More or less screening for infectious diseases in new and settled migrants?

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Yes...more screening for infectious diseases ...

but: WHY, FOR WHAT, WHO, WHEN AND BY WHOM, HOW .... and at WHAT COST
WHY

• in an era of global health we have an obligation to protect the health of everyone including people on the move

• in an era of rapid biomedical progress we have the possibility of intervening with treatment for many key infectious diseases

• in an era of sustainable development goals we have an opportunity to dramatically cut the cycle of transmission

• in an era of evidence-based medicine and public health, screening will facilitate all the above
1 in 30 is now a "migrant"
WHY

65 million "displaced"
WHY

- 214 million people watched Eurovision song contest
- 600 million will watch 2020 World Soccer championship
- 2 billion watched Princess Diana funeral
WHY

faster, further and more numerous than ever
WHY

Delhi - New York = 15h
Kinshasa - Brussels = 12h
Mexico - London = 10h
La Reunion - Paris = 10h
WHY

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WHY

SARS went from a hotel guest in Hong Kong to 16 other guests and then to Singapore, Vietnam, and Canada ... in the space of days.
in 2010 cholera came to Haiti with UN peacekeepers from Nepal ... causing over 9,000 deaths
Ebola hitched a ride on a person flying Africa to Dallas on Sept. 20th... symptoms did not appear until Sept. 24
UK: 73% of TB cases involve foreign-born
EU/EEA: 35% of new HIV cases involve foreign-born
Netherlands: 3.77% prevalence of HBsAg in migrants foreign-born
Spain: 9-15% prevalence of HCV in migrants from sub-Saharan Africa and Eastern Europe
EU: growing cases of Chagas, filariasis, leishmaniasis, malaria
co-morbidities such as TB-diabetes
WHO

how long will they stay
WHO

are they all at same risk, and of what
HOW

✓ country of origin ?
✓ known disease prevalence ?
✓ socioeconomic status ?
✓ personal risk profile ?
✓ route trajectory ?
✓ time on the road ?
✓ clinical presence ?
HOW

- voluntary?
- confidential?
- counselled?
- treated?
- trusted and acceptable?
- epidemiologically worthwhile?
- NICE?
some countries such as the Australia, Canada, GCC and USA screen prior to departure

often out-sourced to private companies and/or physicians ... with a risk of variable quality and corruption ... especially if and when entry is governed by results of screening
16 EEA countries have screening policies targeted at new arrivals... most at a “holding level” ... but not coordinated.

other countries such as Sweden offer screening after arrival and once settled ... dependent on tracing voluntary participation trust and communication understanding of procedures and outcomes by all concerned

some diseases can sleep and emerge later and well after arrival... possibly reflect settlement conditions and other factors rather than original health/disease profile

TB is a classic example of low prevalence at time of first screening but later more common in migrant populations than other people...
CONCLUSION

✓ social, cultural and demographic profile of world is changing
✓ people are moving faster and further than ever
✓ health and disease profile of countries is inevitably changing
✓ screening can help map change and provide basis for health planning
✓ screening must be done to improve health not punish ill-health
✓ inter-country standardized screening methods and foci are needed
✓ VCCT has been shown to work
✓ people on the move need medical records including screening results