

Module 3 Unit 3: Health Prevention

1. Demographics



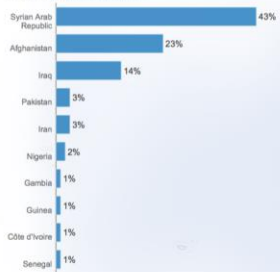
Refugees/Migrants Emergency Response - Mediterranean 7 May 2016

<http://data.unhcr.org/mediterranean>

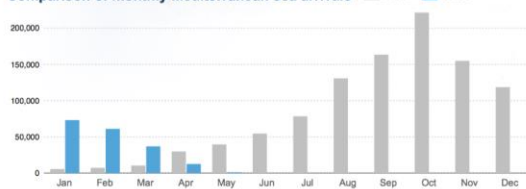
Increasing numbers of refugees and migrants take their chances aboard unseaworthy boats and dinghies in a desperate bid to reach Europe. The vast majority of those attempting this dangerous crossing are in need of international protection, fleeing war, violence and persecution in their country of origin. Every year these movements continue to exact a devastating toll on human life.

Top-10 nationalities of Mediterranean sea arrivals

Top-10 nationalities represent **92%** of the sea arrivals
based on arrivals since 1 Jan 2016

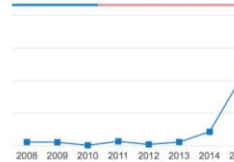


Comparison of monthly Mediterranean sea arrivals



Evolution - Mediterranean Sea

Sea arrivals | Dead/missing persons



184,913 arrivals by sea in 2016

1,015,078 arrivals by sea in 2015

1,361 dead/missing in 2016

82% of arrivals come from the world's top 10 refugee-producing countries



Demographics based on arrivals since 1 Jan 2016



2. Refugees Health Issues

Community acquired diseases

The health problems of refugees are similar to those of the rest of the population.

Mental Health: Adjustment disorders

Psychologic symptoms because of the stress as a result of migration or life conditions

Genetic disorders

Some genetic diseases are more frequent in other populations

Tropical infectious diseases

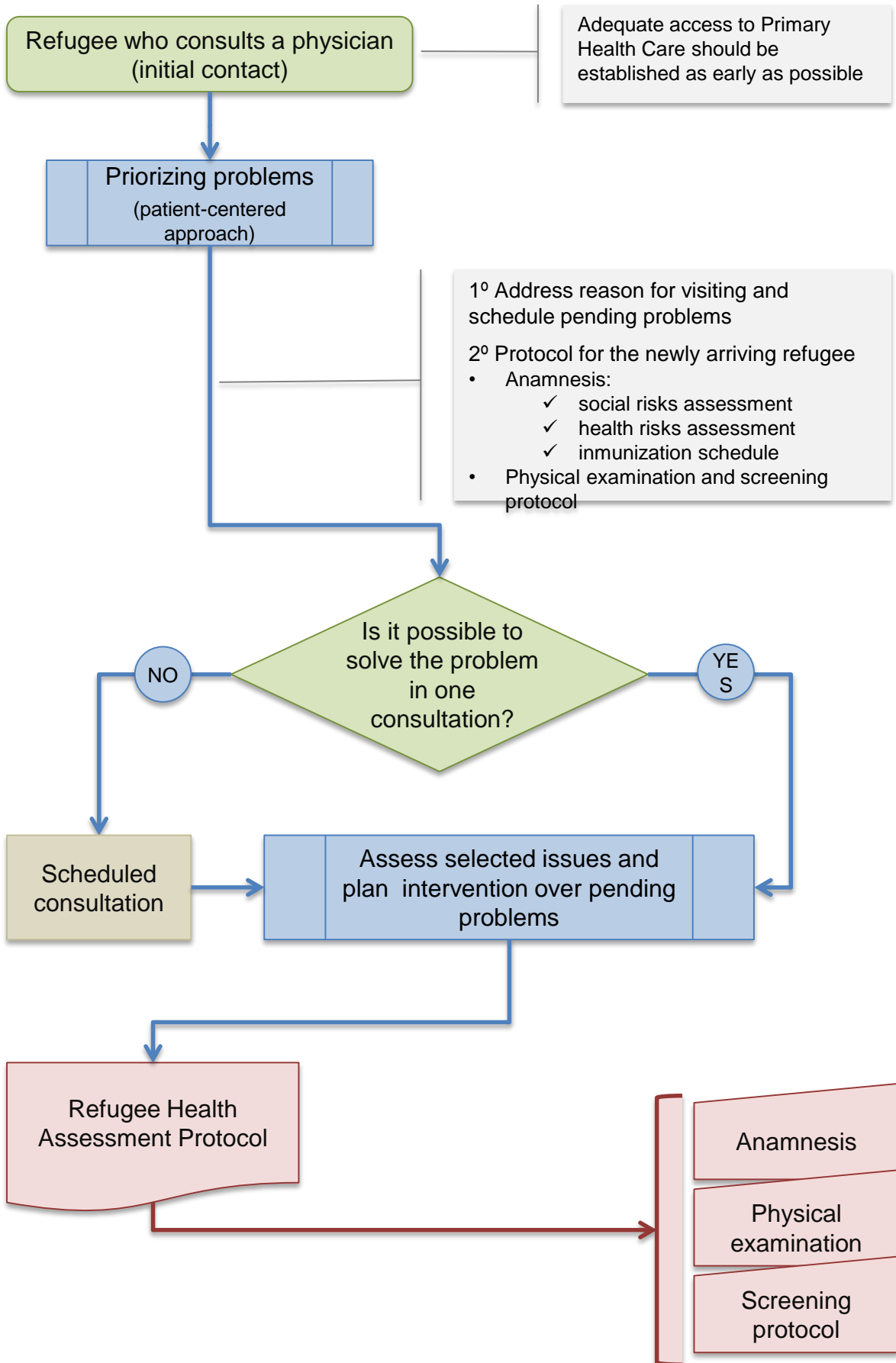
A group of Infections that are especially common in regions of Africa, Asia and the Americas

Cosmopolitan diseases

Diseases not eliminated in the European region but are associated primarily with poverty

Although many physicians think of infectious diseases when dealing with refugees, other diagnoses such as musculoskeletal pain and mental health issues are actually more prevalent

3. Refugee seeking healthcare



4. Summary checklist for the medical examination for newly arriving refugees

Anamnesis	Physical examination
<ul style="list-style-type: none"> <input type="checkbox"/> Country of origin and migratory history <input type="checkbox"/> Identify communication issues or cultural differences <input type="checkbox"/> Dwelling conditions <input type="checkbox"/> Social history: social networks and vulnerability <input type="checkbox"/> Asylum seeker status, and future perspectives in receiving country <input type="checkbox"/> Psychological risks <input type="checkbox"/> Chronic diseases and allergies <input type="checkbox"/> Previous health investigations or pre-departure medical examination <input type="checkbox"/> Current medications <input type="checkbox"/> Immunizations given 	<ul style="list-style-type: none"> <input type="checkbox"/> Nutritional status <input type="checkbox"/> Skin and mucosa (oral mucosa, throat, eyes) <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Lungs and heart <input type="checkbox"/> Abdomen (organomegalies or masses) <input type="checkbox"/> Extremities <input type="checkbox"/> External genitalia <input type="checkbox"/> Basic psychological exploration
<h4 style="margin: 0;">Screening protocol</h4>	
<ul style="list-style-type: none"> <input type="checkbox"/> General laboratory testing (blood count, glucose and serum chemistries, urinalysis, liver function tests) <input type="checkbox"/> Metabolopathies test in children under the age of 6 months <p>Disease-specific testing (depending on country of origin)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serologies for hepatitis B, hepatitis C and varicella <input type="checkbox"/> HIV (informed consent) and syphilis <input type="checkbox"/> Intestinal and tissue invasive parasites <input type="checkbox"/> Malaria <input type="checkbox"/> Tuberculosis 	

Don't forget:

- Build a patient-centered relationship (call patient for his/her name, ask for preferences...)
- To know social and cultural context
- Health education intervention (dental care, exercise, nutrition counselling, assess for smoking and alcohol misuse, etc)
- To ask for contraceptive needs
- Remain alert for possible social needs, to refer to local social services
- Offer the general population screening programmes (breast screening, cervical cancer screening)
- Individualize the intervention depending on circumstances, don't forget assessing patient health concerns first



5. Screening Protocol for Refugees (1/2)

Mental health screening

Clinical assessment is controversial. Be alert for signs and symptoms of post-traumatic disorder, depression, etc)

Infectious diseases

Hepatitis B
(HBsAg, anti-HBc, anti-HBs)

Adults and children where the seroprevalence is moderate or high (i.e. $\geq 2\%$ HBsAg)

Vaccinate those who are susceptible (negative for all three markers)

Hepatitis C

All refugees from regions with prevalence of disease $\geq 3\%$

HIV

Screen with informed consent, all adolescents and adults from countries where HIV prevalence is $\geq 1\%$

Consider syphilis test for all persons ≥ 15 years old and for some children (risk criteria)

Intestinal parasites

Strongyloides (serologic test): Screen refugees newly arriving from Southeast Asia and Africa

Stools for ova and parasites: routine assesment for those who are symptomatic

Schistosoma (serologic test): Screen refugees newly arriving from Africa

Treat if positive: ivermectin (*Strongyloides*) or praziquantel (*Schistosoma*)

Malaria

Do not conduct routine screening.

Suspect malaria if fever is present in any traveler coming from sub-Saharan Africa

Tuberculosis

Screen children, adolescents < 20 years of age and refugees between 20 and 50 years of age from countries with a high incidence of tuberculosis

If test results are positive, rule out active tuberculosis and then treat latent tuberculosis infection.

5. Screening Protocol for Refugees (2/2)

Chronic and noncommunicable diseases

- In addition to the other special health considerations, refugees have the same common chronic conditions as non-refugee patients
- Screen for chronic diseases, such as diabetes, hypertension, cholesterol, colorectal cancer etc. as appropriate based on age and risk factors as per usual practice.

Type 2 diabetes mellitus

Screen refugees > 35 years of age from ethnic groups at high risk for type 2 diabetes (those from South Asia, Latin America and Africa) with fasting blood glucose

The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese

Iron-deficiency anemia

Screen refugee women of reproductive age, and children aged one to four years for iron-deficiency anemia (with hemoglobin)

If anemia is present, investigate and recommend iron supplementation if appropriate

Dental disease

Screen all immigrants for dental pain. Screen all immigrant children and adults for obvious dental caries and oral disease

Refer to a dentist or oral health specialist if necessary.

Vision health

Perform age-appropriate screening for visual impairment

Cervical cytology

Screen sexually active women for cervical abnormalities by Papanicolaou (Pap) test

Breast cancer screening as appropriate for age. Lower priority for the first visit

Lower priority for the first visit. Information, rapport and access to a female practitioner can improve uptake of screening and follow-up.

Contraception

Provide culturally sensitive, patient-centred contraceptive counselling (giving women their method of choice, having contraception on site and fostering a good interpersonal relationship).

6. Adult Immunizations Schedule: priorities

- Most countries in Europe tend to recommend the same kind of vaccines for adults, but there could be some differences (schedules, risk groups, funding and coverage, etc). Search for vaccination recommendations in your country.

Recommended adult immunization schedule for refugees					
Vaccine📄	14-17 years	18-25 years	26-49 years	60-64 years	≥65 years
Influenza	1 dose annually depending on indication				1 dose annually
Tetanus, diphteria (Td)	Complete the recommended five dose schedule if vaccination status unknown or incomplete			1 dose	Complete
Pertusis (Tdpa)	1 dose Tdap each pregnancy (third trimester)				
Measles, mumps, rubella (MMR)	<35 years: 1 or 2 doses depending if vaccination is incomplete or unknown				
Varicella	Persons with risk factor and seronegative. 2 doses				
Hepatitis B	3 doses (0-1-6 months)				
Polio*	3 doses (IPV, 0-1-12 months)				
Refugees, asylum-seekers and migrants should be vaccinated without unnecessary delay according to the immunization schedule of the country in which they intend to.					
In adults <35 years, measles, mumps and rubella (MMR) should be priorities.					
* Assess the vaccination status of refugees and migrants from polio-affected countries* at the time of entry into the EU/EEA (Cameroon, Equatorial Guinea, Pakistan, Syrian Arabic Republic, Afghanistan, Ethiopia, Iraq, Israel, Somalia and Nigeria). People not vaccinated against polio or other diseases should be offered age-appropriate vaccinations and in accordance with the host country's vaccination schedule.					



WHO-UNHCR-UNICEF joint technical guidance: general principles of vaccination of refugees, asylum-seekers and migrants in the WHO European Region. 23 nov. 2015. Web page: euro.who.int/

CDC Adult Immunization Schedule – United States – 2016. Web page: cdc.gov/vaccines/schedules/hcp/adult.html

7. About Health Promotion

- Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.
- The 8th Global Conference on Health Promotion was held in Helsinki, Finland from 10-14 June 2013.

We call on governments to fulfil their obligations to their peoples' health and well-being by taking the following actions:

- Commit to health and health equity as a political priority by adopting the principles of Health in All Policies and taking action on the social determinants of health.
- Ensure effective structures, processes and resources that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
- Strengthen the capacity of Ministries of Health to engage other sectors of government through leadership, partnership, advocacy and mediation to achieve improved health outcomes.
- Build institutional capacity and skills that enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.
- Adopt transparent audit and accountability mechanisms for health and equity impacts that build trust across government and between governments and their people.
- Establish conflict of interest measures that include effective safeguards to protect policies from distortion by commercial and vested interests and influence.
- Include communities, social movements and civil society in the development, implementation and monitoring of Health in All Policies, building health literacy in the population.

The Helsinki statement on Health in All Policies



The 8th Global Conference on Health Promotion, Helsinki, Finland, 10-14 June 2013. The Helsinki statement on Health in All Policies