European evidence-based guidance on screening for infectious diseases among newly arrived migrants

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Employed by ECDC
No conflicts to disclose

Outline
1. Background to the ECDC guidance on screening for infectious diseases among newly arrived migrants

2. Give you a taste of the draft guidance
   - Methods
   - Immigration numbers
   - Outline of the evidence that underpins the guidance with some examples
   - Draft evidence-based statements

3. Conclusions

Are newly arrived migrants having an impact on infectious disease epidemiology in your country?

Yes
No

Does your country have national guidelines on screening for infectious diseases among migrants?

Yes
No
I don't know
Which infectious diseases are migrants screened for in your country?

- TB
- Hepatitis B
- Hepatitis C
- HIV
- STIs
- Rubella
- Measles
- Polo

Would European guidance on screening for infectious diseases among migrants be useful?

- Yes
- No

Which conditions would you want ECDC to prioritise when developing guidance?

- MMR vaccination
- Diphtheria, Polio, Tetanus, Pertussis vaccination
- HBV
- Lepra TB
- Hepatitis B
- Hepatitis C
- Active TB
- Syphilis
- Varicella vaccination

In 2015, ECDC embarked in a project to:

1. Synthesise the scientific evidence on screening and prevention for infectious diseases among migrants
2. Review national and international policies, practices and guidelines on screening for infectious diseases among migrants
3. Consult key experts in countries working with prevention of infectious diseases among migrants
4. Develop evidence-based guidance on screening and prevention of infectious diseases among newly arrived migrants

ECDC Scientific Panel

- Angel Kanchev – Bulgaria
- Gabrielle Jones – France
- Anna Karfala – Germany
- Apostolos Veizis – Greece
- Ines Campos-Matos – United Kingdom
- Lelia Thornton – Ireland
- Manish Pareek – United Kingdom
- Silvia Declich – Italy
- Rebecca Hall – United Kingdom

Observers

- Pierluigi Lopalco – Italy
- Isabel da Mata – European Commission
- Michael Verst – Netherlands
- Maria van den Muijsenbergh – Netherlands
- Irene Veldhuijzen – EU Fundamental Rights Agency

Two scientific panel meetings

1st Scientific panel meeting (Nov 2015)

2nd Scientific panel meeting (Oct 2016)
Priority conditions in ECDC guidance

- Active TB
- Latent TB
- HIV
- Hepatitis B
- Hepatitis C
- Intestinal parasites
  - Schistosomiasis
  - Strongyloides

Routine vaccinations
- Measles
- Diphtheria
- Mumps
- Tetanus
- Rubella
- Pertussis
- Hib
- Polio

Key overarching questions
- Should newly arrived migrants be offered screening for active TB, LTBI, HIV, hepatitis B, hepatitis C, strongyloidiasis, and schistosomiasis? Who should be targeted and how?
- Should newly arrived migrants be offered vaccination for measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B [HIB] and hepatitis B?
- What are the implementation considerations in EU/EEA countries?

Methods

- Evidence on screening for infectious diseases among migrants is limited
- We have had to rely on indirect evidence, meaning evidence from general populations that have been extrapolated to interventions that are targeted toward migrants
- Therefore the certainty of the evidence is 'low to moderate' and the strength of the recommendations are conditional on prevalence in country of origin
- Very challenging task to develop guidance in the area of migrant health

Annual immigration to the EU/EEA, 2008-2017

Top 10 countries of births of immigrants and top 10 nationalities of asylum seekers (average 2014-2016)

Reviews underpinning the guidance

- Active TB*
- Latent TB*
- HIV*
- Hep B*
- Hep C*
- VPD*
- Hepatitis

Important to give primary healthcare workers and policy makers an indication of which infectious diseases are prevalent in the countries of origin, which can guide screening efforts at countries of destination
The panel concluded that the strength of the recommendation was conditional on the

• Programmes need to address the barriers that migrants face in accessing health care, including lack of entitlement to free statutory health services, to ensure high uptake of screening and linkage to care and TB treatment

• Screening migrants increases the complexity of national TB programmes because language and cultural issues will need to be addressed and properly resourced

Key implementation considerations for infectious disease screening and vaccination programmes targeting newly arrived migrants

• Ensure all screening and vaccination is voluntary, confidential, non-stigmatising and carried out for the benefit of the individual

• Provide free screening, referral, and linkage to care and treatment for all individuals who require it, including undocumented migrants

• Consider the unique needs of newly arrived migrants when offering screening and vaccination, in terms of delays to presentation, follow-up appointments, and uptake and completion of treatment, and take steps to reduce post-screening/testing drop-out from care

• Recognise that newly arrived migrants face a range of issues (e.g. shelter, sanitation, food, water, employment, mental health problems) that may take precedence over seeking preventative health care and that may increase the risks or consequences of infectious diseases
Conclusions

- Most migrants entering the EU/EEA are healthy, but some sub-groups of migrants carry a disproportionate burden of infectious diseases and may have lower vaccination coverage depending on country of origin.
- Available evidence suggests that:
  - It is likely to be both effective and cost-effective to screen migrants for active TB and LTBI, HIV, HCV, HBV, strongyloidiasis, and schistosomiasis.
  - That there is a clear benefit to enrolling migrants in vaccination programmes and ensuring catch-up vaccination where needed.
- However, this is conditional on the burden of disease in migrants' countries of origin.
- Consensus on the need for free screening, vaccination and care for key infectious disease for all migrants in the EU/EEA, including undocumented migrants.
- ECDC guidance on screening for infectious diseases among newly arrived migrants to the EU/EEA to be launched in October 2018.

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Thank you

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