Health Needs of Migrants and Refugees at Primary Care Levels

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- The number of migrants and refugees in Europe has increased dramatically in the past few years due to war, violence or prosecutions in their homeland
- Migration may affect physical, mental and social health

> 1 million arrivals to EUROPE 2015...

68.5 million people worldwide have been forced from home
- 25.4 million refugees; 57% from Syria, Afghanistan, South Sudan
- 3.1 million asylum seekers
- ~50% < 18 years of age
- 10 million stateless people have been denied an nationality and access to basic rights (e.g., education, healthcare, employment)

...1 person is forcibly displaced every two seconds!

http://www.unhcr.org/figures-at-a-glance.html

Arrivals in January, comparison 2016 - 2019

Migration flow in Europe
- At the end of the first quarter of 2019 more than 80,200 migrants, refugees and asylum seekers were residing in different reception facilities in Greece, the Republic of North Macedonia, Serbia, Croatia, Slovenia, Bulgaria, Romania, Montenegro and Bosnia and Herzegovina
- 13% increase compared to the 70,814 reported at the end of December 2018, 28% increase compared to the 62,518 registered at the end of the first quarter 2018

Main entry points to Greece, January 2018 and 2019

Known entry points to Greece

Lesbos, Chios, Samos, Leros, and Kos are the main entry points for migrants who arrived in Greece by sea and Evros River on the North-West for those arriving by land.

Migration flow in Greece

- Between January and March 2019, a total of 8,162 migrants and refugees were registered in Greece
- They are the highest reported since 2016 when 151,452 migrants and refugees crossed the Aegean sea between Turkey and Greece
Reception centers of migrants/refugees in Greece


Note: this figure does not include the number of self-settled migrants in Greece

EKKA: National Center for Social Solidarity
UAC: Unaccompanied Children

Current profile of newly arrived migrants/refugees

- Families
- Pregnant women
- Elderly
- People with chronic diseases
- Persons with special needs of all ages

Syria (≈45%), Afghanistan, Iraq, Pakistan, Iran, African countries...

Primary care services for migrants/refugees

In order to provide effective primary care for refugees and to develop interventions tailored to them, we must know their needs


Health needs of migrants/refugees at Points of care (PoCs)

- Migrants and refugees move throughout Europe, in different places and stages of their journey
- Their main health needs are related to their reasons for flight and to their journey, aggravated by unhealthy living conditions in the reception centres

Health problems of migrants/refugees on arrival

- Accidental injuries
- Drowning
- Frostbite
- Infectious diseases
- Gastrointestinal and respiratory infection
- Metabolic problems
- Dermatological conditions
- Mental illness
- Gynaecological and obstetric complications

On arrival, the most common health problems recorded at the hotspots may be related to problems in their country of origin (e.g. political crisis, war) and the journey...
Overview of health problems in reception centers of migrants/refugees in 7 EU countries


...the most common health problems were caused by war or violence and accidents during the journey or by unhealthy living conditions in often-overcrowded reception centers

Health status of newly arrived migrants

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory tract infections</td>
<td>744</td>
<td>22.3</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>391</td>
<td>11.8</td>
</tr>
<tr>
<td>Meningitis/neurological</td>
<td>215</td>
<td>6.3</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>38</td>
<td>1.1</td>
</tr>
<tr>
<td>Acute upper respiratory infections</td>
<td>83</td>
<td>2.4</td>
</tr>
<tr>
<td>Allergic rhinitis or skin rashes</td>
<td>248</td>
<td>7.2</td>
</tr>
<tr>
<td>Acute skin conditions</td>
<td>177</td>
<td>5.3</td>
</tr>
<tr>
<td>Infection of the eyes</td>
<td>99</td>
<td>3.0</td>
</tr>
<tr>
<td>Cardiac disease</td>
<td>41</td>
<td>1.2</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>15</td>
<td>0.4</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td>Neonatal conditions</td>
<td>55</td>
<td>1.6</td>
</tr>
<tr>
<td>OTHER</td>
<td>27</td>
<td>0.8</td>
</tr>
<tr>
<td>Pneumonia and meningitis</td>
<td>13</td>
<td>0.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>2620</td>
<td>100.0</td>
</tr>
</tbody>
</table>


Health problems of migrants/refugees during the early settlement

Communicable diseases
- Respiratory infections (50%)
- Gastroenteritis
- Skin infections
  - scabies
  - vector-borne diseases (such as lice-, flea- and mite-transmitted infections due to suboptimal living conditions)

Vaccine-preventable diseases
- measles
- varicella
- hepatitis A
- TB risk depends on the TB incidence in their country of origin, living conditions and poor access to health services during migration

Outbreaks in PoCs in Greece

Hepatitis A
- 2016: 187 cases, 2017: 30 cases, 2018: 83 cases
- Most of them from Syria and Afghanistan

Varicella
- 2015: 13 cases
- Most from Afghanistan

Shigellosis
- 10 shigellosis cases were reported among refugees from 2015–2016 (no major outbreaks): Most from Afghanistan

Outbreaks in PoC in Greece

Shigellosis
- 10 shigellosis cases were reported among refugees from 2015–2016 (no major outbreaks): Most from Afghanistan

Public health interventions included epidemiological investigation, patient management, hygiene measures and vaccination

http://www.keelpno.gr
Health problems of migrants/refugees during the early settlement

- NCDs (>50%)
  - Musculoskeletal problems
  - Gynecology/OB complaints
  - Chronic conditions (e.g. cardiovascular & cerebrovascular disease, diabetes, renal failure, anaemia)


- Psychological issues (Post-traumatic stress disorder, depression, panic attacks)
- Maternal, newborn and child health issues
- Violence: Sexual and physical violence (women are at high)
- Drug and alcohol abuse
- Nutrition problems

Migrants/refugees with chronic NCDs may be more vulnerable due to

- Suboptimal conditions during their movement and at reception centers
- Interruption of the continuity of their disease management as a result of displacement
- Acute exacerbation or complication of chronic conditions and life threatening deterioration (e.g. elderly people and children)


Barriers to access to health care of newly arrived migrants/refugees

- Legal frameworks regarding migration status of each person
- Lack of trust and lack of information, pressure to continue their trip
- Cultural and language problems (need for cultural competent interpreters)


- Health regulations towards refugees vary among the EU countries and may influence a refugee’s access to health care services
- There are different regulations for the care of different migrant groups (e.g. undocumented migrants and unaccompanied minors), in most EU countries, undocumented migrants only have access to emergency health care

Implementation of measures for the health management of migrants/refugees at Primary Care Levels

- Primary care services
- Health Education & Promotion (NCDs, screening)
- Epidemiological & Syndromic surveillance
- Vaccinations
- Screening for communicable diseases
- Psychosocial support
- Dental services

Primary care services

PHC services are provided through a multidisciplinary team (General Practitioner (GP), nurse, midwife and cultural mediator…)

- Management of acute and chronic conditions
- Immunization
- Collaboration with other health care institutions (e.g. hospitals)
- Psychologists and social workers
- Health promotion

Syndromic surveillance at Points of Care for refugees/migrants:

16/5/2016-28/4/2019

Syndromes with the greatest proportional morbidity

- Respiratory infections
- Gastroenteritis
- Scabies
- Rash with fever (66% chickenpox, mostly aged <15 years old; sporadic measles cases)

Syndromes with low proportional morbidity (<0.1)

- Sporadic cases of suspected TB
- Acute jaundice: 85% hepatitis A
- Meningitis cases not confirmed as such with the exception of two cases of viral meningitis
- Reported cases of neurological manifestations of acute onset, "sepsis/shock" and "deaths of unknown aetiology": not attributed to infectious aetiology
- Malaria cases newly arrived, imported

What vaccinations are administered at reception centers?

For migrants/refugees of PHCs against 10 infectious diseases

- MMR: 12m-<15 y: 1 dose MMR
- Tetanus-Diphtheria-Pertussis-Hemophilus-influenzae b-hepatitis B: 6w-4y: DTap-IPV or DTap-IPV-Hib or DTap-IPV-Hib (75%)-Hep B (79%), Children >4y, adolescents, adults: DTap-IPV or Td-IPV
- Pneumococcal vaccine: 2m-5y
- In case of outbreaks: Meningococcal vaccine A, C, W135, Y, Varicella and Hepatitis A vaccines and influenza vaccine (during influenza season) for ≥6m

Assessment of immunization status is important to reduce the risk of outbreaks!
What vaccinations are administered at reception centers?

For personnel of PoCs and those in close contact with migrants/refugees (HCW, security guards, food handlers, teachers, cleaners…) it is recommended:

- To be up to date with the National Vaccination Program
- MMR: 2 doses for those born > 1970
- Varicella vaccine: 2 doses
- Hepatitis A vaccine
- If there is a positive history of immunity (natural or with vaccination) no vaccine is recommended for the above diseases

Screening of Newly Arrived Migrants/Refugees

- Screening of migrants and refugees for certain diseases is not obligatory (WHO) (e.g. TB, Hepatitis B and C, HIV…)
- Screening programs of migrants and refugees upon arrival in the EU vary among EU countries (TB is the most commonly screened disease)

What are the challenges?

Migrants and refugees

- Registration and procession of asylum claims
- Inaccurate demographic details & bureaucratic barriers
- Challenges in healthcare system
  - (financial crisis and poor resources)

Health providers

- Random assignment (lack of preparation) and lack of continuity of care provision
- Lack of cultural competence and skills for working in cross-cultural consultations
  - Healthcare providers are incapable of addressing migrants' illnesses in a holistic way
  - Reluctant to delve into details beyond 'physical' illness (e.g. stress or other mental health disorders may be left unresolved)
  - Gender preferences
What are the challenges?

Health providers

- Language problems
  - Adaptation of medical histories to less complex and avoiding delving into the traumatic experiences of migrants in their countries of origin
- Feeling of "ineffectiveness" regarding their ability to bring changes to the system to improve migrant healthcare
  - Poor resources, prescribing medication, referral to hospitals...
- Heavy workloads


What are the challenges?

Health providers

- Law and health system issues
- Psychological
- Security issues (occasional aggressive behavior)
- Exposure to infectious agents


Conclusions-Recommendations

Migrant and refugee crisis in Greece and Europe has reached a critical point...

- The number of migrants/refugees in Greece and Europe has increased dramatically in the last years with socioeconomic and health-related challenges for migrants/refugees and the host countries
- Migrants/refugees are challenged with medical and mental problems, social isolation and economic devastation
- Their most common health problems are common Primary Care problems (potential risk of communicable disease and public health implications)

Conclusions-Recommendations

- Access of care varies among migrants/refugees (different rights)
- There is a need at EU level to act and to move from emergency response to an integrated and individualized health care provided by compassionate and cultural competent health care providers with actions at policy level
- A comprehensive and tailored operational approach is needed in order to ensure a smooth integration of the individual patients into the existing health care systems in Europe

Conclusions-Recommendations

- Provision of a systematic health-reception, with intersectoral and international collaboration based on a holistic approach by a multidisciplinary team, will not only benefit migrants and refugees but also will protect the public health of hostcountries.

THANK YOU...