

O055

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RESULTS OF A COLLABORATIVE SCREENING PROGRAM OF IMPORTED DISEASES IN IMMIGRANT POPULATION BETWEEN A TROPICAL MEDICINE UNIT AND SPANISH RED CROSS.

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Introduction: In Spain in recent years there has been an increase in foreign immigration, especially of people from developing countries. The incorporation of these immigrants and their families is a public health challenge that requires new solutions. The Tropical Medicine Unit of Hospital Universitario Central de Asturias performs a systematic screening program of imported diseases in immigrant population in collaboration with Spanish Red Cross. This study presents the results of this screening program.

Methods: A prospective, descriptive study was designed to include all the immigrants patients attending in Tropical Medicine Unit of Hospital Central de Asturias, Spain, from 2008 to 2013 sending for the Spanish Red Cross. All patients come back to the Unit through a fast track access prior telephone contact. In all cases a fast circuit that allowed the realization of all basic tests on the day of the first consultation was established. All patients benefited of circuit accompaniment, translation and monitoring treatment if necessary provided by the Red Cross. Screening for asymptomatic patients comprised blood count, biochemistry, basic urinalysis, HIV, hepatitis B virus (HBV) and HCV serologic analysis, stool parasites, PCR for malaria. In all patients performed a PPD and a chest radiograph. Qualitative variables were compared using the χ^2 test. For quantitative variables, the Student t test for nonpaired variables or the Mann-Whitney U test were used. Significance was designated at $p < 0.05$. All tests were performed with the SPSS 15 software for Windows (SPSS Inc., Chicago, IL, USA).

Results: 82 patients were analyzed. The mean stay in Spain prior consultation of 14 [22] days, (Limits 1-98). The most frequent countries of origin were Senegal and Guinea-Conakry (19.7% respectively), Ghana (16.5%), Nigeria (13%), Cameroon (9.8%), Congo (5%), Mali and Morocco (3.3% respectively), Burundi, Mauritania, Chad, Bolivia, Ivory Coast, Gambia (1.6% respectively). 67.2% of patients reported being asymptomatic. The most common cosmopolitan diseases were hepatitis B (chronic in 6 cases, immune in 22, isolated anti Hbc in 7). There was no case of flu, HIV and HCV. 33.8% of patients had a latent tuberculosis infection. Intestinal parasites were diagnosed in 31% of patients: amebiasis (21%), *Schistosoma spp* (11.5%), *Strongyloides stercoralis* (6.6%), Hookworm spp (3.3%), *Trichuris trichuria* (1.6%), *Ascaris lumbricoides* (1.6%). 6.6% of patients had *M. perstans* filariasis. One *P. falciparum* malaria was diagnosed. The screening was negative in six patients.

Conclusions: The collaboration between specialized units in imported pathology and NGOs responsible for the care of the immigrant to launch quick and alternative way to the conventional system decreases access restrictions on access to health care for immigrants. The screening programs for certain conditions decrease the difficulties of diagnosis and clinical monitoring posed by imported diseases and allow early study of contacts.