



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

Andrew Amato, Head of HIV/STI/Hepatitis Programme,
European Centre for Disease Prevention and Control, Stockholm

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



The European Journal of Public Health, Vol. 26, No. 3, 372–373

© The Author 2016. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.

Infectious to newly-

1. Infectious disease risk the EU/EEA

Migrant populations entering the EU/EEA, and the same way as other EU populations, and if they should benefit from the same level of protection including those which can be prevented by specific risks of infectious diseases in relation to migrants and the conditions they experienced. Healthcare workers of the risks of infectious chronic diseases and mental problems that m

The risk for EU/EEA countries of infectious disease is extremely low. Although the likelihood that it occur among migrants is low, or in some cases recognised and treated in a timely manner, or significant risk for EU/EEA populations.

2. Infectious diseases to origin

Table 1 provides examples of which infectious asymptomatic newly-arrived migrants. The origin for migrants entering the EU in 2015, infectious diseases is not exhaustive but can important to note that we cannot fully rely on infectious diseases to be vigilant for. Those representative of the population of origin. In destination, through a number of countries as diseases to consider. Newly-arrived migrants their symptoms.

* Eurostat news release, 16/3/2015 – 18 September the second quarter of 2015

¹ Asylum statistics EUROSTAT. (Retrieved 4 September 2015) http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&code=sdg_10_10_1

Suggested citation: European Centre for Disease Prevention and Control (ECDC). (2016). *Public health needs of migrants, refugees and asylum seekers in Europe, 2015: Infectious disease aspects*. *The European Journal of Public Health*, 26(3), 372–373.

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.¹ 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.² 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).^{3–5}

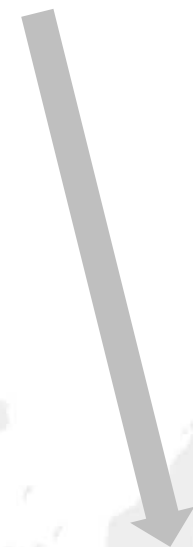
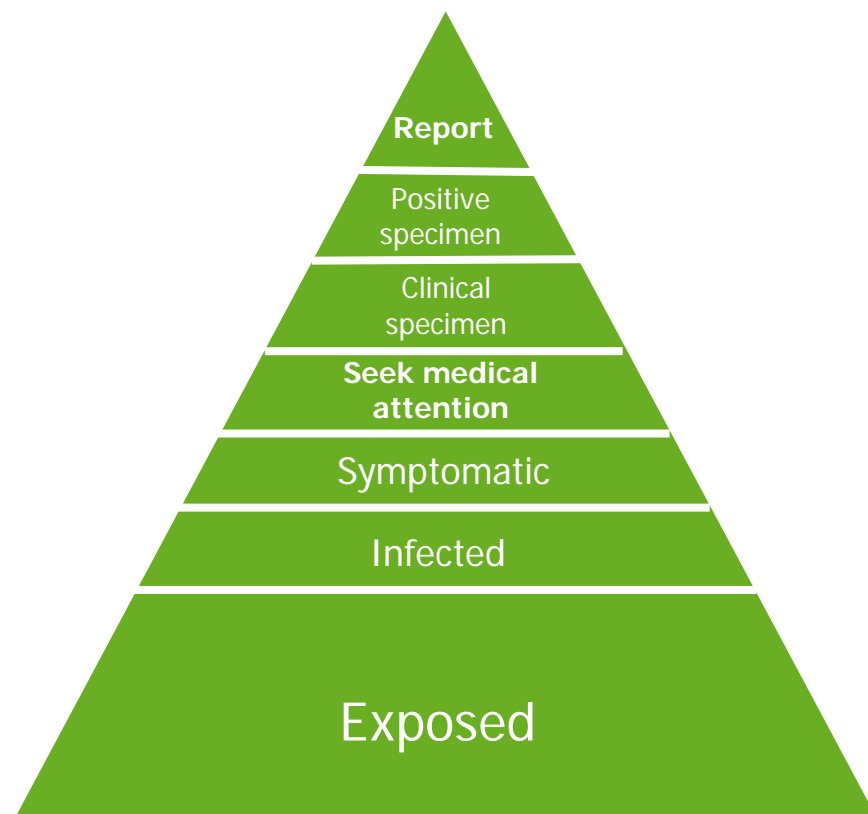
Screening for infectious diseases

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-



Surveillance notification data

Local → Regional → National



“...the exception rather than the rule”

“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”.

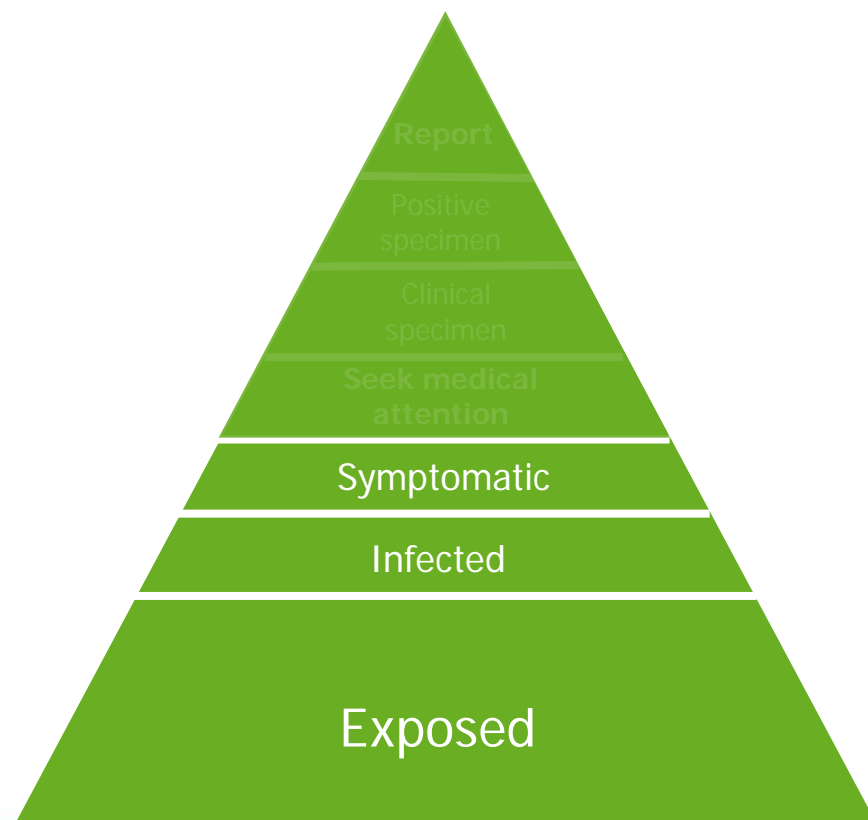
— Platform for International Cooperation on Undocumented Migrants (PICUM), 2016





Surveillance notification data

Local  Regional  National





Data on migration status, ECDC

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

Variable	HIV (2012)	TB (2011)	HBV (2011)	HCV (2011)	Gonorrhoea (2011)	Syphilis (2011)	Measles (2013)	Rubella (2013)	Malaria (2012)	Chagas disease*
Country of birth	62	95.6	19.1	14.4	17	26				
Country of nationality	28	96.3	6.8	6.6	4	17				
Probable country of infection	17		20.2	7.6	9	10	3	5	90.1	
Imported			39.1	40.5			82	96	98.7	
Region of origin	62.5									

* 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

TB

RUBELLA

HIV

GONORRHOEA

HEPATITIS B

SYPHILIS

HEPATITIS C

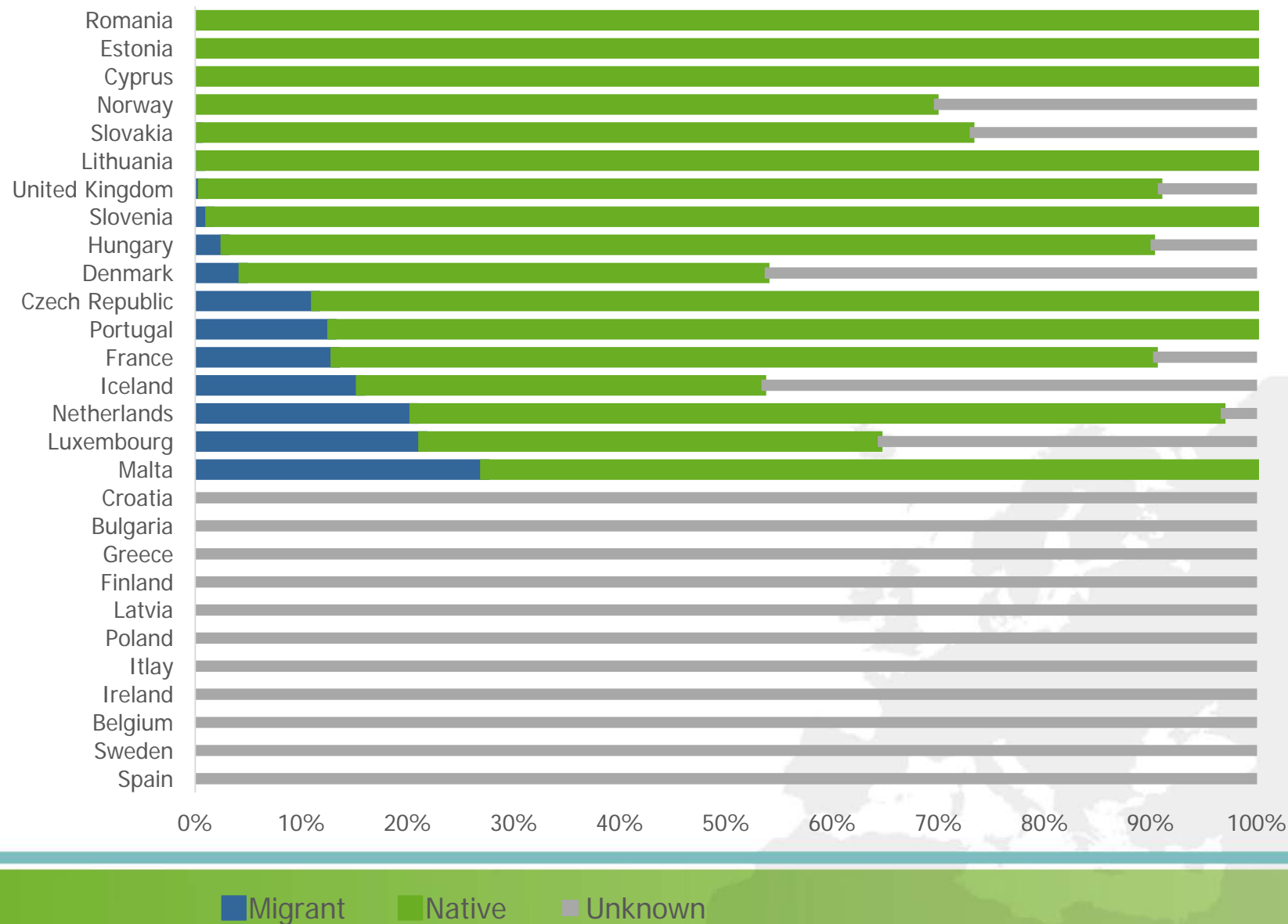
MALARIA

MEASLES

CHAGAS DISEASE

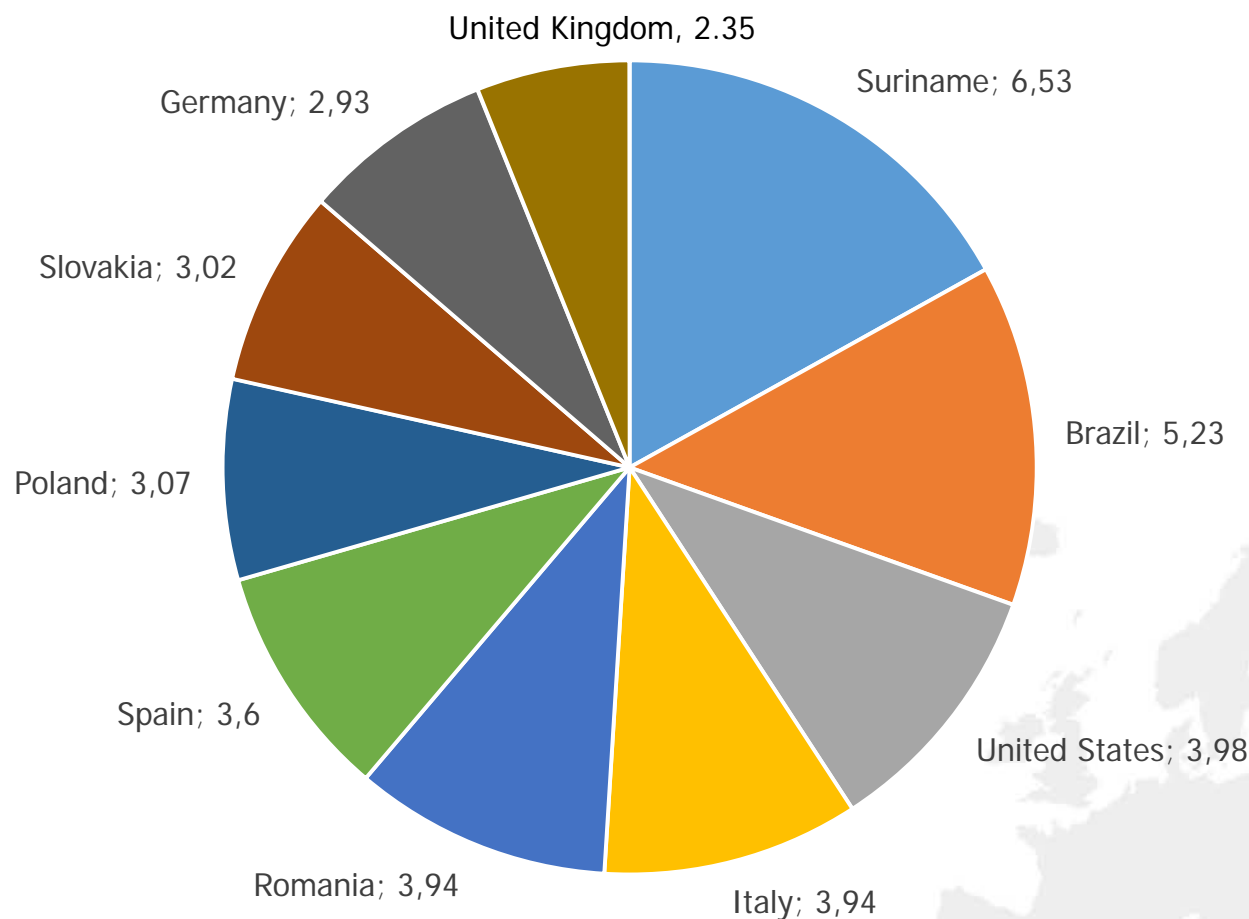


Reported cases of gonorrhoea in EU/EEA by migrant status, 2015





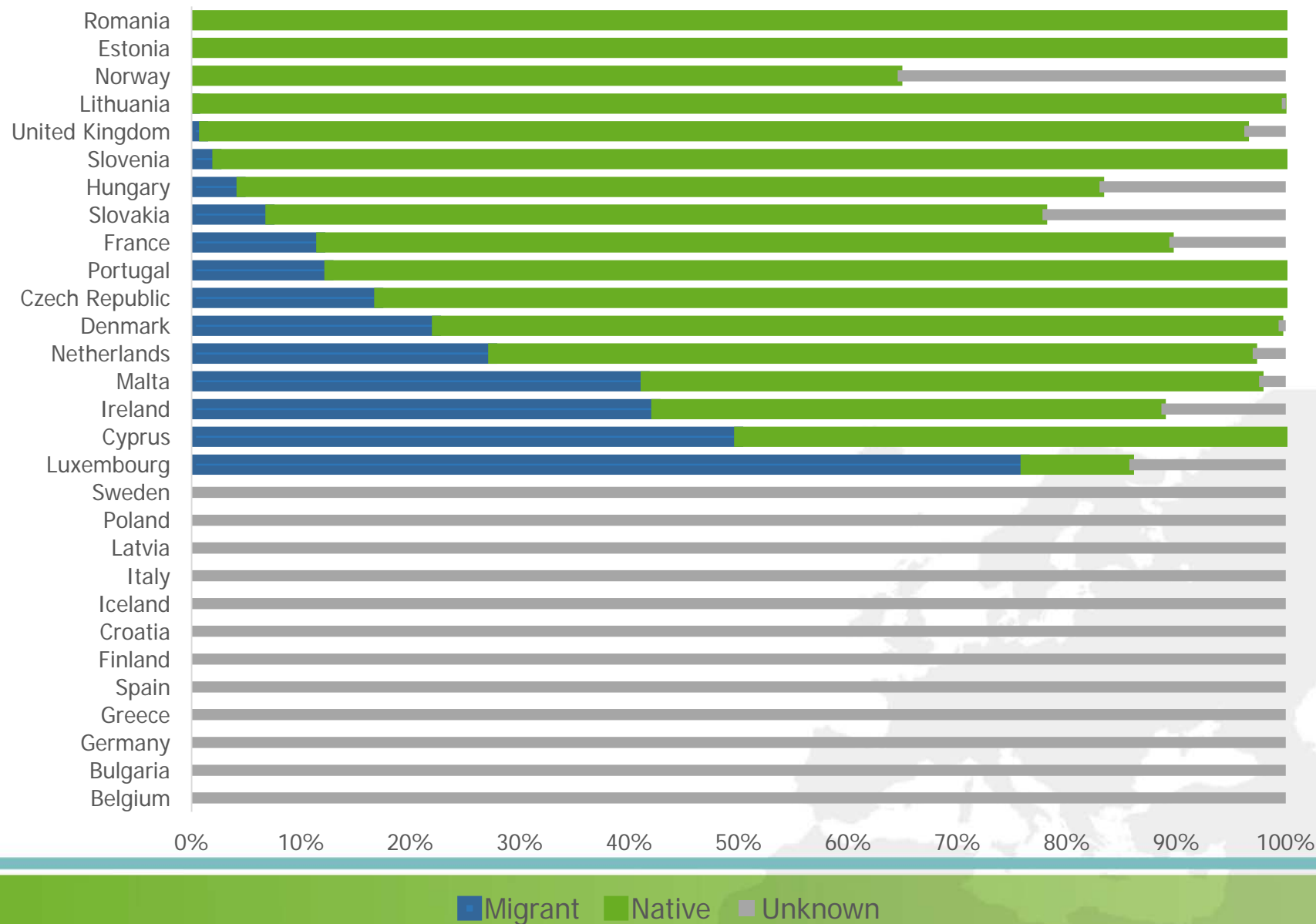
Reported cases of gonorrhoea in the EU/EEA in migrants by country of origin, 2015



Based on 1.1% of the total number of reported cases, percentages exclude 'unknowns'

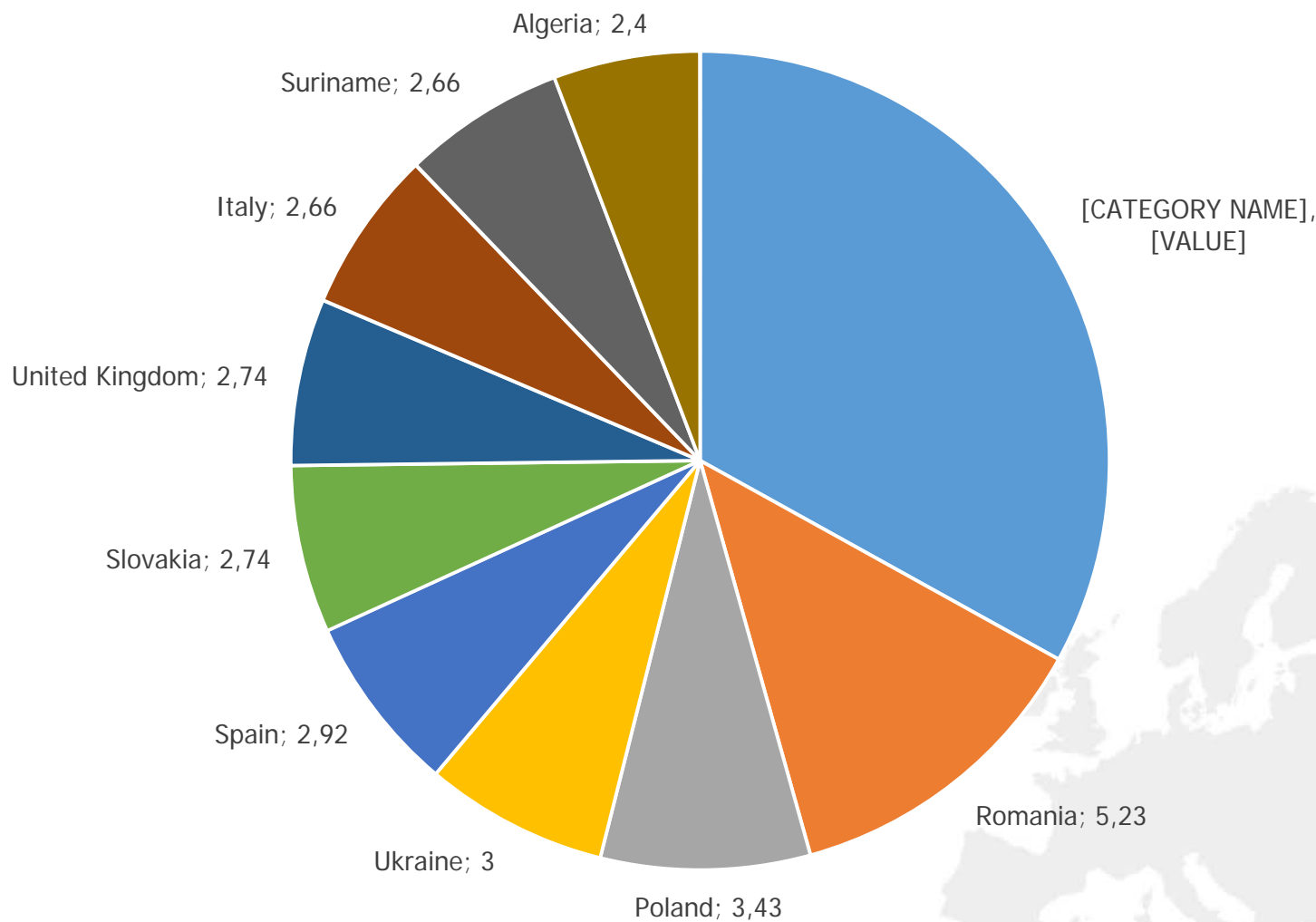


Reported cases of syphilis in EU/EEA by migrant status, 2015





Reported cases of syphilis in EU/EEA in migrants by country of origin, 2015



Based on 1.7% of the total number of reported cases, percentages exclude 'unknowns'



Hepatitis B and C virus

WHO European Region

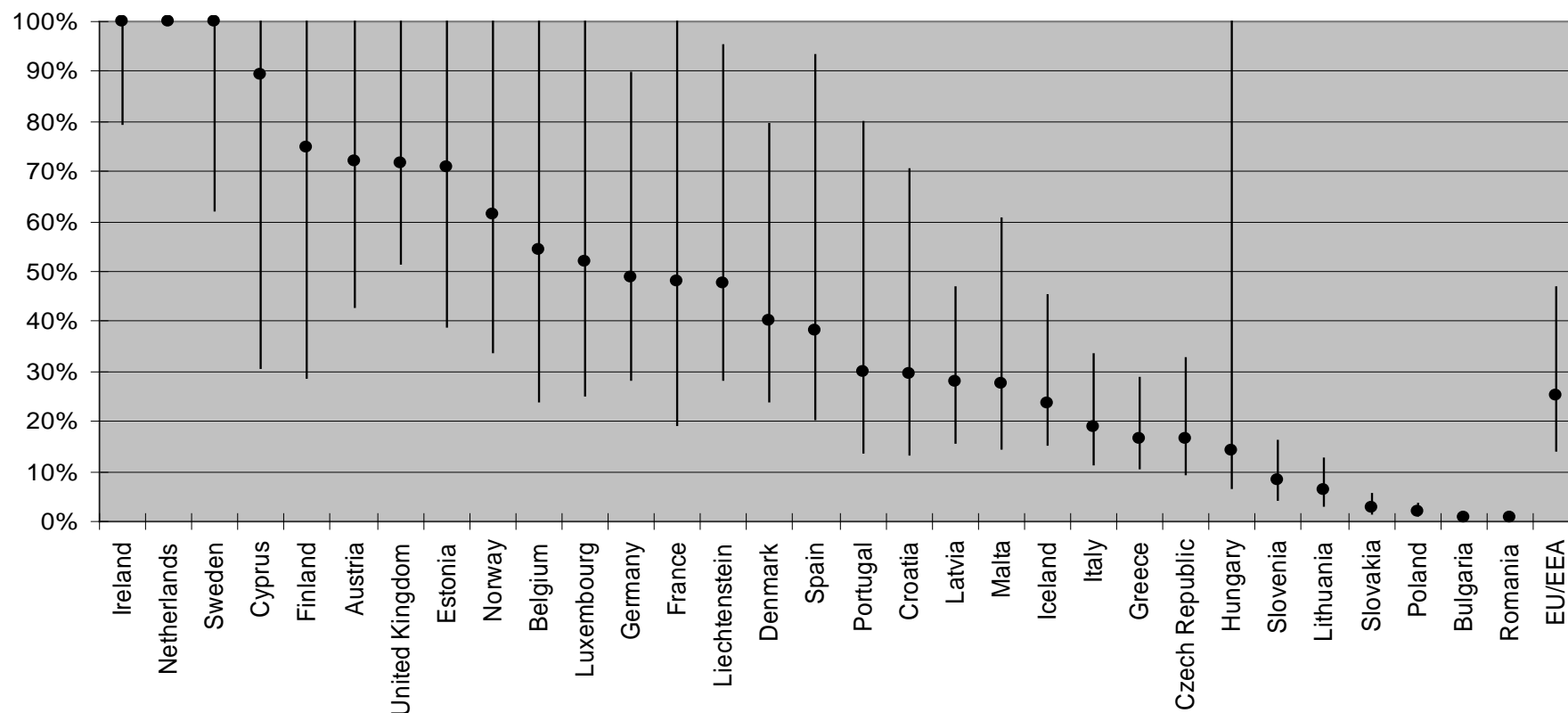
- Estimated
 - 13 million people with chronic hepatitis B virus (HBV)
 - 15 million are chronic hepatitis C virus (HCV).

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**.



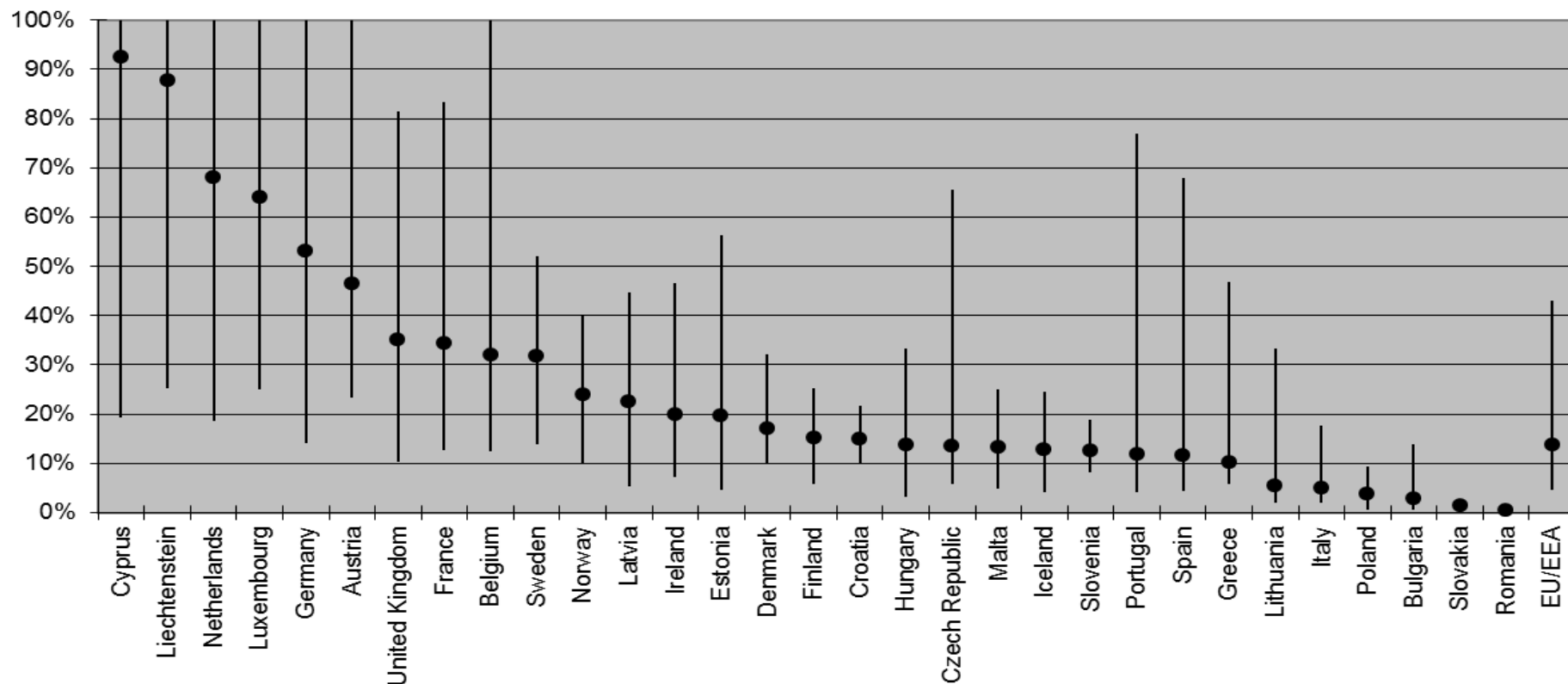
Relative contribution of migrants to the total number of chronic hepatitis B cases per EU/EEA country



- An estimated 1 to 1.9 million CHB-infected migrants from endemic countries (prevalence $\geq 2\%$) 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.

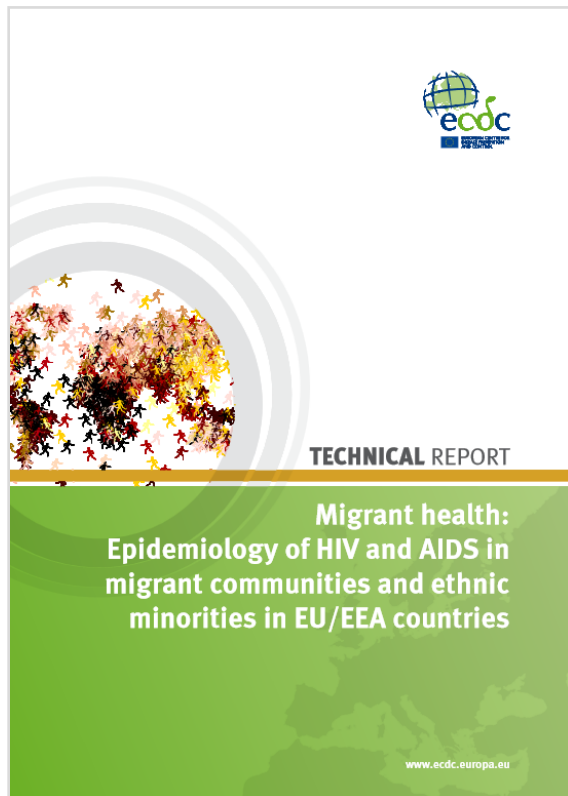


Relative contribution of migrants to the total chronic hepatitis C cases per country



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



European Journal of Public Health, Vol. 21, No. 5, 620–626

© The Author 2010. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.
doi:10.1093/eurpub/ckq150 Advance Access published on 4 November 2010

The epidemiology of HIV and AIDS reports in migrants in the 27 European Union countries, Norway and Iceland: 1999–2006

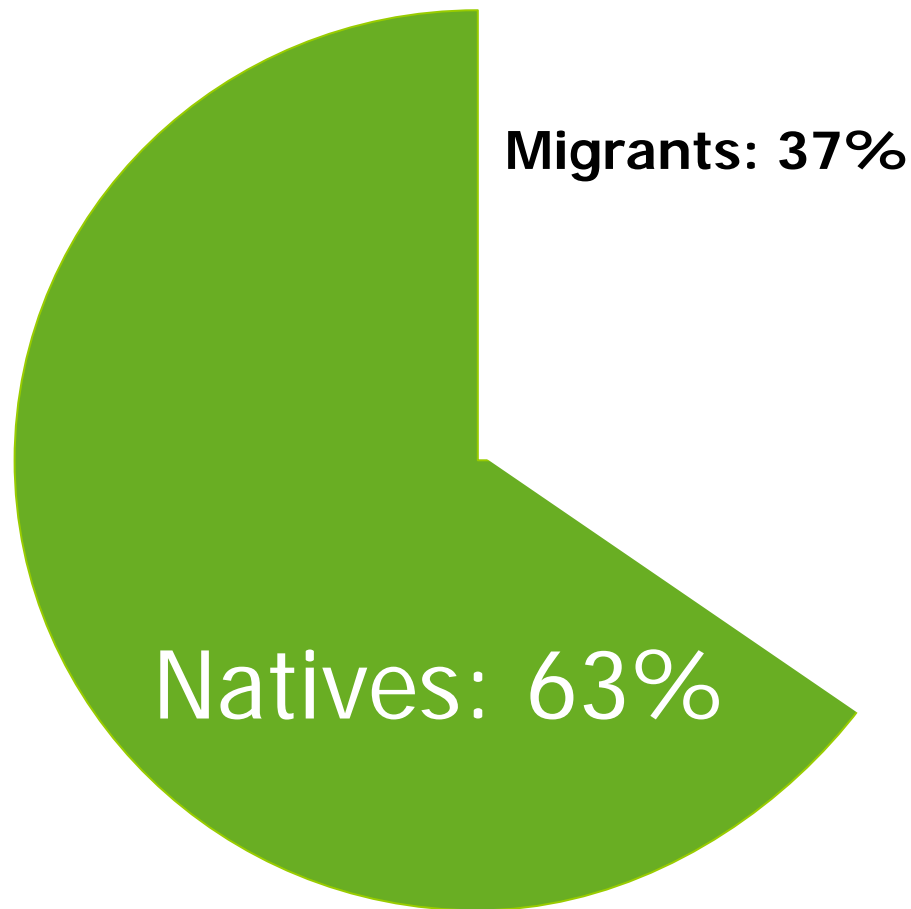
Julia Del Amo^{1,2,3}, Giedrius Likatavičius⁴, Santiago Pérez-Cachafeiro^{1,2},
Victoria Hernando^{1,2}, Cristina González^{1,2}, Inma Jarrín^{1,2}, Teymur Noori⁴,
Françoise F. Hamers⁵, Francisco Bolúmar^{2,6}

J Acquir Immune Defic Syndr • Volume 70, Number 2, October 1, 2015

HIV Infection in Migrant Populations in the European Union and European Economic Area in 2007–2012: An Epidemic on the Move

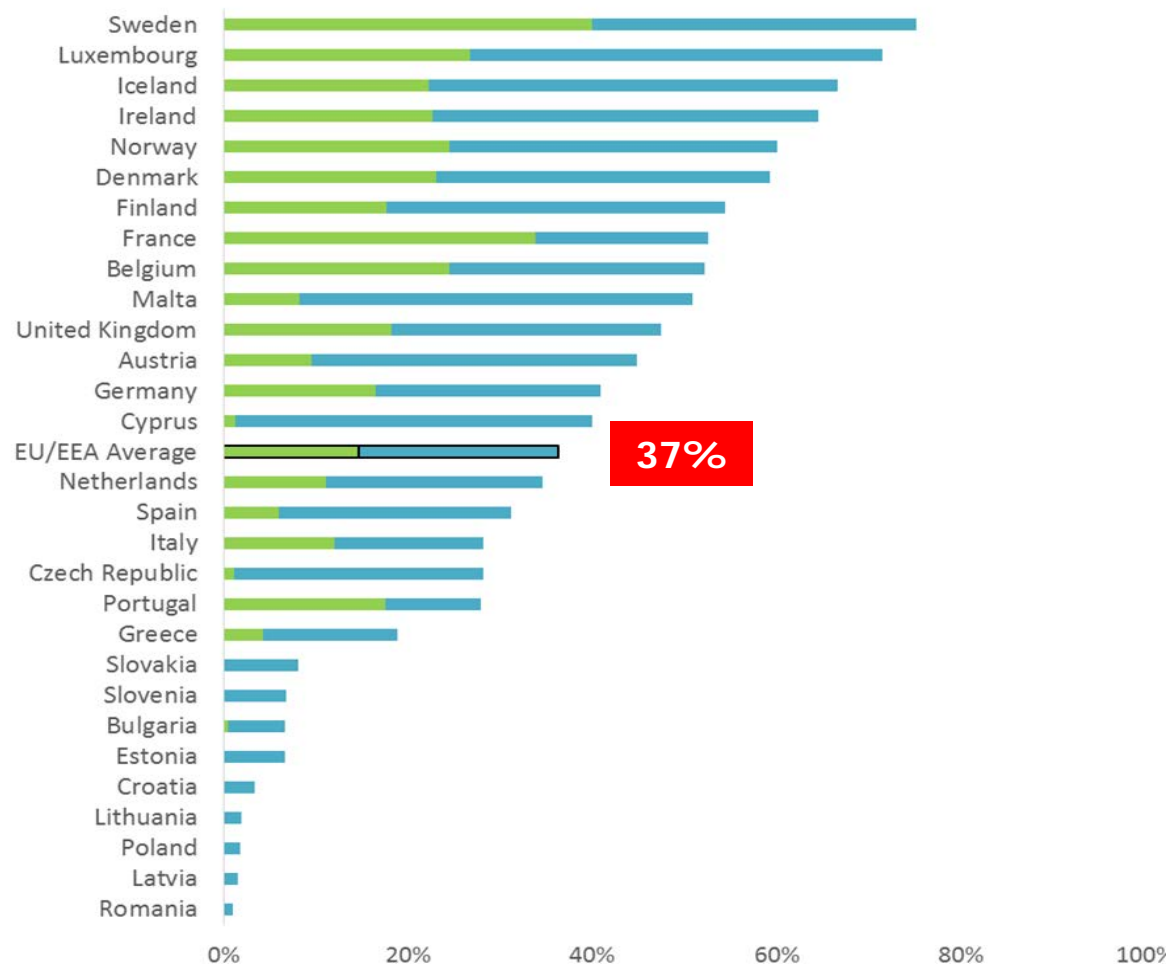
Victoria Hernando, PhD,*† Débora Álvarez-del Arco, PhD,*† Belén Alejos, MSc,*†
Susana Monge, MD,†‡ Andrew J. Amato-Gauci, MD,§ Teymur Noori, MD,§
Anastasia Pharris, MD,§ and Julia del Amo, MD*†

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



* 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)



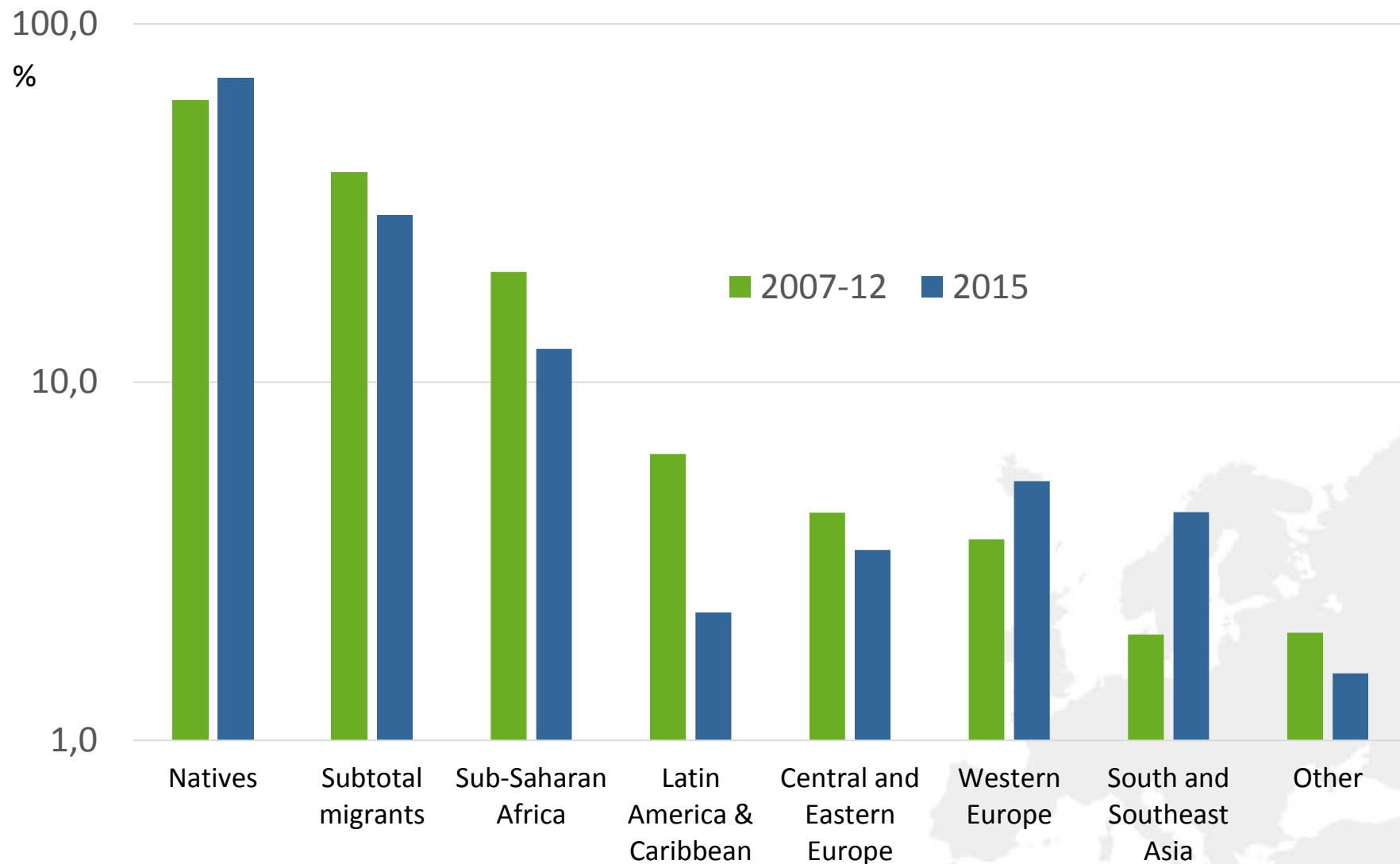
New diagnoses in people originating from countries with generalised HIV epidemics

New diagnoses in people originating from other countries

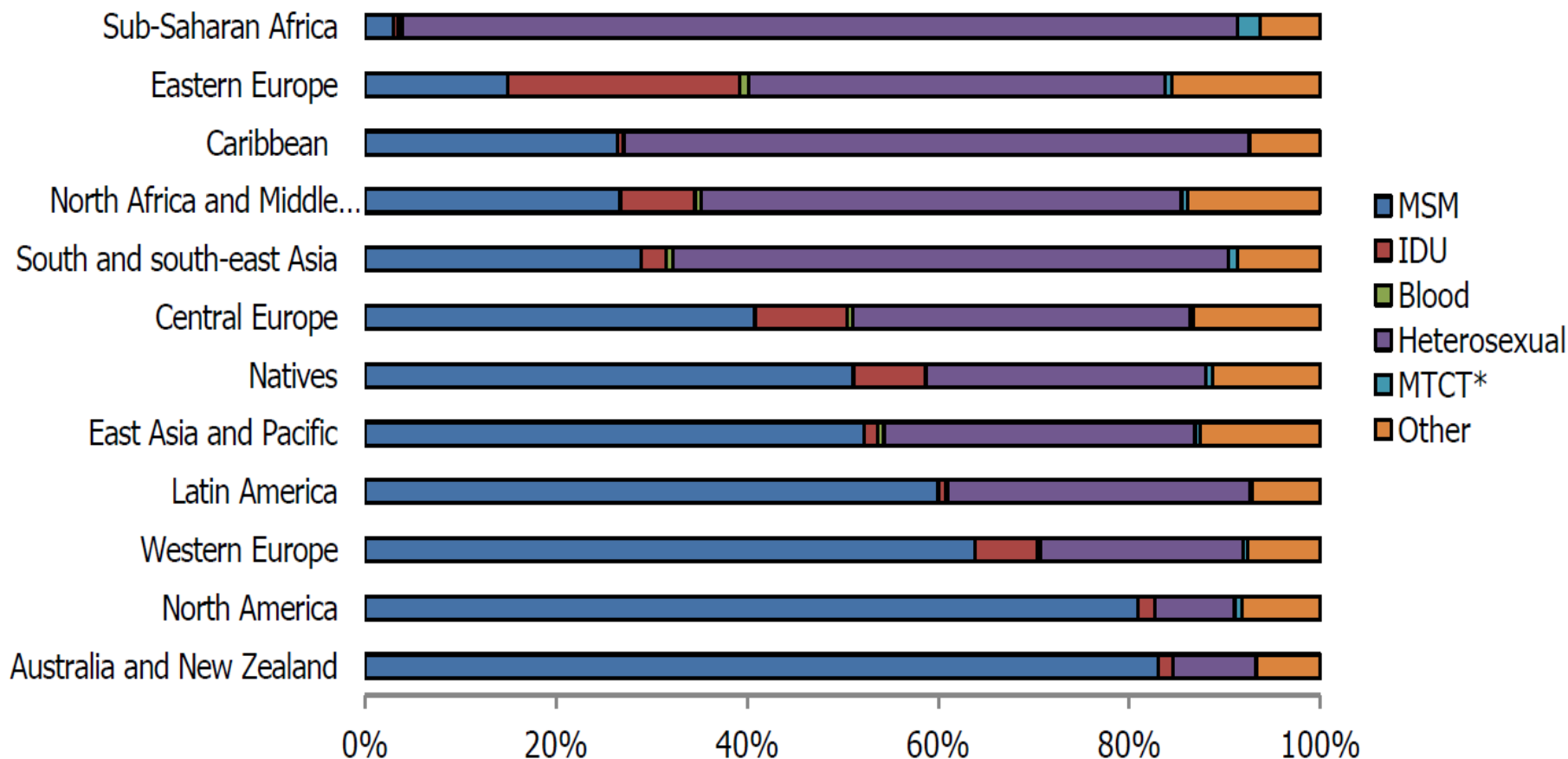
* Data presented here are among cases with known region of origin; there were no cases reported among migrants in Hungary or Liechtenstein



Trends in the distribution of reported HIV in the EU/EEA, by geographical origin (2007–2015)

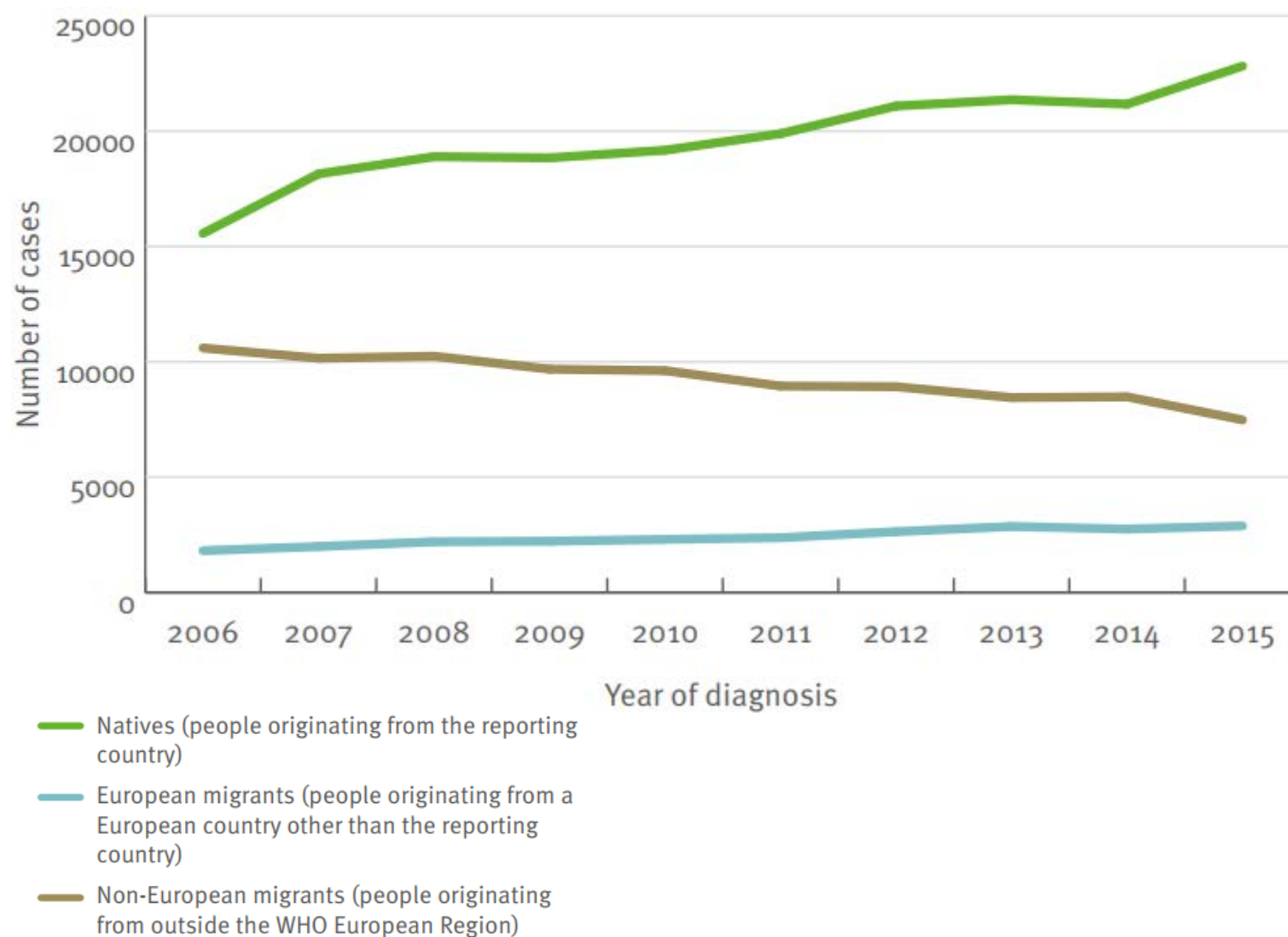


Reported HIV cases by transmission category and geographical origin, EU/EEA, 2007–2011 (n=125 225)



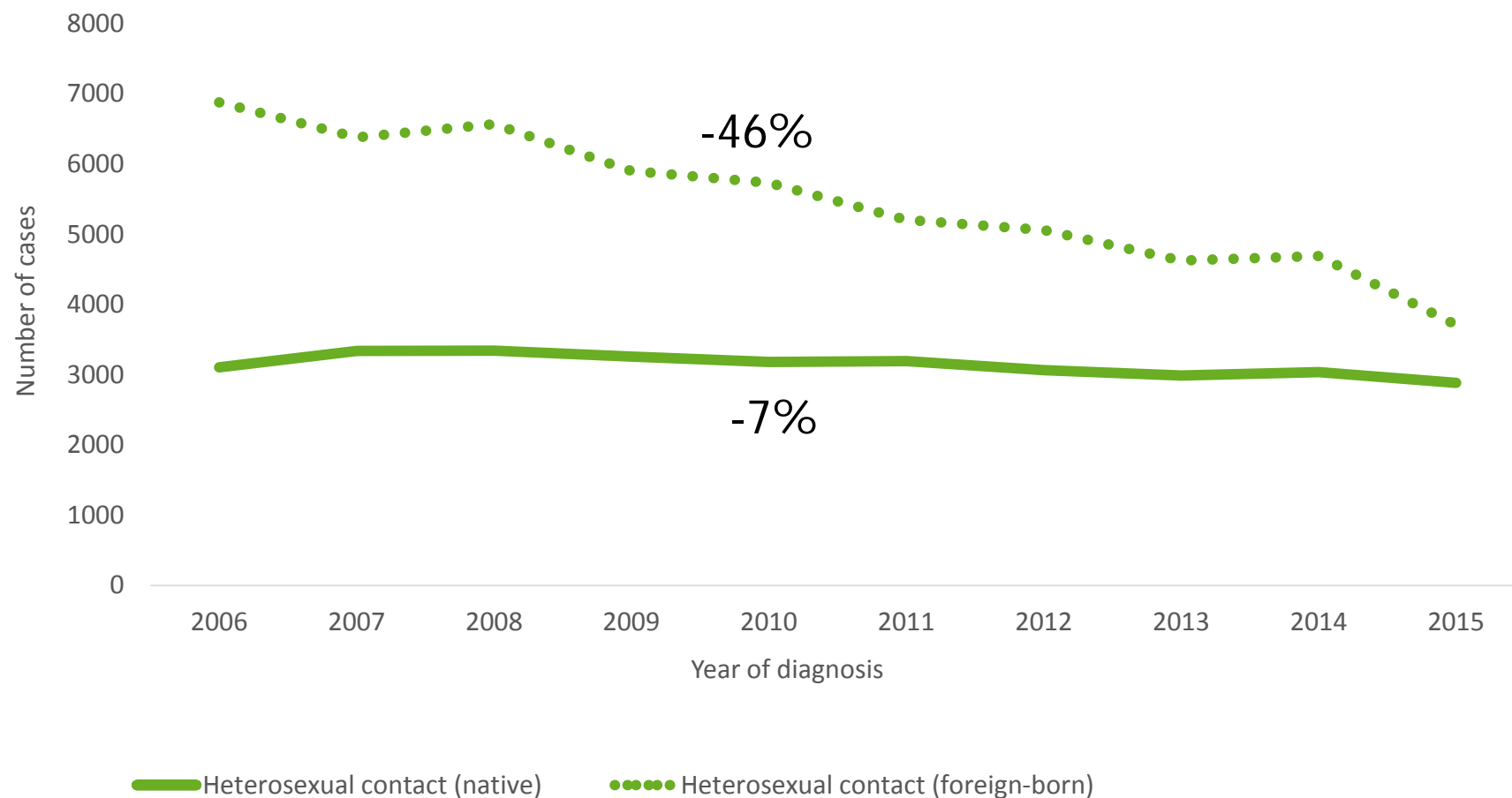


New HIV diagnoses among natives, European migrants and non-European migrants, WHO European Region, 2006–2015





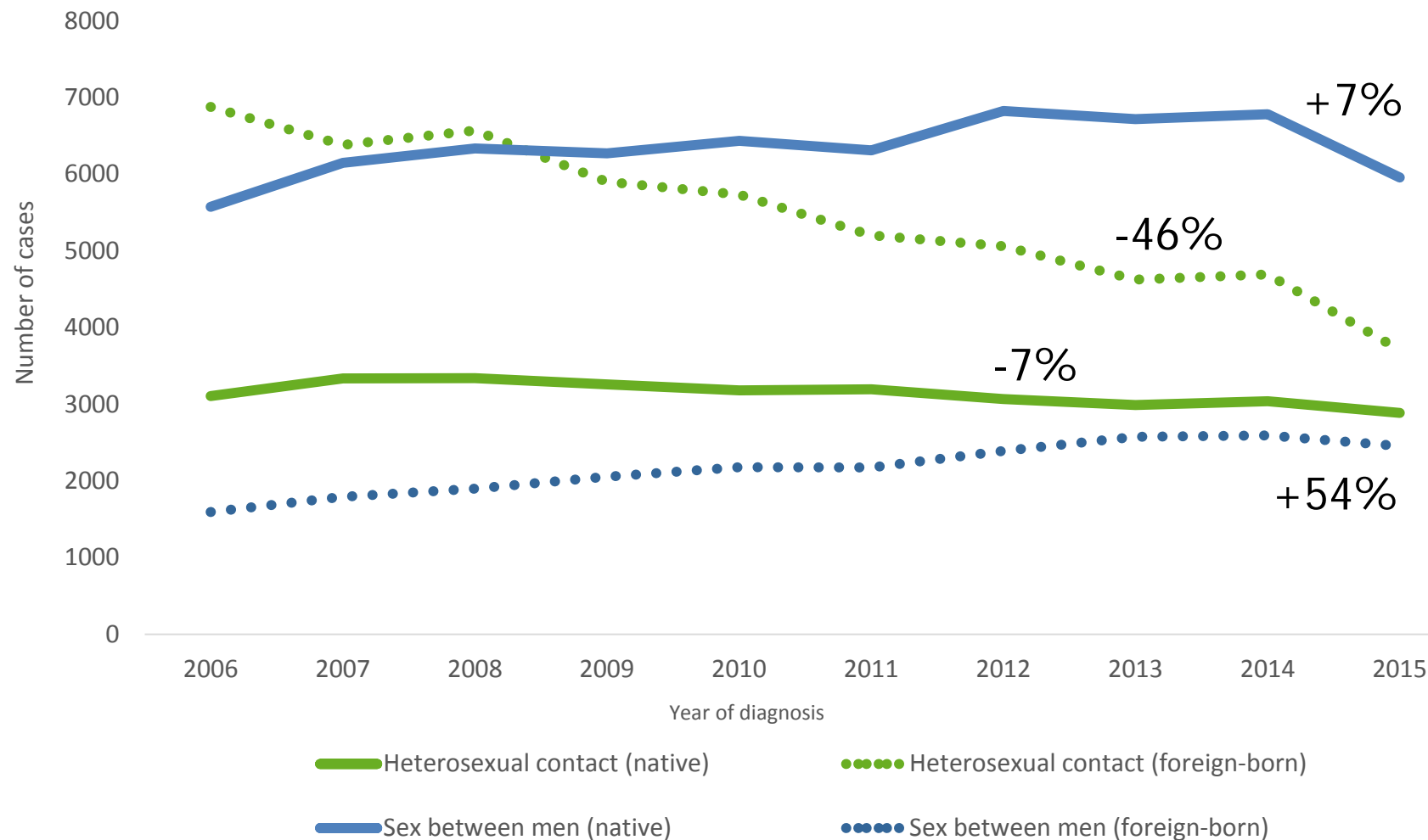
HIV diagnoses, by transmission mode and migration status, 2006-2015, EU/EEA



Data are adjusted for reporting delay. Cases from Estonia, Italy, Poland, Spain excluded due to inconsistent reporting over the period



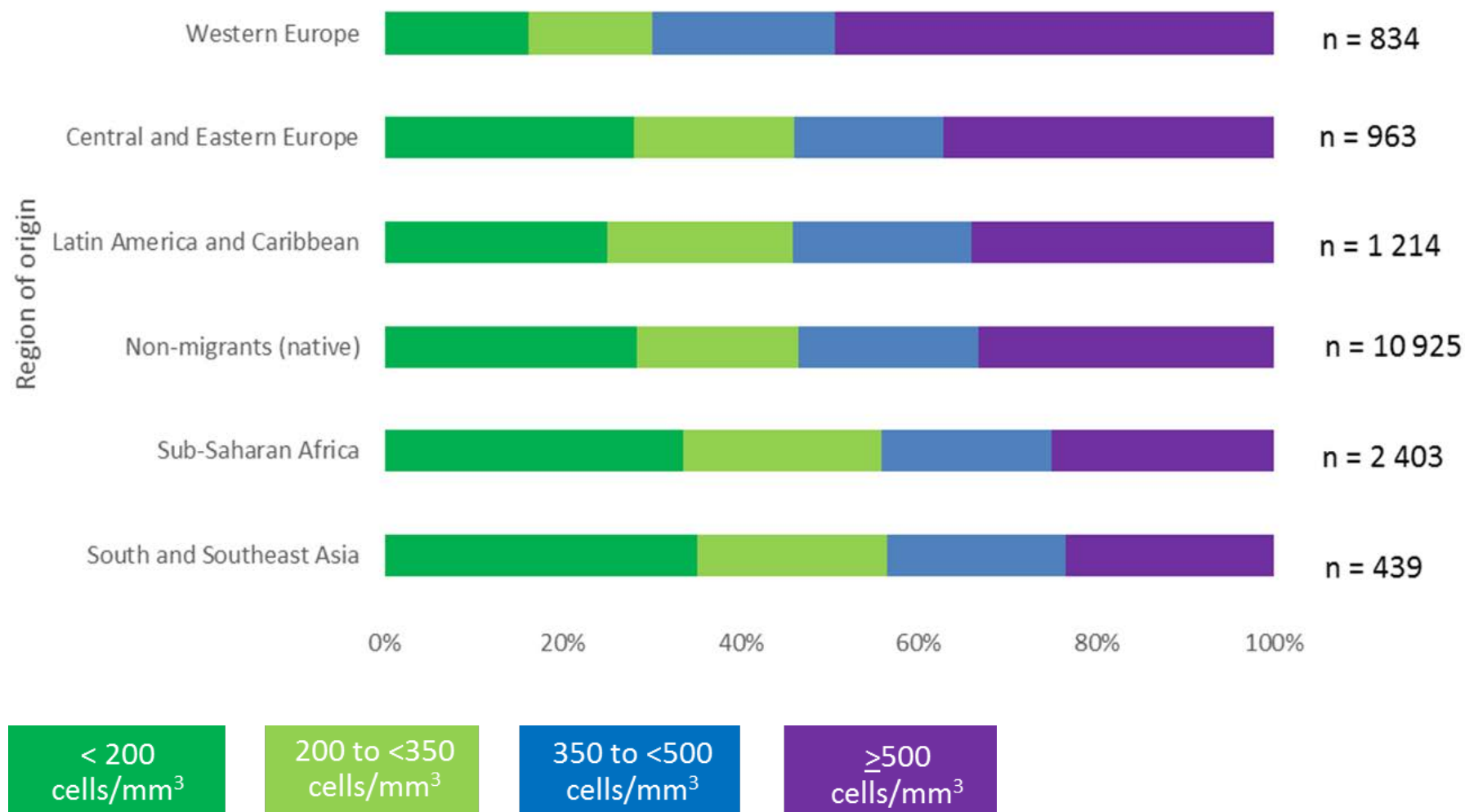
HIV diagnoses, by transmission mode and migration status, 2006–2015, EU/EEA



Data are adjusted for reporting delay. Cases from Estonia, Italy, Poland, Spain excluded due to inconsistent reporting over the period

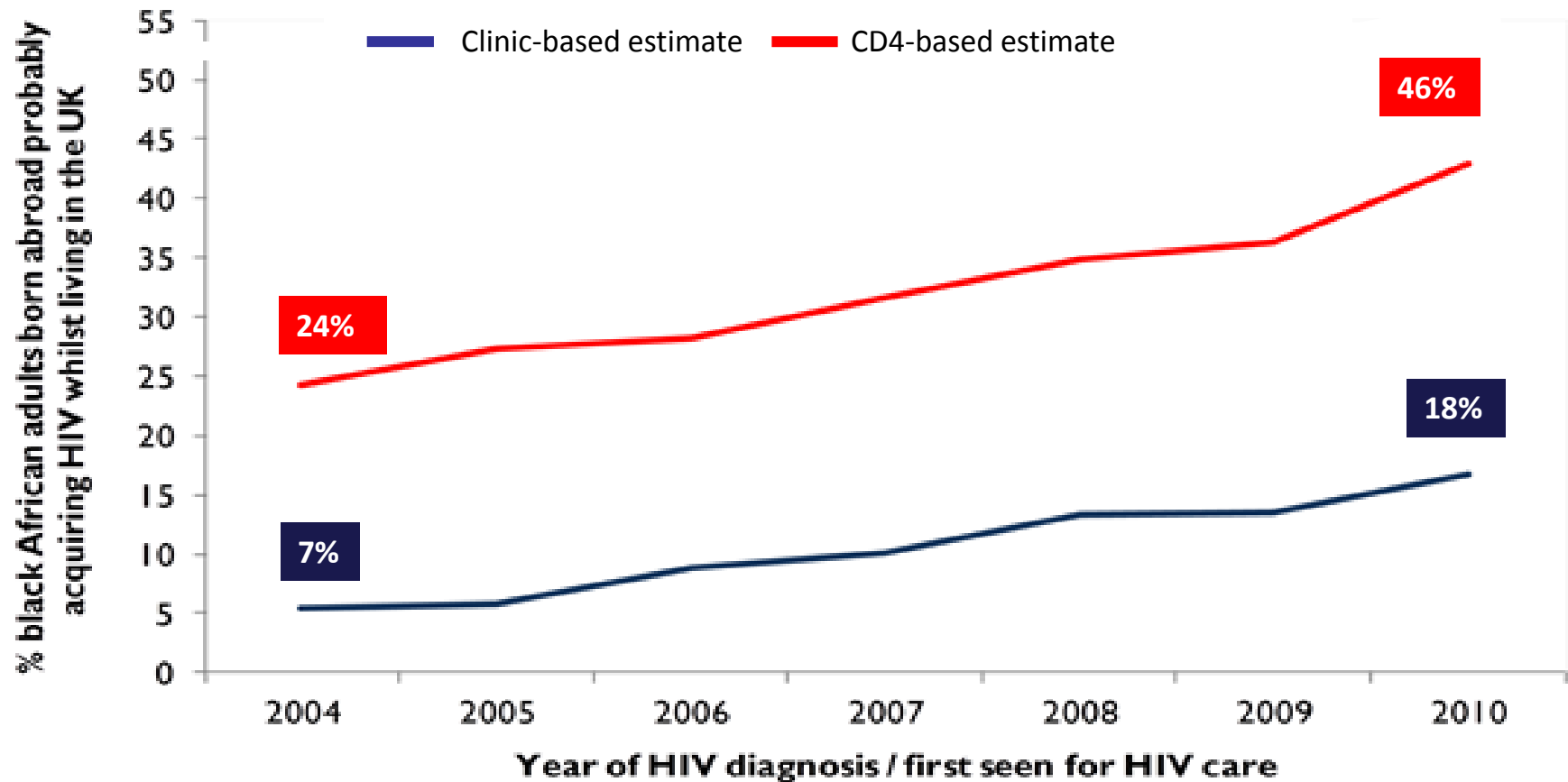


Late presenters: CD4 cell count at time of HIV diagnosis and region of origin, EU/EEA, 2015





Where do migrants get infected with HIV (prior to or after arrival to the EU)?





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

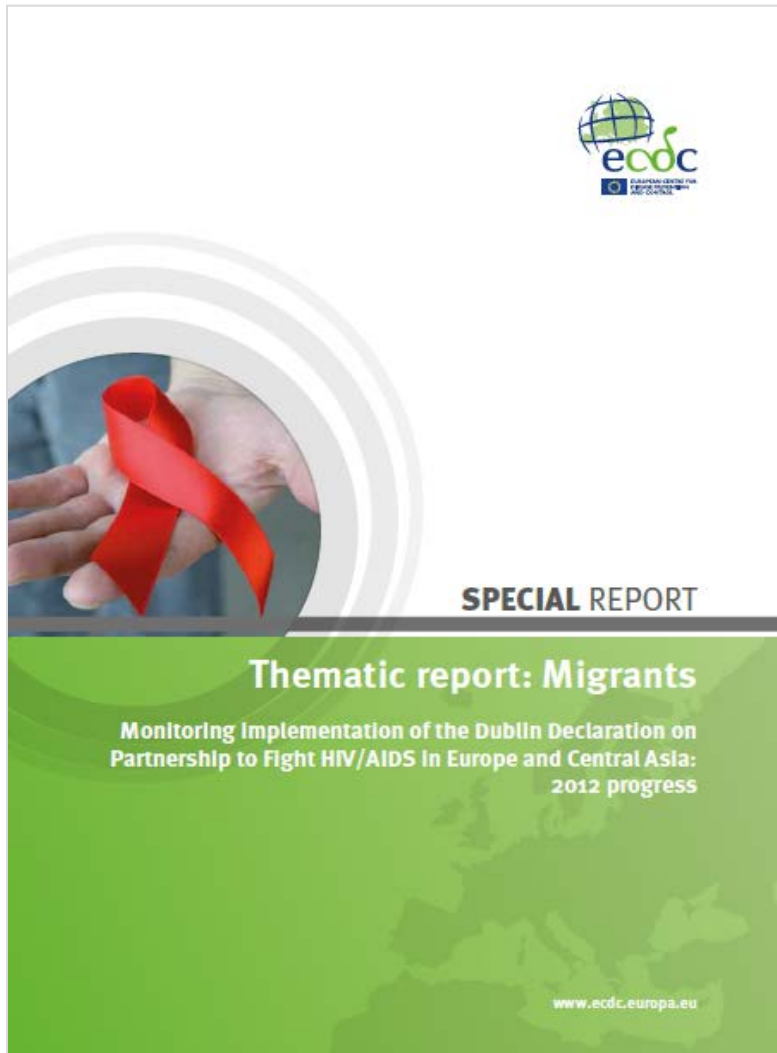
- Multi-country estimates among 23,906 migrants diagnosed between 2000-2013
- Over 1/3 of migrants diagnosed acquired HIV post-migration in 2011
- MSM migrants were particularly affected with more than 2/5 estimated to have acquired HIV post-migration

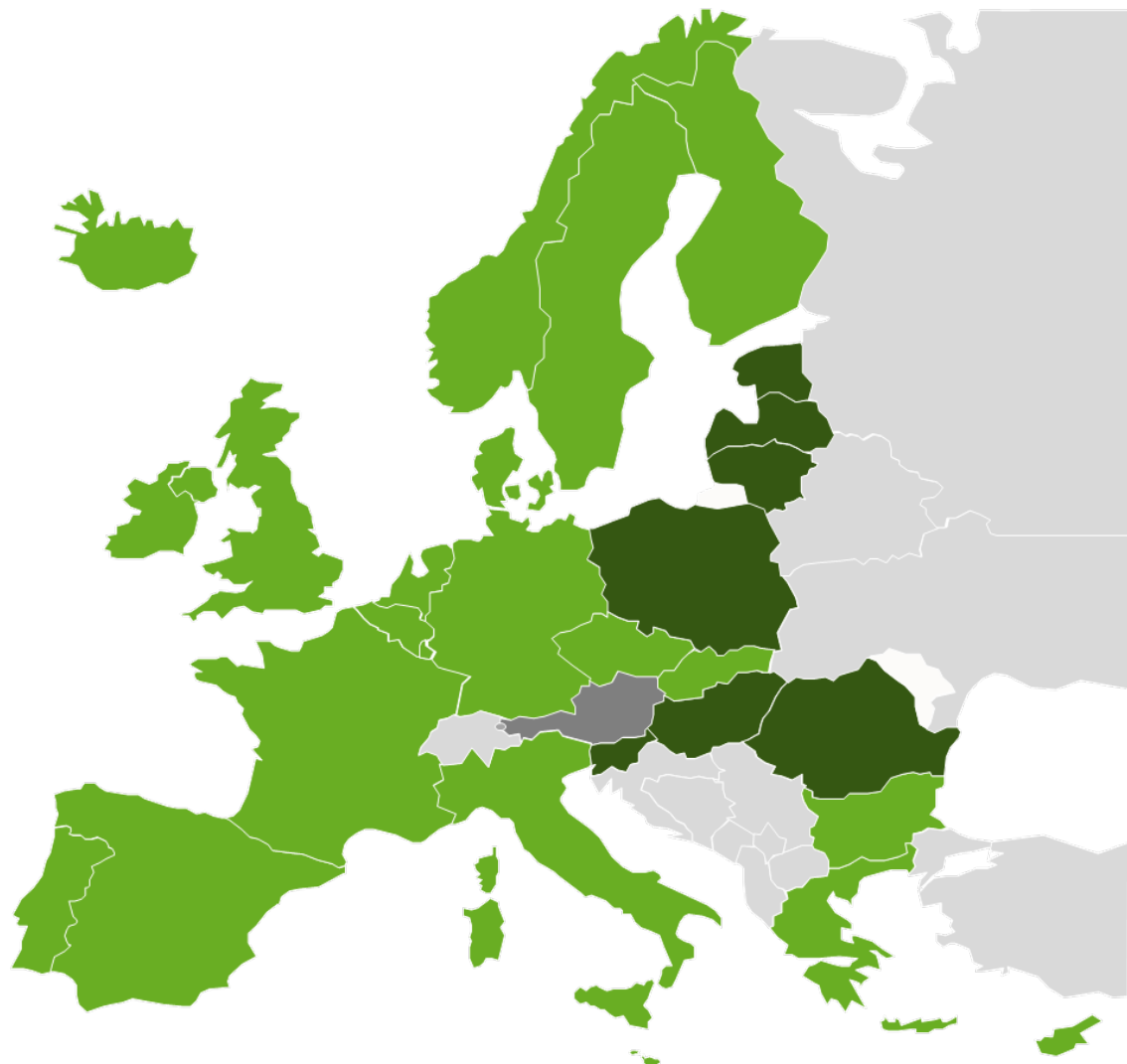
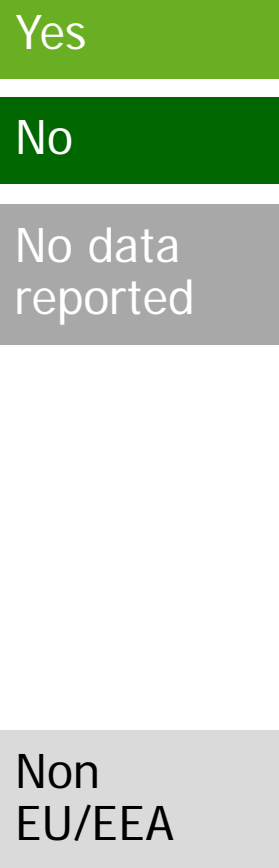
Why is this important?

- 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

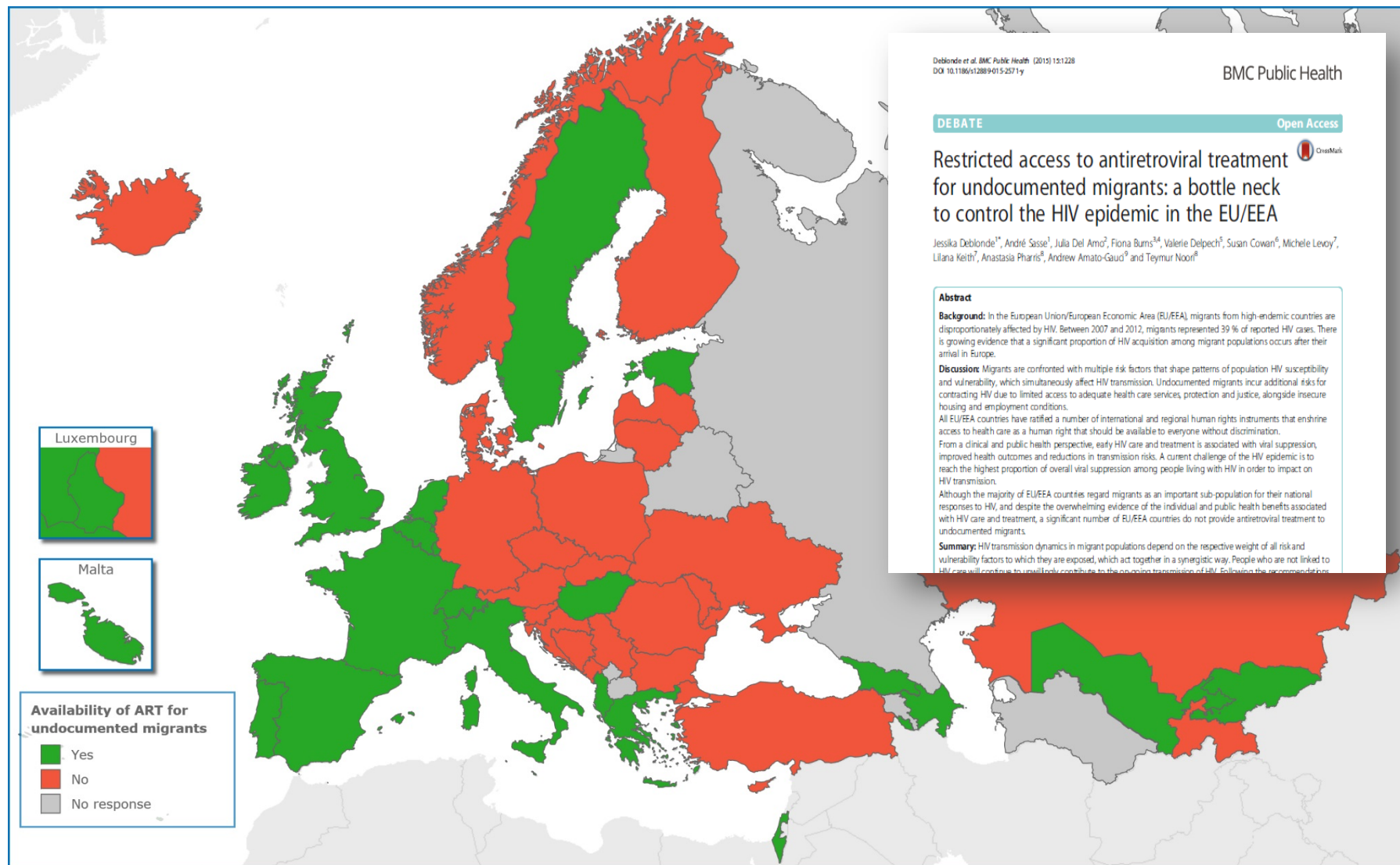


Dublin Declaration thematic report on migrants














Availability of ART for undocumented migrants, 2016

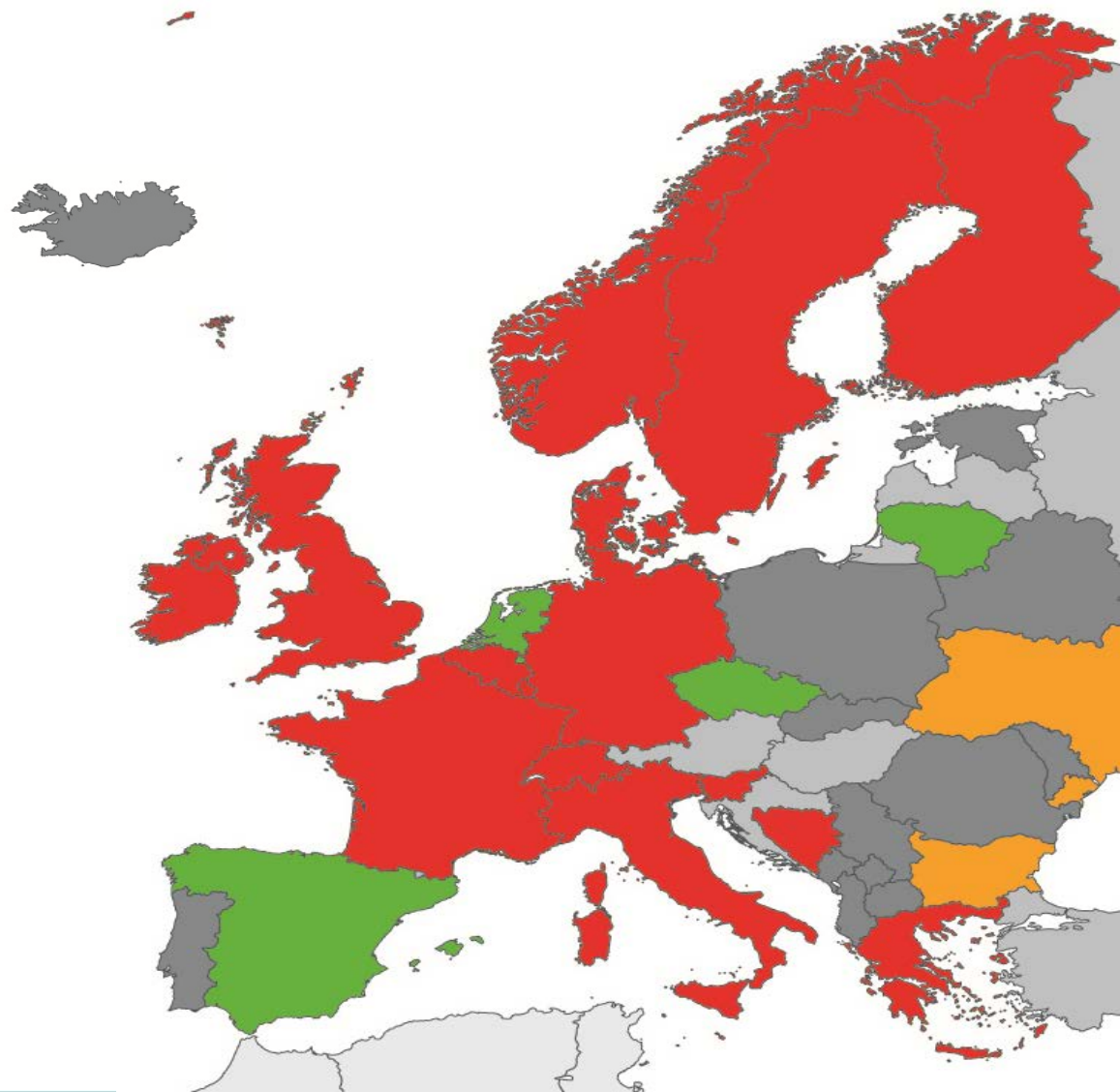




Data on HIV prevalence among migrants, 2012







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

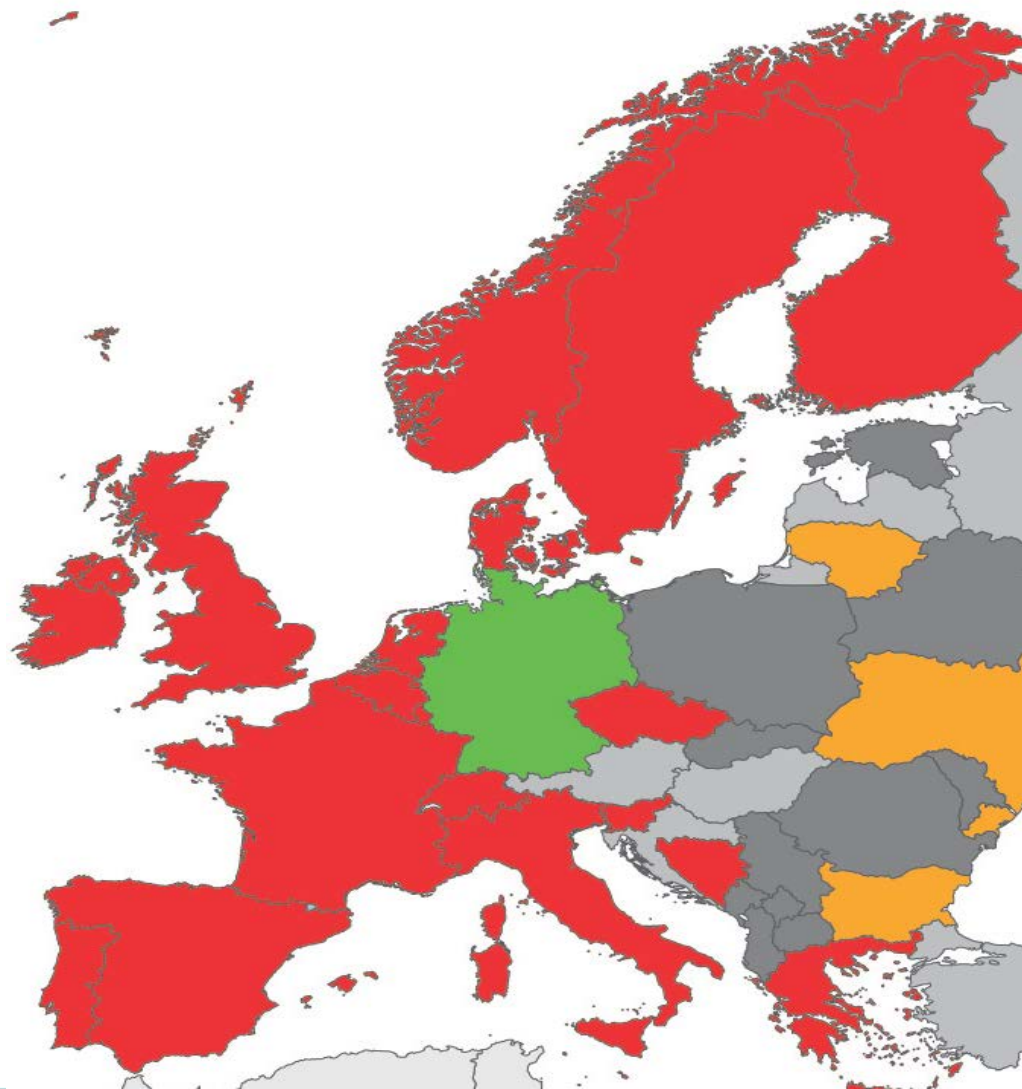
-  Liechtenstein
-  Luxembourg
-  Malta





Data on HIV testing or condom use among migrants, 2012

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



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.



Acknowledgements

A special thank you

to the EU/EEA national expert surveillance contact points and other Member State collaborators on the Dublin Monitoring.

Thank you also to

Anastasia Pharris, Teymur Noori, Gianfranco Spiteri and ECDC's HIV/AIDS, STI and Viral Hepatitis B and C Disease Programme team and Prof Julia del Amo, National Center for Epidemiology, Madrid, Spain

