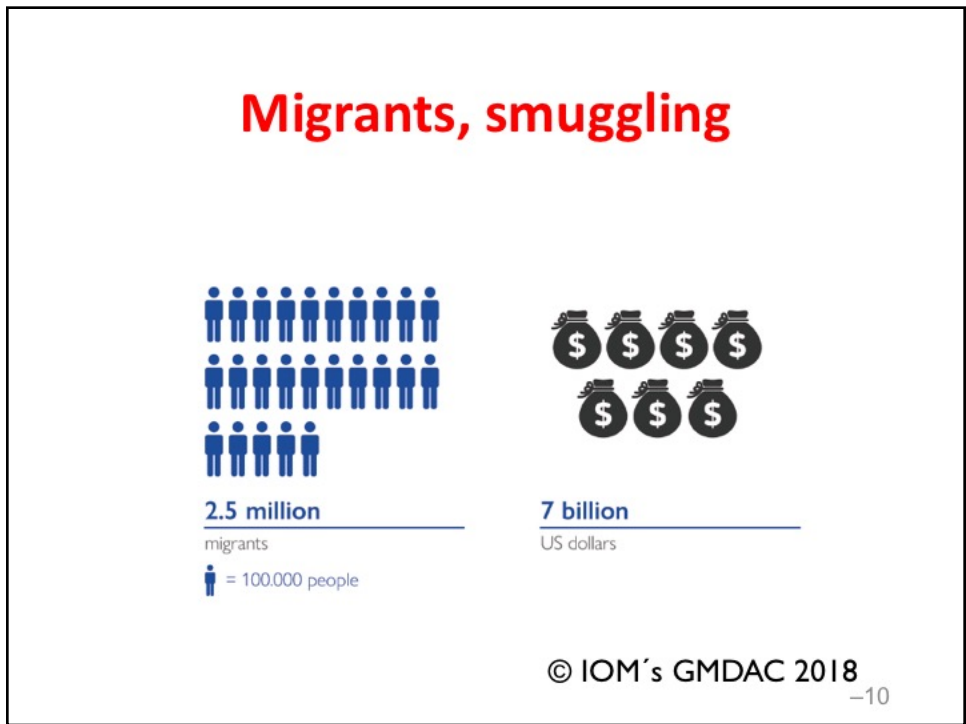
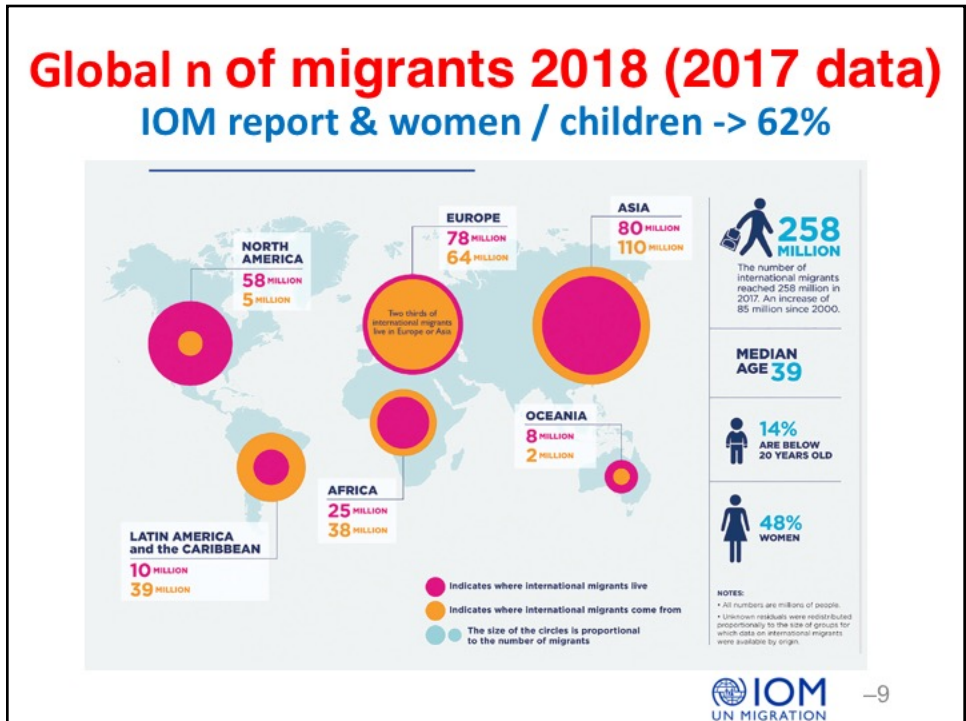
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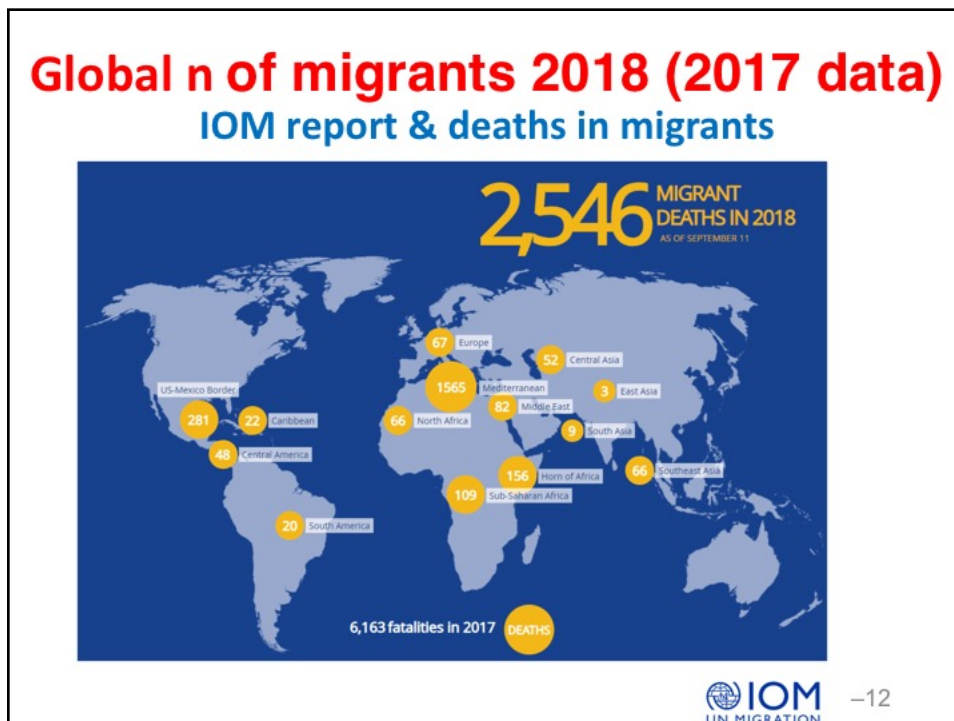
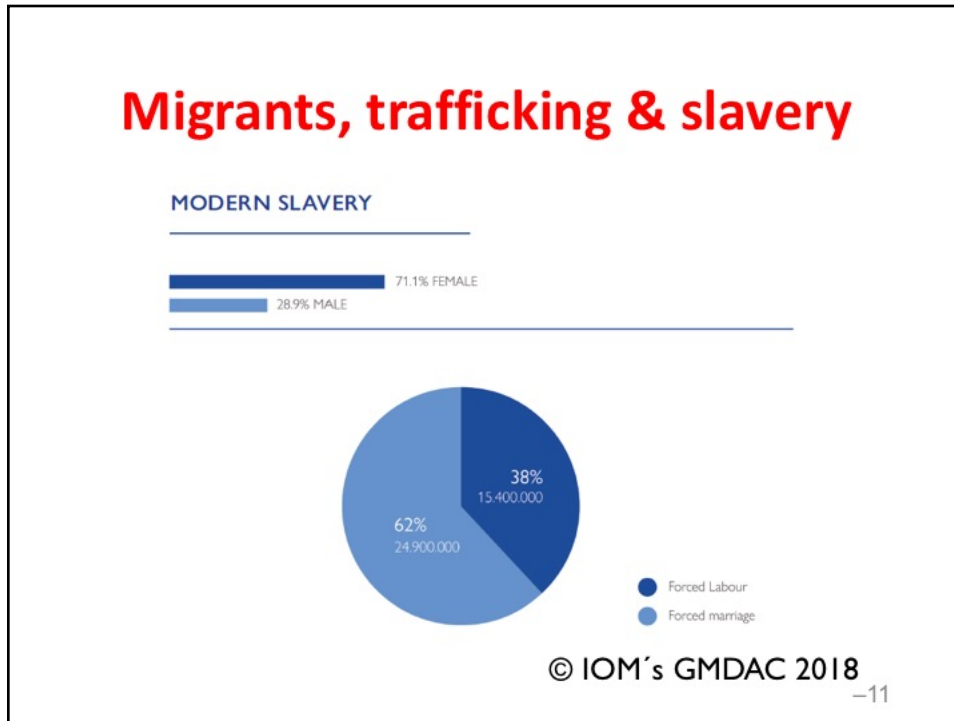
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MIGRATION & HEALTH - KEY ISSUES

- **Migrants → complex health needs influenced by:**
 - Burden of dz & living conditions in country of origin
 - Experiences during migration
 - Access to labor / financial support
 - Access to health
 - Factors relating to ethnicity and cultural practices
 - Burden of dz in country of reception

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Migrant health: a complex picture

- The health of migrants varies across space, time, age, gender, across different countries of origin and type of migration
- Caution about making generalizations about the health of *all* migrants

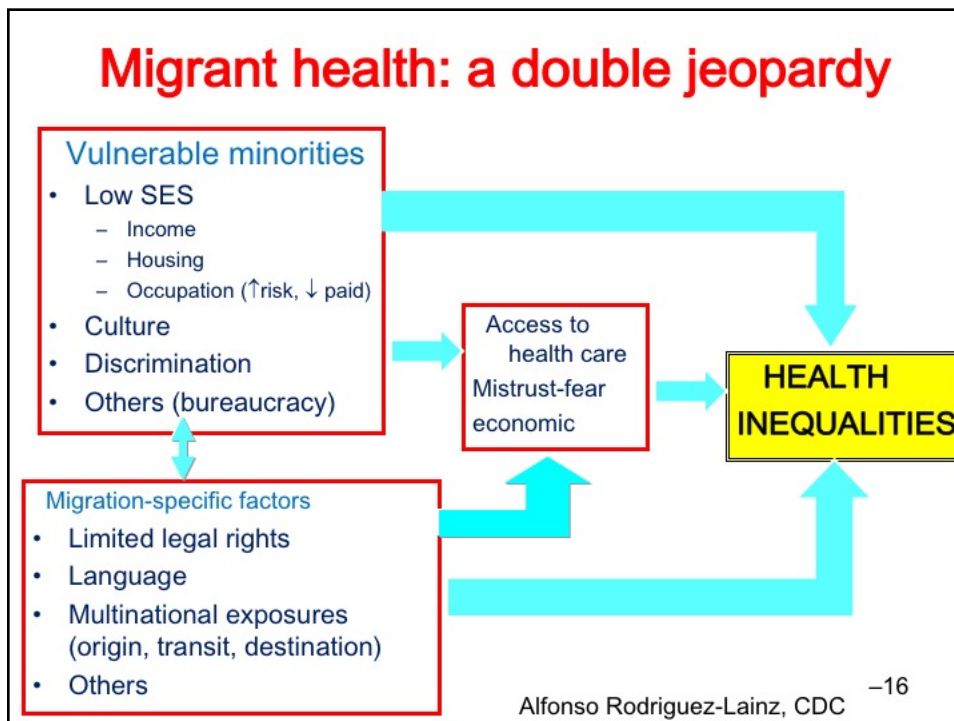
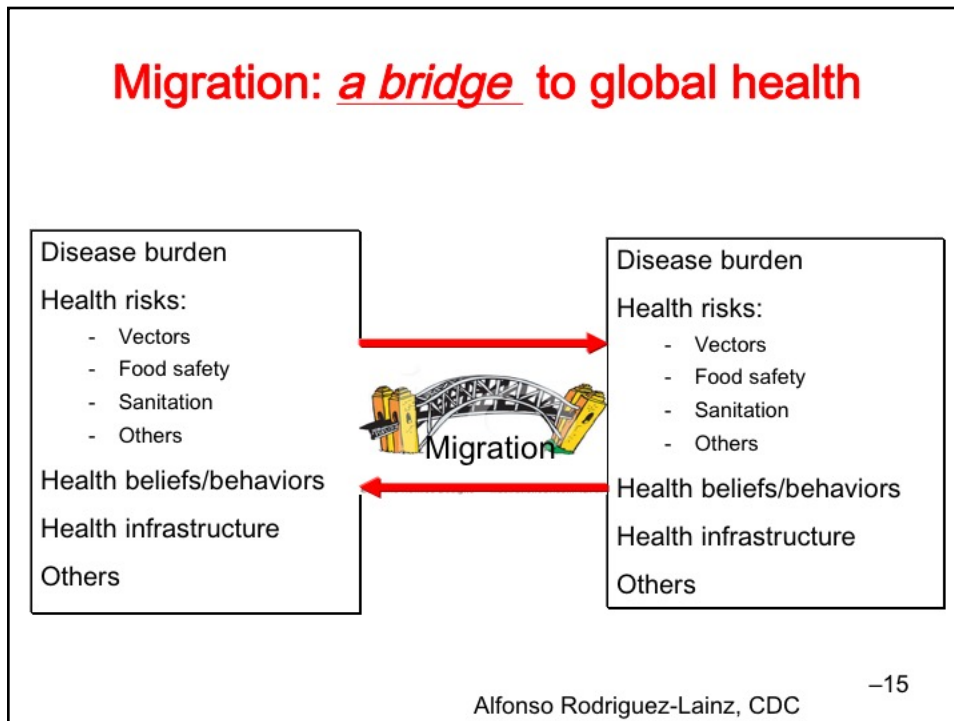
Mladovsky, 2005; Ingleby 2009, Alfonso Rodriguez-Lainz, CDC

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Migrants & Major PH concerns

- **Protection Against Communicable Diseases**
- **Health Assessment**
 - Reproductive health
 - women, children
 - Mental health
- Violence
- Avoidable mortality
- Work related injuries
- **NCD**

Adapted from Laura Cacciani et al EUROPEI 2010 –17

Migrants, PH & policy perspective basic needs & rights, not always met

- Liberty
- Security
- Right to family life
- Right to education & justice
- Protection, right to public relief (healthcare access)
- Freedom of movement



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Migrants, PH & policy perspective

Vulnerability, complex gender/social issues

- > 300k UAC in 2015-16

– 5x ↑ c/w 2010-11

- ↑ rates of

– Pregnant

– Elderly

– People w disabilities

15. CHILDREN



14 %

CHILDREN

In 2017, children represented 14 per cent of the stock of international migrants.

15.a WOMEN



48.8 %

WOMEN

In 2017, women represented 48.8 per cent of the stock of international migrants.

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Particularly vulnerable migrants

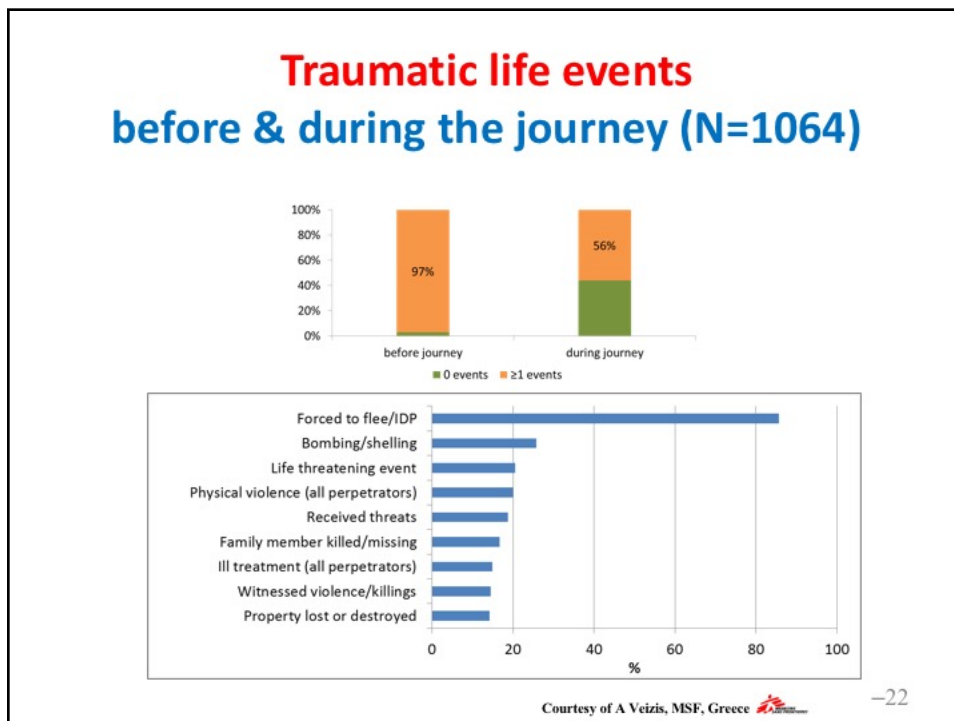
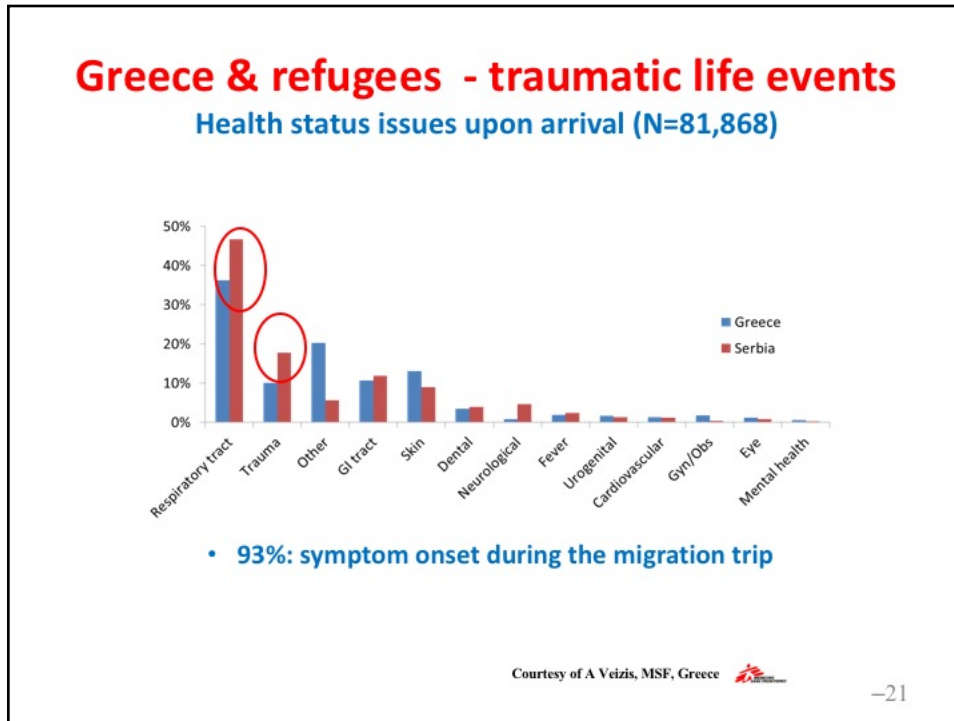
- Victims of human trafficking
- Refugees & asylum seekers
- Unauthorized migrants
- Labor migrants in high risk occupations
- Indigenous
- Detained and deported migrants
- Women, very young, elderly

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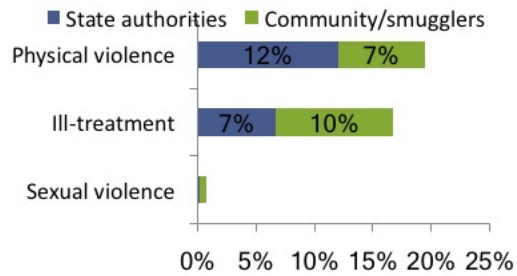


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Self-reported intentional violence



©MSF/Juan Carlos Tomasi

Courtesy of A Veizis, MSF, Greece

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Migrants, PH & policy perspective self-actualization, hopes/dreams, dignity



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Migrants, PH & policy perspective
Universal health coverage

- All people have access to health services
 - prevention, treatment, rehabilitation & palliative care
 - without risk of financial hardship
- Core component of SDGs at the global level
- ? Universal social rights coverage

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Migrants, PH & policy perspective
Universal health coverage

- must take place **all along the migratory route**
 - not just upon arrival in a host country.
- The health status and challenges of many migrating populations are insufficiently addressed
 - until they arrive in a high-profile country.

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The “healthy migrant” hypothesis effect subsides over time!!!

- “Health selection”
 - Migrants -> healthier c/s population of sending country
 - Lower mortality rates c/w natives of receiving country
 - Despite lower socioeconomic status
 - **PARADOX!!!** & potential moderating effects

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Negative health indicators for migrants vs. native population

- Access to care and quality of care
- Preventive health services
- **Immunization coverage** (especially adults)
- Lower health literacy
- **Infectious diseases** (eg., TB, hepatitis B, HIV/AIDS)
- Higher incidence and mortality due to some cancers (eg., cervical, liver)
- Occupational, transportation and home injuries

Alfonso Rodriguez-Lainz, CDC

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ECDC TECHNICAL DOCUMENT

Infectious diseases of specific relevance
to newly-arrived migrants in the EU/EEA

19 November 2015

Migrant populations entering the EU/EEA, and **particularly children**, are **at risk of developing infectious diseases in the same way as other EU populations**, and in some cases may be **more vulnerable**

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Infectious diseases of specific relevance according to country of origin

- Consider endemicity in country of origin e.g.

Disease	Examples of Countries w risk
Typhoid	Syria, Afghan, Iraq, Somalia
Cholera	Yemen, Mozambique, Nigeria
HepA	Syria, Iraq, Somalia
Polio	Pakistan, Afghanistan

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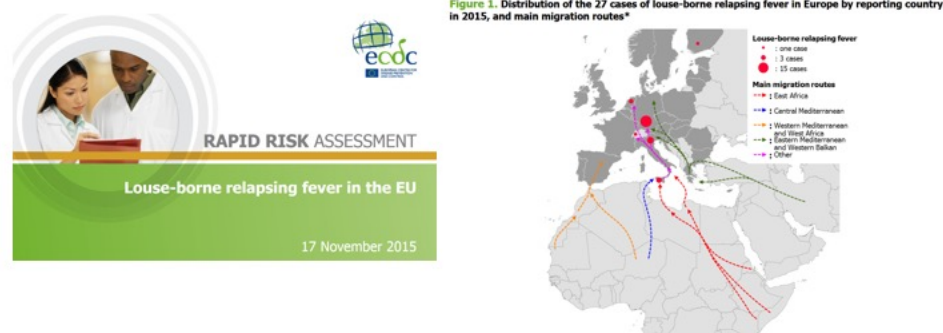
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Infectious diseases of specific relevance overcrowded settings

- Respiratory (influenza), GI dz (gastroenteritis)
- ↑ Lice, fleas
 - B. recurrentis (relapsing fever), B. quintana (trench fever), Rickettsiae (epidemic/murine typhus), Scabies
 - Meningococcal dz
 - Measles, varicella

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Infectious diseases of specific relevance louse borne typhus



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Infectious diseases of specific relevance
syndromic approach

- **Fever**
 - Typhoid fever, Malaria, Louse-borne dz, Visceral leishmaniasis, Amoebic abscess, Arboviruses
- **Respiratory**
 - Tb, influenza

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Infectious diseases of specific relevance
syndromic approach

- **Gastrointestinal**
 - Cholera, Typhoid, shigellosis, amoebic, helminths
- **Sores**
 - Scabies, cutaneous leishmaniasis, cutaneous diphtheria
- **Skin rash**
 - Measles, rubella, Louse-borne dz

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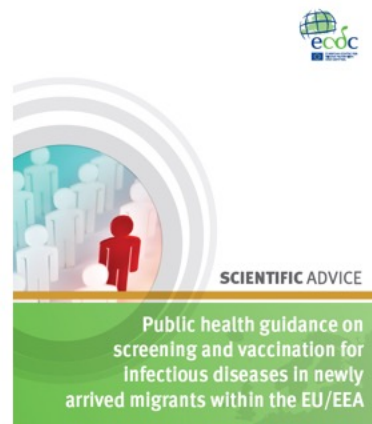
Infectious diseases of specific relevance **syndromic approach**

- **Meningitis / other neurological syndrome**
 - Rabies
 - invasive bacterial dz
 - N. meningitidis, Strep pneumoniae, H. influenza type B
 - Polio
 - Dengue & other arboviruses

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Infectious dz screening **ECDC 2018**

- Active Tb, LTBI
- HIV
- Hep B/C
- Schistosomiasis
- Strongyloidosis
- VPDs



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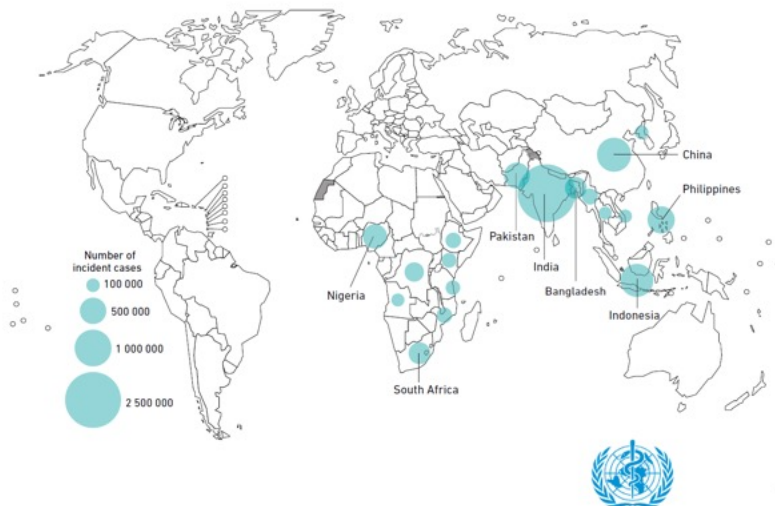
Infectious dz screening & Rx active Tb/LTBI

- **Tbc-** > CXR soon p arrival for migrant populations from high-Tb incidence countries
 - if (+) assess for active Tb -> sputum Cx
- **LTBI-** > TST, IGRA soon p arrival for migrant populations from high-Tb incidence countries
 - if (+) assess for active Tb -> sputum Cx

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High Tb incidence countries WHO 2018 report (2017 data)

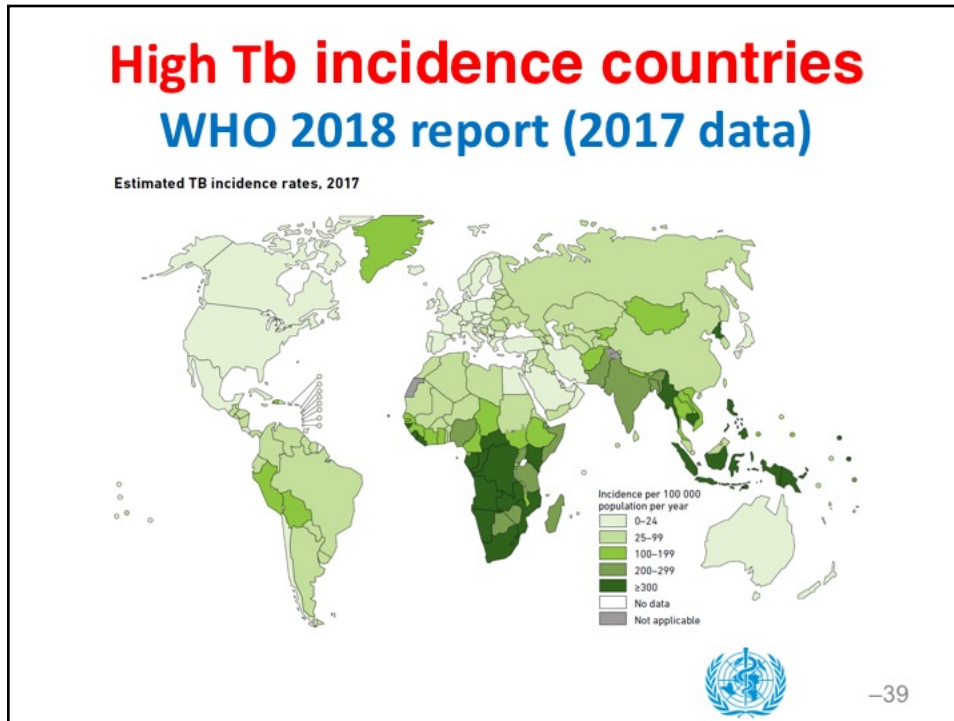
Estimated TB incidence in 2017, for countries with at least 100 000 incident cases



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MDR-Tb in migrants-> EU, 2017

RAPID RISK ASSESSMENT

Multidrug-resistant tuberculosis in migrants, multi-country cluster

Second update, 27 March 2017

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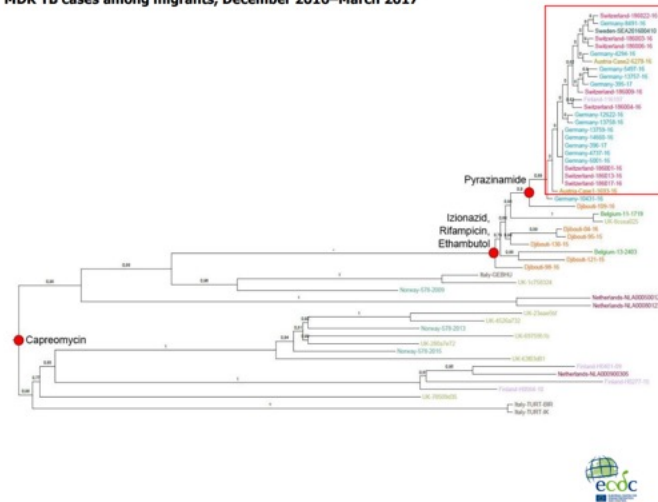
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MDR-Tb in migrants-> EU, 2017

Figure 1. Maximum likelihood tree of MDR-TB cases by country of isolation, cluster (red rectangle) of MDR TB cases among migrants, December 2016–March 2017



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MDR-Tb in migrants, 31/3/2017

- Cluster identified via WGS
- Notified in ECDC, Dec 2016
- Asylum seekers
 - Somalia, Eritrea, Ethiopia
- 26 cases
 - Germany (14), Switzerland (8), Austria (2), Finland (1), Sweden (1)



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Infectious dz screening & Rx

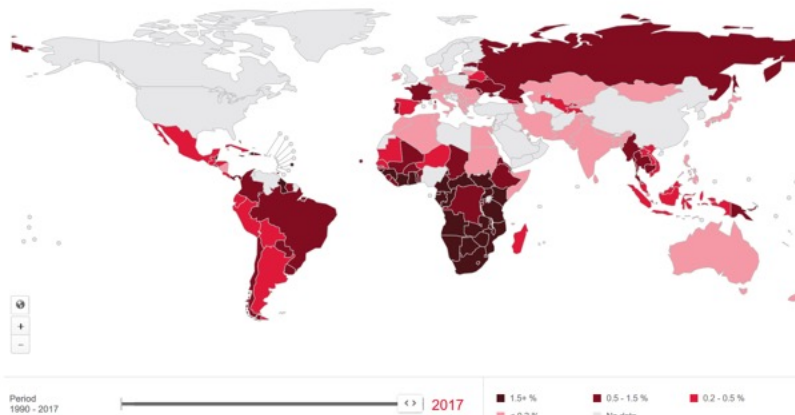
HIV

- to migrants who have lived in communities with **high HIV prevalence ($\geq 1\%$)**
 - to all adolescents/adults **at high risk for exposure**
- If (+) link to care & Rx

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Infectious dz screening & Rx

HIV



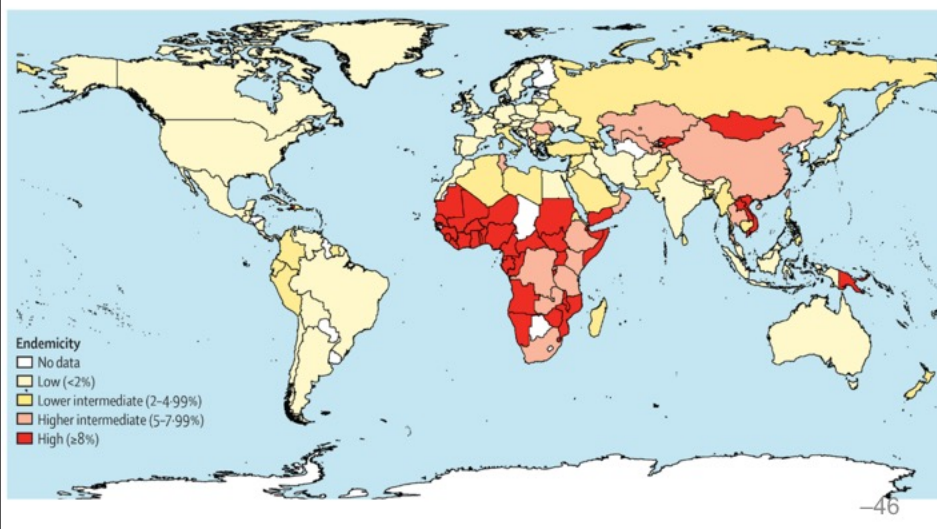
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Infectious dz screening & Rx Hepatitis B

- HBsAg and anti-HBc, anti-HBs to migrants from **intermediate/high prevalence countries**
 - $\geq 2\%$ to $\geq 5\%$ HBsAg
- **Vaccine** to all children/adolescents from these countries if no evidence of vaccination/immunity

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Infectious dz screening & Rx chronic Hep B, worldwide prevalence



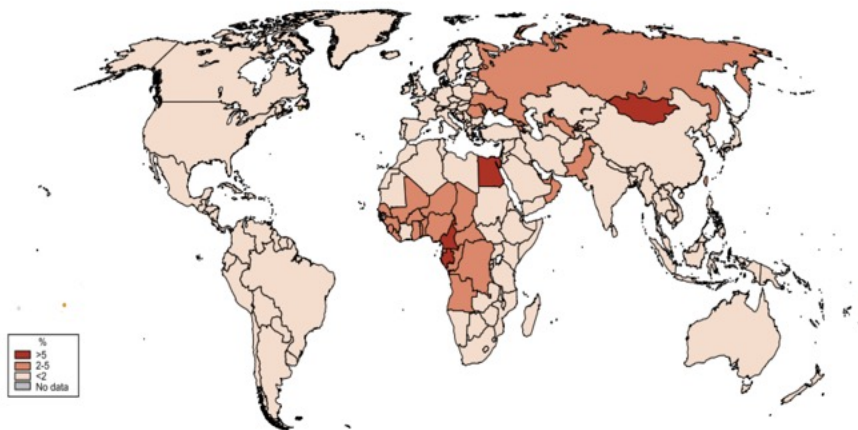
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Infectious dz screening & Rx Hepatitis C

- HCV antibodies to migrants from **HCV-endemic countries($\geq 2\%$)** -> RNA testing if (+)
 - to all adolescents/adults at high risk for exposure
- If (+) link to care & Rx

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Infectious dz screening & Rx prevalence of anti-HCV (+), globally



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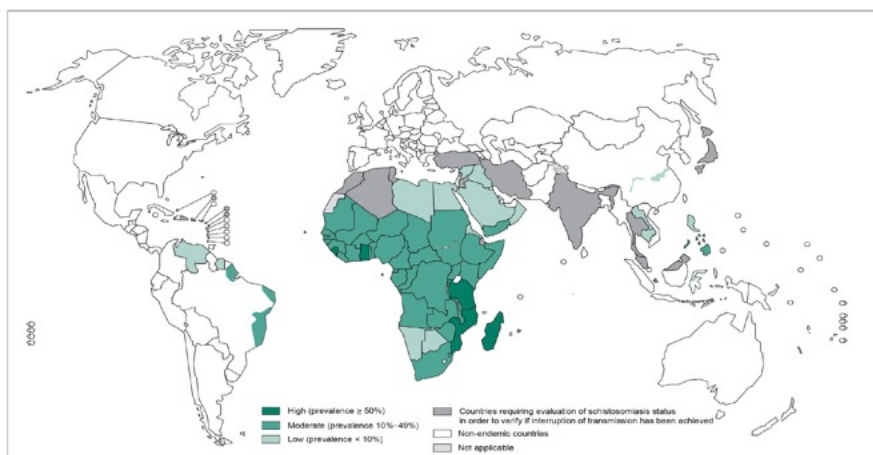
Infectious dz screening & Rx Schistosomiasis

- Serological screening to all migrants from
 - countries of high endemicity in sub-Saharan Africa
 - focal Tx areas Asia, S America and North Africa

- If (+) -> Rx

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Infectious dz screening & Rx Schistosomiasis, worldwide distribution



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its borders or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2014. All rights reserved.

Data Source: World Health Organization
Map Production: Control of Neglected Tropical Diseases (CNTD)
World Health Organization

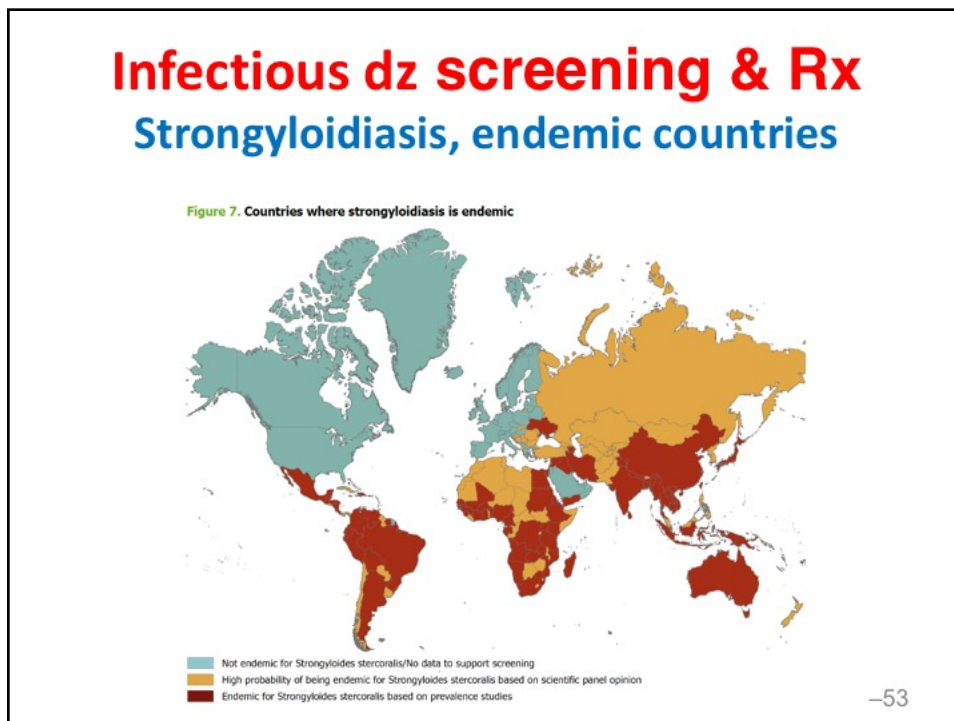
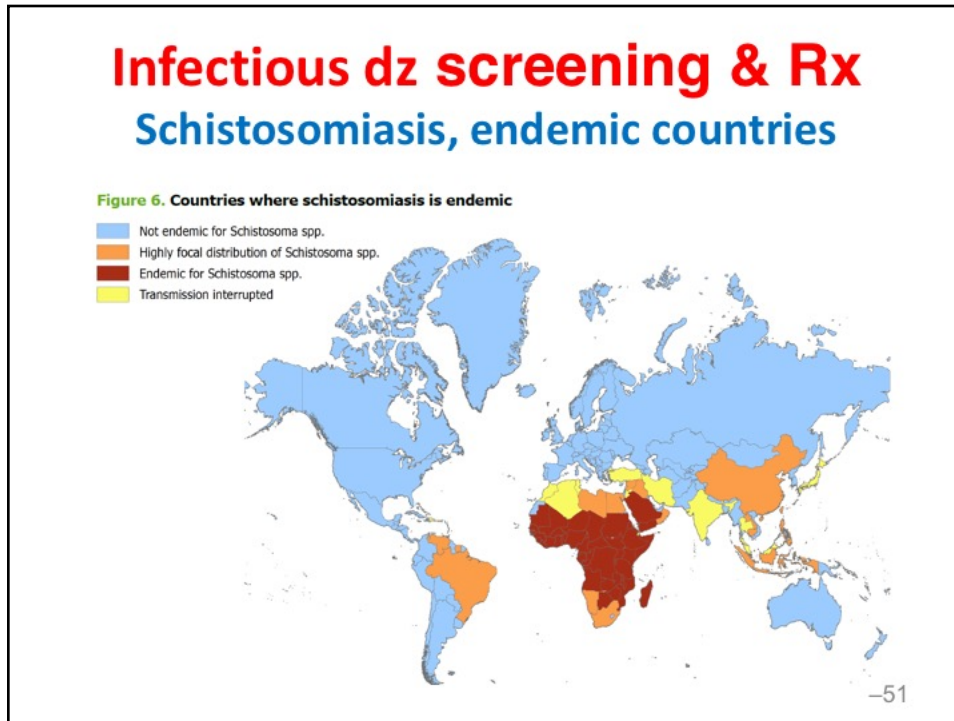


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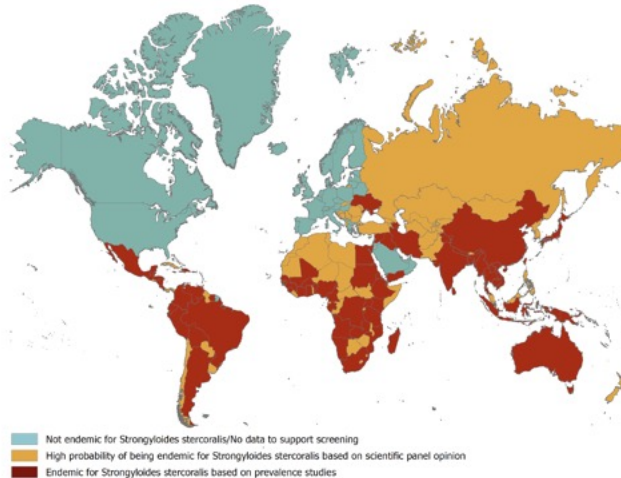
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Infectious dz screening & Rx Strongyloidiasis, endemic countries

Figure 7. Countries where strongyloidiasis is endemic



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Infectious diseases of specific relevance review vaccination status

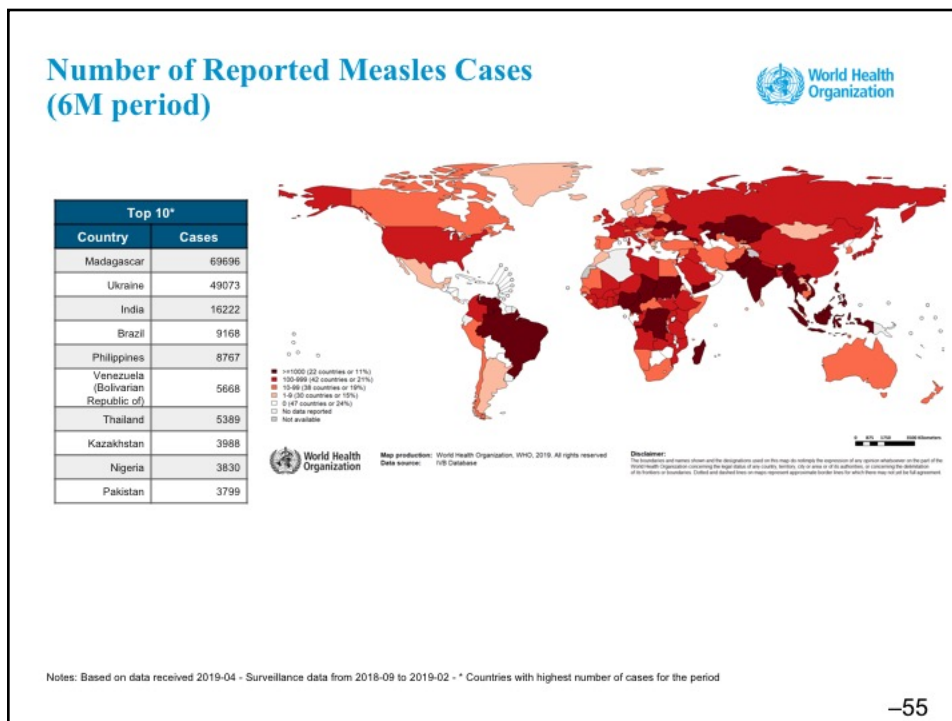
- **Priority**
 - **MMR** (1 dose or according to Ntl schedule), **Dtap-IPV-HIB**
 - to all children/adolescents w no immunization records
 - **HepB** according to screening
- Other vaccines ?
 - Meningococcal, Varicella, Pneumococcal, Influenza

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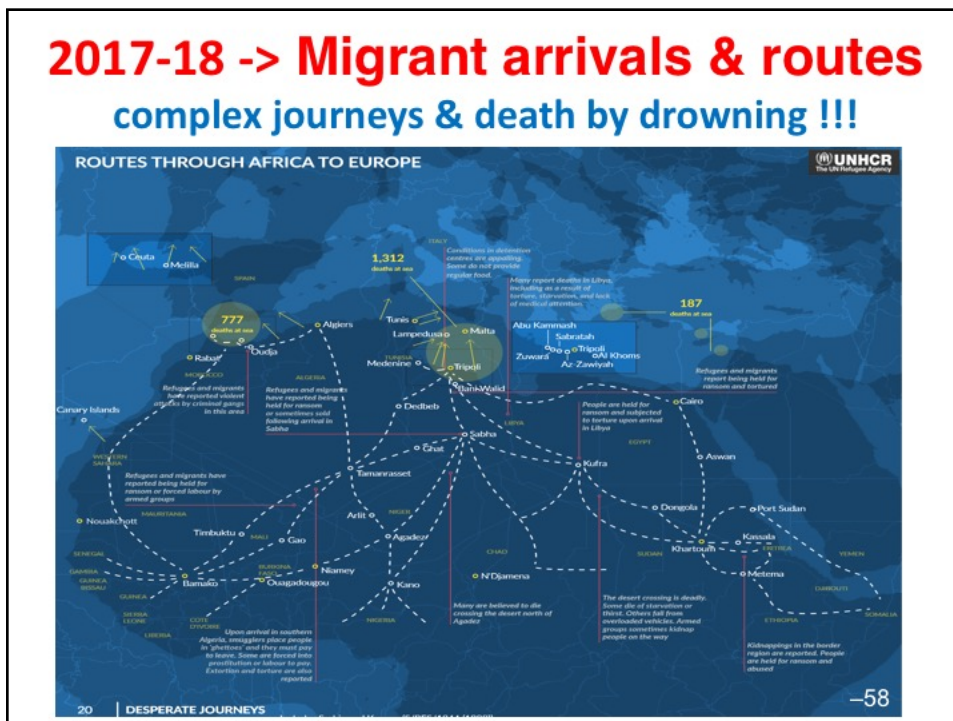
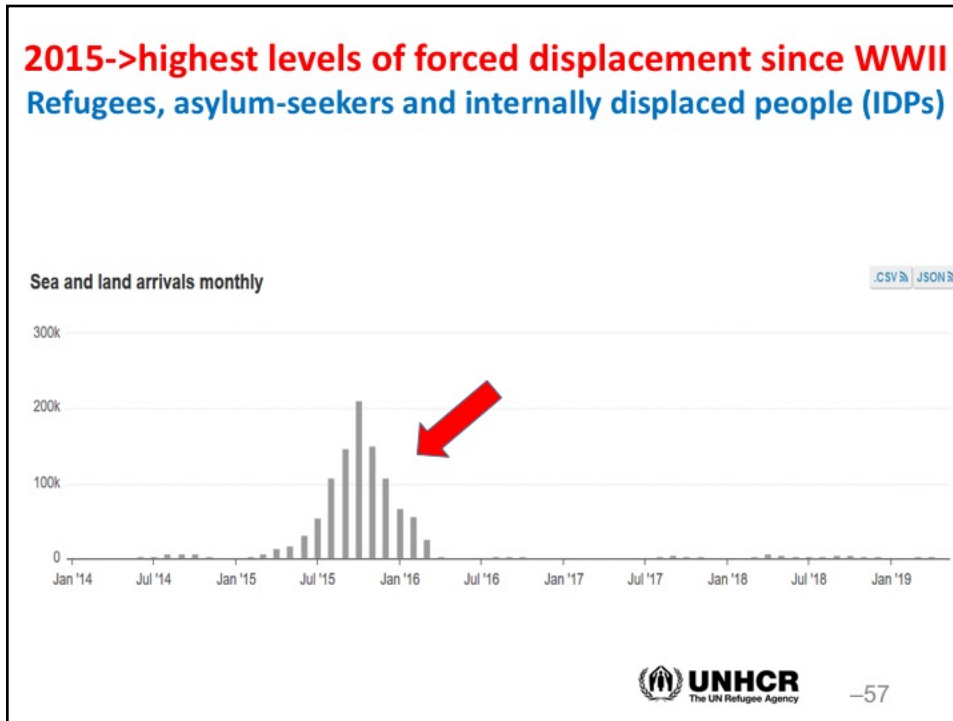
A CASE EXAMPLE

EU, GREECE 2015-2018

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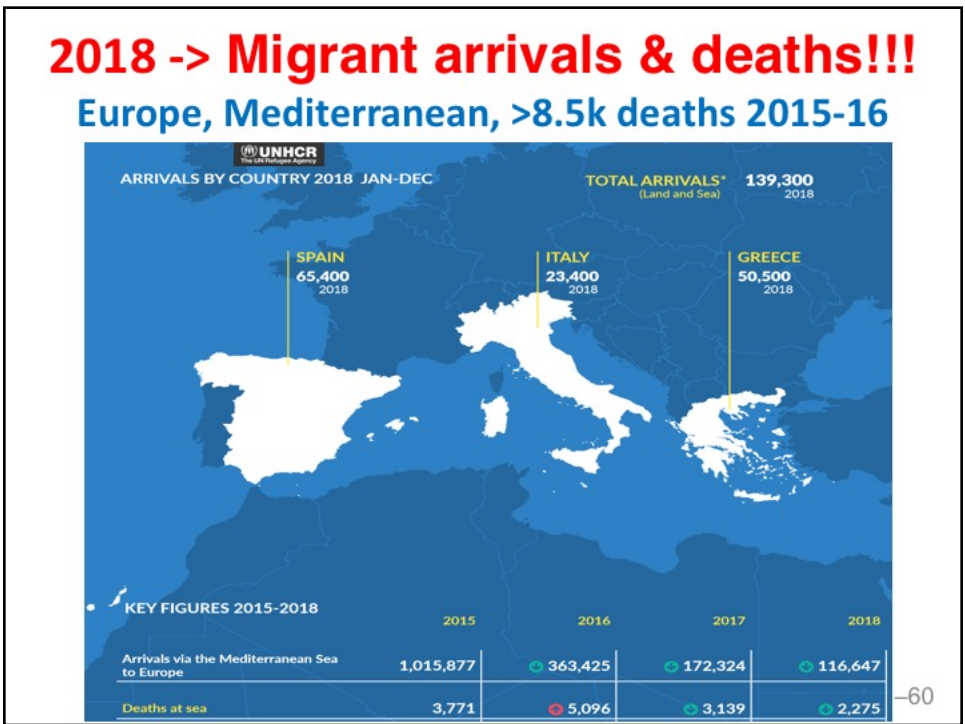
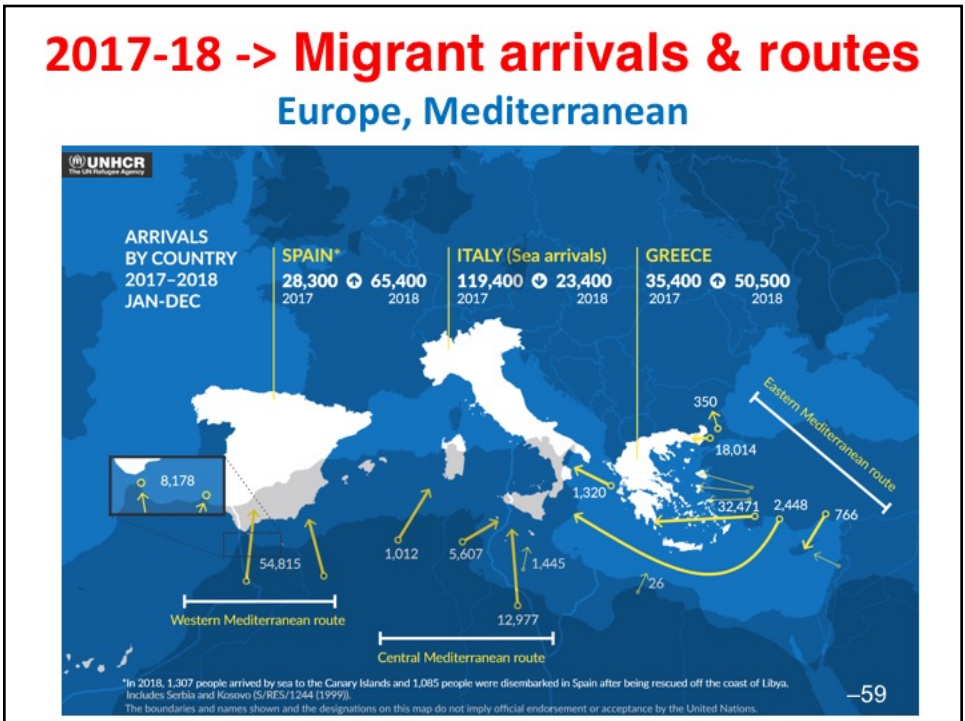
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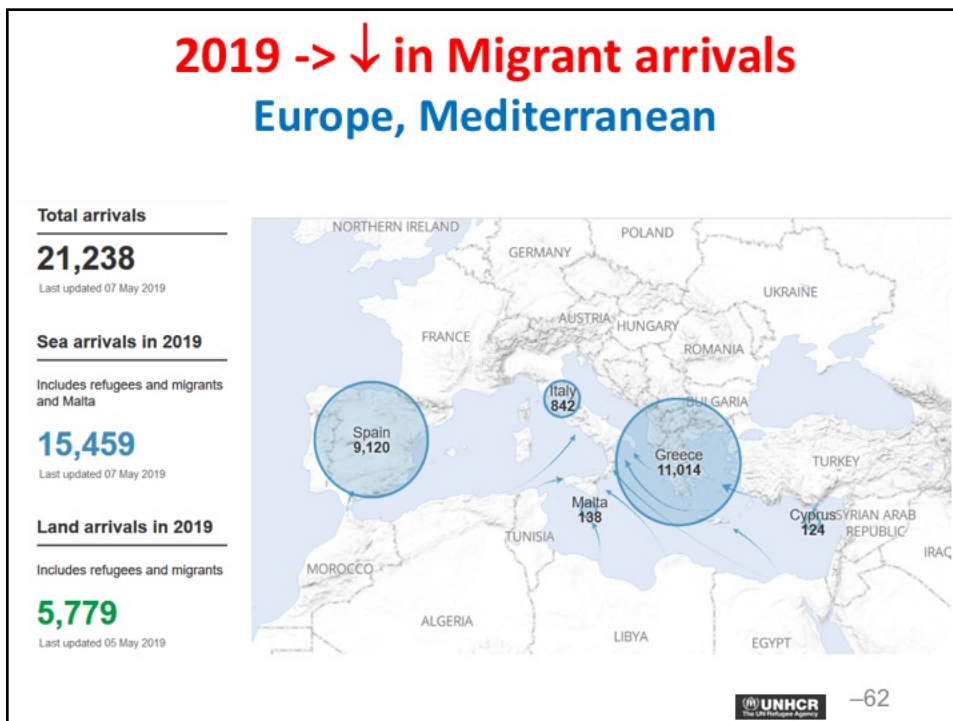
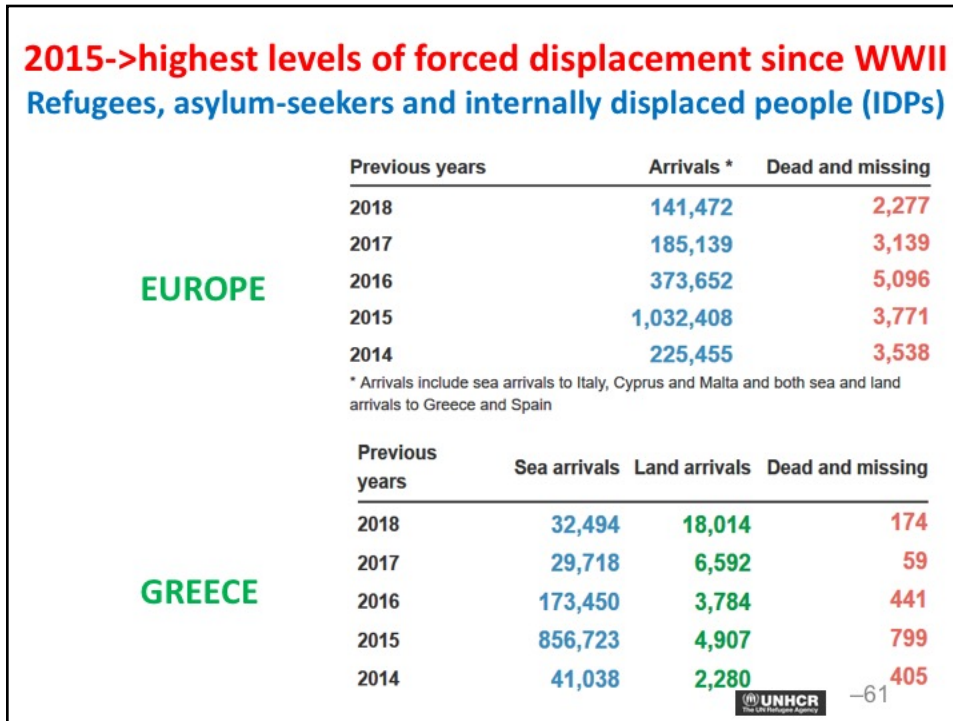
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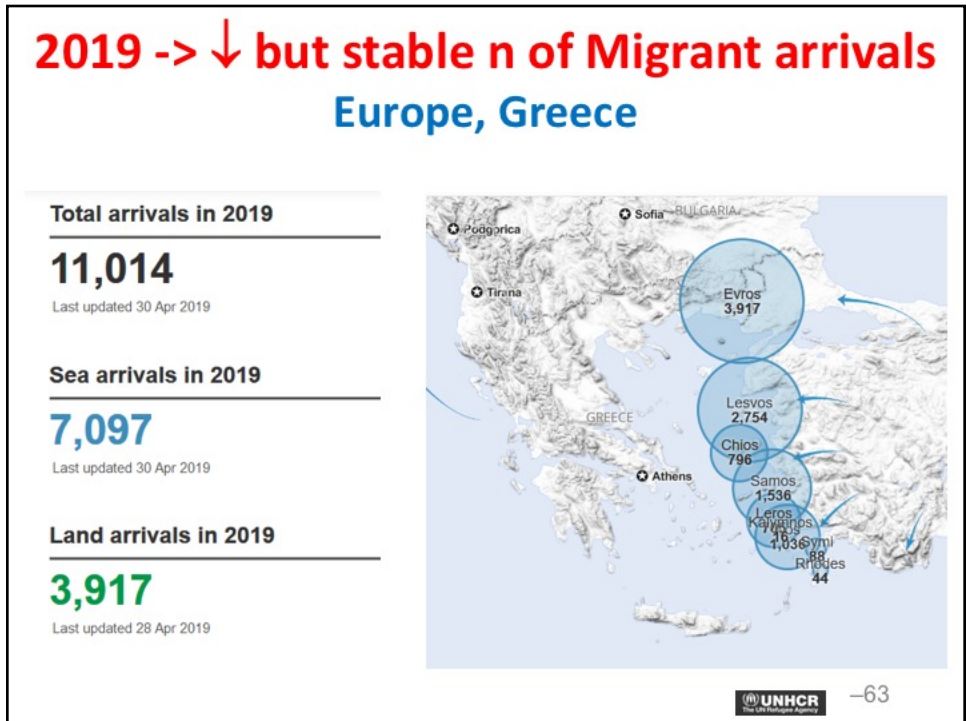
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Greece, refugees, 2018

- Syria, Iraq, Afghanistan
- High number of families – w children

ILLIANA MAGRA MARCH 20, 2018 The New York Times

UNHCR The UN Refugee Agency -64

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Greece 2018, overcrowding at RICs special attention to border islands!



Courtesy of A Veizis, MSF, Greece

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Unaccompanied children, Greece 2018



Key Facts

3,050 Estimated number of UAC currently in Greece

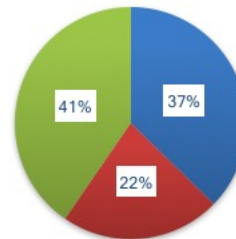
Out of the total:

96,2% Boys

3,8% Girls

5,1% <14 years old

Gender



■ Children ■ Women ■ Men

E.K.K.A.
National Center for Social Solidarity

UNHCR
The UN Refugee Agency

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AMIF - PHILOS

AMIF project: Comprehensive Emergency Health Response to Refugees Crisis



EMERGENCY HEALTH RESPONSE TO REFUGEE CRISIS



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AMIF project – Comprehensive Emergency Health Response to Refugees Crisis

- Main targets:
 - Strengthen detection & response capacity
 - Provision of on-site healthcare & psychosocial services
 - POC testing, reference lab diagnostic capacity
 - Capacity to conduct mass vaccination
 - Malaria & Tb screening
 - Mobile Medical Units – MUTs, at least 1 in each region
 - Acute medicine, PH response
 - Support/evaluate/improve surveillance system



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Greece 2019 – Health provision for refugees / migrants

- National legislation - 2016
- Coordinating body
 - Ministry of Health
 - National Command Center (EKEPY)
 - HCDCP, PHILOS
- **Direct NHS access** for vulnerable migrants/refugees
- **All regardless of ethnicity/legal status**
 - accepted in NHS 1ry health care structures, hospital ERs
- **All entitled** to free HC services in 2ry NHS health structures regardless of legal status



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EUR-HUMAN - Health problems identified

- Disabilities and injuries
- Mental health problems
- Pregnancy related issues
- Infectious diseases
- Gastrointestinal problems and dehydration
- Dental problems
- Chronic diseases

© O'Reilly de Brun et al. BMC Health Services Research 2016, 16:101

BMC Health Services Research

RESEARCH ARTICLE Open Access

Using Participatory Learning & Action research to access and engage with 'hard to reach' migrants in primary healthcare research

Nicky O'Reilly-de Brun^{1,2*}, Tomas de Bruin^{1,2}, Dorothea Chikweke¹, Jean-Sébastien Boringe-Sobongo¹, Maria Maruwa De Almeida Silva¹, Florence Ogden¹, Aje Menonpala¹, Louise Wood¹, Françoise Van den Berghe^{1,2}, Chien van Wijk^{1,2}, Maria van den Broek^{1,2,3} and Anne Mulder^{1,2}

Abstract

Background: Communication problems occur in general practice consultations when migrants and general practitioners do not share a common language and culture. Migrant populations have often been excluded in the development of guidelines designed to undertake this. Considered 'hard to reach' on the basis of language, language, illiteracy and cultural differences, migrants have been an identity excluded from participation in primary healthcare research. The purpose of this qualitative study was to address this gap.

Methods: The study was conducted in the Republic of Ireland, 2008 - 2010. We developed a multi-lingual community participatory research team that included migrant and non-migrant researchers. They completed training in Participatory Learning & Action (PLA) - a qualitative research methodology. Then, in Ireland we used case study researchers (O'Reilly) to assist the team to recruit, engage with, collect knowledge and conduct PLA techniques to recruit and engage in research with 'hard to reach' migrant service users (MSUs).

Results & discussion: In terms of access, initially researchers recruited 10 MSUs, who, in turn, successfully recruited, accessed and engaged 10 MSUs in the study. In terms of research engagement, studies facilitated a complex PLA research process in a language-inclusive manner, enabling inclusion and active participation by MSUs. The research facilitated a process that was respectful of the development of a guideline for improving communication between healthcare providers and MSUs in general. It also provided the opportunity of capacity building, training, research feedback and dissemination, as possibly meaningful for them. MSUs valued the experience of engagement in PLA research and research as potentially meaningful for them. (Continued on next page)

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O'Reilly-de Brun, et al, 2016

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EUR-HUMAN WP2: WP leader Maria vanden Muijsenbergh, Radboud University Medical Centre (RUMC) Nijmegen, the Netherlands.

Epidemiological surveillance

- HDCDCP – Reinforcement of existing system
 - Mandatory notification, Laboratory surveillance
 - HIV/HCV early dx, intervention & care
- **Syndromic surveillance -> 14 syndromes w PH significance**
 - since May 2016



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Migrant and Refugee Populations: A Public Health and Policy Perspective on a Continuing Global Crisis

Prof Sotirios Tsiodras, Kapodistrian University of Athens, Greece

Syndromic surveillance Aim

- Prompt recognition of:
 - clusters of communicable diseases
 - Aim -> take prompt response and control measures.
- Examples
 - foodborne/waterborne diseases, VPDs



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Syndromic surveillance, Greece 2016-17


 MINISTRY OF HEALTH
 Centre for Disease Control and Prevention (KEELPNO)
 Department of Surveillance and Intervention

Contact information:
 Tel: 210 5212 054, Fax: 210 8818 868
 E-mail: epid@keelpno.gr

(Epidemiologic surveillance according to Law 3370/2005)

REPORTING FORM – SURVEILLANCE IN POINTS OF CARE FOR REFUGEES/MIGRANTS

(Separate Reporting Forms are required for every clinic per 24hr-period, hours 00:01 to 24:00. To be submitted by 09:00 on the next day.)

Page:

Site-Clinic:		Date:	
Organization(s):		Clinic hours (from-to):	
Name of health professional:			

> Please CALL IMMEDIATELY KEELPNO (210 5212 054) in case of clinical suspicion of "immediately notifiable diseases" (see Instructions) or in case of cluster of cases with unusual or severe manifestations.

SYNDROMES OR CONDITIONS UNDER SURVEILLANCE ([1] to [14]):

Table (A)	0-4 yrs	No.	5-17 yrs	No.	18+ yrs	No.	Total
[1] Respiratory infection WITH fever							
[2] Gastroenteritis without blood in the stool							
[3] Bloody diarrhoea							
[4] Rash WITH fever							
[5] Suspected scabies							



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Syndromic surveillance Aim

- **Prompt recognition of:**
 - **individual cases of communicable diseases w epidemic potential**
 - Aim -> investigation, contact tracing & control measures.
- **Examples**
 - Meningococcal meningitis, Hep A, VPDs



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Syndromic surveillance, Table B

Table (B)	No.		No.
[6] Suspected pulmonary tuberculosis		[10] Neurological manifestations of acute onset	
[7] Malaria (with POSITIVE rapid test)		[11] Meningitis and/or encephalitis	
[8] Suspected diphtheria, respiratory or cutaneous		[12] Haemorrhagic manifestations WITH fever	
		[13] Sepsis or shock (septic, of unknown aetiology)	
[9] Jaundice of acute onset		[14] Death of unknown aetiology	

NOTE: Table (A): the cell corresponding to syndrome and age group can be used to mark cases (e.g. I11), in order to facilitate counting. Tables (A) and (B): in cell "No." the total number of cases (e.g. 6) is included. If there are no cases write "0" in the cell (zero reporting).

- Syndromes involving severe diseases with particular significance for public health services; possible "cross-border health threats"
- Very small numbers predicted
- Zero reporting required
- **Table C, individual data for B cases, MMR, Chickenpox**



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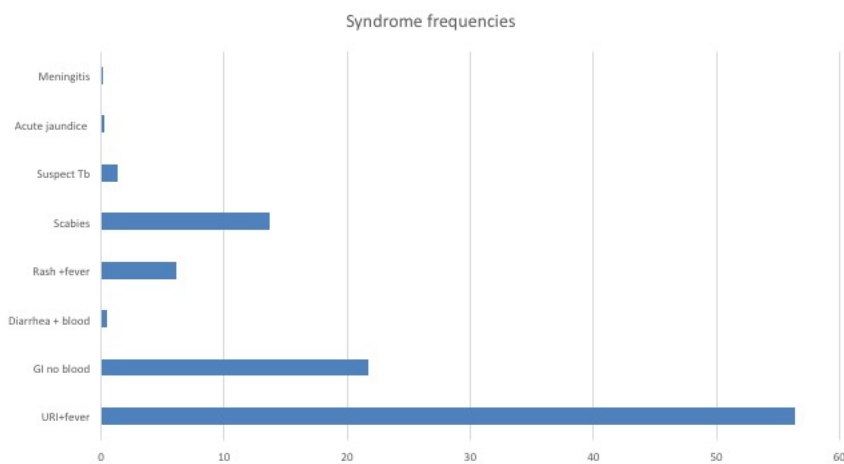
Syndromic surveillance Aim

- **Prompt recognition of:**
 - **Cases/clusters considered PHEIC, cross border threats**
 - Aim -> investigation, contact tracing & control measures, EWRS
- **Examples**
 - Polio, hemorrhagic fever, cholera, Tbc



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Syndromic surveillance, refugees Greece 2016-19



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Syndromic surveillance, refugees Greece 2016-19

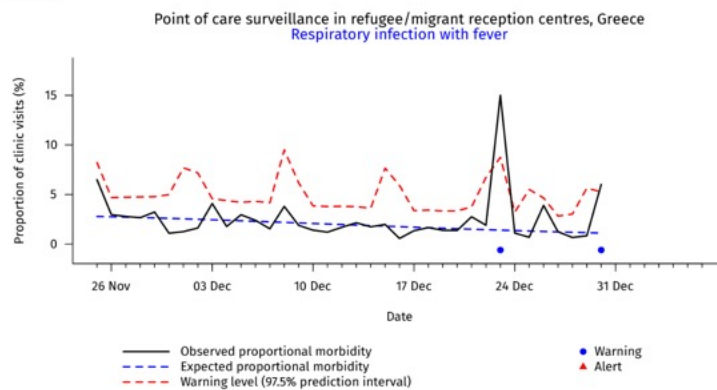
- **Infectious diseases: 5.5%** of total consultations
- Syndromes w greatest proportional morbidity:
 - Respiratory infections
 - Gastroenteritis
 - Scabies
 - Rash with fever
 - 95% chickenpox, mostly aged <15 yo; sporadic measles cases

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Syndromic surveillance - evaluation of signal

1. Respiratory infection with fever

Graph 1: Proportional morbidity of Respiratory infection with fever, based on reports from all camps in Greece



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Syndromic surveillance - weekly Report

MINISTRY OF HEALTH
Centre for Disease Control and Prevention (HCDCP)
Department of Epidemiological Surveillance and
Intervention

Contact information:
Tel: 210 5212 004, Fax: 210 8818 868
E-mail: epid@keelgno.gr

(Epidemiological
surveillance
according to Law
3370/2005)

Epidemiological surveillance in points of care for refugees/migrants Weekly Report

Week 52/2018 (24/12 to 30/12)

SUMMARY

In week 52/2018 (24/12 to 30/12) the system for epidemiological surveillance in points of care for refugees/migrants received data from 17 centres hosting refugees/migrants out of a total of 25 centres participating in the system (rate 68%).

During this week, the observed morbidity ranged within the expected limits, with the exception of the syndromes "respiratory infection with fever" and "gastroenteritis without blood in the stool", for which an increase was observed on 30/12. Further investigation did not reveal any cluster of significant magnitude or severity in single hosting facilities. A case of the syndrome "meningitis and/or encephalitis" was reported from one hosting center. Further investigation showed that the case had a clinical picture compatible with viral meningitis. Recommendations were given for taking the necessary hygiene measures.

No case was recorded for the following syndromes/health conditions: [7] Malaria (with positive rapid test), [8] Suspected diphtheria (respiratory or cutaneous), [9] Jaundice of acute onset, [10] Paralytic manifestations of acute onset, [12] Haemorrhagic manifestations with fever, [13] Sepsis or shock (septic, of unknown aetiology), [14] Death of unknown aetiology (see table 1).



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Syndromic surveillance, refugees Greece 2016-19

No major health event, no serious diseases of
public health concern

Similar findings from refugees surveillance in
Italy:

- Respiratory infections
- Parasitic skin infections
- Gastroenteritis

Napoli et al, 2014, available at:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4143875/>

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Syndromic surveillance – refugees **Challenges**

- **Ad hoc surveillance system, but not temporary**
- **Enhanced passive character: labor-intensive**



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Syndromic surveillance – refugees **Challenges**

- Opportunities exist to **strengthen clinical data capture** ->
 - lead to a better calibrated & directed Public Health response

Rojek et al. BMC Medicine (2018) 16:43



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Greece, refugees 2016-19
No serious PH threat so far

• Outbreaks of

- Gastroenteritis (short duration, low severity)
- Scabies
- Acute jaundice -> Hepatitis A -> 85% < 15 yrs old
- Rash w fever -> chickenpox – almost all < 15 yrs old
- < 1% of reports -> Tbc cases -> isolated/individual events



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Mandatory notification system
Greece, Malaria, refugees 2015-17

- **241 (83%) of imported cases in migrants**
 - 205 (85%) from Indian subcontinent
 - 55 (23%) in hosting facilities
- MoH Circular for RICs location
 - >6km from large Anopheles breeding sites
 - population from non-endemic countries
 - Enhanced surveillance, RDTs > 3500 tests distributed, PPM



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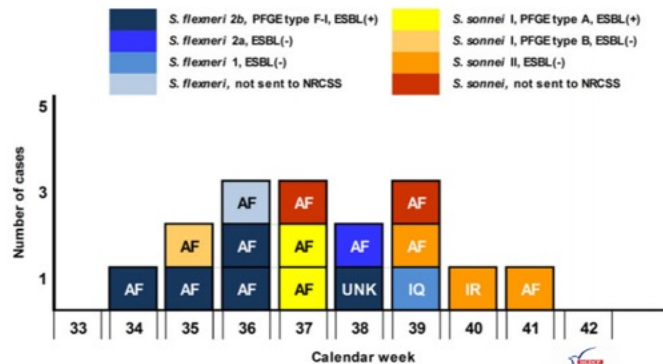
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Mandatory notification system GI outbreaks!!!

- FWD Greece 2015:
– 15 *Shigella* cases Eleonas 20/08 -7/10/15

T. Georgakopoulou and others

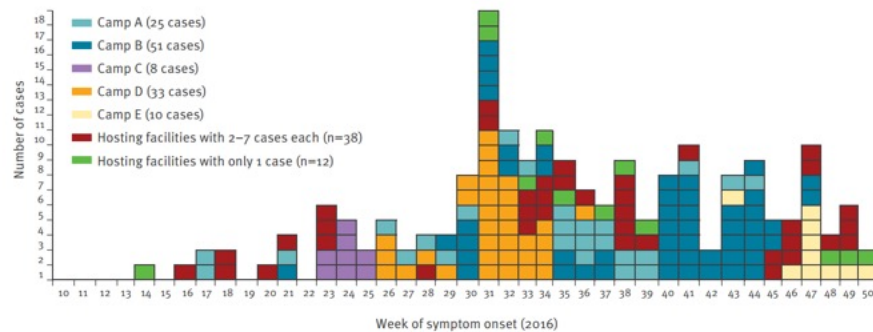


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Hepatitis A among refugees, asylum seekers and migrants living in hosting facilities, Greece, April to December 2016

K Mellou¹, A Chrisostomou¹, T Sideroglou¹, T Georgakopoulou¹, M Kyritsi², C Hadjichristodoulou², S Tsiodras^{1,3}

Cases of hepatitis A among refugees by week of symptom onset, Greece, April–December, 2016 (n=177)



Euro Surveill. 2017;22(4):pii=30448.

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Hepatitis A among refugees, asylum seekers and migrants living in hosting facilities, Greece, April to December 2016

K Mellou ¹, A Chrisostomou ¹, T Sideroglou ¹, T Georgakopoulou ¹, M Kyritsi ², C Hadjichristodoulou ², S Tsiodras ^{1,3}

Age group (years)	Country of origin		
	Syria n (rate per 1,000) ^b	Afghanistan n (rate per 1,000) ^b	Iraq n (rate per 1,000) ^b
0-4	43 (8.8)	4 (2.1)	2 (1.8)
5-9	55 (11.9)	1 (0.5)	3 (2.5)
10-14	32 (9.5)	2 (1.2)	4 (4.2)
15-29	22 (2.2)	1 (0.1)	0 (0.0)
Total	152 (5.0)	8 (0.5)	9 (1.2)



Euro Surveill. 2017;22(4):pii=30448.

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Living conditions Idomeni -> NO more!

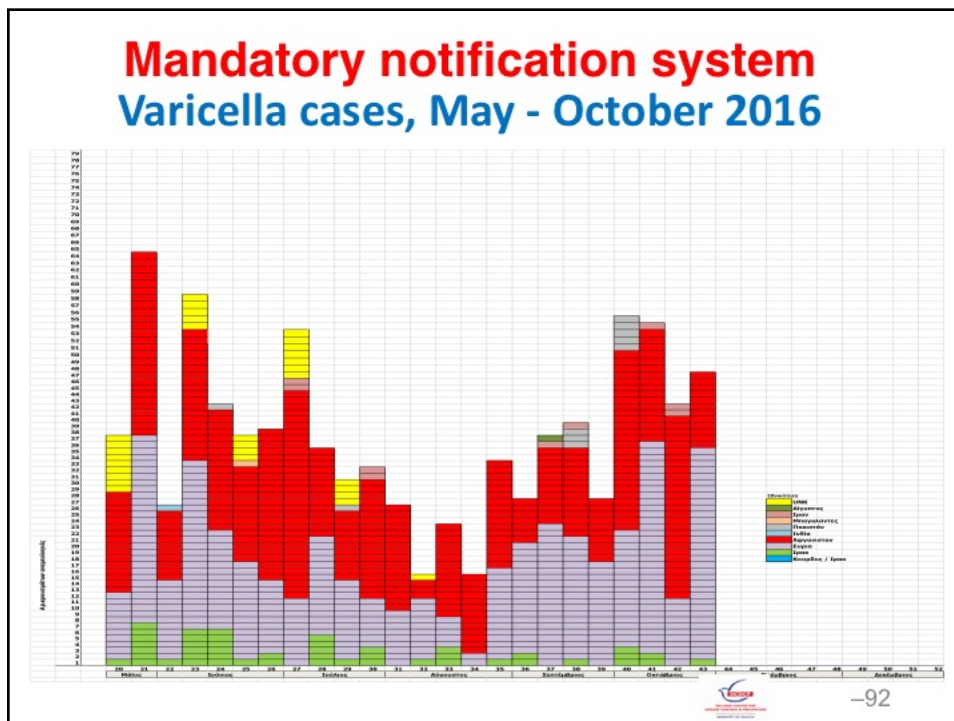


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Refugee Immunizations, Greece

- National campaign for refugees
 - 10 childhood dz --> MMR, Polio, DTaP, PCV, HiB, HepB
 - In children 6 months – 15 yrs
 - > 80,000 shots administered
 - will continue within 1ry Health care context
 - Challenges w IPV vaccination procurement



T. Panagiotopoulos, A. Terzidis, Y Baskozos, MoH data -93

Refugee Immunizations, Greece

- Vaccine coverage 1st dose
 - MMR 83%
 - DTP-Polio 82%
 - PCV 76%
 - HiB 75%
 - HepB 79%



T. Panagiotopoulos, A. Terzidis, Y Baskozos, MoH data -94

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Chronic diseases & referrals (N=81,868)

✦ Chronic diseases (4564; 6%)

- Cardiovascular (26%)
- Diabetes (25%)
- Chronic lung disease (15%)
- Epilepsy (3%)




@MSF/Achilleas Zavallis

✦ Referrals (681; 1%)

- Trauma (20%)
- Respiratory (14%)
- Gynaeco-obstetric (12%)

→ 11% (77/681) referral refused


- Gynaeco-obstetric (n=21)
- Respiratory (n=12)

Courtesy of A Veizis, MSF, Greece 

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Greece, vulnerable populations dire mental health situation

- The living conditions in the RIC
- Availability of legal information & assistance
- Uncertainty about the future
- Feeling of insecurity
- Isolation & discrimination
- Destruction of the family entity

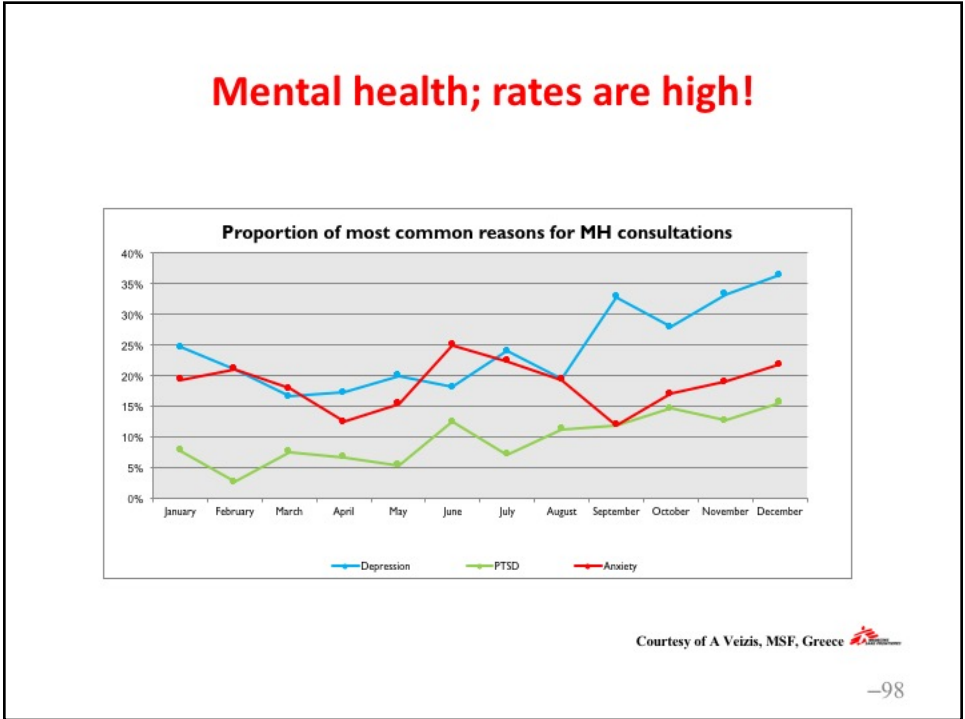
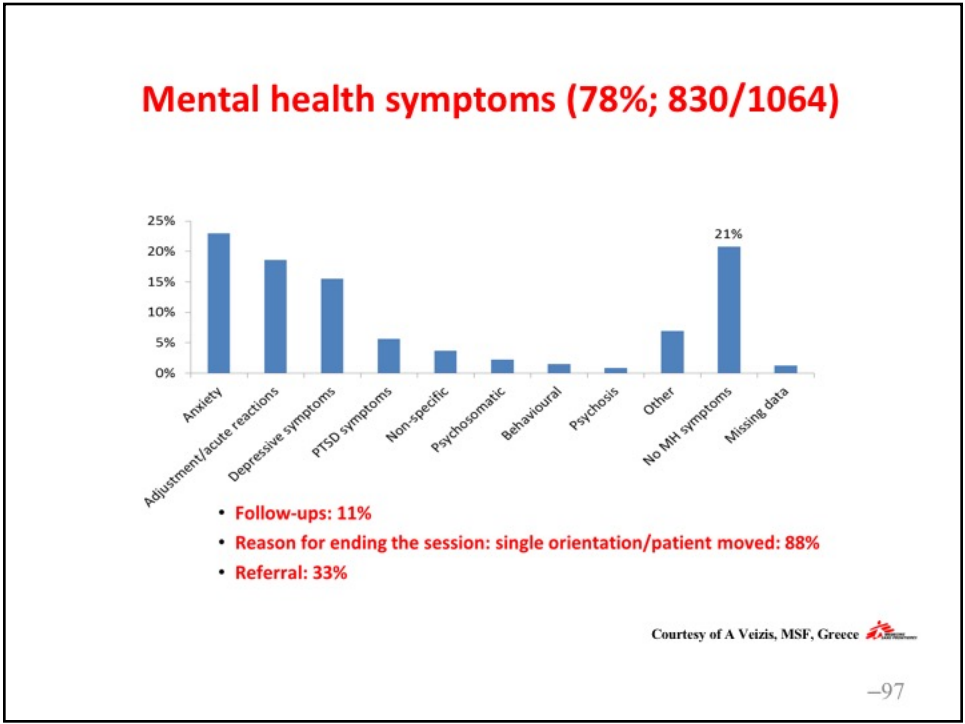
Courtesy of A Veizis, MSF, Greece 

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European Child & Adolescent Psychiatry
https://doi.org/10.1007/s00787-018-1215-z

REVIEW

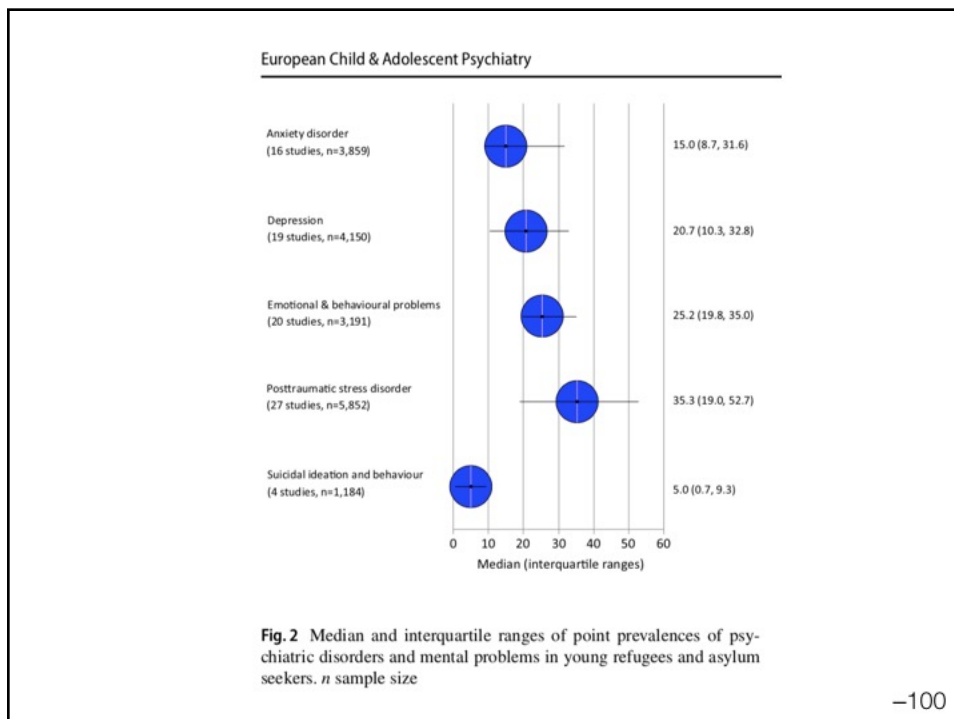
CrossMark

Prevalence of mental disorders in young refugees and asylum seekers in European Countries: a systematic review

Christina Kien¹ · Isolde Sommer¹ · Anna Faustmann² · Lacey Gibson³ · Martha Schneider⁴ · Eva Krczal⁵ · Robert Jank⁶ · Irma Klerings¹ · Monika Szegal¹ · Bernd Kerschner¹ · Petter Brattström¹ · Gerald Gartlehner^{1,7}

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Greece 2019 – vulnerable populations ↑ risk of GBV



Refugee women and children face heightened risk of sexual violence amid tensions and overcrowding at reception facilities on Greek islands

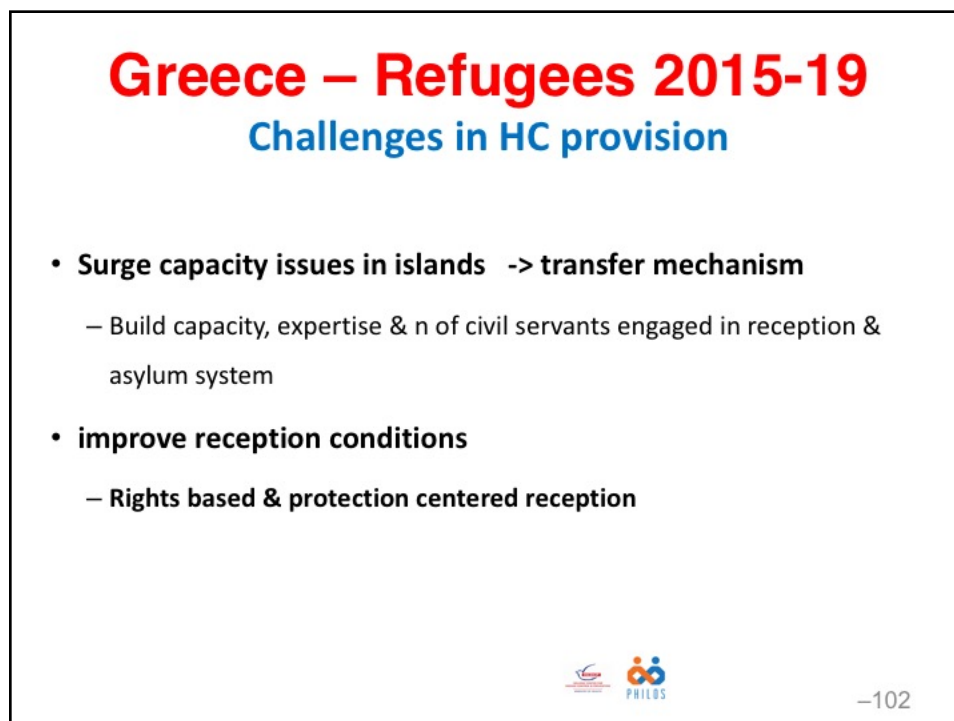
UNHCR

PHLOS

–101

Greece – Refugees 2015-19 Challenges in HC provision

- **Surge capacity issues in islands -> transfer mechanism**
 - Build capacity, expertise & n of civil servants engaged in reception & asylum system
- **improve reception conditions**
 - Rights based & protection centered reception



UNHCR

PHLOS

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Greece – Refugees 2015-19

Challenges in HC provision

- **↑ acceptance/efficacy** by training efforts
- **↓ discrimination**, protect the ones at highest risk
- **promote prevention**

EUR-HUMAN

Lionis C et al 2018

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Greece – Refugees 2015-19

Challenges in HC provision

- **Strengthen coordination** for all relevant actors
- **Establish long-term f/u refugees/migrants**
 - Indicator based
 - Rx outcomes esp Inf Dz, chronic dz, integration in NHS-Personal Insurance Number
 - GBV, Mental health



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Migrant/Refugee wishes re: HC what do they want?

- compassionate, culturally sensitive HCWs
- more information on procedures & health promotion

EUR-SUMAM

O'Reilly-de Brun, et al, 2016
Van Leonen T et al 2017

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Integration in society



21 women hospitality facilities



6375 children in school!!!!



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Migration and Health – Challenges

- ❖ Limitations of available data, reliable denominators
- ❖ Characteristics of health, risk factors
- ❖ Health service access / utilization
- ❖ Comparable health indicators
- ❖ Privacy / legal obstacles in accessing data
- ❖ Ethical assessment - discrimination

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Conclusions
migration in SDGs, goal 10

- the medical and scientific community needs to understand the complex dynamics of migration.
- a trans-disciplinary approach combining humanitarian, economic, sociological and public health approaches.

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Conclusions
high n of migrants/refugees in Europe

- **Need to strengthen**
 - **Health systems' capacity & emergency preparedness**
 - **Screening at point of entry is not enough!** -> Promote access to comprehensive continuous Health care w **targeted prevention services**
 - **Continue support** for 1st arrival countries in EU
 - **Critical response = health equity, early access to HC**

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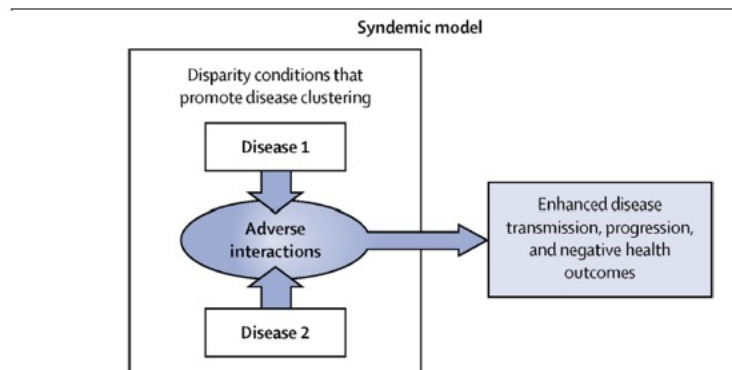
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Conclusions – Refugee settings

- **Dynamic population**, moving, changing, adapting
 - Currently mostly young, healthy population – need more data
- **Low rates of dz, highly vulnerable population !!!**
 - NOT only infectious Dz
 - Pregnancy, mental health, war injuries/disabilities
 - Other conditions
 - Trauma, dehydration & malnutritions, heat stroke, hypothermia, CO

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Tsiodras S. Intensive Care Med (2016) 42:252–255

The syndemic model

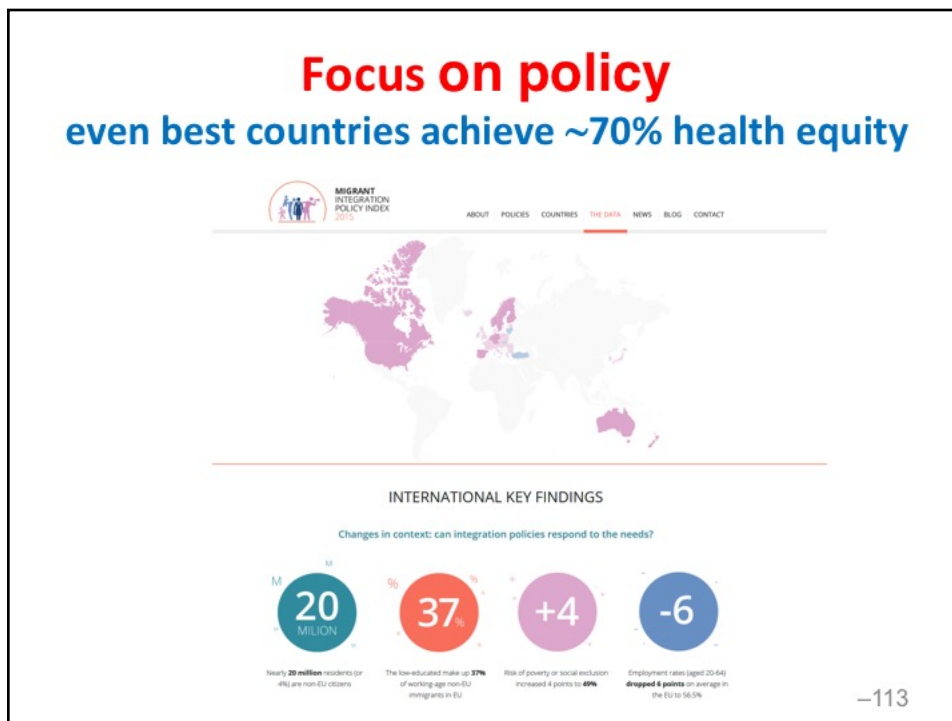


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Conclusions - Greece data

- **various challenges in Health structure, screening**
 - Opportunity for dialogue, improvement of health policies
 - NGOs/International assistance of paramount importance
- **Syndromic surveillance** assisted in informing PH action
 - Evaluation of actions, new actions ongoing w EU support

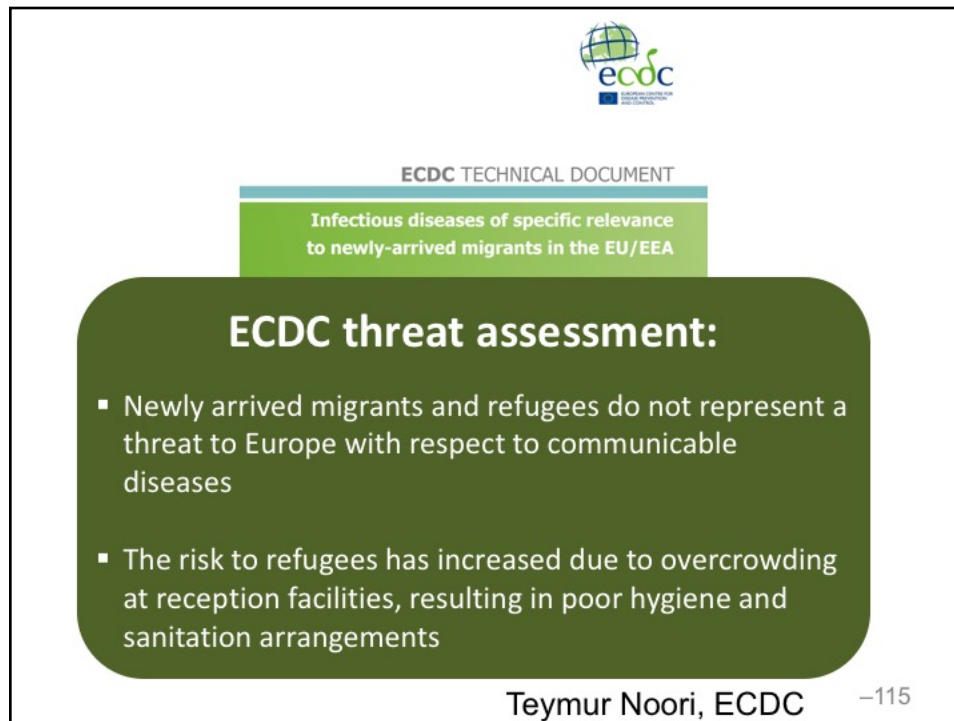
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The slide features the ECDC logo at the top right. Below it, the text 'ECDC TECHNICAL DOCUMENT' is centered. A green box contains the subtitle 'Infectious diseases of specific relevance to newly-arrived migrants in the EU/EEA'. The main title 'ECDC threat assessment:' is in a dark green rounded rectangle. Below the title is a list of two bullet points. At the bottom right, the author's name 'Teymur Noori, ECDC' and the slide number '-115' are displayed.

ecdc
EUROPEAN CENTRAL AND EASTERN DIRECTORATE FOR PREVENTION AND CONTROL OF DISEASES

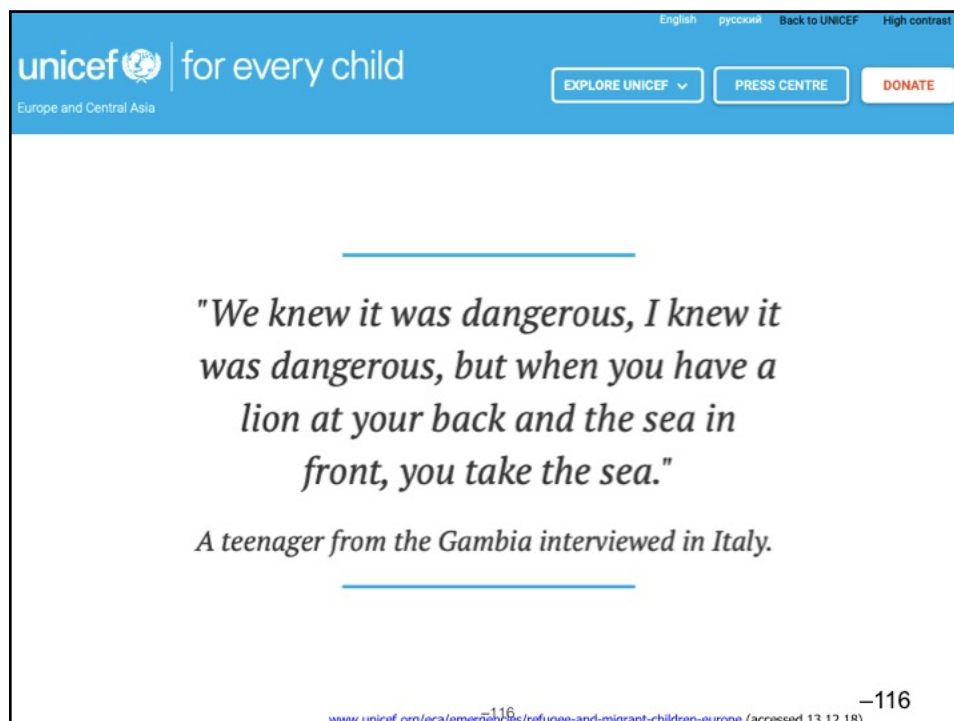
ECDC TECHNICAL DOCUMENT

Infectious diseases of specific relevance to newly-arrived migrants in the EU/EEA

ECDC threat assessment:

- Newly arrived migrants and refugees do not represent a threat to Europe with respect to communicable diseases
- The risk to refugees has increased due to overcrowding at reception facilities, resulting in poor hygiene and sanitation arrangements

Teymur Noori, ECDC -115



The screenshot shows the UNICEF website header with the logo and tagline 'for every child'. Navigation links for 'EXPLORE UNICEF', 'PRESS CENTRE', and 'DONATE' are visible. The main content area features a quote in italics, followed by its source. The footer contains the website URL and the slide number '-116'.

English русский Back to UNICEF High contrast

unicef for every child

Europe and Central Asia

EXPLORE UNICEF PRESS CENTRE DONATE

"We knew it was dangerous, I knew it was dangerous, but when you have a lion at your back and the sea in front, you take the sea."

A teenager from the Gambia interviewed in Italy.

www.unicef.org/eca/emergencies/refugee-and-migrant-children-europe (accessed 13.12.18) -116

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Relevant reference

Abbas et al. *Antimicrobial Resistance and Infection Control* (2018) 7:113
<https://doi.org/10.1186/s13756-018-0403-4>

Antimicrobial Resistance
and Infection Control

REVIEW

Open Access

Migrant and refugee populations: a public health and policy perspective on a continuing global crisis



Mohamed Abbas^{1*}, Tamмам Aloudat², Javier Bartolomei³, Manuel Carballo⁴, Sophie Durieux-Paillard⁵, Laure Gabus⁶, Alexandra Jablonka^{7,8}, Yves Jackson^{9,10}, Kanokporn Kaojaroen¹¹, Daniel Koch¹², Esperanza Martinez¹³, Marc Mendelson¹⁴, Roumyana Petrova-Benedict¹⁵, Sotirios Tsiodras^{16,17}, Derek Christie¹⁸, Mirko Saam¹⁹, Sally Hargreaves^{20,21} and Didier Pittet¹

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Collaborating partners 2016-19 thx to all volunteers!!!

- Ministry of Health, Y Baskozos
- EKEPY, Dr Papaefstathiou
- Prefectures PH Directorates
- Ministry of Migration Policy, C Botsi, K Kampourakis
- Ministry of Defense
- NSPH, Dr Vatopoulos, T. Panagiotopoulos
- NGOs in the camps, HRC, MSF, MdM, Praksis, Solidarity now, Athens Solidarity Center, Medin, Unicef, Save the children, & many others
- A. Veizis, Greek MSF
- UNHCR, IOM
- HCDCP, KEELPNO team
- Dpt of Epi surveillance
- T. Rosenberg, T. Georgakopoulou, K Gkolfinopoulou, A. Baka, D. Pervanidou, A. Lambrou, K. Mellou U. Kalkouni, T. Lytras, A. Economopoulou, D. Iliopoulos, A. Pavli, H. Maltezou T. Panagiotopoulos, A. Terzidis, & many others
- EurHuman, C. Lionis & team
- ECDC, Teymur Noori & team
- Institut de Veille Sanitaire, France
- Norwegian Public Health Institute
- ISS, Italy



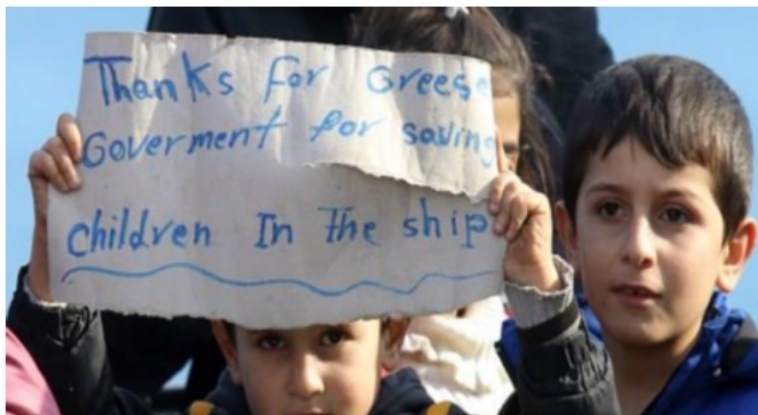
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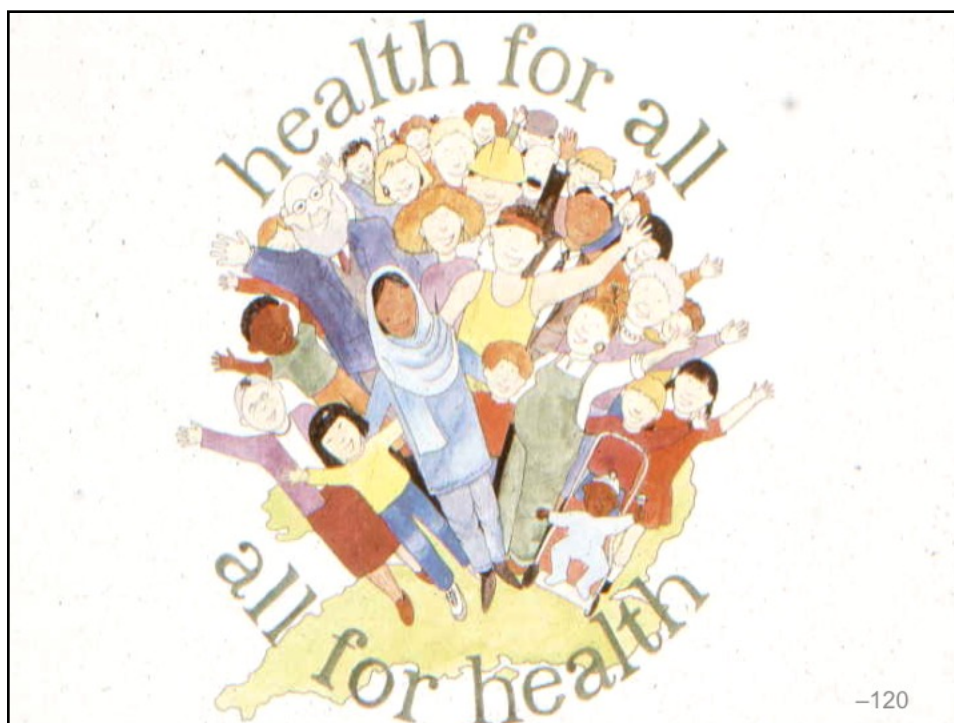
Migrant and Refugee Populations: A Public Health and Policy Perspective on a Continuing Global Crisis

Prof Sotirios Tsiodras, Kapodistrian University of Athens, Greece

“Sea related” mortality should be kept at minimum!!!



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Migrant and Refugee Populations: A Public Health and Policy Perspective on a Continuing Global Crisis

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In collaboration with Healthcare Infection Society (HIS)

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Speaker:
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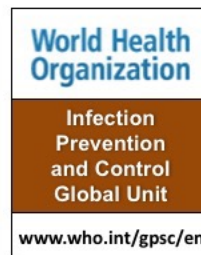
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Speaker: **Prof. James Stull**, Ohio State University

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