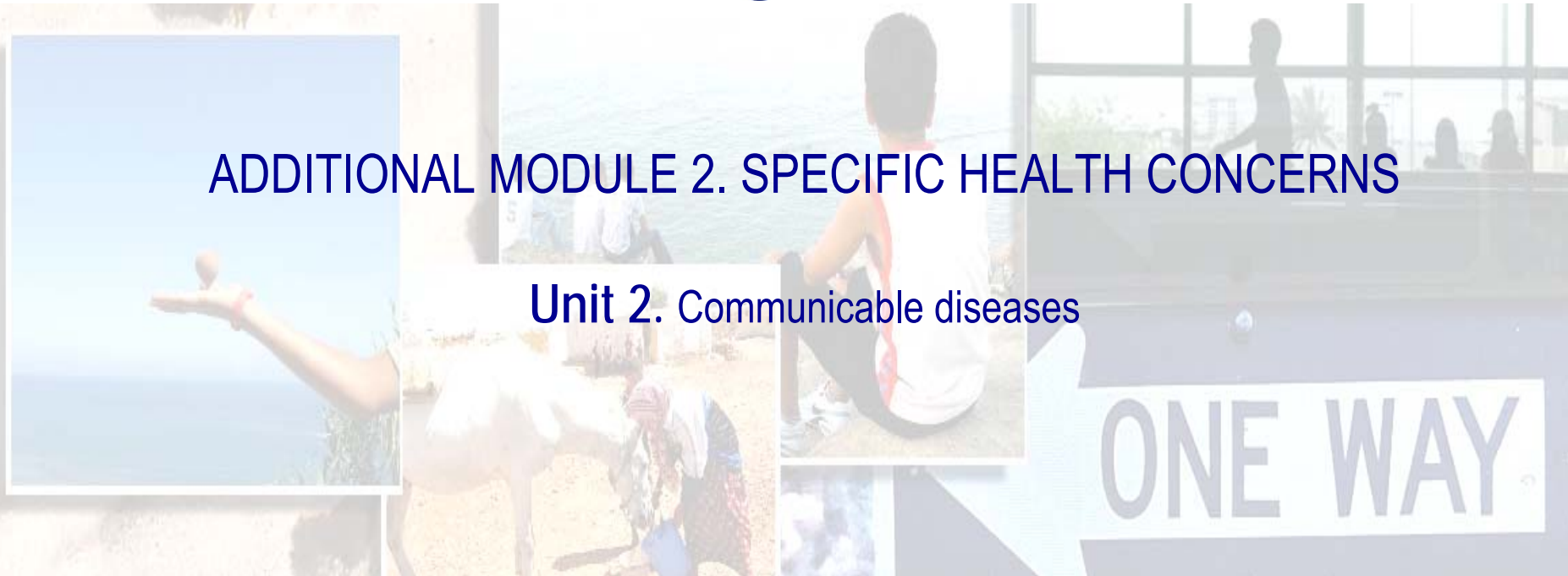




Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 2. SPECIFIC HEALTH CONCERNS

Unit 2. Communicable diseases



Elaborated by:
M^a Victoria López Ruiz, Andalusian School of Public Health, 2015

Tuberculosis

HIV/AIDS

Viral Hepatitis

Sexually Transmissible Diseases

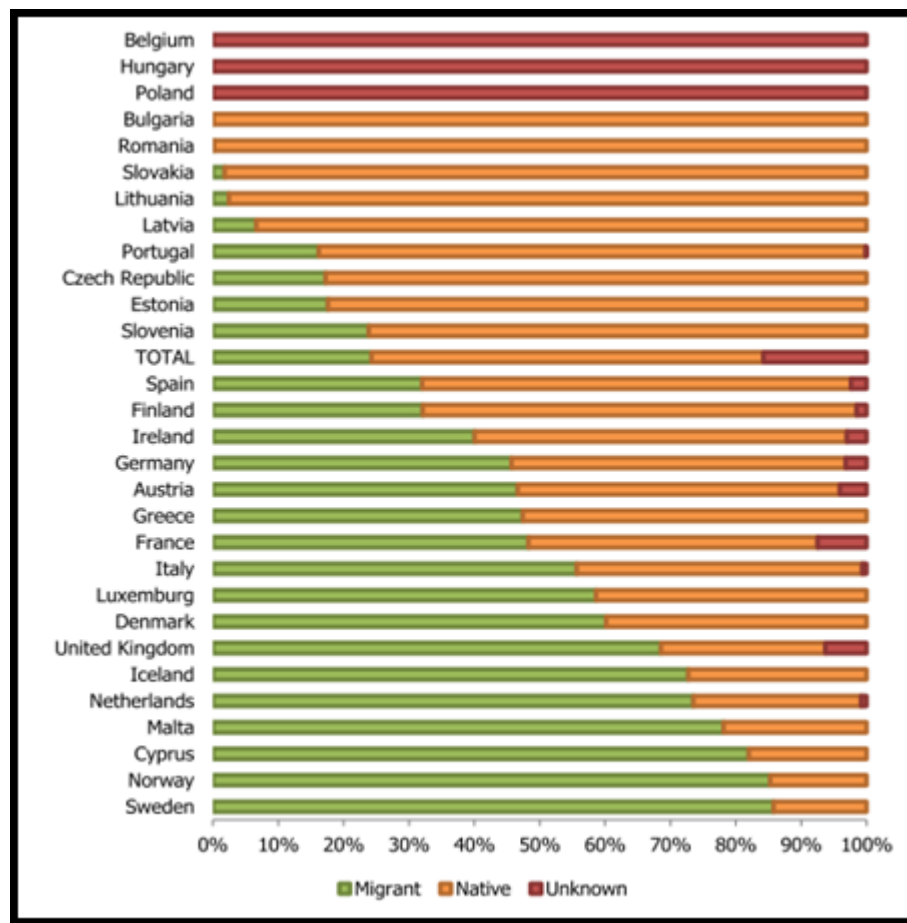
Vaccine for preventable diseases: Measles & Rubella

Tuberculosis

In 2011, there were an estimated 8.7 million cases of TB globally, corresponding to 125 cases per 100000 population

TB was also responsible for 1.4 million deaths with 430 000 deaths in individuals infected with HIV.

The percentage of TB cases in migrants has increased from 10% in 2000 to around 25% in 2010.



Percentage of TB cases reported in the EU/EEA Member States by migration status, 2010

Tuberculosis

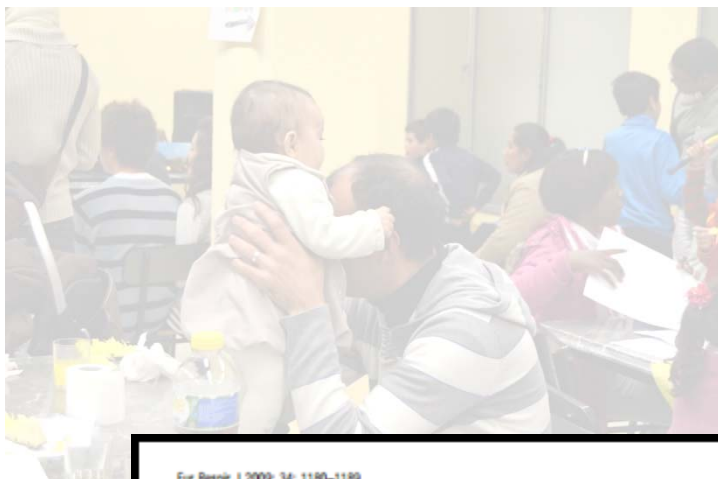
- ✓ Material deprivation appears to be far more of a determinant than in the country of origin.
- ✓ Many migrants develop TB as a consequence of their socio-economic status in the host country.

TB control among migrants remains primarily a question of individual right to access diagnostic and treatment services for a curable infectious diseases.

Migrants who arrive with a history of TB may be at risk of reactivated TB infection because of overcrowded and poorly ventilated living conditions, homelessness and inadequate nutrition

The transmission of TB to the local population is low; transmission is more frequent among themselves migrants or people with a socioeconomic conditions like.

Tuberculosis



NOT ALL SCREENING POLICIES
AND PRACTICES ARE ALIKE

Of the 27 EU member states, 13 have specific screening programmes for tuberculosis among migrants, with screening most commonly directed at asylum-seekers and refugees

Eur Respir J 2009; 34: 1180–1189
DOI: 10.1183/09031936.00038009
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REVIEW

Migrant tuberculosis screening in the EU/ EEA: yield, coverage and limitations

E. Klinkenberg^{*,#}, D. Manissero[†], J.C. Semenza[†] and S. Verver^{*,#}



SCREENING TBC??

The data did not indicate differences in effectiveness between the three main strategies:

- 1) screening at port of entry
- 2) screening just after arrival in reception/holding centres
- 3) screening in the community following arrival in European Union countries.



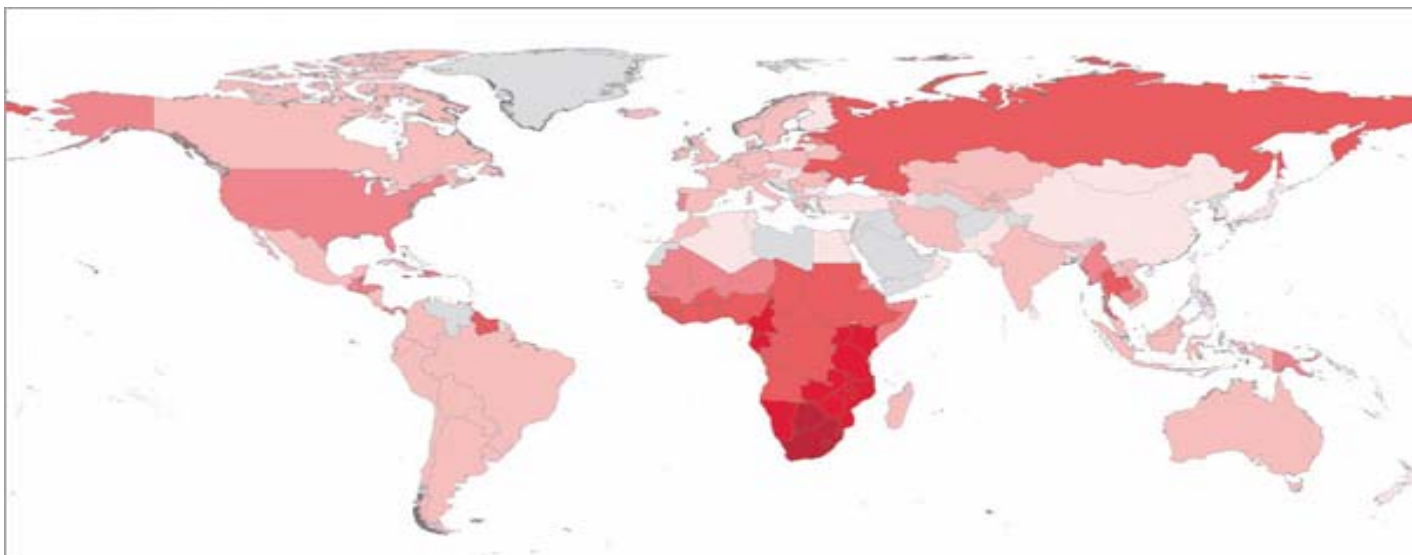
SCREENING TBC??

Some authors consider that there are no evidence to be a migrant can be considered an independent risk factor for developing TB disease, and therefore must act with the same measures as in native: early diagnosis of cases



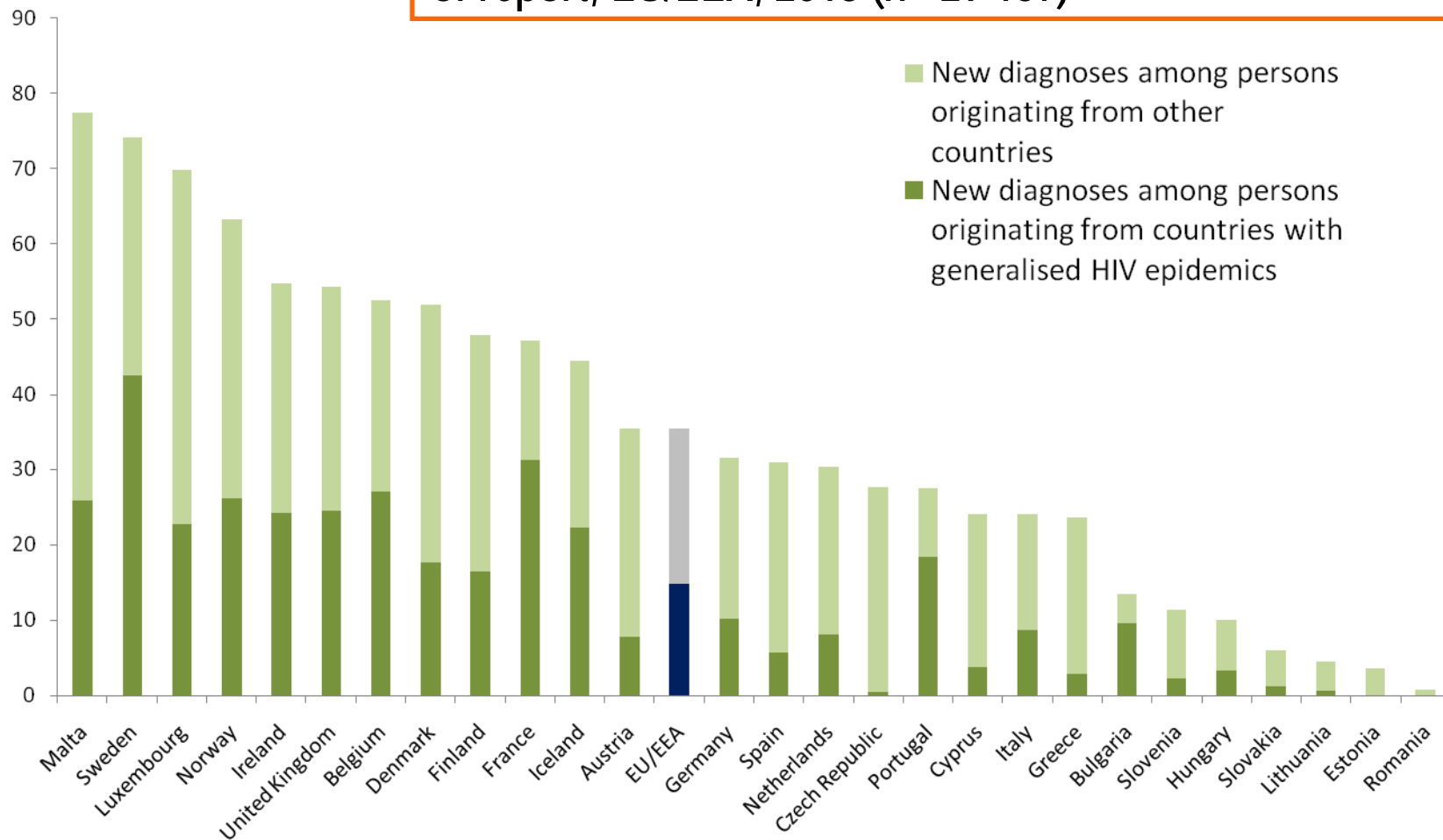
HIV/AIDS

Globally, in 2012, it was estimated that 35 million people were living with HIV and that there had been 1.6 million AIDS-related deaths. The majority of people living with HIV (25 million) are in sub-Saharan Africa, where heterosexual transmission is the main mode of transmission and overall HIV prevalence in the general adult population is estimated to be 4.7%.



HIV/AIDS

Proportion HIV diagnoses among migrants, by country of report, EU/EEA, 2013 (n= 29 157)



Source: ECDC/WHO (2014). HIV/AIDS Surveillance in Europe. 2013

Key principles in the ECDC guidance on HIV testing include ensuring that HIV testing is voluntary and confidential and that informed consent is given. It is also recommended that access to treatment, care and prevention services is ensured for those who test positive. It is specified that this should apply to all individuals at risk of or infected with HIV, including irregular migrants.

Despite this, migrants in many settings across Europe face legal, administrative, cultural and linguistic barriers to accessing HIV testing

Data submitted to ECDC for Dublin Declaration reporting show that although many EU/EEA countries identify migrants as an important sub-population in their national response to HIV, few have adequate surveillance systems in place related to HIV among migrants

Consider the following in a **migrant patient with HIV**:

- ✓ “Unusual” subtypes: Subtype D.
- ✓ Universal infections, e.g. Tuberculosis, Viral hepatitis and STIs.
- ✓ Endemic infections, e.g. Malaria.
- ✓ Hepatotoxicity: Side effects to antiretroviral and medical treatment for TB.
- ✓ Immune reconstitution syndrome.
- ✓ Metabolopathies: Glucose 6 Phosphate Dehydrogenase deficit.

Viral Hepatitis

- ✓ **Hepatitis A** is mainly transmitted through contaminated food and water, but infection can also occur through injecting drug use and sexual contact.
 - ✓ There is little evidence to indicate that hepatitis A in Europe is associated with migration
-
- ✓ The World Health Organization estimates that worldwide, 3.0% of the population have been infected with **hepatitis C** virus and that more than 150 million people have chronic infection.
 - ✓ Over 350 000 people are reported to die each year as a result of HCV-related liver diseases.
 - ✓ The three countries most affected are Egypt, Pakistan and China, with estimated HCV prevalences of 22%, 4.8% and 3.2%, respectively.
 - ✓ In Europe, HCV prevalence is low and is estimated to range from 0.1–5.6% among the general population. The highest prevalences are in southern and eastern European countries.

Seroprevalence of Chronic Hepatitis B Virus Infection and Prior Immunity in Immigrants and Refugees: A Systematic Review and Meta-Analysis

Carmine Rossi^{1,2*}, Ian Shrier^{1,2}, Lee Marshall¹, Sonya Cnossen¹, Kevin Schwartzman^{2,3}, Marina B. Klein^{2,4}, Guido Schwarzer⁵, Chris Greenaway^{1,2,6}

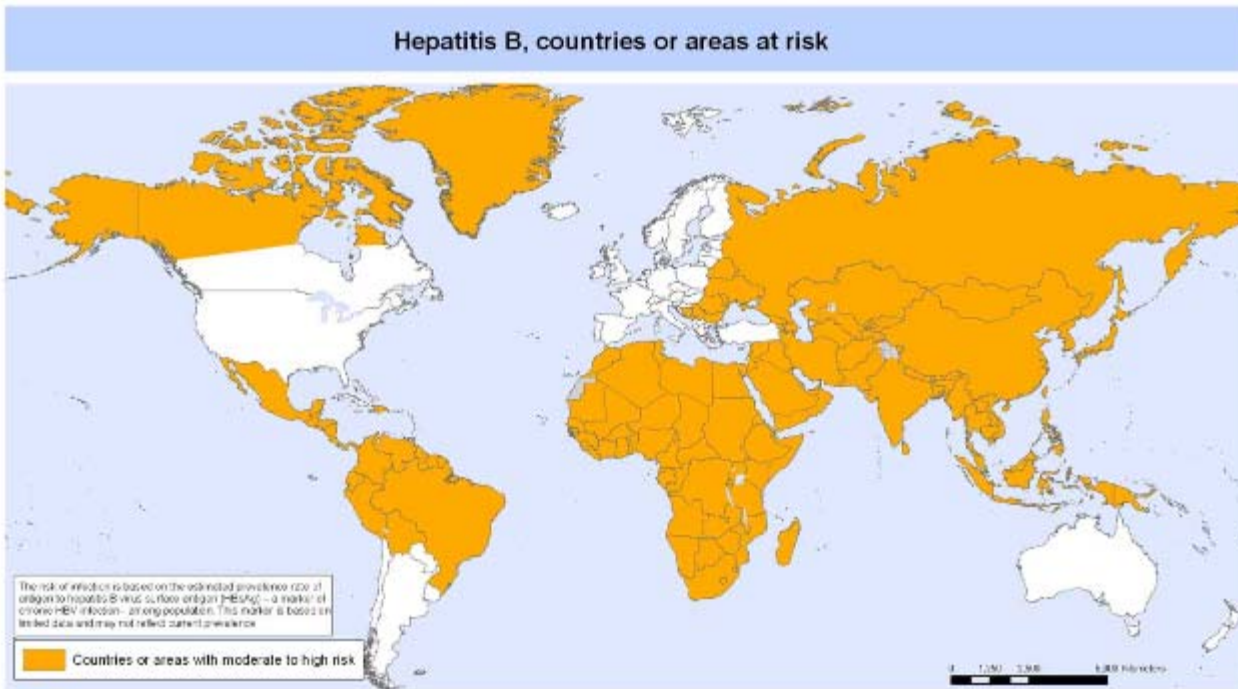
1 Centre for Clinical Epidemiology and Community Studies of the Lady Davis Institute for Medical Research, Jewish General Hospital, Montreal, Canada, **2** Department of Epidemiology, Biostatistics & Occupational Health, McGill University, Montreal, Canada, **3** Respiratory Epidemiology and Clinical Research Unit, Montreal Chest Institute, McGill University, Montreal, Canada, **4** Division of **5** and Medical Informatics, University of Freiburg

Almost 3.5 million migrants and refugees were chronically infected with HBV. The percentage of migrants with chronic hepatitis B infection ranged from 3.7% in Spain to 6.9% in Ireland, with the largest numbers in Germany (284 000 cases), Italy (201 000 cases), the United Kingdom (194 000 cases), Spain (128 000 cases) and France (114 000 cases).

Seroprevalence of Chronic Hepatitis B Virus Infection and Prior Infection in a Systematic

Carmine Rossi^{1,2*}, Ingrid
Guido Schwarzer⁵, et al.

1 Centre for Clinical Epidemiology,
Epidemiology, Biostatistics & Occupational Health,
McGill University, Montreal, Canada,
2 Centre for Medical Informatics, University of



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 of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization/CDC
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization

World Health Organization
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ected with
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ers in Germany
(194 000

Viral Hepatitis

- ✓ HBsAg+ is found in 5-20% of the Sub-Saharan population, 10-15% of the Southeast Asian groups and to a lower extent in other groups.
- ✓ AntiHc+ appears in 7-10% of Sub-Saharan groups, 2% of Southeast Asian groups, and <1% of North Africans, Europeans and Americans.
- ✓ Hepatitis A y E is acute. Most people have contracted hepatitis A by adolescence.

Viral Hepatitis

- ✓ Some studies in Spain have shown that the HBV infection rate is as high as 29% among Spanish Roma population.
- ✓ Hepatitis C is much more frequent in Roma people than in the general population, mainly due to more frequent drug abuse in this ethnic minority.
- ✓ Seroprevalence surveys in pregnancy show high levels of infection with hepatitis A and B (which can be transmitted vertically) in Roma women

An EU-wide approach to screening would be beneficial, as would greater efforts to ensure that migrants have access to HBV diagnosis and appropriate follow up

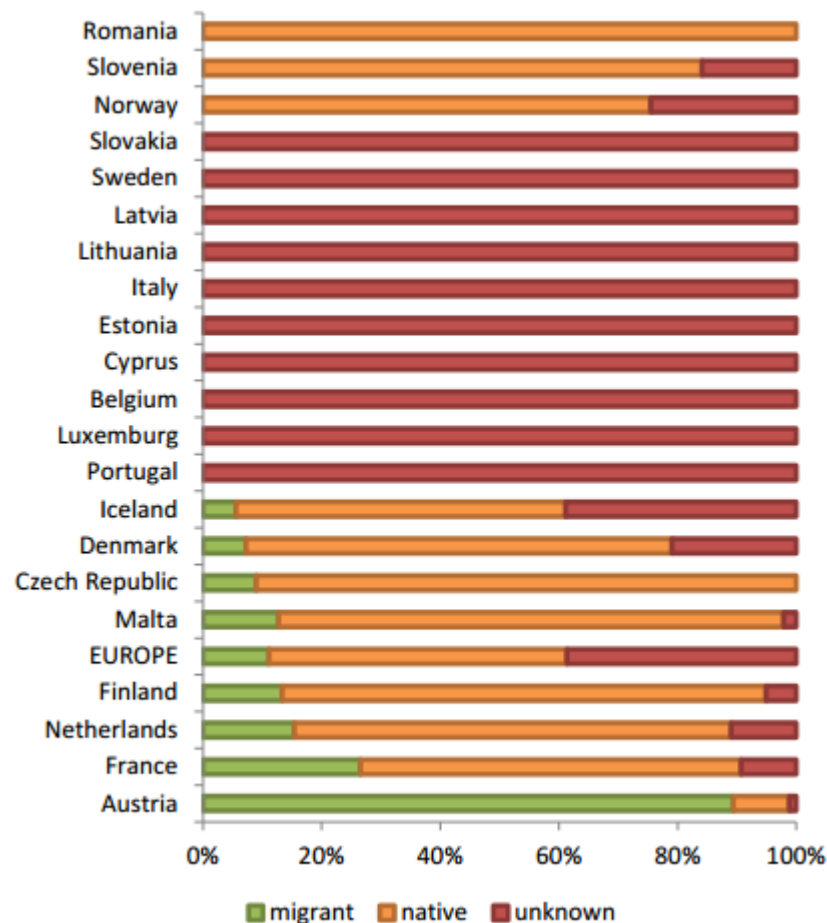
Consideration should therefore be given to HBsAg testing of all persons born in countries with HBsAg prevalence of $\geq 2.0\%$, referral of infected persons for treatment care and of close contacts for testing and vaccination.

Available evidence from surveillance data, modelling and surveys suggests that hepatitis C is an issue among migrants in the EU/EEA, but there is insufficient data to quantify the extent of the problem. Additional studies are required to determine the epidemiology of hepatitis C among migrant populations in the EU/EEA as well as to identify and explain differences between HCV in migrants in the host country and the country of origin.

Sexually Transmissible Diseases

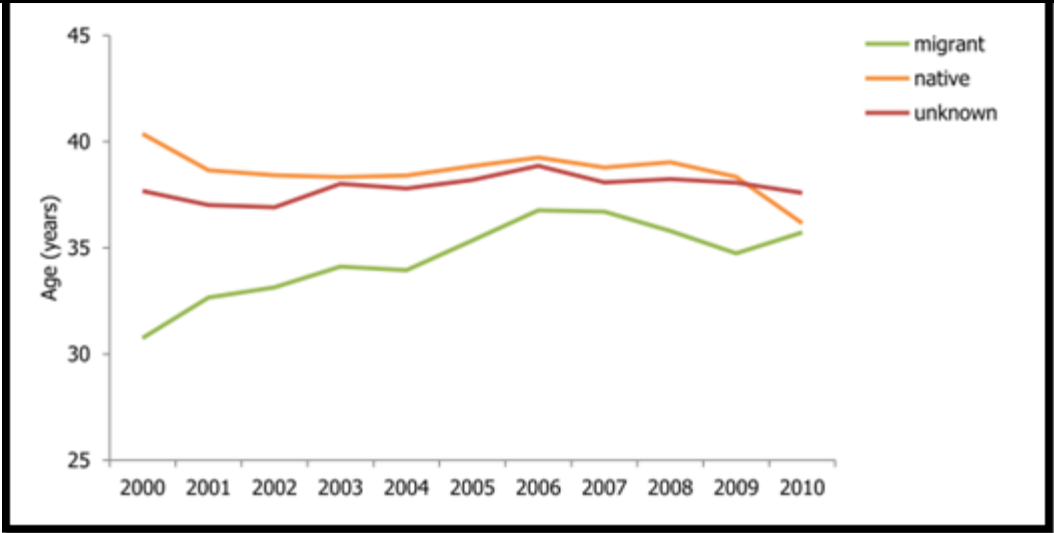
GONORRHOEA

Available data are limited and partly contradictory. It is therefore difficult to draw clear conclusions about gonorrhoea in migrants in the EU/EEA. Available data, however, show little difference in gonorrhoea rates between migrants and non-migrants. Data suggest that there are marked differences between migrants and non-migrants with respect to mode of transmission of gonorrhoea and the percentage of gonorrhoea cases among sex workers.



SYPHILIS

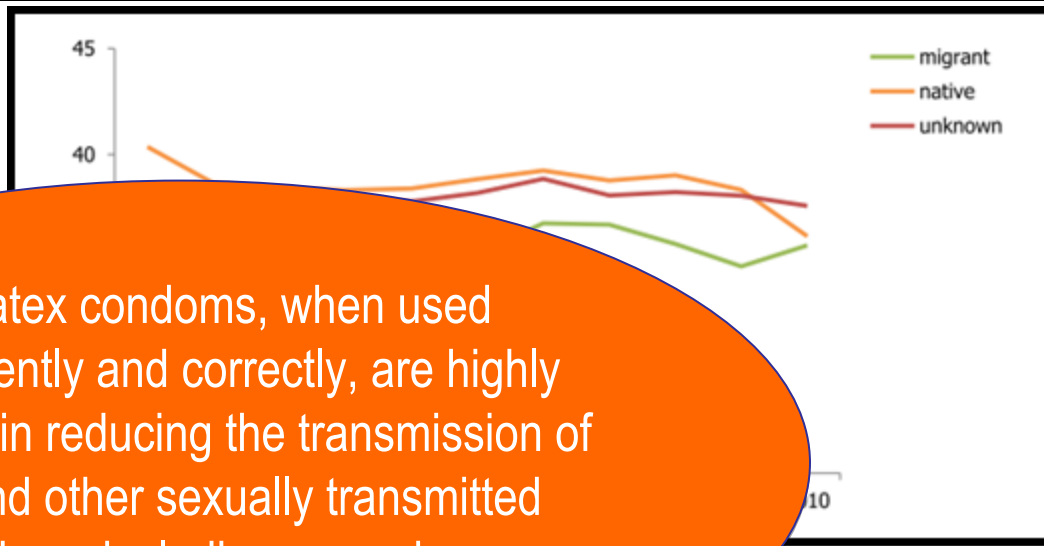
Average age (years) of syphilis cases by migration status and year, 14 European countries, 2000–2010



Data from hospital-based studies suggest that migrants from some regions, for example, those from South America and the Caribbean in Spain and from eastern Europe in the Czech Republic, may be at higher risk of syphilis infection, while data from STI clinics in London, United Kingdom, suggested that men from some eastern European countries were more likely to be diagnosed with syphilis.

Average age (years) of syphilis cases by migration status and year, 14 European countries, 2000–2010

SYPHILIS



Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other sexually transmitted infections, including gonorrhoea, chlamydial infection and trichomoniasis.

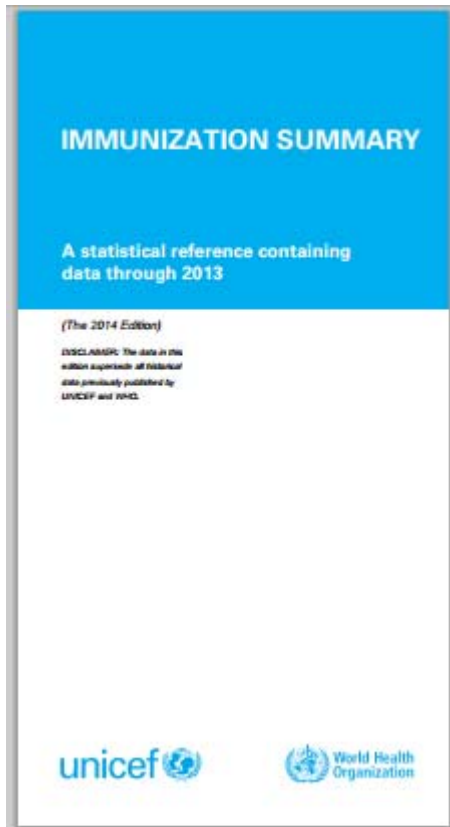
Data from the same regions, for example, those from southern Spain and from eastern Europe in the Czech Republic, may be at higher risk of syphilis infection, while data from STI clinics in London, United Kingdom, suggested that men from some eastern European countries were more likely to be diagnosed with syphilis.

Vaccine for preventable diseases: Measles & Rubella

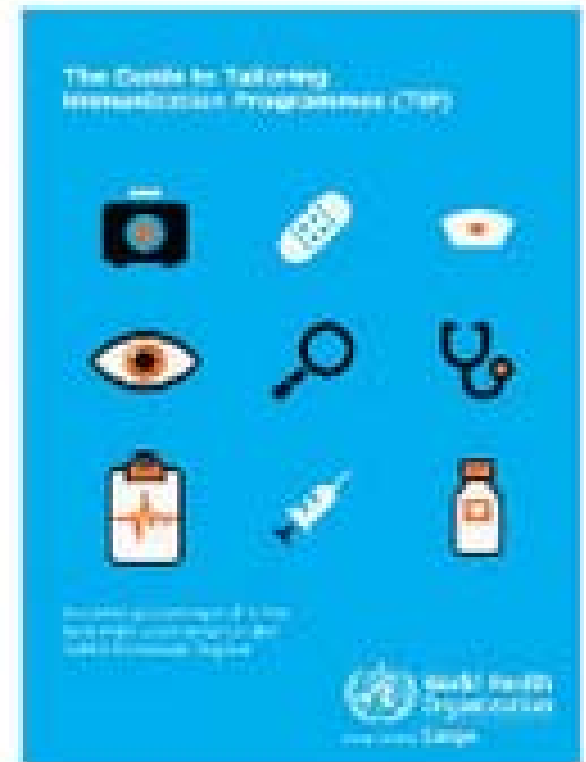
Some migrant population groups may be at elevated risk, including older children and young adults and those who are socially and economically disadvantaged, mainly because of low vaccination coverage

This highlights the need for greater efforts to improve vaccination coverage, including catch-up vaccination, by improving the reach of immunisation services and ensuring that migrants and other vulnerable populations have access to healthcare

Immunization is to be adapted to each individual according to the country of origin and vaccination history. Each EU country has a different protocol.



http://www.who.int/immunization/monitoring_surveillance/Immunization_Summary_2013.pdf?ua=1



http://www.euro.who.int/_data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf?ua=1

Roma population

- ✓ Recent comprehensive data regarding infectious diseases within Roma communities are not readily available. The available data are often old, small-scale or, in a few cases, collected during disease outbreaks.
- ✓ Some of the available studies show higher rates of infectious diseases or risk of infectious disease outbreaks (including measles and Hepatitis A), with the Roma being particularly discriminated, compared to the majority population.
- ✓ Evidence relating to rates of HIV/Aids is more mixed, though there are some reports of faster disease progression.
- ✓ There is a lack of data on vaccination uptake in the Roma population.
- ✓ The available evidence suggests that the Roma population, particularly migrant Roma, have lower or much lower rates of childhood vaccination uptake, with some exceptions (Croatia, Hungary, and the Czech Republic).



Thank you and questions

Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.

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Migrants & Ethnic Minorities
Training Packages



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE



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