Late-breaking research on refugee health underlines need for screening programmes in host countries

09 April 2016, Amsterdam: Seven late-breaking abstracts highlight the need for comprehensive screening programmes, improved therapy and vaccination coverage in countries receiving large numbers of refugees. Researchers have observed increased prevalence of resistant pathogens or emerging or re-emerging infectious diseases including HIV, tuberculosis, *Salmonella*, *Shigella*, scabies and other parasitic infections in refugees and migrants, according to data presented at ECCMID 2016, the annual meeting of the European Society of Clinical Microbiology and Infectious Disease (ESCMID).

Politicians and health professionals across the world are facing a number of unique public health challenges due to an increasing number of migrants. At a session dedicated to late-breaking abstracts on refugee health researchers presented evidence on some of the challenges faced by healthcare services in Denmark, Germany, Switzerland, Taiwan, Norway, Brazil and the Netherlands as a result of an increase in migration.

**Abstract No.: 7583** Incidence of HIV infection and late presentation for HIV care among refugees and family-reunified migrants compared to Danish-born individuals

A study comparing 405 migrants and 279 Danish-born citizens in Denmark showed that the incidence of HIV infection among refugees and family-reunified migrants is higher than that of Danish-born individuals. The highest risk was observed in sub-Saharan Africans and heterosexual cohorts, and refugee and family-reunified migrants were also more likely to seek medical treatment late, further increasing the risk of spreading the infection. The researchers postulated that these results indicate migrants experience barriers in accessing HIV testing and call for a more systematic medical reception of newly arrived migrants in recipient countries.

**Abstract No.: 7019** MRSA and ESBL prevalence in four Swiss refugee centres

An abstract on the prevalence of drug-resistant pathogens at Swiss refugee centres showed that refugees (irrespective of origin) had colonization rates that were ten times higher for methicillin-resistant *Staphylococcus aureus* (MRSA) and five times higher for extended spectrum beta-lactamase (ESBL) compared to the local population. The researchers also observed that more than a third of refugees from the Middle East were colonized by ESBL compared with less than a quarter in the general refugee population. The authors concluded that the increased rate of colonization at body surfaces with resistant bacteria among refugees from certain areas needs to be taken into account in case of illness and admission to a hospital.
**Abstract No.: 7454** The impact of immigrants and importation on the increasing reporting rate of MRSA infections in Norway, 2006-2015

An analysis in Norway showed that the reporting rate of MRSA infections continues to increase in Norway, boosted by imported cases, particularly in younger people and those with an immigrant background. The presented data suggests that tourism and immigration may be important drivers for the current rise in MRSA infections.

**Abstract No.: 7498** *Salmonella* and *Shigella* colonization identified by a screening programme in refugees arriving in the federal state of Thuringia, Germany in 2015

A screening of 20,312 stool samples taken at refugee centres in Thuringia, Germany, showed that in 2015 one in every 300 refugees carried *Salmonella* or *Shigella*. As many as six ESBL-positive *Shigella* strains were isolated from Syrian children – two of them were resistant to ciprofloxacin. As a result of these findings, the surveillance programme with screenings for *Salmonella* and *Shigella* in children is being continued in 2016.

**Abstract No.: 7243** Surveillance of tuberculosis among immigrant workers following pre-entry screening in Taiwan, 2011-2014

A study from Taiwan identified 2,080 cases of tuberculosis in immigrant workers between 2011 and 2014. Immigrant workers from South East Asian countries, where tuberculosis is highly endemic, had a two-fold higher risk for TB than domestic residents. Active screenings increased the number of cases diagnosed at an earlier stage of the disease, when it is less infectious, thereby reducing the diseases burden.

**Abstract No.: 7598** Scabies amongst asylum seekers; prevalence and effect of the scabies hygiene programme

Researchers in the Netherlands observed high rates of scabies and its complications among asylum seekers from Ethiopia, Eritrea and Somalia. This represents a considerable burden for the healthcare system, especially where refugee centres already are under considerable strain due to high numbers of new arrivals, the researchers commented. They suggest that scabies must be rigorously controlled in asylum seekers to reduce the risk of complicated cases, the strain on healthcare, and to prevent the spread to other patient groups in the proximity of individuals from high-risk countries.

**Abstract No.: 7327** Management of Bolivian immigrants with Chagas disease in São Paulo City in primary care center: multidisciplinary approach and itinerant migration

Another challenge in the management of diseases in immigrants was illustrated by an abstract presented by researchers on adherence for anti-parasitic treatment in primary care centres in São Paulo City. The researchers reported a lack of adherence in Bolivian immigrants with Chagas disease, a parasitic disease that is in
rural areas where poverty is widespread and where it is easily transmitted to people by insect vectors.

Winfried Kern, Programme Director of ECCMID, commenting on this year’s selection and the significance of the results: “Healthcare services across the world are facing a number of new challenges as a result of recent mass migration. Refugees may carry both, resistant pathogens and microbes causing the emergence or re-emergence of infectious diseases that have become less prevalent in host countries. These include methicillin-resistant *Staphylococcus aureus*, HIV and TB. Infectious diseases carried and transmitted by travellers and migrants increase the disease burden. We recommend that public health facilities maintain and step up screening programmes and put the appropriate precautions and procedures in place to most effectively protect migrants and domestic populations in host countries.”

-ENDS-

**Notes to editors:**
Two special tracks were opened for topics that not only are of high scientific importance, but are also relevant on a global scale: colistin resistance and migrant health. A total of 340 late-breaker abstracts have been submitted, 25 related to refugee health, 44 on colistin resistance, and 271 on other topics. The ECCMID Programme Committee selected the most interesting and scientifically significant late-breaking abstracts to be presented in three dedicated oral sessions and additional poster presentations.

**Media information**
For a full programme of educational workshops, poster presentations and oral sessions at ECCMID 2016, please visit: [http://eccmidlive.org/](http://eccmidlive.org/)

**Media Contacts:**
Alex Heeley, a.heeley@defacto.com +44 203 735 8168 / +44 78 34 785 764 or Nadine Caillaux, n.caillaux@defacto.com +44 203 735 8167 / +44 78 24 62 90 92

**About ECCMID 2016:** The annual meeting of the European Society of Clinical Microbiology and Infectious Diseases is this year taking place from April 9 - 12 in Amsterdam. As the world’s largest congress focused on infectious diseases and clinical microbiology, researchers will present more than 3,000 abstracts with the latest findings and recommendations, which are set to help improve diagnosis, prevention and the clinical care given to patients. The congress offers more than 150 presentations, including keynote lectures, symposia, oral sessions, educational workshops and meet-the-experts session, as well as more than 2,000 poster presentations. In total, more than 10,000 attendees are expected.