



SCREENING OF NEWLY ARRIVED MIGRANTS IN ITALY

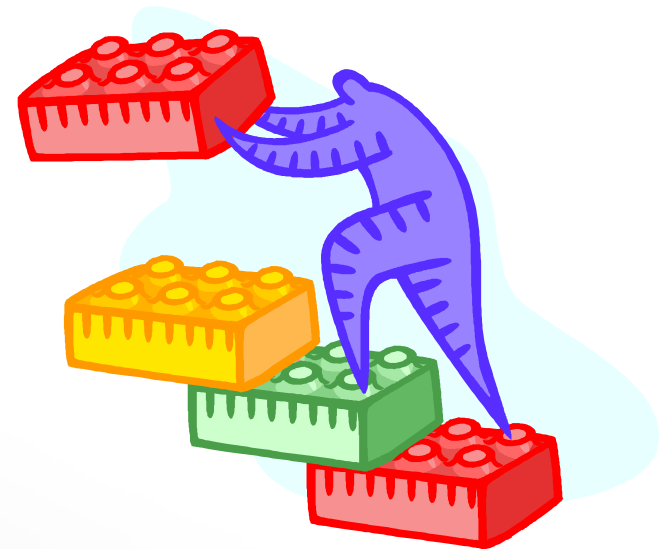
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OUTLINE

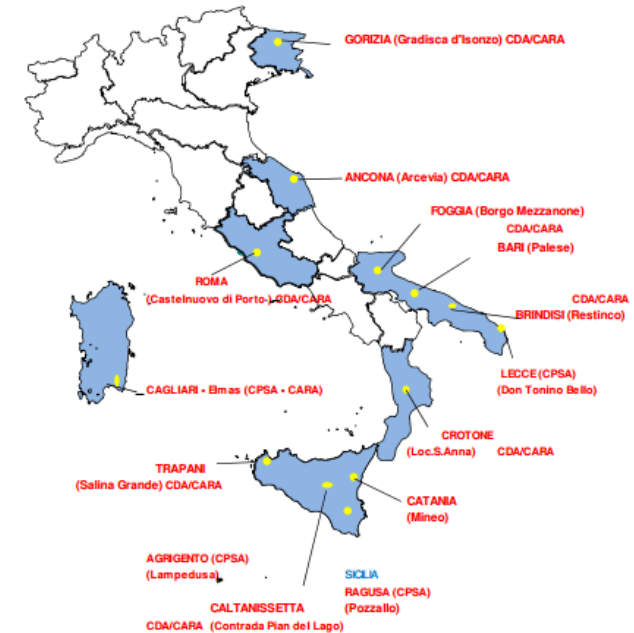
- Overview of patterns of immigration to Italy
- Diseases screened and target groups addressed
- Results and examples of screening practices targeting newly arrived migrants in Italy
- Challenges and Possible solutions



ITALY

- Final and transit destination for economic migrants as well as for asylum seekers and refugees
- Italy composed by 19 regions and 2 autonomous provinces with competence also on health
- Immigration centres of different types (general CdA, asylum seekers CARA, irregular migrants CIE) managed by providers contracted by the **Min of Interior**

14 CENTRI GOVERNATIVI PER RICHIEDENTI ASILO (CARA-CPSA-CDA)



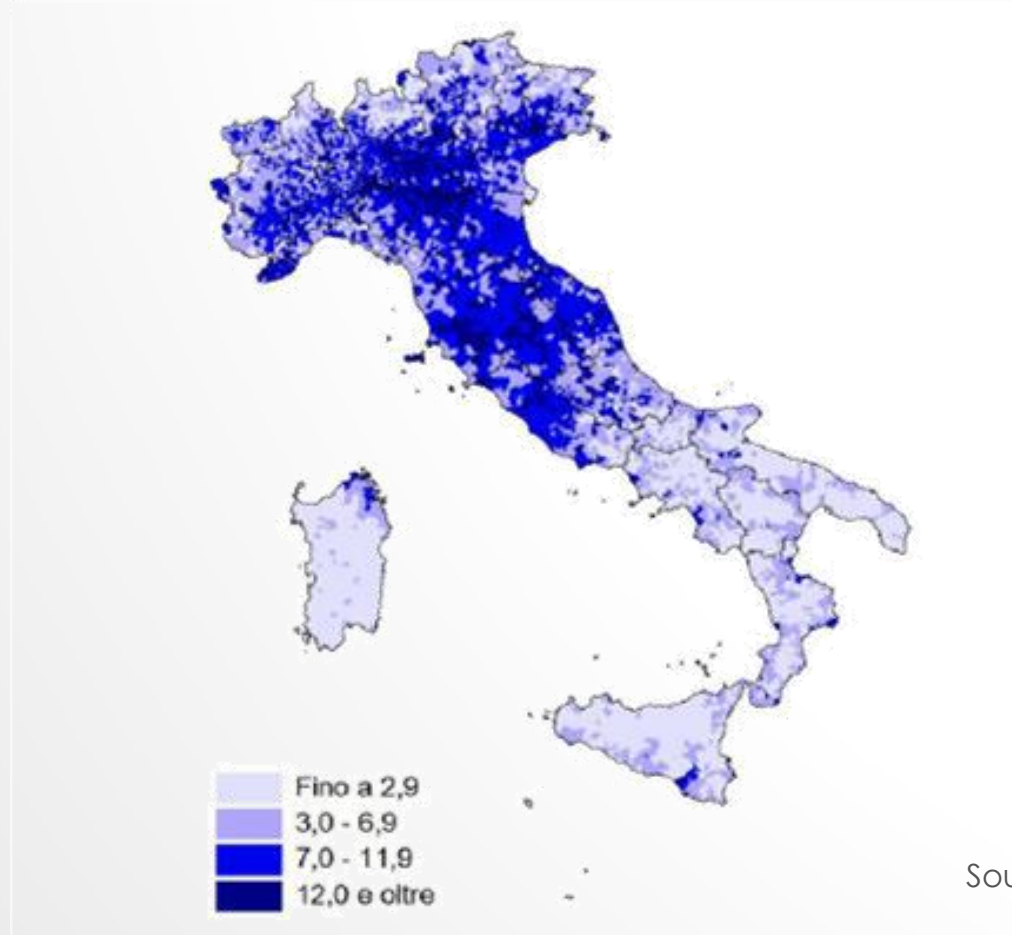
Source Italian Ministry of Interior

SOME NUMBERS...

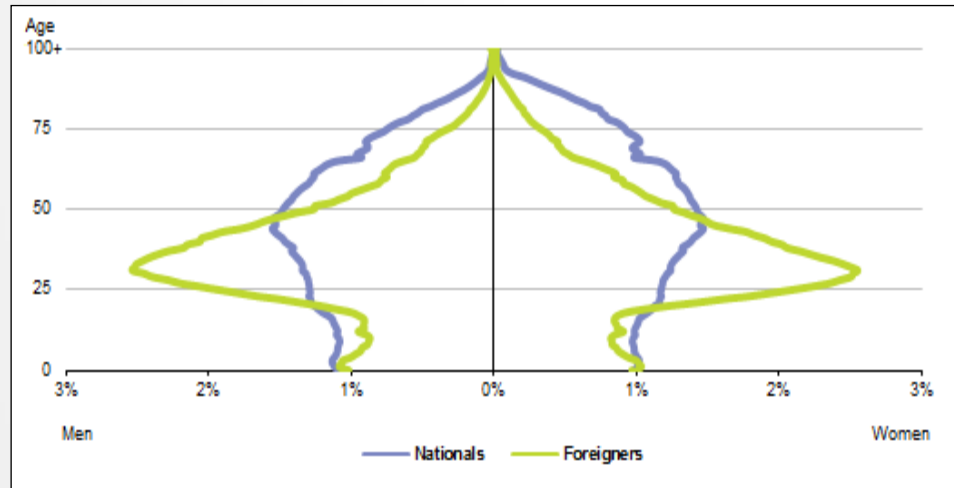
		Source
Regular migrants (end 2014)	8% (resident foreigners) ≈ 5,000,000	ISTAT
Asylum Seekers in Italy (July 2014)	22, 200	UNHCR
Refugees in Italy (July 2014)	76,263	UNHCR
Irregular migrants (2012)	Est. 326,000 people	ISMU

... MAPS ...

Regular migrant residents/100 residents by Italian municipality,
as of 1 Jan 2013

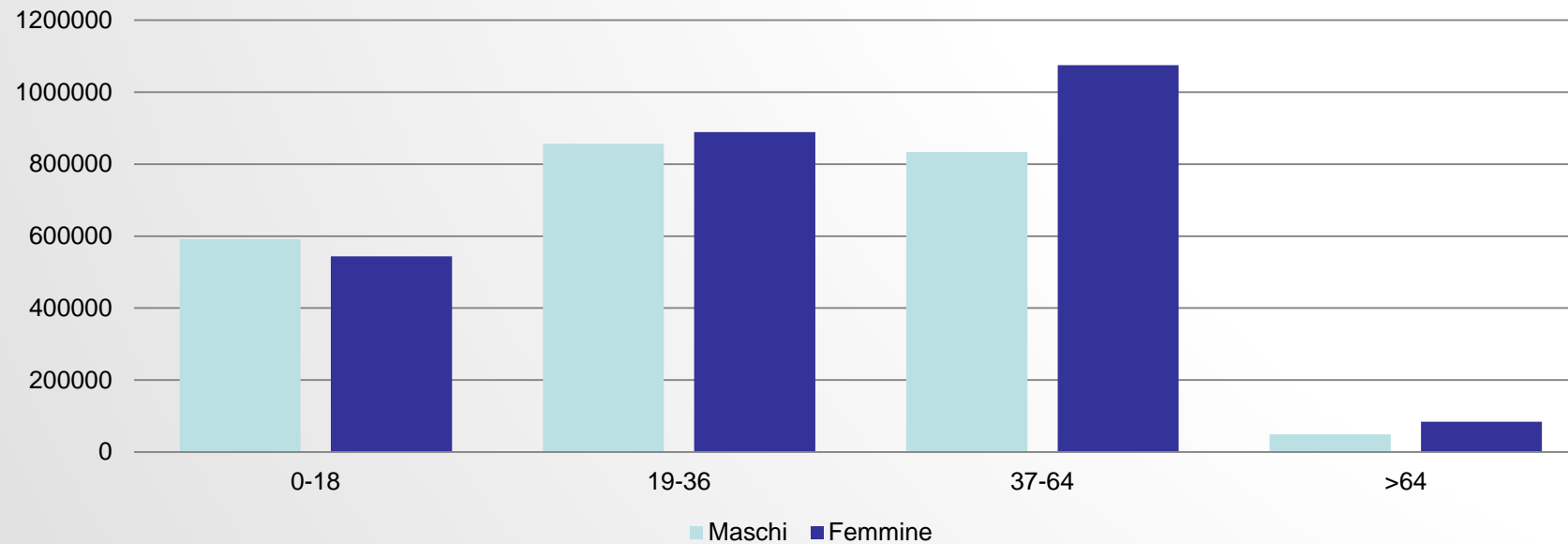


Source ISTAT



(Eurostat, <http://bit.ly/1qfH8dC>)

Foreign borne population residing in Italy as of 1 January 2014 by age group and sex

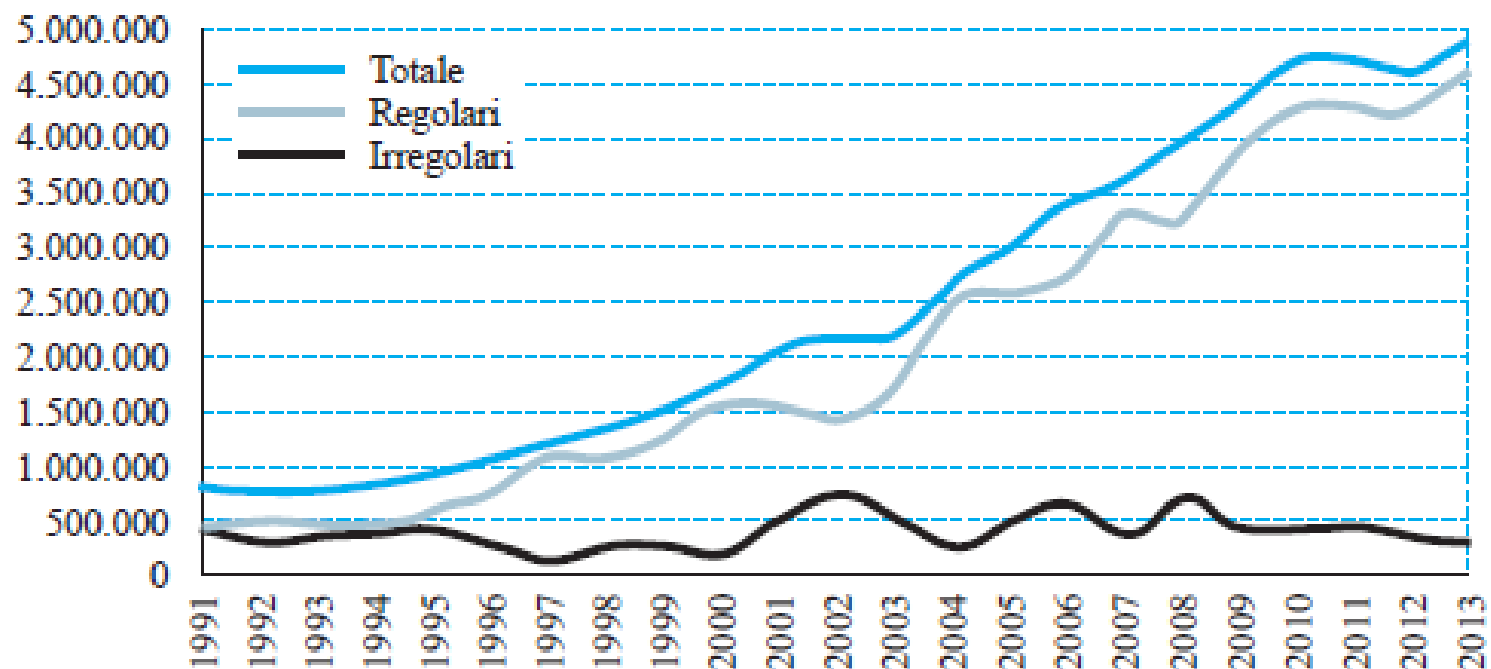


Data Istat

Source: <http://demo.istat.it/strasa2014/index.html>

... AND TRENDS

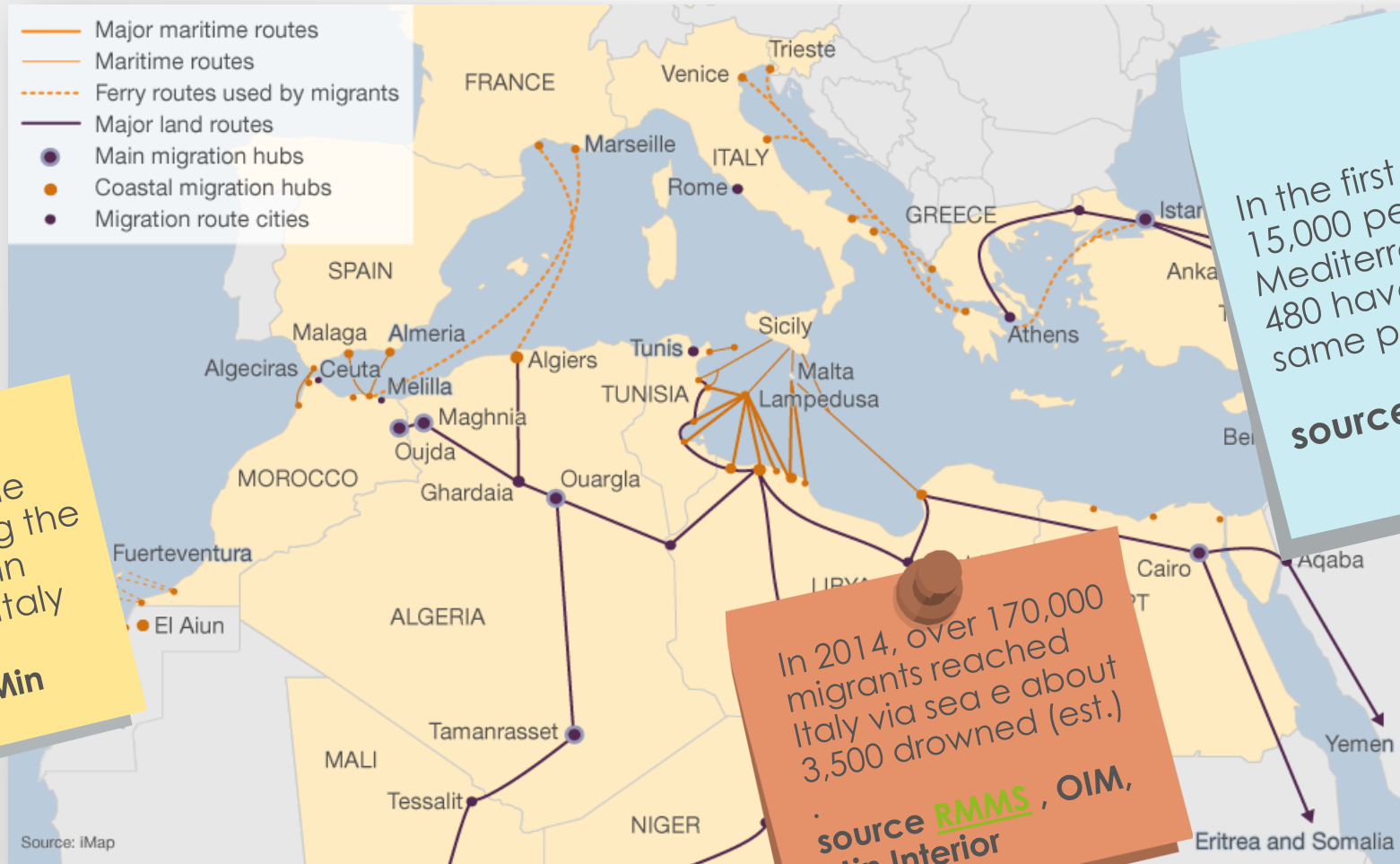
Estimated number of foreign-born people in Italy by migration status (1991-2013)



Fonte: elaborazioni Ismu su dati Istat



MEDITERRANEAN MIGRATION SYSTEM: MAJOR MARITIME AND LAND ROUTES



Over 42,900 of the migrants crossing the Mediterranean in 2013 arrived in Italy (>95%)
source RMMS, Min Interior

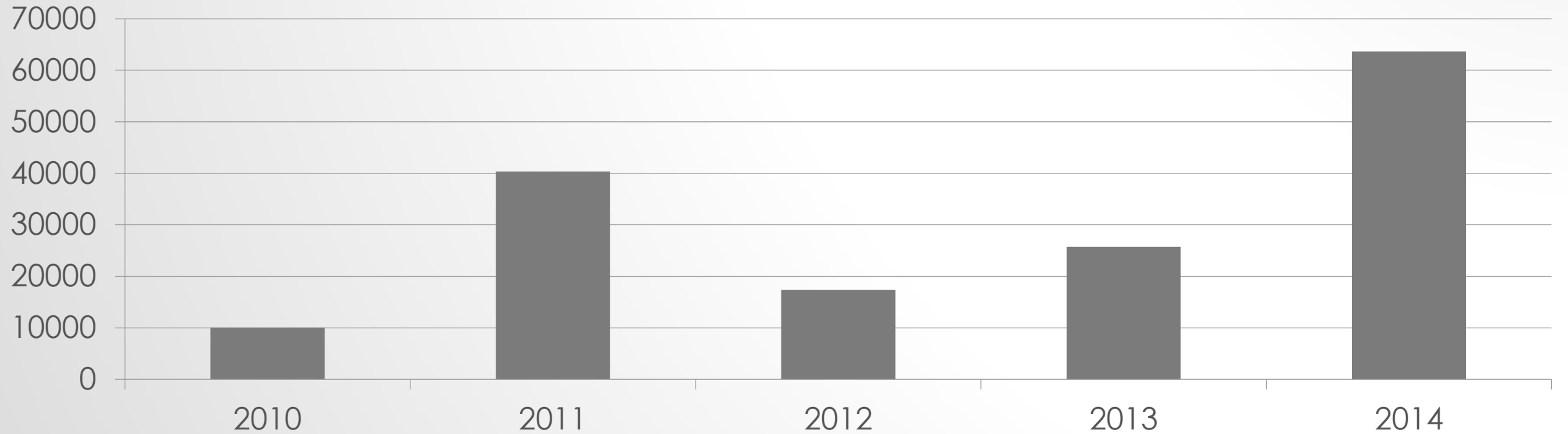
In the first three months of 2015, 15,000 people crossed the Mediterranean to Italy. At least 480 have drowned (<50 in the same period of 2014).
source RMMS, OIM

In 2014, over 170,000 migrants reached Italy via sea e about 3,500 drowned (est.)
source RMMS, OIM, Min Interior

The majority of migrants crossing to Italy via sea come through Libya from sub-Saharan Africa, Eritrea, Syria, Somalia and Ethiopia.
source OIM

Source BBC (<http://www.bbc.com/news/world-europe-24521614>), map based on iMap data. Some routes and detail have been omitted for clarity.

Number of asylum applications submitted in Italy | 2010 - 2014



Source of data UNHCR

MIGRANTS' ACCESS TO HEALTH

HEALTH IS AN INDIVIDUAL INDEFEASABLE RIGHT AND A FUNDAMENTAL INTEREST FOR THE COMMUNITY

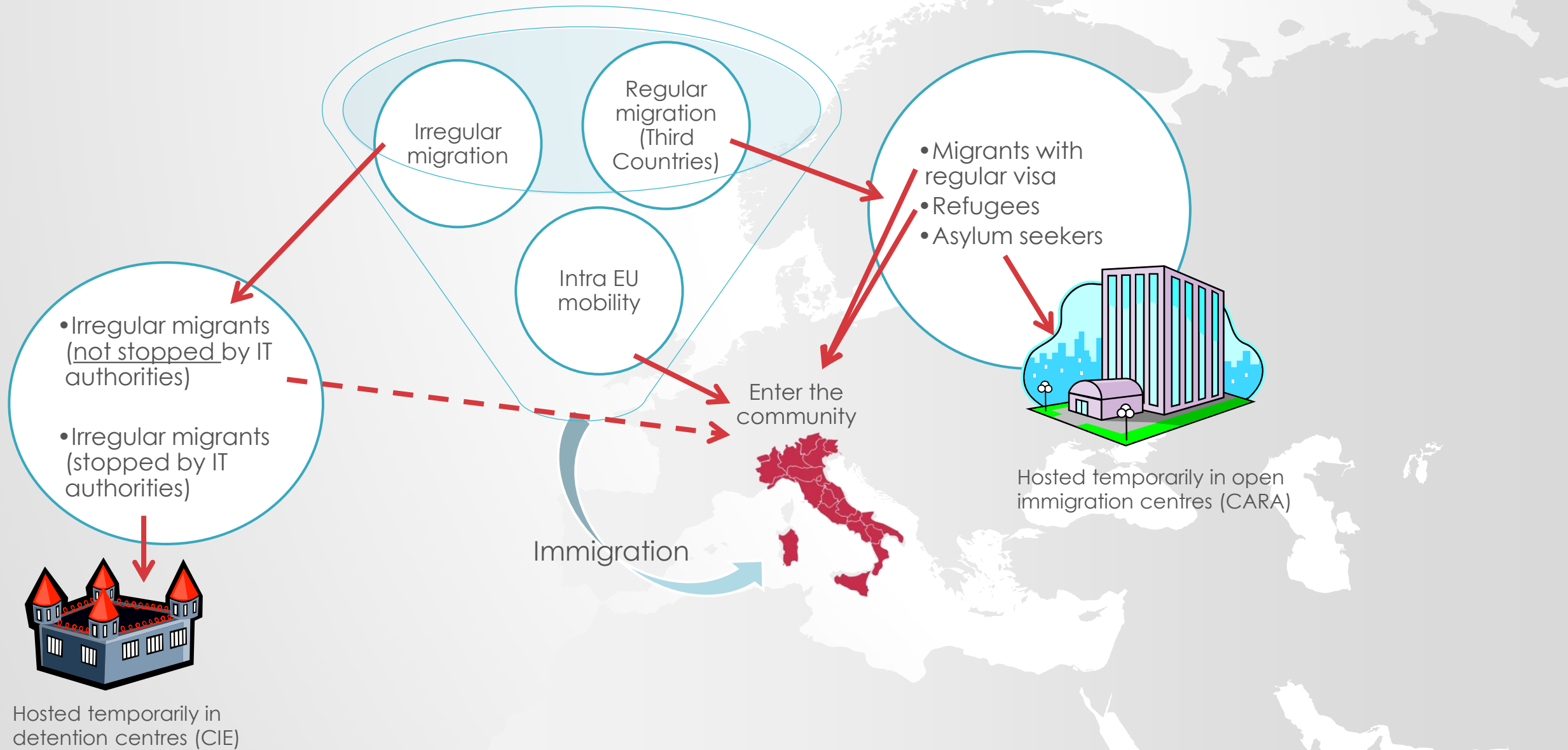
Art.32 of the Italian Constitution

ACCESS TO DIAGNOSIS AND TREATMENT OF COMMUNICABLE DISEASES, AS WELL AS **PREVENTION** ACCORDING TO NATIONAL PREVENTION PLAN, IS AMONG THE LIST OF INDEFEASIBLE RIGHTS FOR ALL MIGRANTS

Art. 35 of the law on immigration

DOCUMENTED MIGRANTS → The registration in the NHS lasts for the entire duration of the residence permit.

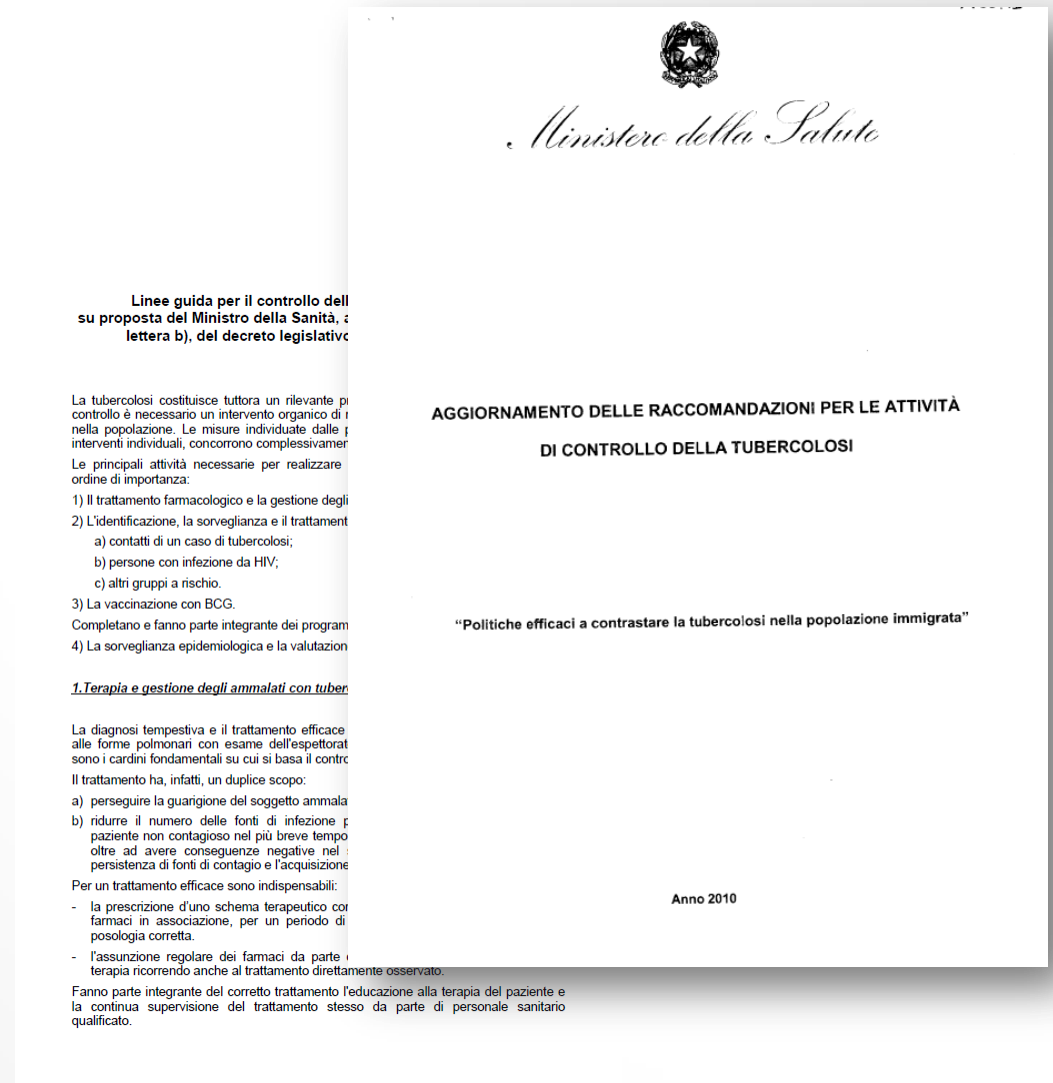
UNDOCUMENTED MIGRANT → STP card is issued by hospitals or Local Health Unit. It's free and valid for 6 months (renewable)



Depending on their status new migrants to Italy may access screening and medical follow-up at immigration centre level (Min Interior) or at community level (Min Health/NHS).

NATIONAL GUIDELINES

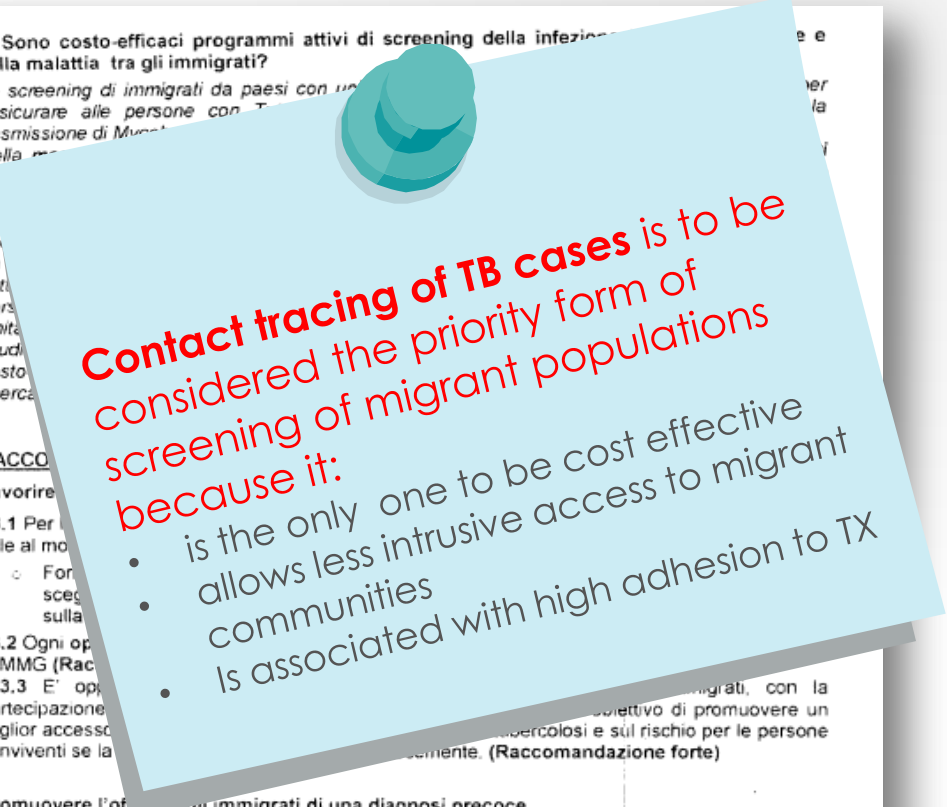
- Immigration centres are required to provide to newly arrived migrants a so called "medical screening". However how this should be done is not specified.
- Screening guidance of **tuberculosis** among migrants is provided in the context of disease specific guidelines, issued by the Ministry of Health (1998, 2010).
- National vaccination guidance for migrants children 0-14 with/without certificate (1993)
- No other national guidelines addressing which screening practices should be adopted for newly arriving migrants to Italy.



TB SCREENING AND MIGRANTS ITALY'S POSITION

Evidence:

- TB screening on migrants from highly endemic countries can be useful to ensure rapid treatment and minimize disease transmission.
- Case detection of screening programmes is low (especially for active TB)



Contact tracing of TB cases is to be considered the priority form of screening of migrant populations because it:

- is the only one to be cost effective
- allows less intrusive access to migrant communities
- Is associated with high adherence to TX

3. Sono costo-efficaci programmi attivi di screening della infezione della malattia tra gli immigrati?
Lo screening di immigrati da paesi con un'alta prevalenza di TB è utile per assicurare alle persone con TB la trasmissione di M...
Nella m...
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RACCOMANDA
Favorire...
I 3.1 Per...
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o For...
sceg...
sulla...

I 3.2 Ogni op...
al MMG (Rac...
I 3.3 E' op...
partecipazione...
miglior accesso...
conviventi se la...
...obiettivo di promuovere un...
...tubercolosi e sul rischio per le persone...
...mente. (Raccomandazione forte)

Promuovere l'of...
...di una diagnosi precoce

I 3.4 E' opportuno utilizzare tutte le occasioni di contatto degli immigrati con il servizio sanitario o con centri di volontariato, per informare sulla malattia (Raccomandazione forte).
I 3.5 I Medici di Medicina Generale (MMG) per ogni nuova persona iscritta proveniente da un paese ad alto rischio (incidenza stimata dall'OMS >100 casi/100.000) devono (Raccomandazione forte):

- o informare sui rischi legati alla tubercolosi e sui sintomi iniziali di questa malattia;
- o raccogliere l'anamnesi tubercolare (precedente vaccinazione con BCG, malati di TB in famiglia)
- o indagare sulla eventuale presenza di sintomi suggestivi di tubercolosi e se presenti proporre una radiografia del torace.

I 3.6 I Pediatri di Libera Scelta (PLS) per ogni nuovo bambino iscritto (inclusi i bambini adottati) nato in un paese ad alto rischio (incidenza stimata dall'OMS >100 casi/100.000) dovrebbero (Raccomandazione forte):

- o informare sui rischi legati alla tubercolosi e sui sintomi iniziali di questa malattia

TB SCREENING AND MIGRANTS

ITALY'S POSITION

Strong Recommendations

Goal	How	Who	When
Favour access to health services	Inform on NHS organization, on the choice of family doctor (GP) and paediatrician and on the importance of early diagnosis of diseases including TB.	Staff involved	When new migrants request permit/sign up to the NHS
	Encourage migrants to choose and be assigned to a family doctor (GP)	HCW working with migrants	When migrants access dedicated health care services (NHS/voluntary groups)
	Activate communication campaigns within migrant communities (on access to NHS, early symptoms of TB, risk of TB transmission within households)	NHS + migrant community leaders	-
Promote early diagnosis	Provide information on TB	HCW working with migrants	When migrants access dedicated health care services (NHS/voluntary groups)
	Inform on risks associated to TB and early signs of disease, collect TB anamnesis (BCG vaccination, TB affected family members), assess for signs and symptoms of TB and if needed propose CXR	GPs	New person signed up coming from a high incidence country (WHO estimate >100/100,000)
	Inform on risks associated to TB and early signs of disease, collect TB anamnesis (BCG vaccination, TB affected family members), assess for signs and symptoms of TB and if needed propose CXR, propose cutaneous test and if positive treat LTB, propose vaccination if child in high risk community	Paediatrician	New child signed up coming from a high incidence country (WHO estimate >100/100,000)

SUB-NATIONAL PRACTICES

- There are diverse screening practices targeting migrants at service/local/regional level.
- Some are documented in scientific and grey literature.



SOME EXAMPLES

Disease addressed	Level	Target group	Some Reference examples
TB	Several experiences in different regions (Regional HS and service/s based)	Newly arrived migrants, Migrants accessing services	M. Sañé Schepisi et al. BMC Public Health 2013, T. Prestileo et al. Le Infezioni in Medicina 2013, S. Tafuri et al. Am J Infect Control. 2011; I. Baussano et al. AIE conference 2012, L.E. Pacifici et al.: Giornale italiano di malattie tropicali 2010
STD including HIV, HPV	Multiregional	Irregular migrants, Newly arrived migrants, ad hoc initiatives (prevalence studies)	T. Prestileo et al. Le Infezioni in Medicina 2013, M.C. Pezzoli et al. Emerg Infect Dis. 2009, , M. Chironna J Immigr Minor Health 2013; L.E. Pacifici et al.: Manuale di Buone Pratiche Esperienze da un Centro di Accoglienza per Richiedenti Asilo 2010
Measles, Rubella, Varicella, HBV	Several experiences in different regions (service/s based)	Newly arrived migrants, migrant children (vaccination status)	I. El-Hamad et al. J Travel Med. 2015; T. Prestileo et al. Le Infezioni in Medicina 2013, L.E. Pacifici et al.: Manuale di Buone Pratiche Esperienze da un Centro di Accoglienza per Richiedenti Asilo 2010
Polio	Regional HS and Service based	Ad hoc initiatives (surveillance)	S. Tafuri et al Journal of Travel Medicine, 2011
Chagas Disease	Service based	Migrants based on country of origin within community/ acceding service	Anselmi M. quoted in Z. Bisoffi et al. IJPH 2011
<i>Neisseria meningitidis</i> carriers	Regional HS and Service based	Ad hoc initiatives (prevalence studies)	S. Tafuri et al Journal of Travel Medicine, 2012

EXAMPLES OF GOOD PRACTICE

- Screening can be the **first contact with local medical staff** in contexts, such as migration centres, where **cultural mediation** can be available
- Screening **facilitates access to the NHS services:**
 - Treatment and counselling is provided when appropriate
 - Vaccinations for not-immunized children/at risk adults
- Screening can trigger **public health actions** (e.g. contact tracing)
- The screening is **offered** to all migrants but it is **not compulsory**

WHAT DO WE REALLY NEED?

- 2011 Migration surge in Italy: people arriving were young and in good health, no public health emergencies took place (F. Riccardo et al. Eurosurveillance 2012; C. Napoli et al. Int J Environ Res Public Health. 2014)
- Promote early diagnosis
- Cost effectiveness of screening practice (eg TB debate)
- Favour access to health services



CHALLENGES

Guidance for screening/early diagnosis of communicable diseases → to help at National level

- ✓ Goals and objectives
- ✓ Target population
- ✓ Setting(s)
- ✓ Evidence based cost/effective screening practices
- Common action lines and strategies OR panorama of possible options

THANK YOU

