Epidemiology of STIs (including HIV and HBV infections) in undocumented migrants in Europe: what do we know?

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Outline

- Introduction
- Difficulties with the data
- STIs:
  - gonorrhoea and syphilis
  - Viral hepatitis B and C
  - HIV
- Conclusions
Migrant health and infectious disease remain a priority
Expert opinion on the public health needs of irregular migrant, refugees and asylum seekers

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Viewpoints

Public health needs of migrants, refugees and asylum seekers in Europe, 2015: Infectious disease aspects

In the first 10 months of 2015 the total number of asylum applications to the European Asylum Support Office (EASO) recorded by European Union (EU) countries exceeded the 1 million mark, an unprecedented level since the establishment of the EU. Syria has been the most common country of origin of asylum applications, followed by Afghanistan and Iraq. However, these figures do not take unregistered migrants into account: in the same time period, 500 000 undocumented border crossing detections were recorded on the EU’s external borders, according to Frontex. In the light of these developments, the European Centre for Disease Prevention and Control (ECDC) assessed the public health needs of migrants or individuals that are applying for asylum or refugee status, through: (i) interviews with 14 experts from Member States and Non-Governmental Organizations with first-hand experience working with migrant populations (7–11 August 2015); (ii) a non-systematic review of available evidence (peer-reviewed publications and relevant ECDC risk assessments); and (c) an expert meeting on the prevention of infectious diseases among newly arrived migrants in the EU and European Economic Area (EEA) (12–13 November 2015).

Screening for infectious diseases

Screening can be defined as the systematic practice of medical examination, involving laboratory or other diagnostic testing, to search for and identify cases of a specific infectious disease in a target population. Although most newly arrived migrants are healthy, expert consultations pointed out the importance of screening for infectious diseases according to countries of origin, since prevalence rates differ considerably. Monitoring the infectious disease burden in these populations can identify infected individuals in need of treatment. Moreover, early detection and rapid medical intervention can potentially mitigate the risks of further onward transmission within migrant communities as well as in the destination country. According to a recent survey in EU/EEA countries, screening for infectious diseases among migrants is currently directed predominantly towards tuberculosis (TB). TB screening can be performed at different time points upon migrating to a new country (i.e. upon arrival in a country or post-arrival). However, there are a number of key factors to take into account when deciding whether to implement TB disease screening in a setting of irregular migrants such as the options for treatment super-

Infectious disease risks to newly-arrived migrants

1. Infectious disease risks to newly-arrived migrants

Migrant populations entering the EU/EEA, and the asylum seeker population, will benefit from the same level of health care as any other EU population, and they should be treated in the same way as any other EU population, with specific risks identified by their specific risk of infection. This is especially true for those who have experienced non-migrant diseases and mental/health problems, and are at risk of infection.

The risk for EU/EEA countries of infectious disease is low, although the likelihood that individuals entering a country are infected with a specific disease is non-trivial. This is especially true for those who have experienced non-migrant diseases and mental/health problems, and are at risk of infection.

2. Infectious diseases to newly-arrived migrants

Table 1 provides examples of infectious diseases to newly-arrived migrants. The risk for migrants entering the EU in 2015 is low, although the likelihood that individuals entering a country are infected with a specific disease is non-trivial. This is especially true for those who have experienced non-migrant diseases and mental/health problems, and are at risk of infection.


Exposed Clinical specimen Symptomatic Positive specimen Seek medical attention Infected Exposed Regional National Surveillance notification data
“For undocumented migrants, access to basic healthcare, including sexual and reproductive health services, is the exception rather than the rule in the majority of EU Member States”.

— Platform for International Cooperation on Undocumented Migrants (PICUM), 2016
Surveillance notification data

Exposed
Clinical specimen
Symptomatic
Infected
Seek medical attention
Positive specimen
Report

Local  Regional  National
## Data on migration status, ECDC

### Table B: Completeness (%) of variables collected through TESSy

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<tbody>
<tr>
<td>Country of birth</td>
<td>62</td>
<td>95.6</td>
<td>19.1</td>
<td>14.4</td>
<td>17</td>
<td>26</td>
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<tr>
<td>Country of nationality</td>
<td>28</td>
<td>96.3</td>
<td>6.8</td>
<td>6.6</td>
<td>4</td>
<td>17</td>
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<td>Probable country of infection</td>
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<td>20.2</td>
<td>7.6</td>
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<td>3</td>
<td>5</td>
<td>90.1</td>
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<tr>
<td>Region of origin</td>
<td>62.5</td>
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* Not under EU surveillance
Burden of infectious diseases among migrants, 2014

**Objective:** To produce a comprehensive overview of the key infectious diseases affecting migrant populations in the EU/EEA

<table>
<thead>
<tr>
<th>Disease 1</th>
<th>Disease 2</th>
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<tbody>
<tr>
<td>TB</td>
<td>RUBELLA</td>
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<tr>
<td>HIV</td>
<td>GONORRHOEA</td>
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<tr>
<td>HEPATITIS B</td>
<td>SYPHILIS</td>
</tr>
<tr>
<td>HEPATITIS C</td>
<td>MALARIA</td>
</tr>
<tr>
<td>MEASLES</td>
<td>CHAGAS DISEASE</td>
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</tbody>
</table>
Reported cases of gonorrhoea in EU/EEA by migrant status, 2015

Range from 0 to 33.3% excluding the unknowns

- Romania
- Estonia
- Cyprus
- Norway
- Slovakia
- Lithuania
- United Kingdom
- Slovenia
- Hungary
- Denmark
- Czech Republic
- Portugal
- France
- Iceland
- Netherlands
- Luxembourg
- Malta
- Croatia
- Bulgaria
- Greece
- Finland
- Latvia
- Poland
- Italy
- Ireland
- Belgium
- Sweden
- Spain

Migrant  Native  Unknown
Reported cases of gonorrhoea in the EU/EEA in migrants by country of origin, 2015

Based on 1.1% of the total number of reported cases, percentages exclude ‘unknowns’
Reported cases of syphilis in EU/ EEA by migrant status, 2015

Range from 0 to 88.9% excluding the unknowns
Reported cases of syphilis in EU/EEA in migrants by country of origin, 2015

- Romania: 5.23
- Poland: 3.43
- Ukraine: 3
- Spain: 2.92
- Slovakia: 2.74
- United Kingdom: 2.74
- Italy: 2.66
- Suriname: 2.66
- Algeria: 2.4

Based on 1.7% of the total number of reported cases, percentages exclude ‘unknowns’
Hepatitis B and C virus

WHO European Region

- Estimated
  - 13 million people with chronic hepatitis B virus (HBV)
  - 15 million are chronic hepatitis C virus (HCV).

ECDC estimates

- Overall prevalence of both hepatitis B and C infection around 1% in the countries of the EU/EEA
- Prevalence in the EU/EEA in migrants born in endemic countries is 6% for HBsAg and 2.3% for anti-HCV.
Relative contribution of migrants to the total number of chronic hepatitis B cases per EU/EEA country

- An estimated 1 to 1.9 million CHB-infected migrants from endemic countries (prevalence ≥2%) reside in the EU/EEA.
- Migrants comprise 10.3% of the total EU/EEA population but account for 25% of all CHB cases in the EU/EEA.

Migrants comprise 10.3% of the total EU/EEA population but account for 14% of all CHC cases.
Magnitude and trends of the HIV epidemic among migrants in the EU


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Proportion of HIV diagnoses among natives and migrants* EU/EEA, 2015

Migrants: 37%

Natives: 63%

* Migrants: all persons born outside of the country in which they were diagnosed

Proportion of HIV diagnoses among migrants* by country, EU/EEA, 2015 (n= 25 785)

* Data presented here are among cases with known region of origin; there were no cases reported among migrants in Hungary or Liechtenstein

Reported HIV cases by transmission category and geographical origin, EU/EEA, 2007-2011 (n=125,225)

New HIV diagnoses among natives, European migrants and non-European migrants, WHO European Region, 2006–2015

HIV diagnoses, by transmission mode and migration status, 2006-2015, EU/EEA

Data are adjusted for reporting delay. Cases from Estonia, Italy, Poland, Spain excluded due to inconsistent reporting over the period.
HIV diagnoses, by transmission mode and migration status, 2006–2015, EU/EEA

Data are adjusted for reporting delay. Cases from Estonia, Italy, Poland, Spain excluded due to inconsistent reporting over the period.
Late presenters: CD4 cell count at time of HIV diagnosis and region of origin, EU/EEA, 2015

- Western Europe: n = 834
- Central and Eastern Europe: n = 963
- Latin America and Caribbean: n = 1,214
- Non-migrants (native): n = 10,925
- Sub-Saharan Africa: n = 2,403
- South and Southeast Asia: n = 439

< 200 cells/mm³  200 to <350 cells/mm³  350 to <500 cells/mm³  ≥500 cells/mm³
Where do migrants get infected with HIV (prior to or after arrival to the EU)?

![Graph showing percentage of black African adults born abroad probably acquiring HIV whilst living in the UK over years.](graph)

**Clinic-based estimate**
- 7% (2004)
- 24% (2006)
- 46% (2010)

**CD4-based estimate**
- 18% (2004)
- 24% (2006)
- 46% (2010)

Proportion of migrants who acquired HIV post-migration in Belgium, Italy, Sweden and the United Kingdom

- Multi-country estimates among 23,906 migrants diagnosed between 2000-2013
- Over 1/3 of migrants diagnosed acquired HIV post-migration in 2011
- MSM migrants were particularly affected with more than 2/5 estimated to have acquired HIV post-migration

Why is this important?

- Screening newly arrived migrants at point of entry is not enough
- Some sub-populations of migrants are at-risk for HIV acquisition many years after arrival to the EU
- Need for ongoing targeted primary HIV prevention programmes to migrant populations at risk

76% of countries identify migrants as an important sub-population in their HIV response.
Data on HIV prevalence among migrants, 2012

Indicator relevant, data provided
Indicator relevant, no data
Topic relevant, indicator not relevant
Topic not relevant
No response
Not applicable

Liechtenstein
Luxembourg
Malta
Data on HIV testing or condom use among migrants, 2012

Conclusions

- HIV/STI/Hep in migrants recognised as an important issue, especially by the western EU/EEA Member States but…
  - data on the health of migrants are poor and on undocumented migrants extremely poor: Epidemiological data poor; Behavioural data poor
  - Needs investment!: both financial and human resources.

- Most migrants entering the EU/EEA are healthy and do not represent a threat to the EU/EEA with respect to infectious diseases.

- Certain subgroups of migrants carry a disproportionate burden of HIV, hepatitis (and TB) reflecting the prevalence of infectious diseases in their country of departure: – need better linkage to care to avoid future complications.
A special thank you to the EU/EEA national expert surveillance contact points and other Member State collaborators on the Dublin Monitoring.

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