



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

***ADDITIONAL MODULE 2:***  
***SPECIFIC HEALTH CONCERNS***  
***Unit 2: Communicable diseases***  
***Guidelines***

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Migrants & Ethnic Minorities  
Training Packages



Escuela Andaluza de Salud Pública  
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA  
Azienda Unità Sanitaria Locale di Reggio Emilia



JAGIELLONIAN UNIVERSITY  
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## Additional Module 2: Specific Health Concerns

### Unit 2: Communicable Diseases

#### 1. Objectives and Methods

| Time       | Objectives  | Activities   | Sources                    |
|------------|---|--|----------------------------|
| 5 minutes  | Explain the objectives of the Unit.   | Explanation of the objectives.                     | Projector, laptop, screen. |
| 30 minutes | <ul style="list-style-type: none"> <li>• To explain the general patterns of communicable diseases in migrant and ethnic minority population, among them the Roma.</li> <li>• To inform about the epidemiology of specific communicable diseases of migrants and ethnic minorities, among them the Roma, in Europe and how EU institution could address these problems.</li> </ul> | Presentation “Communicable Diseases” and Questions | Projector, laptop, screen. |

#### 2. Presentation

**Slide 1:** Title page

**Slide 2:** Summary

**Slide 3:** In 2011, there were an estimated 8.7 million cases of tuberculosis 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 incidence of TB in migrant population has increased from 10% in 2000 to around 25% in 2010<sup>1</sup>.

In 11 of the 29 countries providing data on origin of cases, the percentage of foreign origin cases was greater than 50% in 2010. Sweden, Norway and Cyprus reported the highest percentages of migrant cases among total TB notifications. In contrast, most cases in the five high-priority countries (Bulgaria, Estonia, Latvia, Lithuania and Romania) were of native origin.

**Slide 4:** This is triggered by migrants' socioeconomic status, such as their overcrowded living conditions, and by having the poorest access to health services. The infection is reactivated in the migrants with a history of TB because of their poor living conditions. TB control among

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<sup>1</sup> Barnett T, Carballo M, Haour-Knipe M, Houdry V, Jones J, Laukamm-Josten U, McKee M, Menel-Lemos C, Muscat M, O’Flanagan D, Paixão MT, Petrova-Benedict R, Szilárd I, Verver S, Zielinski A. Migration and infectious diseases in the EU. European Centre for Disease Prevention and Control. Stockholm. 2014. Available from: <http://ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf>

migrants remains primarily a question of individual right to access diagnostic and treatment services for a curable infectious diseases<sup>2</sup>. The transmission of TB to the local population is low; transmission is more frequent among themselves migrants or people with a socioeconomic conditions like<sup>3</sup>.

**Slide 5-6:** 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.

The data did not indicate differences in effectiveness between the three main strategies<sup>4</sup>: 1) screening at port of entry; 2) screening just after arrival in reception/holding centres; and 3) screening in the community following arrival in European Union countries. The variation seen probably reflects variation in risk factors for TB, in particular the composition of the migrants entering the country.

TB control policies in Europe vary according to the country. For instance, countries such as the Netherlands conduct screening at the port of entry and even ask migrants to undergo this medical test before entering the country. However, there is no evidence for the effectiveness of carrying out screening at the port of entry, as opposed to the general screening practice. Regardless of effectiveness, these policies raise ethical issues regarding violation of human rights and discrimination.

**Slide 7:** Some authors<sup>3</sup> consider that there are nor 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

**Slide 8:** 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%<sup>9</sup>. Evidence relating to rates of HIV/Aids in the Roma population is mixed, though there are some reports of faster disease progression<sup>5</sup>.

**Slide 9:** Both among heterosexual cases and within other transmission groups, migrants or persons originating from outside of the reporting country still constitute a considerable proportion (35%) of new HIV diagnoses in the EU/EEA. There is increasing evidence that a proportion of migrants acquire HIV after arrival in the EU/EEA<sup>6 7</sup>

<sup>2</sup> Fernandes A., Pereira J. Health and Migration in the EU: Better health for all in an inclusive society. 2009. Instituto Nacional de Saúde Doutor Ricardo Jorge.

<sup>3</sup> Sanz-Peláez Ó, Caminero-Luna JA. Tuberculosis and migration in Spain. Evidence and Controversies. Med Clín. 2006; 126(7): 259-69

<sup>4</sup> Klinkenberg E, Manisero D, Semenza JC, Verver S. Migrant tuberculosis screening in the EU/EEA: yield, coverage and limitations. Eur Respir J. 2009 Nov; 34(5): 1180-9.

<sup>5</sup> European Centre for the Epidemiological Monitoring of HIV/AIDS. WHO and UNAIDS Collaborating Centre on HIV/AIDS. HIV/AIDS surveillance in Europe 2013.

<sup>6</sup> Rice BD, Elford J, Yin Z, Delpech VC. A new method to assign country of HIV infection among heterosexuals born abroad and diagnosed with HIV. AIDS 2012; 26(15): 1961-1966.

<sup>7</sup> European Centre for Disease Prevention and Control. Migrant health: Sexual transmission of HIV within migrant groups in the EU/EEA and implications for effective interventions. Stockholm: ECDC; 2013.

**Slide 10:** As recommended by the ECDC, HIV testing should be applied to all individuals belonging to populations at risk or infected with HIV. It is recommended that access to medical care and treatment is guaranteed in all cases. In spite of this, migrants in many parts of Europe face legal, administrative, cultural and linguistic barriers to accessing HIV testing<sup>11</sup>. Data submitted to ECDC for Dublin Declaration<sup>8</sup> 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.

**Slide 11:** Consider the following in a migrant patient with HIV:

- “Unusual” subtypes: Subtype D.
- Universal infections: e.g. tuberculosis, viral hepatitis and other sexually transmitted Infection.
- Endemic infections: e.g. malaria.
- Hepatotoxicity: Side effects to antiretroviral and medical treatment for TB.
- Immune reconstitution syndrome.
- Metabolopathies: Glucose 6 Phosphate Dehydrogenase deficit.

**Slide 11:** 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 has 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 to 5.6% among the general population. The highest prevalences are in southern and eastern European countries.

**Slide 12-13:** According to a meta-analysis<sup>9</sup> in 2012, nearly 3.5 million migrants and refugees have been chronically infected with **HBV**. The high prevalence of hepatitis B is registered in sub-Saharan Africa and East Asia.

**Slide 14:** 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, in Southeast Asian groups, 2% and <1% of North Africans, Europeans and Americans<sup>10</sup>. Hepatitis A y E is acute. Most people have contracted hepatitis A by adolescence.

**Slide 15:** Some studies in Spain and other countries have shown that the HBV infection rate is as high as 29% among the Roma population<sup>11</sup>. Hepatitis C is much more frequent in **Roma people** than in the general population, mainly due to more frequent drug abuse in this ethnic

<sup>8</sup> European Centre for Disease Prevention and Control . Monitoring Implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report 7 October 2013 S.

<sup>9</sup> Rossi C. and col. Seroprevalence of chronic hepatitis B virus infection and prior immunity in immigrants and refugees: a systematic review and meta-analysis. Plos One. 2012; 7(9): e44611. doi: 10.1371/journal.pone.0044611. Epub 2012 Sep 5.

<sup>10</sup> Carballo M, Cody R, O'Reilly E. Migration, hepatitis B and hepatitis C. Report by the International Centre for Migration, Health and Development, Geneva (2010).

<sup>11</sup> Vitro Ruiz MT, Marin Alcalá MP, Pascual Val T, Lopez Morras C, Aramburu Bergua I, Zubicoa Ventura J. Endemic hepatitis B in 2 marginal ethnic minorities. Comparative study [in Spanish]. Med Clin (Barc). 1993; 101: 245 – 8.

minority. Seroprevalence surveys in pregnancy show high levels of infection with hepatitis A and B (which can be transmitted vertically) in Roma women<sup>12</sup>.

**Slide 16:** As recommended by ECDC, HBsAg testing of all persons born in countries with HBsAg prevalence of  $\geq 2.0\%$  should be considered, as well as increased efforts to ensure that migrants have access to diagnosis HBV vaccination and appropriate follow up.

Available evidence from surveillance data and surveys suggests that **hepatitis C** is an issue among migrants in the EU / EEA, but there are insufficient data to quantify the magnitude of the issue. Additional studies are required to determine the epidemiology of hepatitis C among migrant populations in the EU / EEA and to identify and explain the differences between HCV in migrants in the host country and the country of origin. Hepatitis C is much more frequent in Roma people than in the general population, mainly due to there being more frequent drug abuse in this ethnic minority<sup>1</sup>.

**Slide 17:** Available data are limited and partly contradictory and it is therefore difficult to draw clear conclusions about gonorrhoea in migrants in the EU/EEA. The reported 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<sup>1</sup>.

**Slide 18:** 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<sup>1</sup>.

**Slide 19:** 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.

**Slide 20-21:** Some migrant population groups may be at elevated risk of vaccine preventable diseases<sup>13</sup>. These include older children and young adults and those who are socially and economically disadvantaged, mainly because of low vaccination coverage. There is a lack of data on vaccination uptake in the Roma population though. The available evidence suggests that with some exceptions (Croatia, Hungary, and the Czech Republic) the Roma population<sup>14</sup>, particularly migrant Roma, have lower or much lower rates of childhood vaccination uptake. 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. To this end, the Guide to Tailoring Immunization Programmes (TIP)<sup>15</sup> aims to provide proven methods and tools to assist national immunization programmes (NIPs) in designing targeted strategies that increase the uptake of infant and childhood vaccinations.

<sup>12</sup> Hajio S, Mckee M. The health of the Roma people: a review of the published literature. *J Epidemiol Community Heal.* 2000; 54: 864–9.

<sup>13</sup> European Centre for Disease Prevention and Control. Review of outbreaks and barriers to MMR vaccination coverage among hard-to-reach populations in Europe. Stockholm: ECDC, 2012.

<sup>14</sup> European Commission. Roma Health Report. Health status of the Roma population. Data collection in the Member States of the European Union. Brussels: EC, 2014. Available from: [http://ec.europa.eu/health/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf)

<sup>15</sup> The Guide to Tailoring Immunization Programmes (TIP). WHO. 2013. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/187347/The-Guide-to-Tailoring-Immunization-Programmes-TIP.pdf?ua=1)

**Slide 22:** According to the Roma Health Report<sup>13</sup>, 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 the rates of HIV/Aids is more mixed, though there are some reports of faster disease progression.

**Slide 23:** Thank you and questions.

**Slide 24:** References.

### 3. Readings

#### Recommended Readings

Barnett T, Carballo M, Haour-Knipe M, Houdry V, Jones J, Laukamm-Josten U, McKee M, Menel-Lemos C, Muscat M, O'Flanagan D, Paixão MT, Petrova-Benedict R, Szilárd I, Verver S, Zielinski A. Migration and infectious diseases in the EU. European Centre for Disease Prevention and Control. Stockholm. 2014. Available from: <http://ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf>

European Academies Science Advisory Council. Impact of migration on infectious diseases in Europe. 2007 p. 1–8. Available from: [http://www.easac.eu/fileadmin/PDF\\_s/reports\\_statements/Migration.pdf](http://www.easac.eu/fileadmin/PDF_s/reports_statements/Migration.pdf)

#### Complementary Readings

Wörmann T, Krämer A. Communicable diseases. In: Rechel B, Mladovsky P, Devillé W, Rijks B, Petrova-Benedict R, McKee M. Migration and health in the European Union. 2011. European Observatory on Health Systems and Policies Series. Available from: [http://www.euro.who.int/\\_data/assets/pdf\\_file/0019/161560/e96458.pdf](http://www.euro.who.int/_data/assets/pdf_file/0019/161560/e96458.pdf)

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European Commission. Roma Health Report. Health status of the Roma population. Data collection in the Member States of the European Union. Brussels: EC, 2014. Available from: [http://ec.europa.eu/health/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf)

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Vitro Ruiz MT, Marin Alcala MP, Pascual Val T, Lopez Morras C, Aramburu Bergua I, Zubicoa Ventura J. Endemic hepatitis B in marginal ethnic minorities. Comparative study [in Spanish]. Med Clin (Barc). 1993; 101: 245 – 8. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/7745997>

Hajio S, Mckee M. The health of the Roma people: a review of the published literature. J Epidemiol Community Heal. 2000;54:864–9. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11027202>

European Centre for Disease Prevention and Control. Review of outbreaks and barriers to MMR vaccination coverage among hard-to-reach populations in Europe. Stockholm: ECDC. 2012. Available from: <http://ecdc.europa.eu/en/publications/Publications/MMR-vaccination-hard-to-reach-population-review-2013.pdf>