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Migrant screening: Lessons learned from the migrant holding level at the Greek—Turkish borders

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Summary In March 2011, a migrant health project became operational that aimed to provide medical and psychosocial support to migrants at the Greek—Turkish border. The aim of this study is to describe common syndromes, the communicable disease profile and vaccination patterns in newly arrived migrants through a surveillance system that was based on medical records data as well as screening procedures.

Data were collected prospectively using one standardized form per patient including demographic information, civil status, and medical and vaccination history. A tuberculin screening test (TST) and serological testing for HIV, hepatitis B and hepatitis C were performed after obtaining informed consent.

A total of 6899 migrants were screened, the majority of whom were male (91%) and 18—31 years old (85%), with a mean age of 25.3 years. Of all patients, 2.5% received secondary care. Common complaints and diagnoses included respiratory infections (23%) and myalgia (18%). The tuberculin screening test (TST) was positive in 7.8% out of 1132 patients tested. Out of 632 migrants, 0.3%, 3.2% and 0.8% tested positive for HIV, hepatitis B and hepatitis C, respectively. Overall, 22.3% of adults were vaccinated against poliomyelitis.

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Irregular migrants that enter Greek borders are generally in good health. Nevertheless, the risk of spreading communicable diseases is an important issue to consider among migrants at the holding level due to severe overcrowding conditions. Therefore, there is a need to strengthen surveillance and implement harmonized screening procedures with the aim of providing sustainable and good quality services that are focused on prevention and early treatment.

Introduction

The number of international migrants was estimated at approximately 214 million worldwide in 2010 and is expected to exceed 400 million by 2050 [1]. Historically, Europe has faced constant human migratory waves [2—4]. Europe is an increasingly important recipient of approximately one-third of the international migrant population, with an estimated 72.6 million migrants now living there [1,4]. These changes in migration dynamics have increased concern about the potential effect of migration on the transmission of communicable diseases and potential public health implications in the European Union. The term ''migrants'' refers to a heterogeneous population including refugees, asylum seekers, and economic migrants who originate from countries where the prevalence of infectious diseases, socioeconomic standards and healthcare might be different compared with their European host country [5]. Thus, infectious diseases that are considered to be key health issues for new migrants from high-prevalence countries differ depending on their country of origin [6]. A large proportion of certain infectious diseases are usually reported in migrants after entering their host country, for example, approximately 70% of newly diagnosed UK tuberculosis (TB) and 60% of new HIV cases are reported in migrants, with comparable trends for hepatitis B and C [7—9].

Due to its geopolitical position, Greece has been experiencing increasing mobility of various migrant populations across its borders. River Evros, which flows through Bulgaria, Greece and Turkey, forms a 206-km-long natural border between Greece and Turkey. In October 2010, the European Union Agency for Border Security (FRONTEX) reported that 90% of all detections of illegal border crossings in the EU were through Turkish—Greek borders. While in previous years the average number of migrants crossing borders did not exceed 3500 persons, in 2010, 47,000 migrants without legal documents (''sans-papiers'') crossed these borders [10,11]; 36,000 and 11,000 migrants entered the country territory by crossing the northern and the southern parts of Evros, respectively. When water levels are high, migrants either swim or ferry over in small boats.

According to Greek legislation, persons without legal identification documents were detained in closed centers for a maximum period of six months until their identity and nationality were validated. Migrants arriving from countries that may not allow or recognize their citizenship/nationality were released after 48 h of detention to travel to Athens and acquire identification papers from their country's embassy [12]. In March 2011, under the responsibility and coordination of the Hellenic Centre for Disease Control and Prevention (HCDCP), a surveillance system was developed to promptly detect any health issue that could be of public health significance, mainly focusing on the surveillance of communicable diseases, such as respiratory and gastrointestinal illness, as well as psychological conditions, drug abuse and pregnancy.

The aim of this article is to describe common syndromes, the communicable disease profile and vaccination patterns in migrants upon their arrival in Greece, a European member state. Considering the crowding conditions at the holding level and the countries of origin of these populations, in which a variety of communicable and exotic diseases are endemic, public health strategies should be developed to prevent disease dissemination.

Data

Data were collected from the medical records of migrants who underwent a clinical assessment upon arrival at the holding center. A questionnaire was used by the holding center's medical staff to gather demographics information (e.g., country of origin, gender and date of birth), civil status and information concerning health conditions, including communicable diseases and the immunization history. In addition, the data included the results