# Screening Practices for infectious diseases in Migrants
## Rome 28th May 2015

Tanya Melillo
Malta

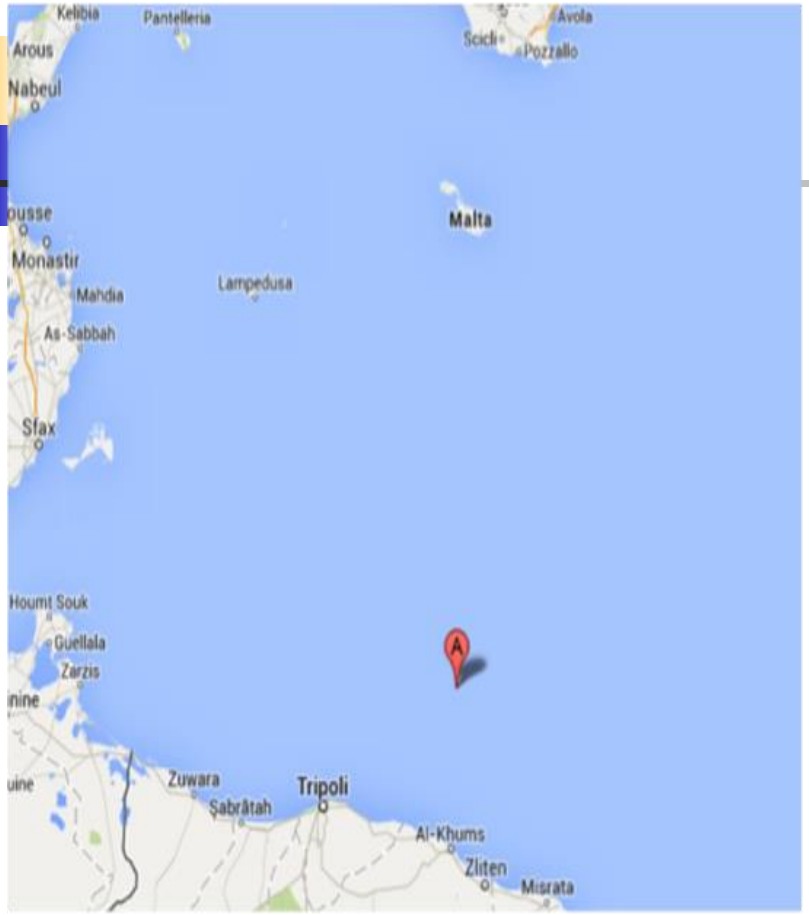



Image i
Vessel's position at rescue
+33° 28' 58", +14° 18' 46

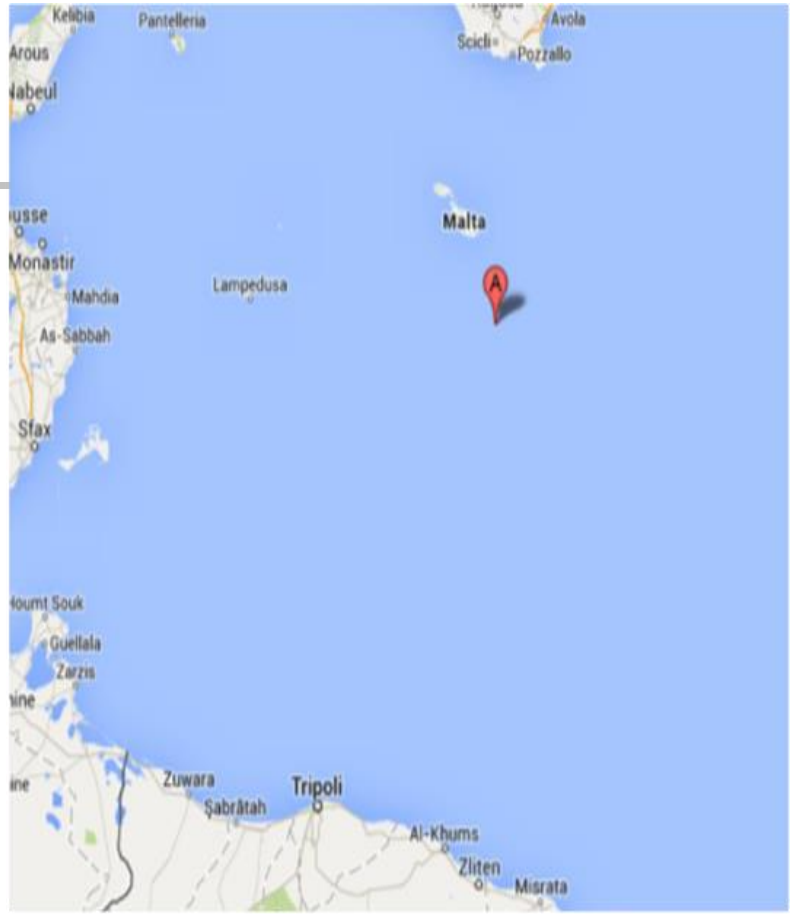



Image ii
Vessel's Position during Standoff
+35° 21' 51.89", +14° 42' 08.83"

Infectious disease prevention and control unit May 2015

# Demographics

Total country population for 2015: 424,838

- Non Maltese: around 22,000
- Total number of documented migrants (seeking work in Malta): around 5000. Majority from Philippines, Serbia, China, India, Turkey, Russia and Pakistan.
- Average age of migrants arriving by boat is 24 years and male
- Largest number came from Somali.

Infectious disease prevention and control unit May 2015

# Overview

Since 2001 up till today, 19390 irregular migrants reached
our shores.
14,784 were males
1,774 were males minors
2,405 were females
427 were female minors

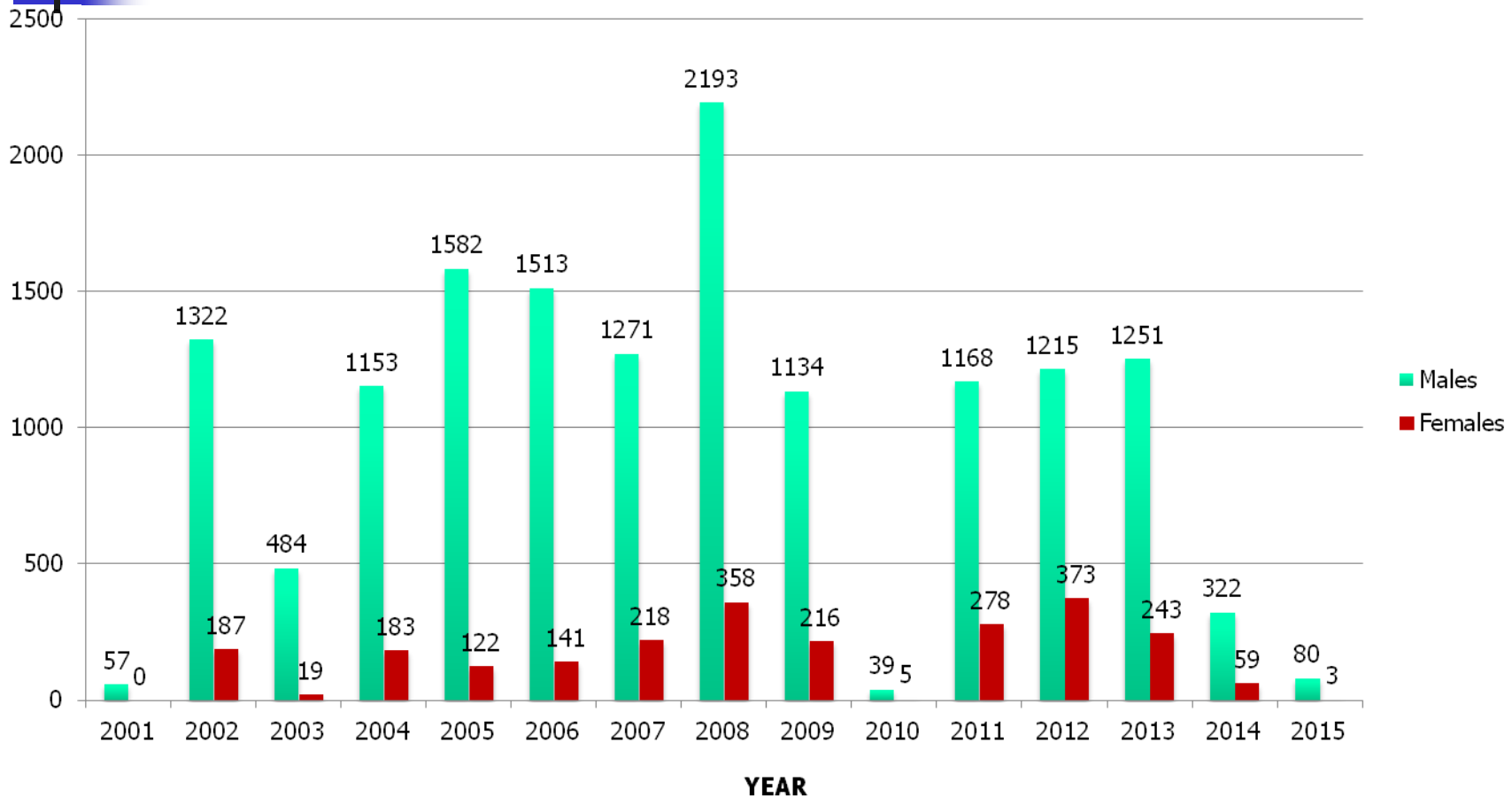
The largest intake was in 2013 with 2008 in 6 weeks.

# Nationalities

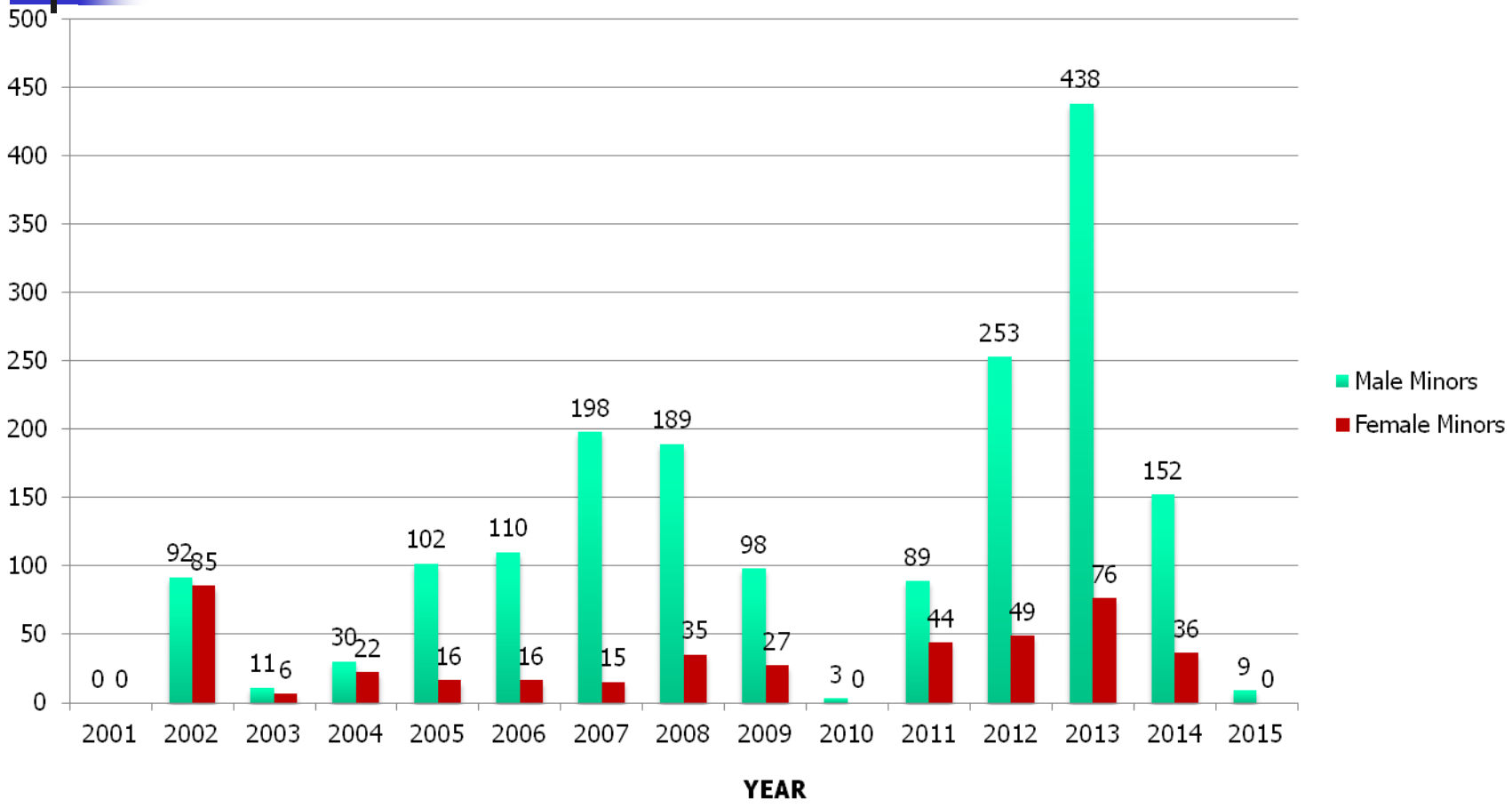
| Country | Total number |
|---|---|
| Somali | 7119 |
| Eritrea | 3029 |
| Egypt | 1542 |
| Nigeria | 1105 |
| Sudan | 921 |
| Ivory Coast | 683 |
| Ethiopia | 652 |
| Mali | 584 |
| Ghana | 524 |
| Syria | 316 |

Infectious disease prevention and control unit May 2015

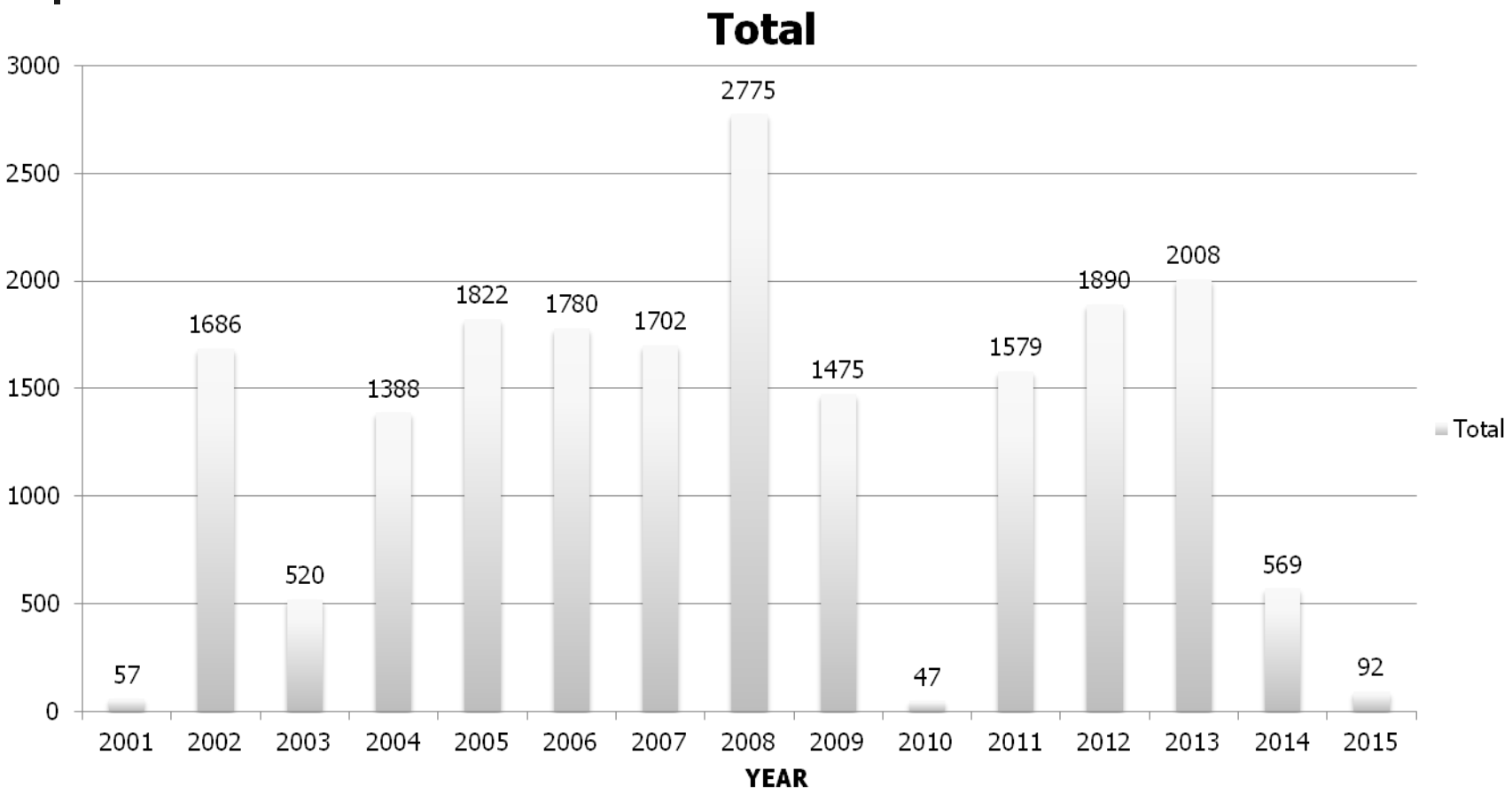
# Total number of adults



# Total number of minors

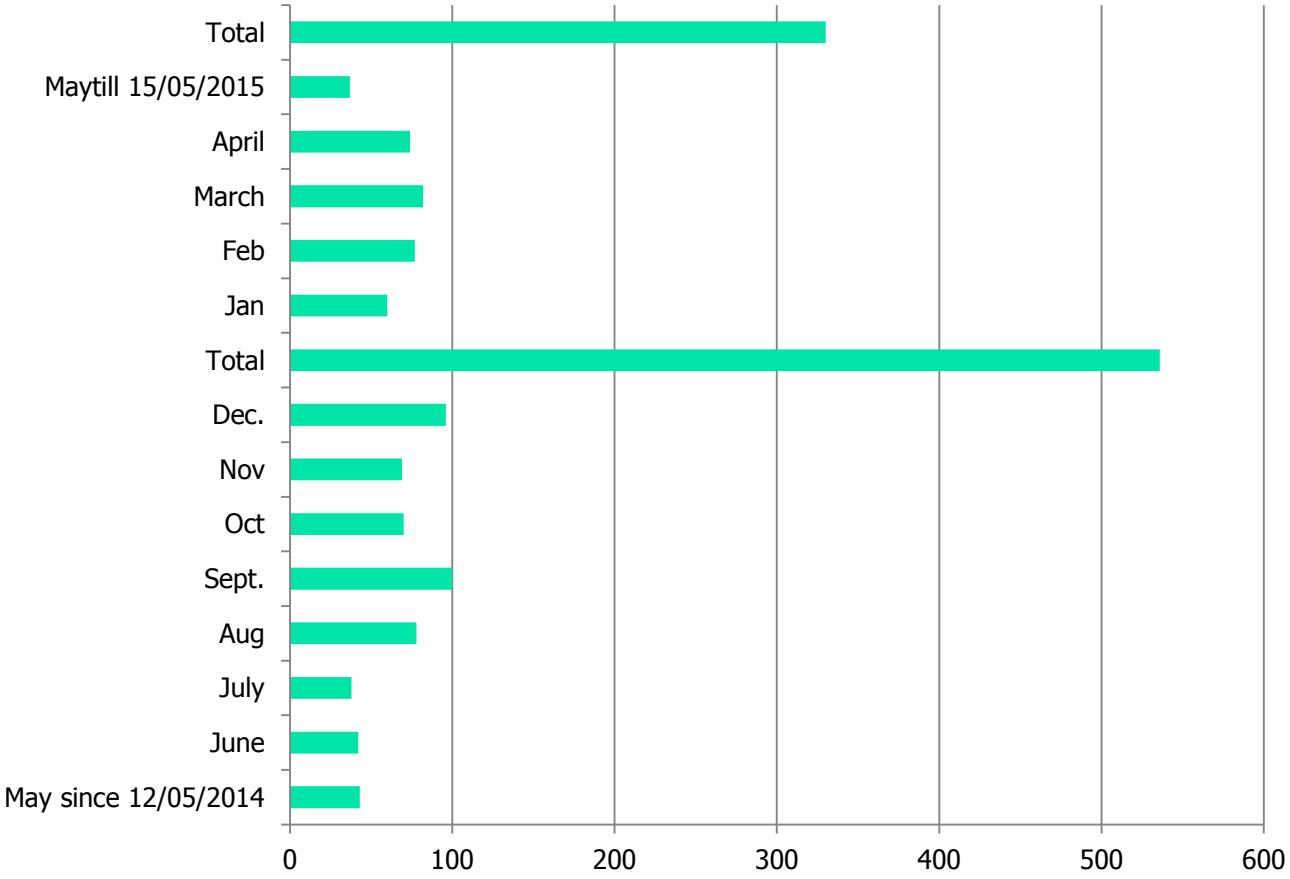


# Overall total number of migrants arriving in Malta since 2001



Infectious disease prevention and control unit May 2015

# Asylum Seekers coming from Libya and other countries




Infectious disease prevention and control unit May 2015

# Migrant status form the office of the Refugee Commissioner from January 2002-April 2015

| TOTAL New Applications | Cases | Persons |
|---|---|---|
| | 18691 | 19355 |
| | | |
| | | No. of Persons involved |
| Granted **Refugee Status** | | 769 |
| Granted **Subsidiary Protection** | | 10564 |
| Granted **Temp Hum Prot** | | 863 |
| **Rejections** | | 6378 |
| **Exclusion** | | 1 |
| **THPN** | | 1284 |
| Applications **withdrawn** | | 753 |
| Applications **still in process** | | 222 |
| **TOTAL** | | **20834** |

Infectious disease prevention and control unit May 2015

# Type of immigration centres

- Detention centre in South of Country ( Hal Far/Safi)
- Open centre in South of the country (Hal Far) for families, single women and Marsa for men only
- Unaccompanied minors are kept in two homes
- Once they leave open centre they rent flats all over the country

Infectious disease prevention and control unit May 2015

# Relevant national laws

- Immigration Act chapter 217 (Ministry of Hone affairs, 1970)
- Refugees Act (Ministry if Hone Affairs, 2000)
- Both these laws were amended several times and subsidiary legislations pertaining to asylum reception process.

A policy document released by Government in 2005 serves as the basis for indicating various entitlements and services provided to migrants (MJHA and MFSS, 2005).

# Migrants

- Come from countries with high risk to certain infectious diseases especially tuberculosis

- Factors affecting their health:

  - Poor socioeconomic conditions
  - Inadequate housing/overcrowding
  - Social isolation
  - Poor sanitation
  - Poor diet
  - Difficulty to access health services
  - Language and cultural barriers
  - Vulnerable to certain infectious diseases

# Infectious diseases in illegal immigrants

- Common diseases
  - Respiratory, urinary or skin infections
- Communicable diseases
  - TB, Viral hepatitis, STD's, HIV infection
- Tropical diseases
  - Malaria, filariasis, intestinal parasites

Infectious disease prevention and control unit May 2015

# Tuberculosis Epidemiology

Between 2000-2010 13,195 migrants landed in Malta many originating from Africa.

Tb notification rate of African migrants was 34.7/100,000 persons-years compared to 2.7/100,000 Maltese borne rate.

The proportion of migrant Tb casers increased from 32% in 2002 to 72% in 2010 ( p=0.004)

# Tuberculosis screening

Consists of :

- Check for symptoms
- Chest x ray
- Mantoux test
- If any abnormalities are found, they are referred to the Tb consultant who will under take further tests and give necessary treatment if required.

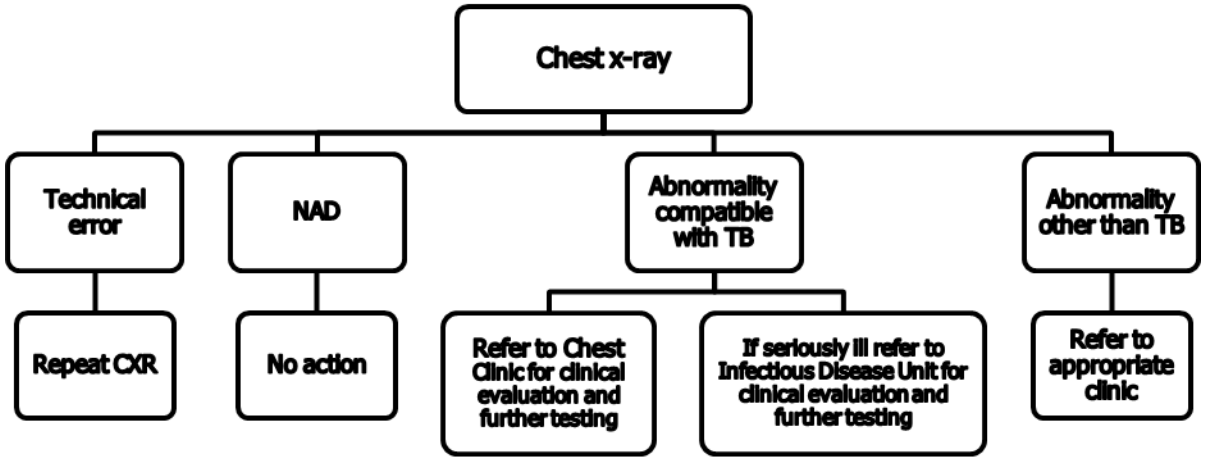
# Tuberculosis screening continued

Those found to have active Tb are admitted to hospital to ensure treatment compliance and are only released after establishing that they are not infectious to others. They then continue their treatment for a further 6-9 months using DOTS ( directly observed treatment).

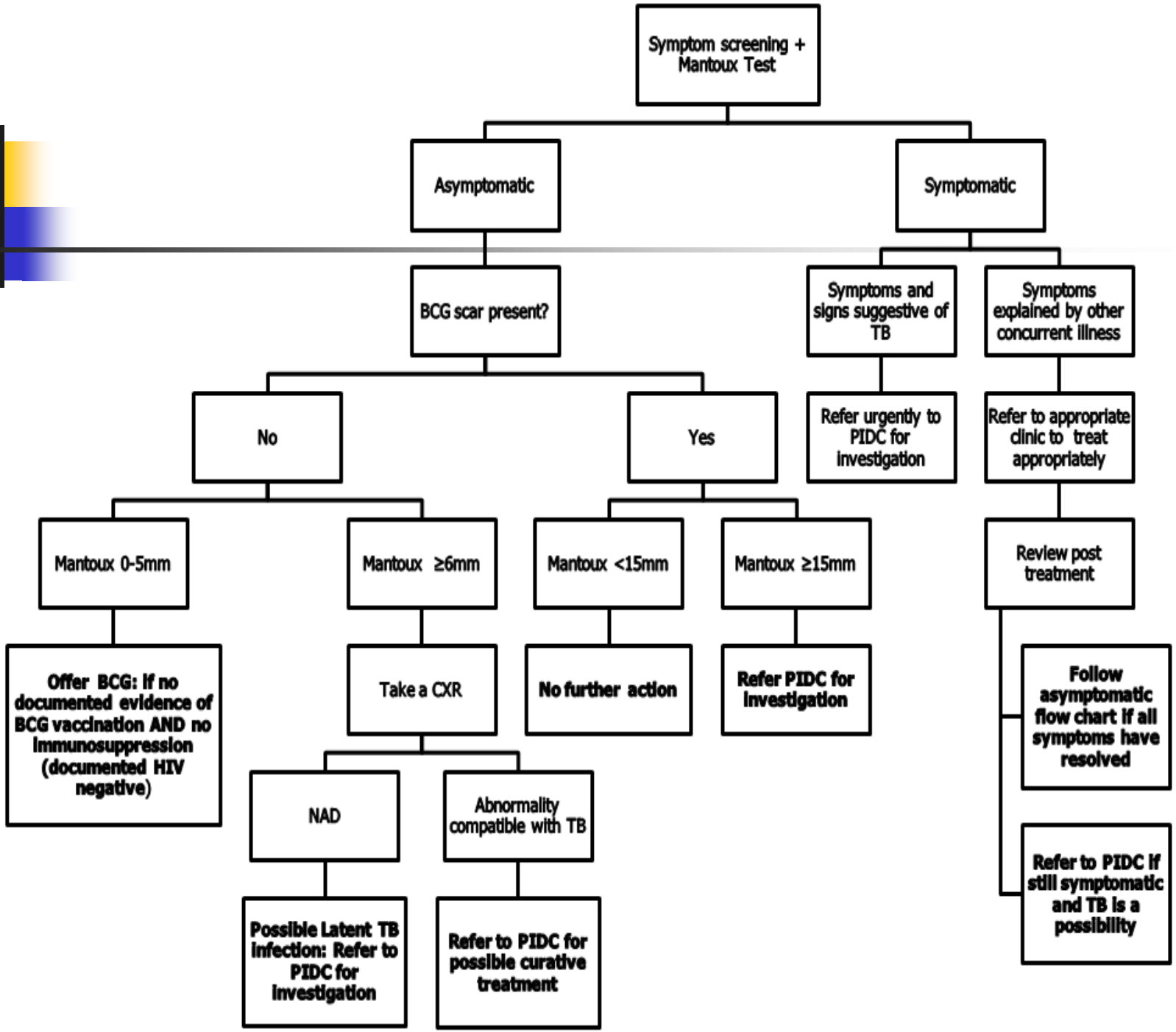
# Screening tests for new entrants from countries with high incidence rates of tuberculosis

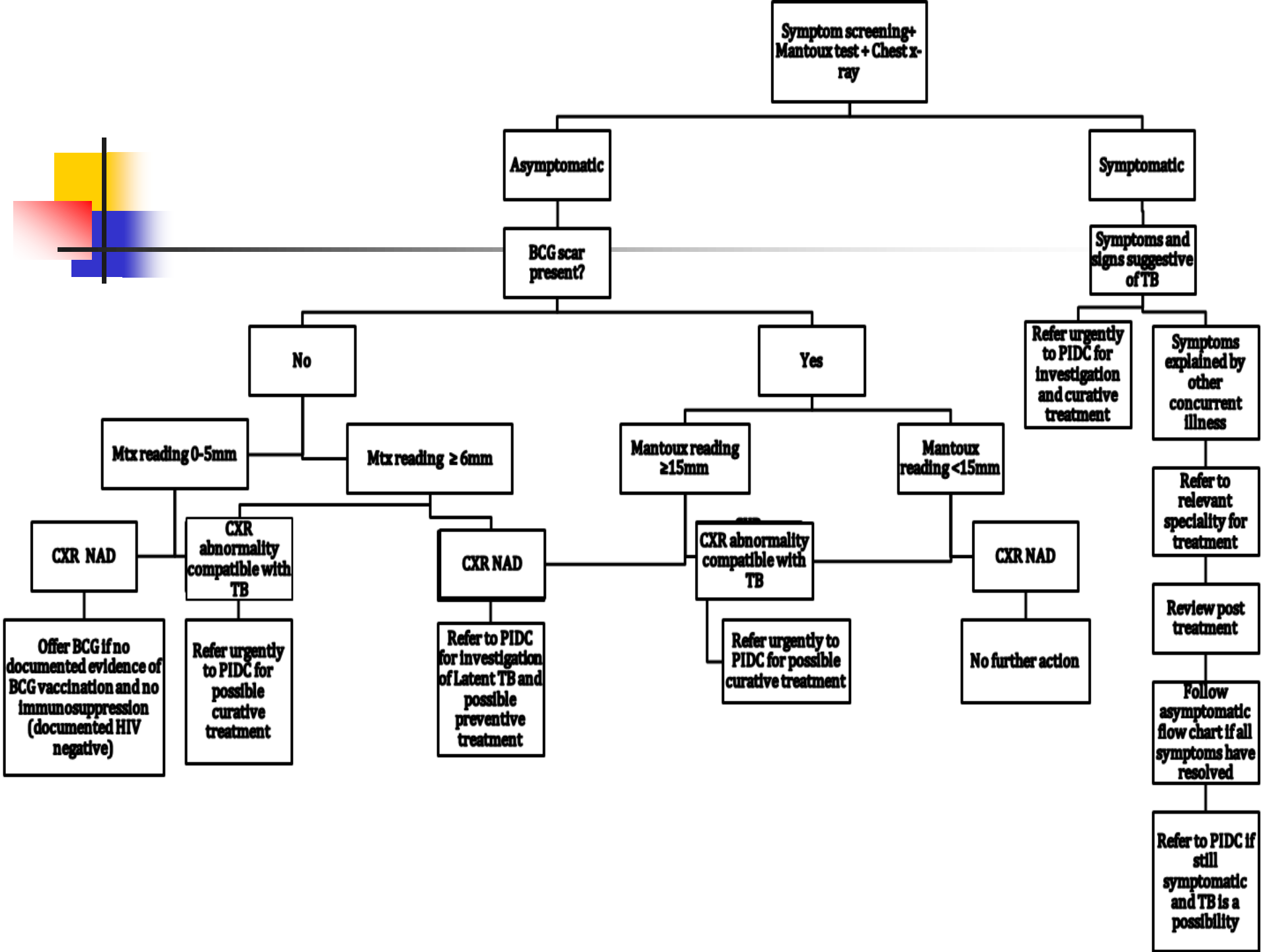
| Age | Chest x-ray | Mantoux Test* |
|---|---|---|
| < 3 months | - | + |
| 3 months – 10 years | ± | + |
| 11 – 17 years | + | + |
| ≥ 18 years | + | ± |

# Algorithm for screening and follow-up of adult (≥ 18 years) new entrants




Infectious disease prevention and control unit May 2015

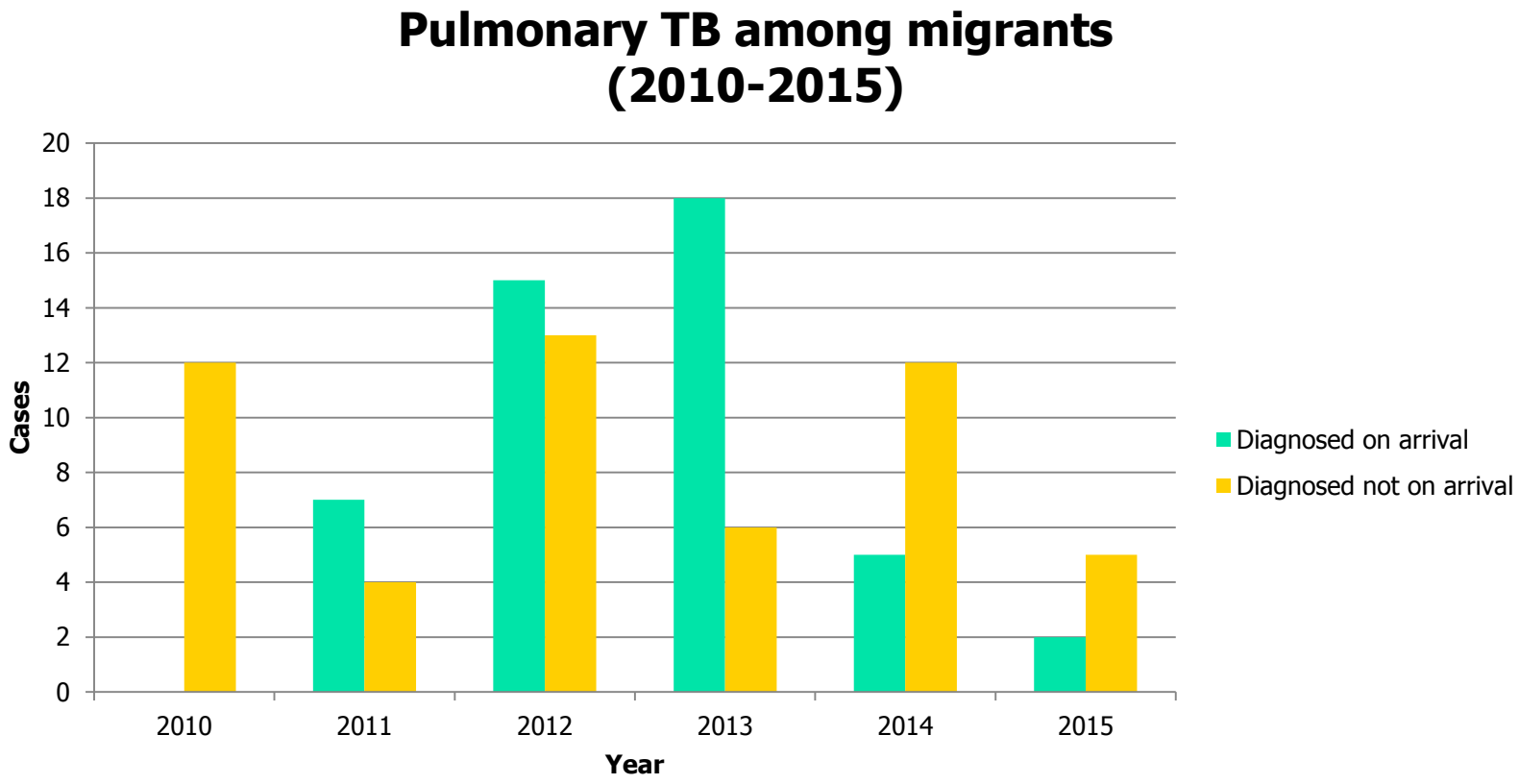

Symptom screening + Mantoux Test
Asymptomatic
Symptomatic
BCG scar present?
Symptoms and signs suggestive of TB
Symptoms explained by other concurrent illness
No
Yes
Refer urgently to PIDC for investigation
Refer to appropriate clinic to treat appropriately
Mantoux 0-5mm
Mantoux ≥6mm
Mantoux <15mm
Mantoux ≥15mm
Review post treatment
Offer BCG: If no documented evidence of BCG vaccination AND no Immunosuppression (documented HIV negative)
Take a CXR
No further action
Refer PIDC for investigation
Follow asymptomatic flow chart if all symptoms have resolved
NAD
Abnormality compatible with TB
Refer to PIDC if still symptomatic and TB is a possibility
Possible Latent TB Infection: Refer to PIDC for Investigation
Refer to PIDC for possible curative treatment


Symptom screening+ Mantoux test + Chest x-ray
Asymptomatic
Symptomatic
BCG scar present?
Symptoms and signs suggestive of TB
No
Yes
Refer urgently to PIDC for investigation and curative treatment
Symptoms explained by other concurrent illness
Mtx reading 0-5mm
Mtx reading ≥ 6mm
Mantoux reading ≥15mm
Mantoux reading <15mm
Refer to relevant speciality for treatment
CXR NAD
CXR abnormality compatible with TB
CXR NAD
CXR abnormality compatible with TB
CXR NAD
Review post treatment
Offer BCG if no documented evidence of BCG vaccination and no immunosuppression (documented HIV negative)
Refer urgently to PIDC for possible curative treatment
Refer to PIDC for investigation of Latent TB and possible preventive treatment
Refer urgently to PIDC for possible curative treatment
No further action
Follow asymptomatic flow chart if all symptoms have resolved
Refer to PIDC if still symptomatic and TB is a possibility

# Challenges

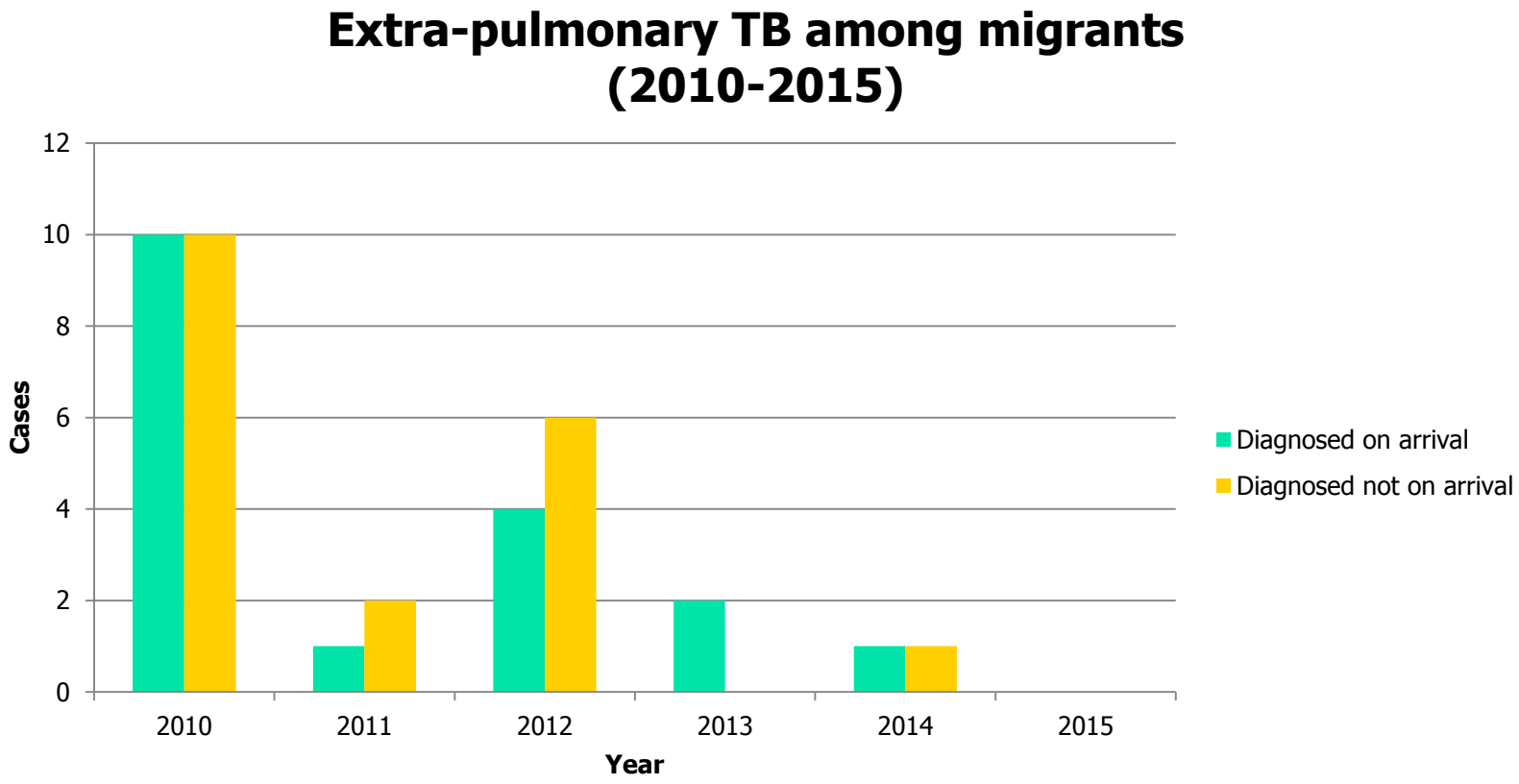
- Language barriers
- Culture barriers
- Taking medication (DOTS) and keeping up appointments with specialists in hospital
- Understanding instructions given by Health care professionals
- No concept of time to keep appointments
- Impossible to find where they are living once they leave open centres when they do not turn up for follow up or stop their treatment.

# Number of pulmonary cases of tuberculoses are diagnosed on arrival and not on arrival per year

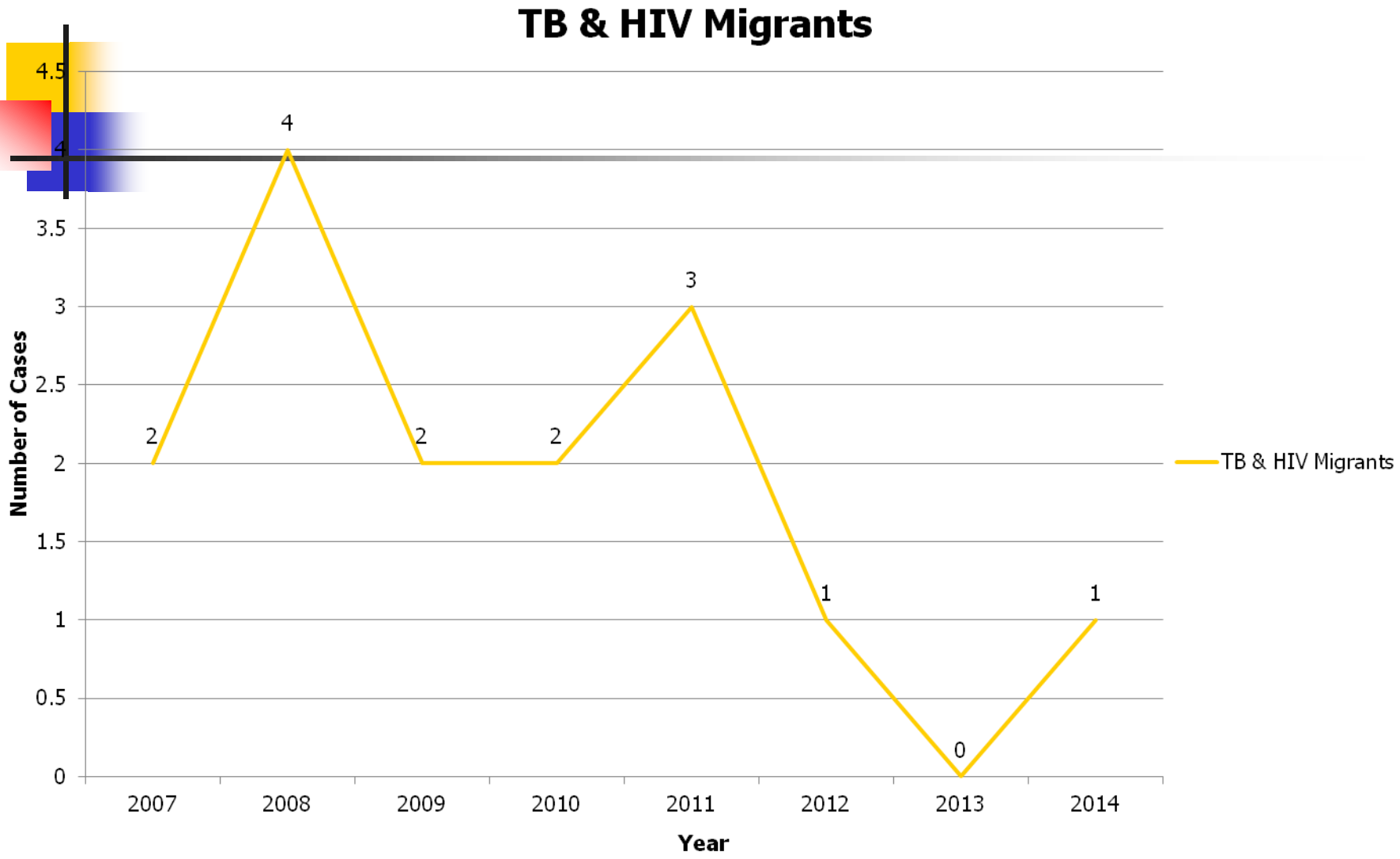



Infectious disease prevention and control unit May 2015

# Number of extra pulmonary cases of tuberculoses are diagnosed on arrival and not on arrival per year

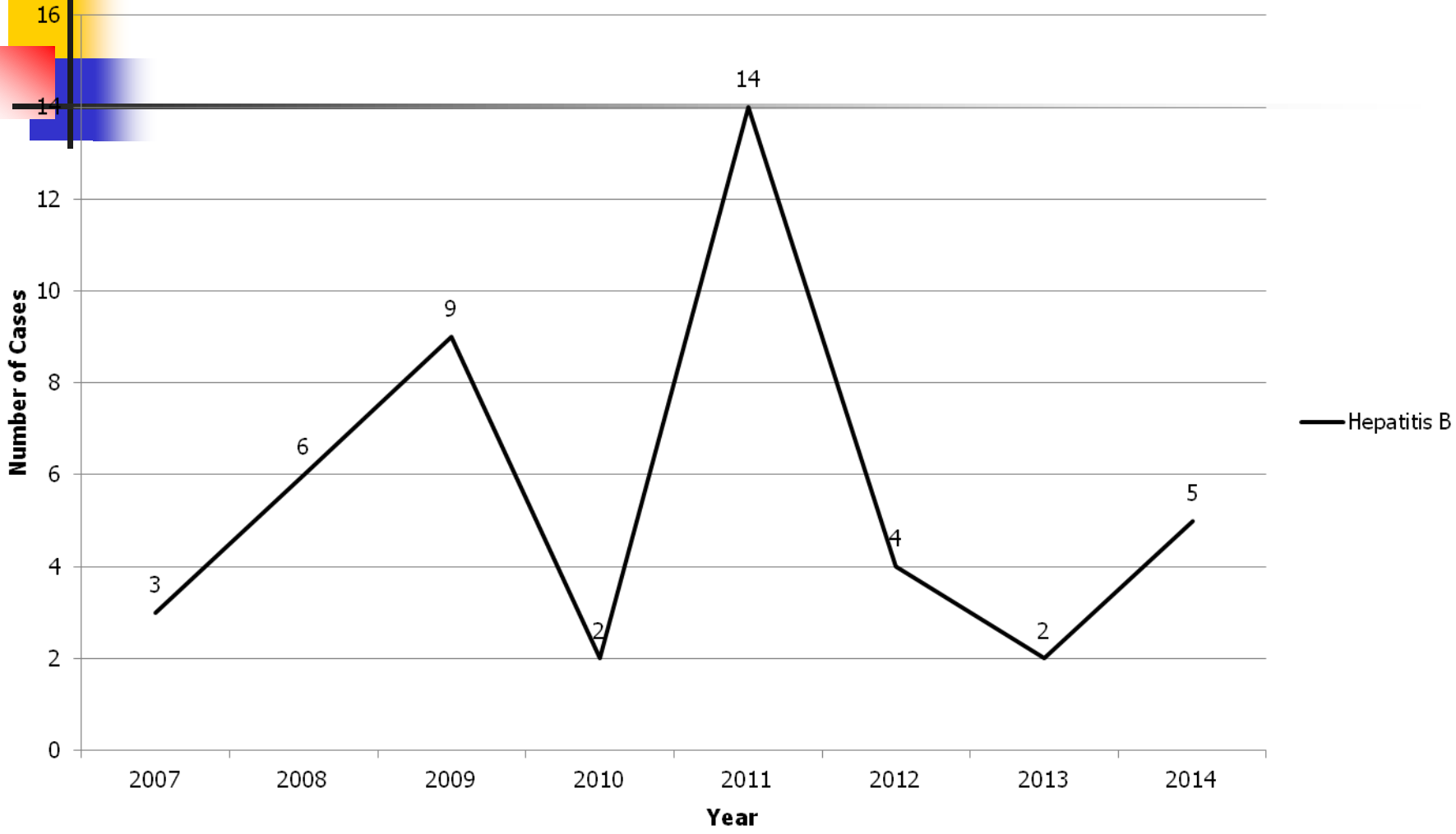



Infectious disease prevention and control unit May 2013

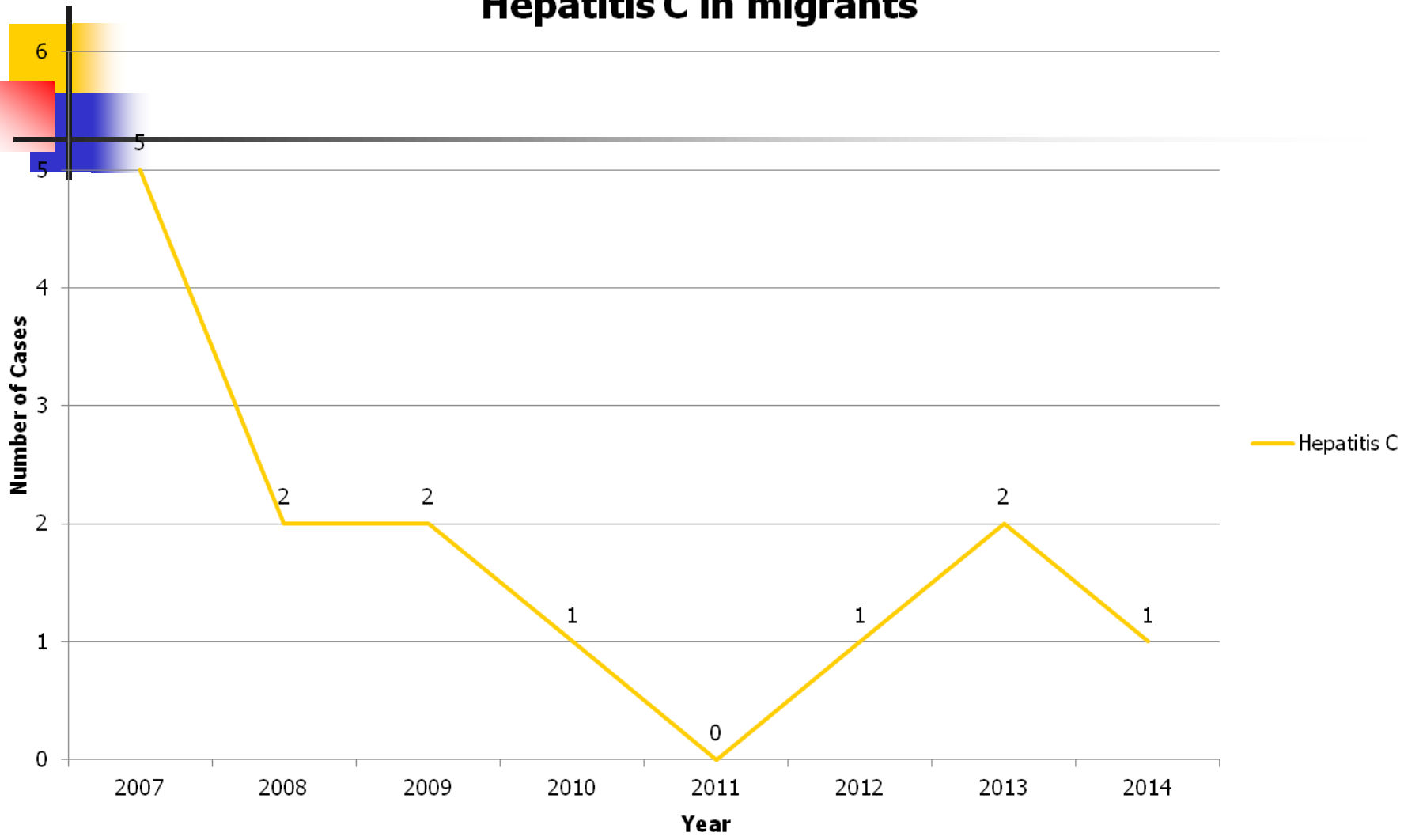

TB & HIV Migrants
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Number of Cases
2
4
2
2
3
1
0
1
2007
2008
2009
2010
2011
2012
2013
2014
Year
TB & HIV Migrants

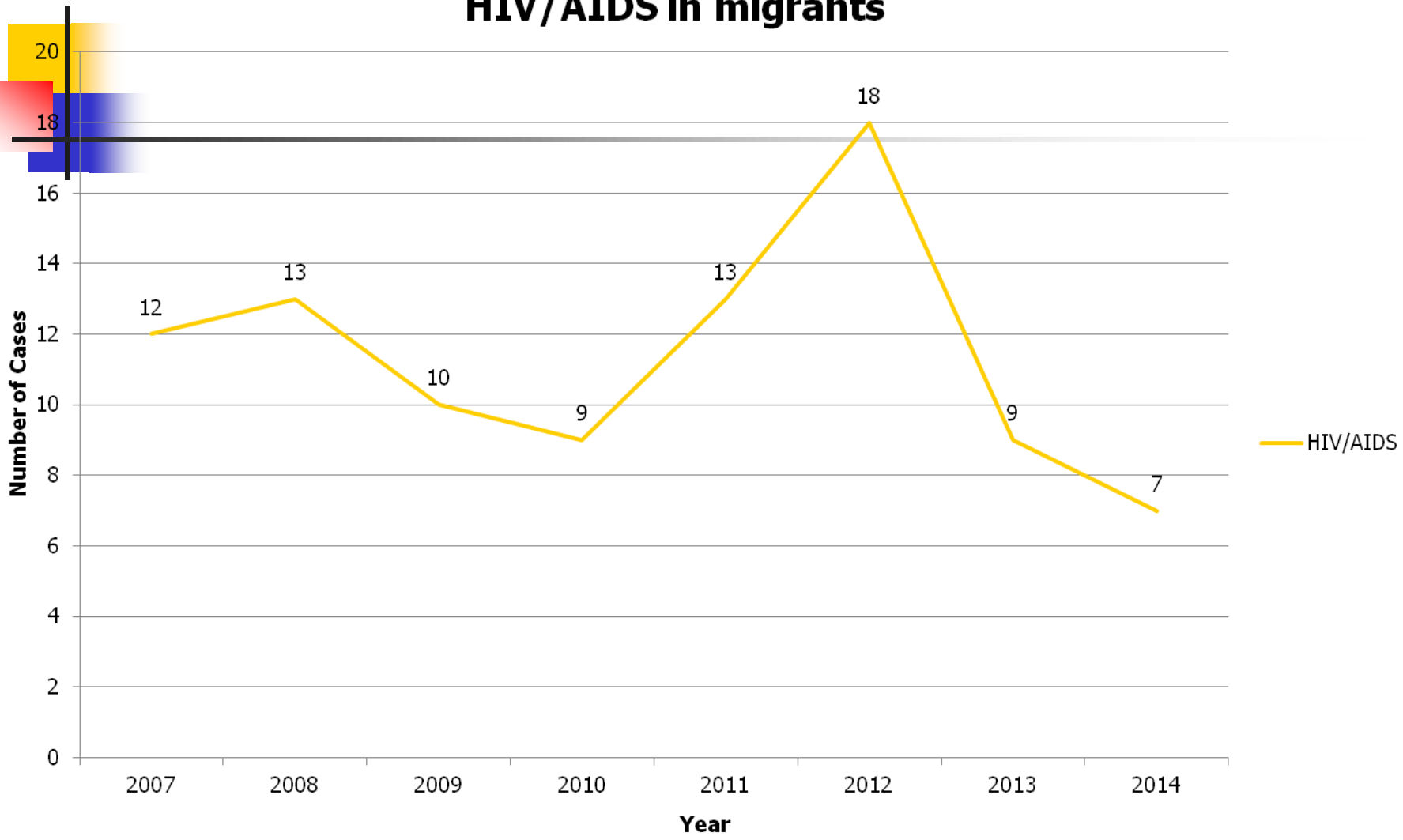
Infectious disease prevention and control unit May 2015

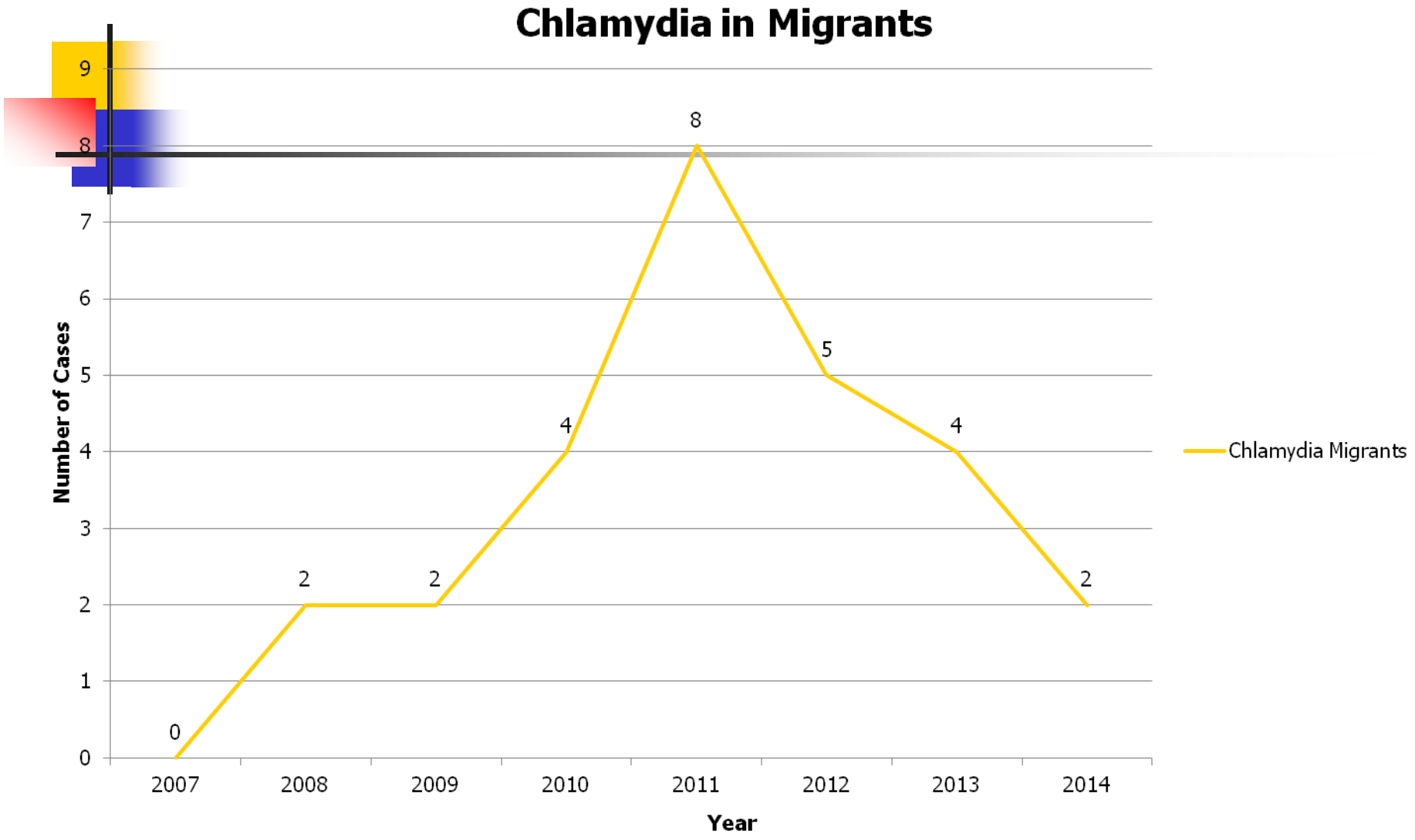
# Hepatitis B in migrants

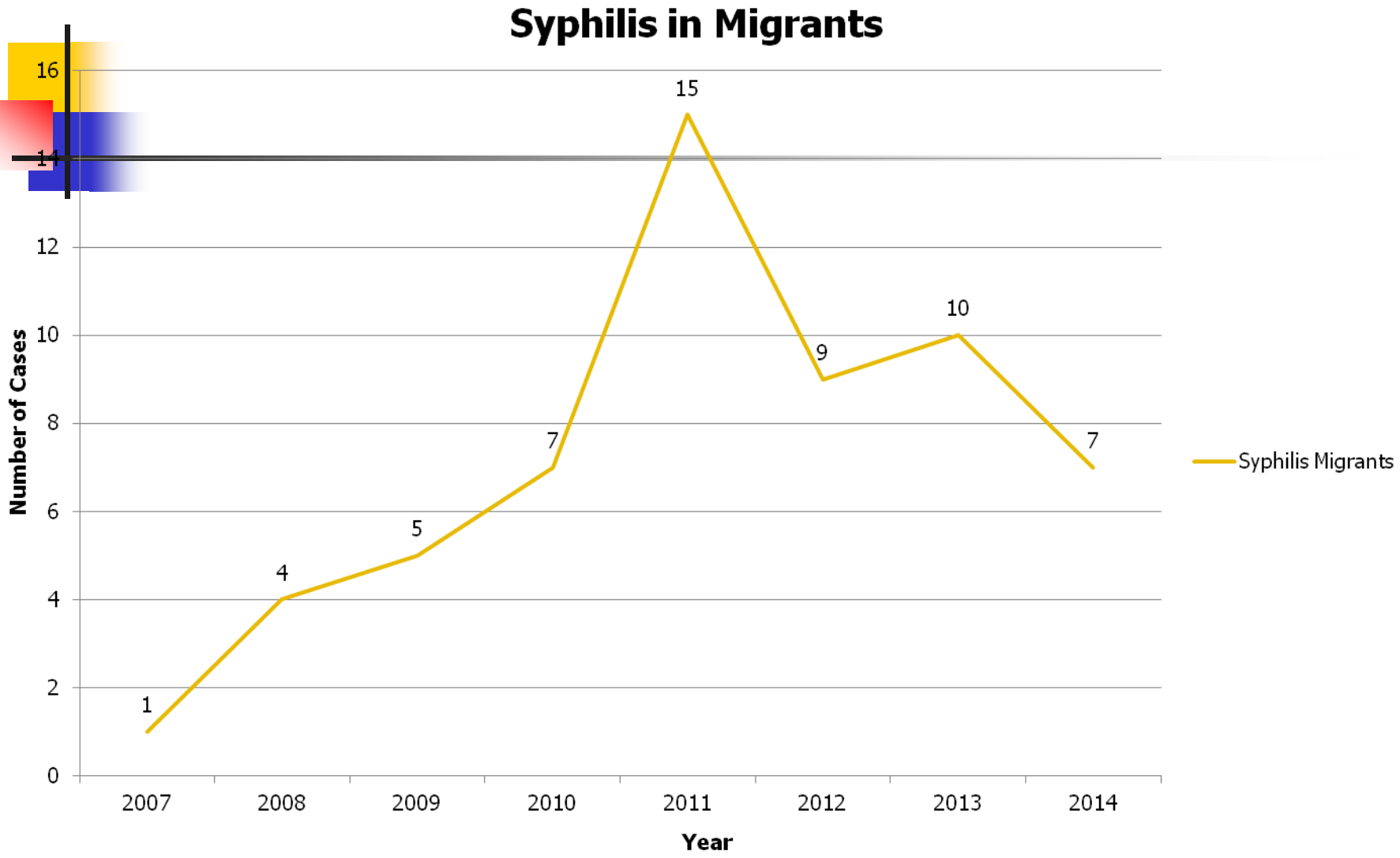


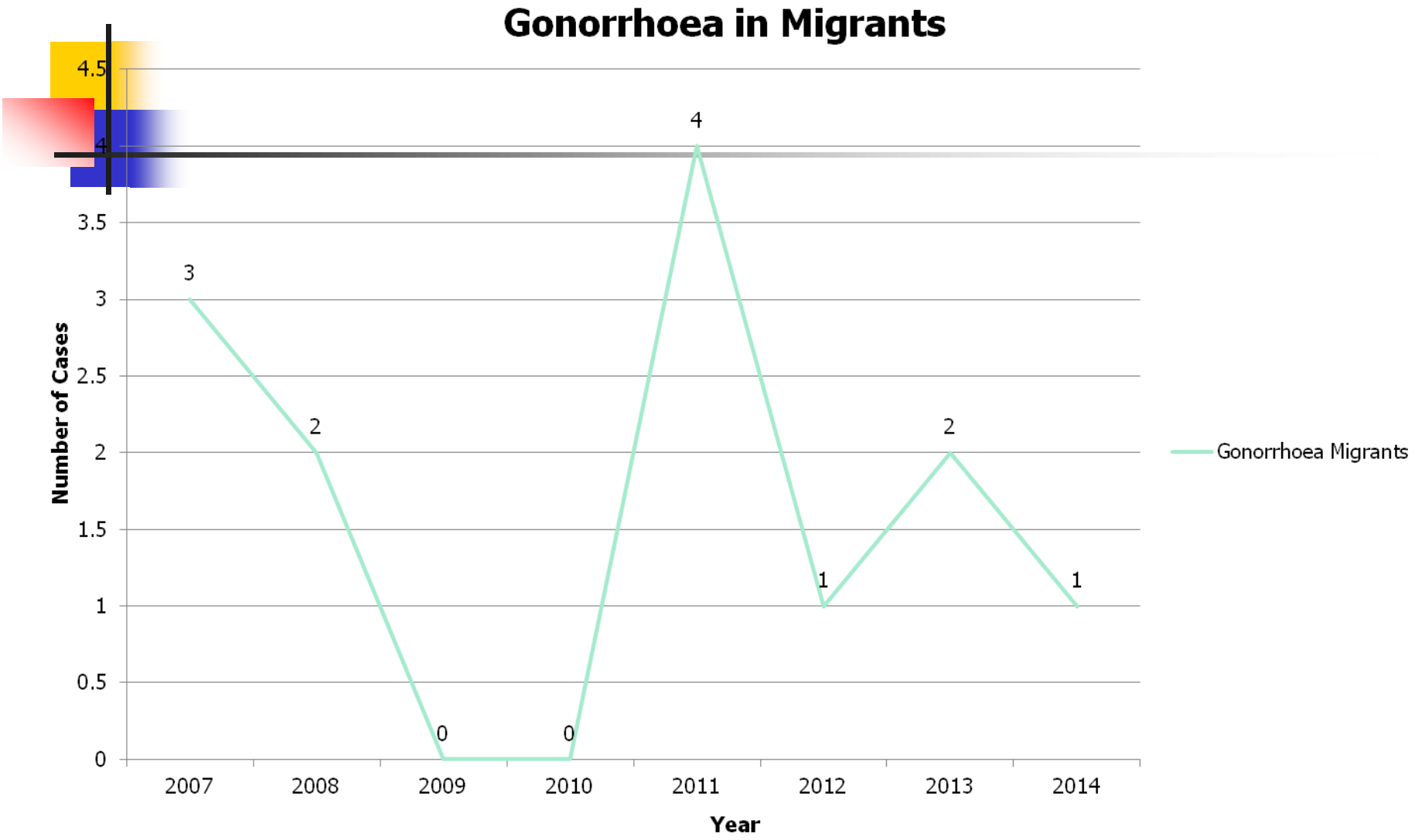
# Hepatitis C in migrants

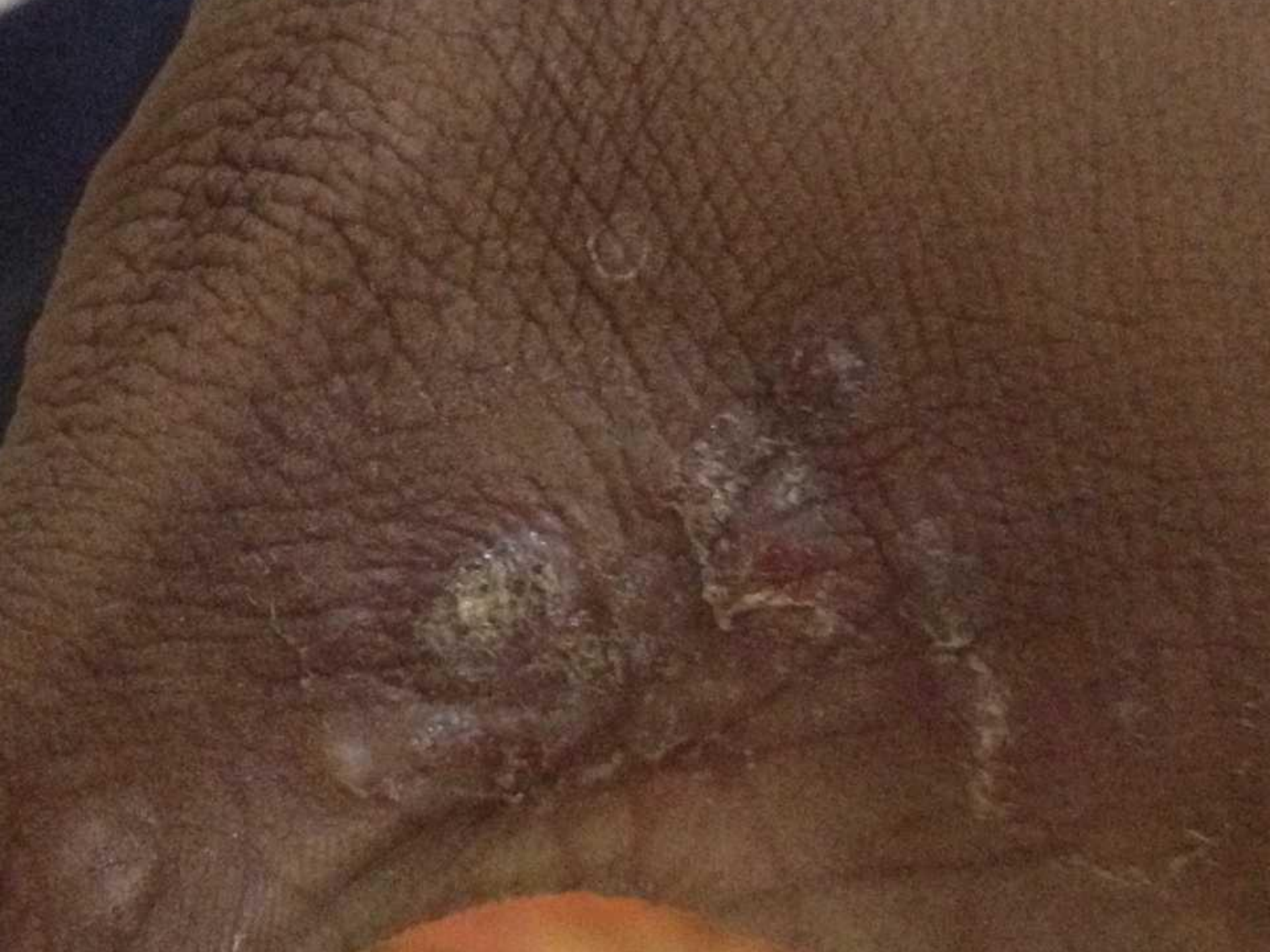


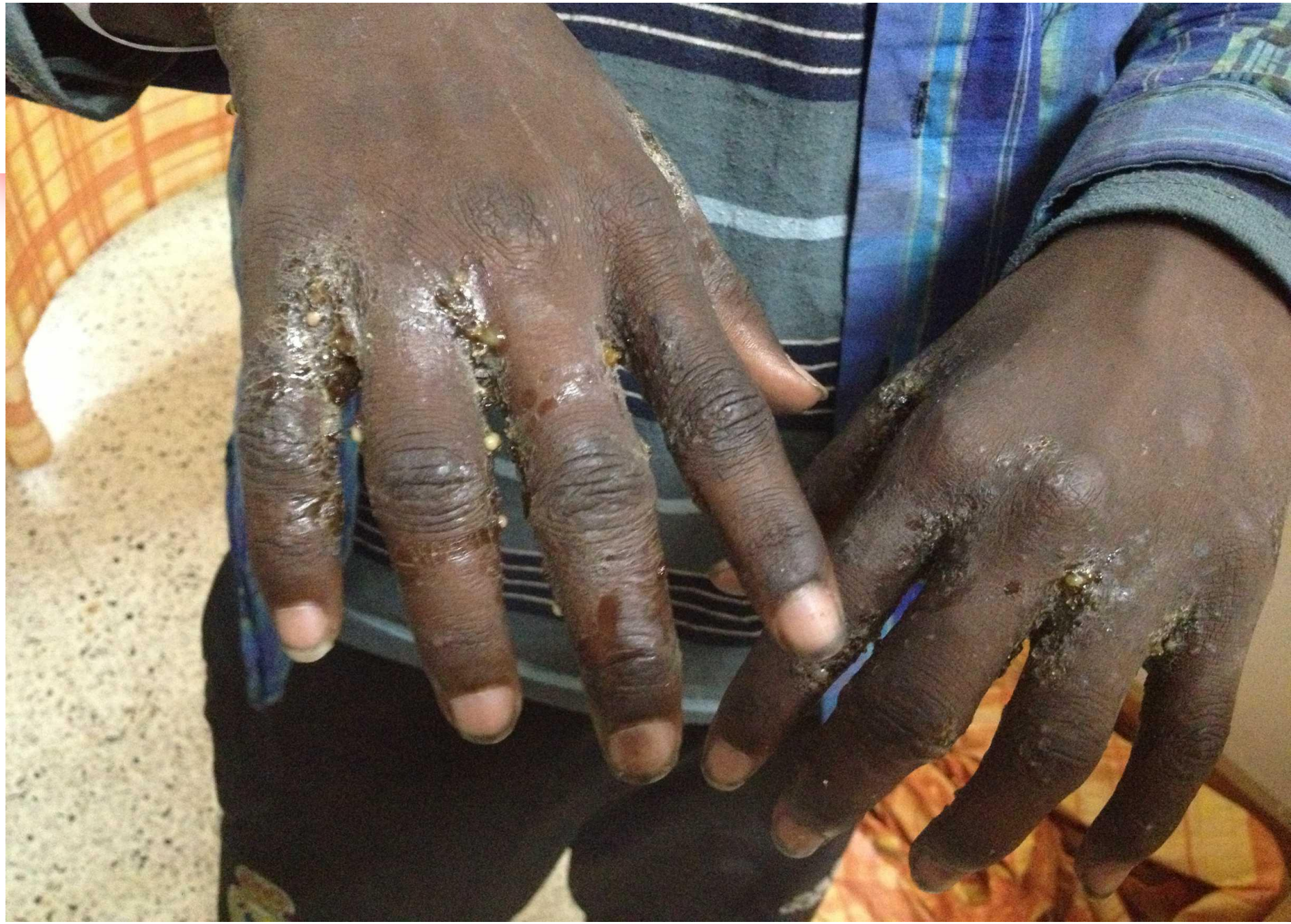

HIV/AIDS in migrants
Number of Cases
0
2
4
6
8
10
12
14
16
18
20
12
13
10
9
13
18
9
7
2007
2008
2009
2010
2011
2012
2013
2014
Year
HIV/AIDS


Chlamydia in Migrants
9
8
7
6
5
4
3
2
1
0
Number of Cases
0
2
2
4
8
5
4
2
2007
2008
2009
2010
2011
2012
2013
2014
Year
Chlamydia Migrants


Syphilis in Migrants
16
14
12
10
8
6
4
2
0
Number of Cases
15
10
9
7
7
5
4
1
2007
2008
2009
2010
2011
2012
2013
2014
Year
Syphilis Migrants


Gonorrhoea in Migrants
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Number of Cases
3
2
0
0
4
1
2
1
2007
2008
2009
2010
2011
2012
2013
2014
Year
Gonorrhoea Migrants






AP

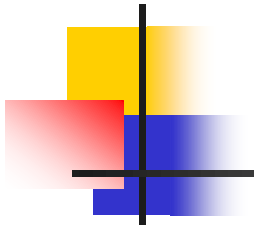
# Achievements

1. Offer universal free health care to migrants for primary and secondary care.
2. Health screening of migrants for Tuberculosis done within first 3 days of arrival
3. Physical examination on arrival to identify any obvious infectious diseases .
4. Vaccinations given within first 5 days of arrival.
5. A motivated and dedicated team of professionals are responsible for dealing with migrants.

# Lessons Learnt

- Intersectoral coordination amongst all entities/stakeholders who work directly with migrants makes problem solving easier.

- Organised clinics for migrants in detention and open centres helps early diagnosis of infectious diseases and medical conditions.



# THANK YOU