CENTRO NAZIONALE PER LA **SALUTE GLOBALE**
ITALIAN CENTER FOR GLOBAL HEALTH

Data on recent-arrived migrants (RAM): from syndromic surveillance during emergency to health monitoring systems

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National Centre for Global Health

Workshop 1: Data sources: Statistical, administrative and innovative Better Migrant Health Data - a challenge and an opportunity

Consensus conference for establishing a European level Migration Health Database - Pécs, 07-08 October 2019

Content

- Definition for recent arrived migrants
- Syndromic surveillance during emergency
- New ideas for routine monitoring system
- Reflections on workshop questions

Recent arrived migrants

- Definition

- migrants arrived in the past 12 month?
- migrants with regular entry permit? students?

- Very mixed population for reasons to migrate and for legal status: refugee, asylum seeker, intention to make asylum claim, irregular, regular(?)

→ different from migrants arrived >12 months ago

Recent arrived migrants

- are more vulnerable for the conditions they experienced during their migration journey
- have specific risks in relation to their country of origin and countries visited during their migration
- have increased risk due to living conditions within closed or semi-closed communities

The start: 2011

- Following civil unrest, “Arab spring”, in North Africa early in 2011, Europe witnessed an important increase in migration flows.
- Italy was among the most affected countries
- **State of humanitarian emergency** *declared on* February 12, 2011

A high profile emergency

General concern over the implications for PH

Intense media attention

Need

Ensure uniform and timely monitoring for infectious diseases at hosting centre level in order to acquire data that can be used to support decision making in public health

Fast solutions?

Syndromic surveillance !!!

- used in several uncertain and high profile situations, also in Italy (2006 Winter Olympic Game)
- provides information at an earlier stage than lab confirmation
- in migrant centres, could detect events relevant to warrant further PH response
- easy and fast to set up

April 2011

Ministero della Salute

DIPARTIMENTO DELLA COMUNICAZIONE E PREVENZIONE
DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA
UFFICIO V

Oggetto: Protocollo operativo per la sorveglianza sindromica e la profilassi immunitaria in relazione alla emergenza immigrati dall'Africa settentrionale.

Methodology – syndromes

Syndromes under surveillance and case definitions, migration centres, Italy, 2011

Syndrome	Case definition
Respiratory tract disease	Fever (>38 °C) and at least one of the following: – cough – sore throat – pharyngitis – bronchitis – pneumonia – bronchiolitis – chest rales – breathing difficulties – bloody sputum – lung infiltrates on X-ray
Tuberculosis (suspected)	– Productive cough lasting more than 3 weeks – Low-grade evening fever[a] – Night sweats[a] – Weakness, AND – Weight loss in the last 3 months
Bloody diarrhoea	Blood in stool[b] and at least one of the following: – frequent diarrhoea (at least 3 loose stools a day) – mucus or purulent material in the stool – abdominal pain – gastroenteritis with vomiting
Watery diarrhoea	At least one of the following: – frequent watery diarrhoea (at least 3 loose stools a day) – abdominal pain – gastroenteritis – vomiting
Fever and rash	Rash and fever (>38 °C) OR Clinical diagnosis of measles, rubella, varicella, erythema infectiosum (fifth disease) or exanthema subitum (sixth disease, roseola infantum)
Meningitis/ encephalitis or encephalopathy/ delirium	Fever (>38 °C) and at least one of the following: – meningitis – encephalitis OR one of the following: – encephalopathy – confusion – delirium – altered consciousness
Lymphadenitis with fever	Fever (>38 °C) and at least one of the following: – enlarged lymph nodes – lymphadenopathy – lymphadenitis
Botulism-like illness	Absence of known chronic conditions causing the syndrome (e.g. myasthenia gravis, multiple sclerosis) and at least one of the following: - paralysis or paresis of cranial nerves - ptosis - blurred vision - double vision (diplopia) - speech impediments (dysphonia, dysarthria, dysphagia) - descending paralysis OR – diagnosed or suspected botulism
Sepsis (with or without shock) or unexplained shock	At least one of the following: - sepsis - septic shock - severe hypotension unresponsive to medical treatment AND absence of the following conditions: congestive heart failure, acute myocardial infarction or traumas causing the syndrome
Haemorrhagic illness	Fever (>38 °C) and at least one of the following[c]: – haemorrhagic rash – haemorrhagic enanthema
Acute jaundice	– Jaundice – Fever (>38 °C) – Headache – Malaise – Myalgia – Enlarged liver (hepatomegaly) with or without rash, AND – Exclusion of chronic or alcoholic liver disease
Parasitic skin infection	– Skin lesions caused by scratching – Papules, vesicles or small linear burrow tracks, AND – Presence of parasites
Unexplained death	Death of unknown cause

[a] Lasting for more than 3 weeks but less than one month.
[b] Cases presenting with primary gastrointestinal bleeding, for example due to an ulcer, should be excluded.
[c] Cases of acute leukaemia should be excluded.

- **13 Syndromes**
- **Syndrome definition**

Riccardo F, Napoli C, Bella A, Rizzo C, Rota MC, Dente MG, De Santis S, Declich S. Syndromic surveillance of epidemic-prone diseases in response to an influx of migrants from North Africa to Italy, May to October 2011. Euro Surveill. 2011;16(46):pii=20016. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20016

Methodology - data collection

- **Aggregated data collection sheet (numerator and denominator)**
- **Paper (and later web-based)**

Ministero della Salute
Direzione Generale della Prevenzione - Ufficio V Malattie Infettive

SCHEDA RACCOLTA DATI SORVEGLIANZA SINDROMICA
(da compilare in maniera leggibile, preferibilmente a stampatello)

Centro di Accoglienza _____

Provincia_____ **Regione**_____

Nome e Cognome medico segnalatore _____

Numero tel _____; **e-mail**_____

Giorno della segnalazione ___/___/_____ **Giorno di Riferimento dei dati*** ___/___/_____

N° Immigrati presenti nel Centro_____**(da aggiornare quotidianamente a seconda del flusso di arrivi e partenze)**

Fascia di età	Nuovi casi di Sindrome (*i numeri da 1 a 13 corrispondono alle definizioni di caso riportate nell'Allegato 1*)													N. immigrati presenti per fascia di età
	1	2	3	4	5	6	7	8	9	10	11	12	13	
<1														
1-4														
5-14														
15-24														
25-44														
45-64														
>64														
Totale														

**La scheda deve essere inviata quotidianamente entro le 10.00 del giorno successivo al giorno di riferimento dal Responsabile sanitario della struttura di accoglienza di II Livello al Responsabile della Struttura (Ministero dell'Interno) e alla ASL di competenza, che provvederà a trasmettere i dati immediatamente a:*

- Assessorato alla Sanità della Regione;
- Ministero della Salute Ufficio V, Malattie Infettive e Profilassi Internazionale, Direzione Generale della Prevenzione Sanitaria (fax: 06 5994 3096, e e-mail: malinf@sanita.it)
- Istituto Superiore di Sanità - CNESPS Reparto Epidemiologia Malattie Infettive (fax: 0644232444; e-mail: outbreak@iss.it)

Methodology – data flow

not intended to substitute existing surveillance systems

Migration Centre

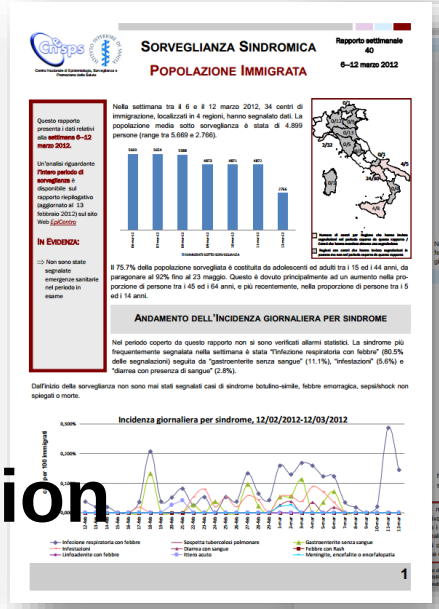
Local Health Unit

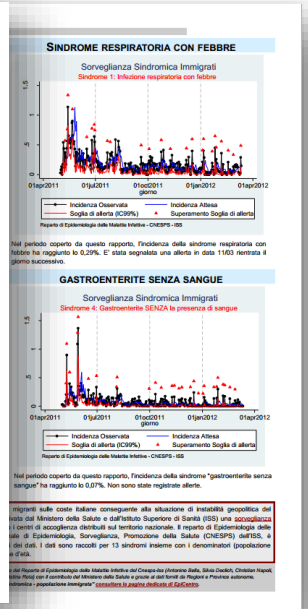
Region

ISS and MoH

Data entry

Analysis → **Dissemination**





http://www.epicentro.iss.it/focus/sorveglianza/immigrati.asp

Methodology – statistical alerts and alarms

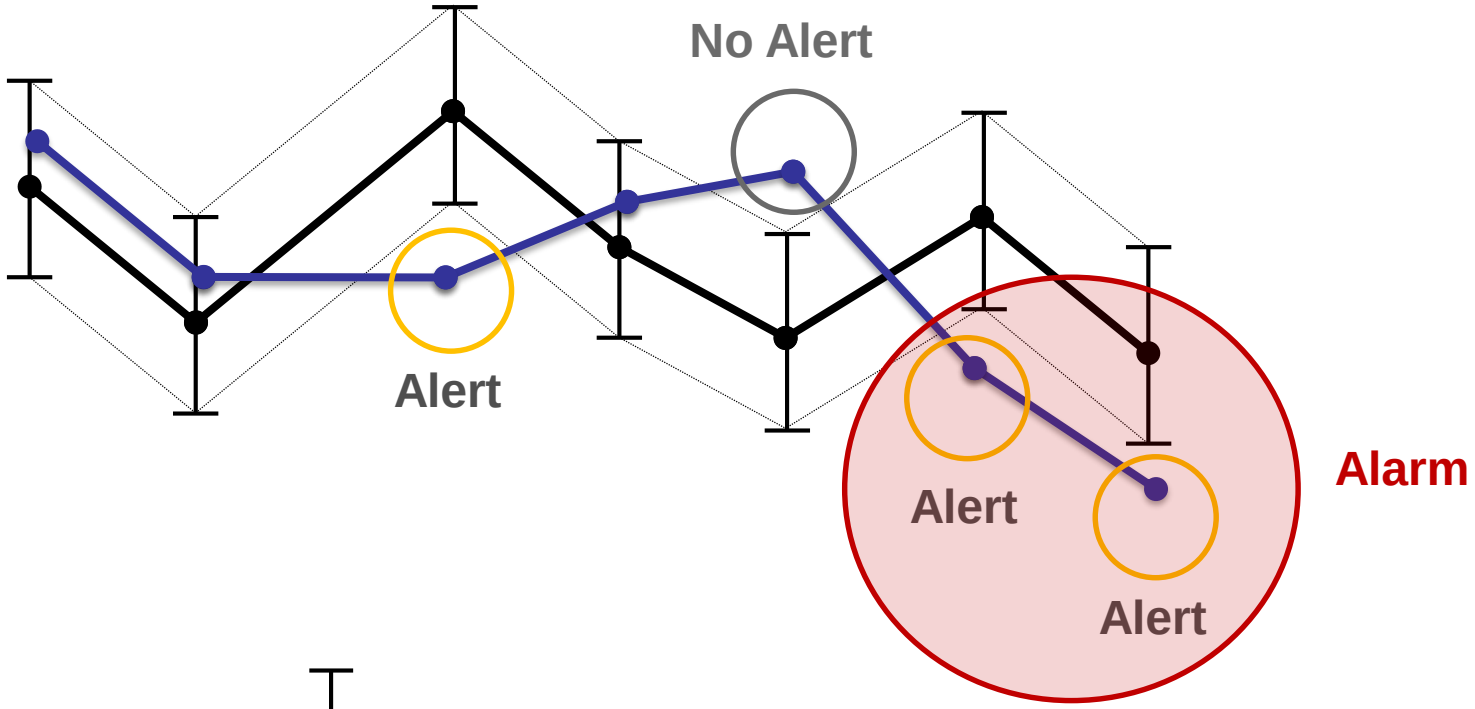
Expected incidence for each day based on the moving average of the previous seven days

Alert threshold calculated on the observed incidence (99% CI of the observed incidence).

OUTCOME	DEFINITION	ACTION
Statistical Alert	Breach of the Alert threshold on one day.	Monitoring if threshold is breached the following day
Statistical Alarm	Breach of the Alert threshold for two consecutive days for the same syndrome	Analysis stratified by reporting migration centre. If an alarm arises from a single migration centre, the CNESPS-ISS contacts the reporting health officer of the centre and ask for epidemiological validation.
Health Emergency	Epidemiological confirmation of statistical alarm	Outbreak control measures implemented

Methodology – statistical alerts and alarms

Lower 99%CI = Threshold



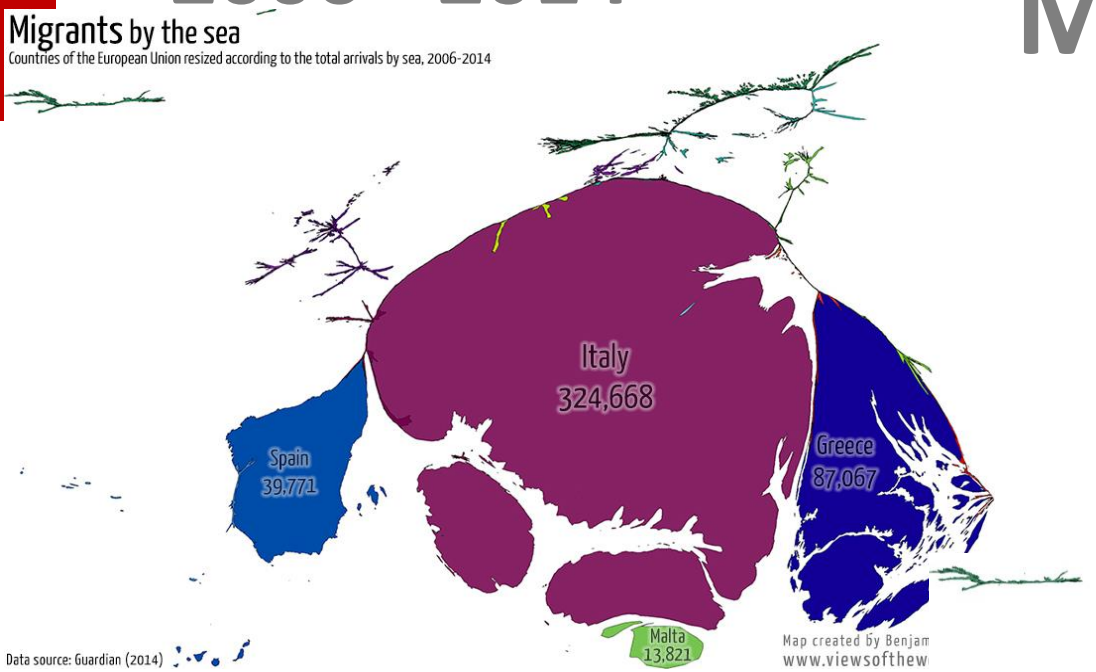
Observed

99%CI (Poisson distribution)

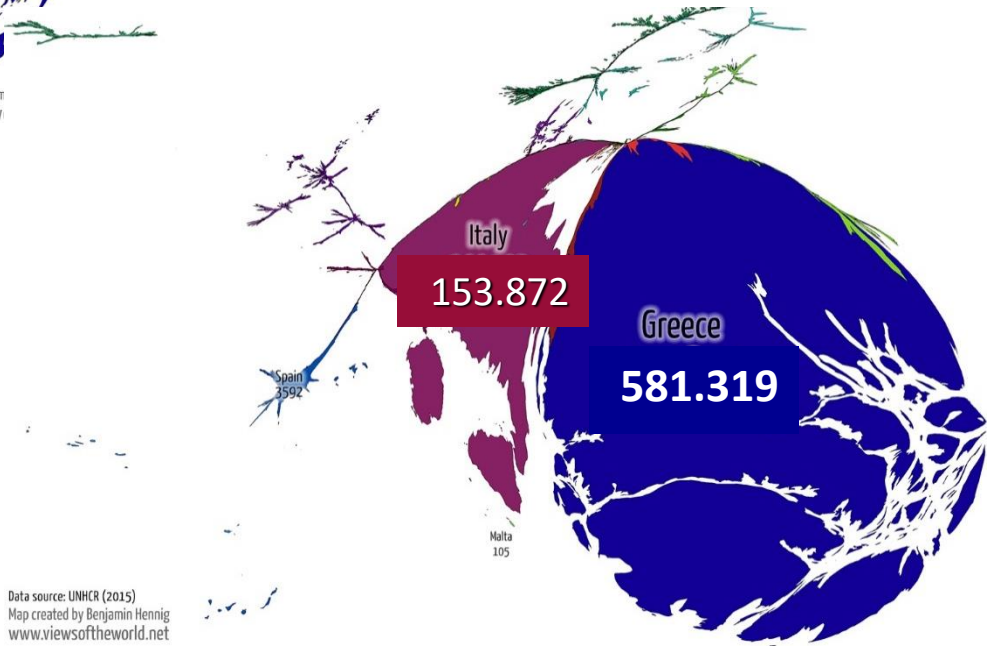
Expected (moving average)

2006 - 2014

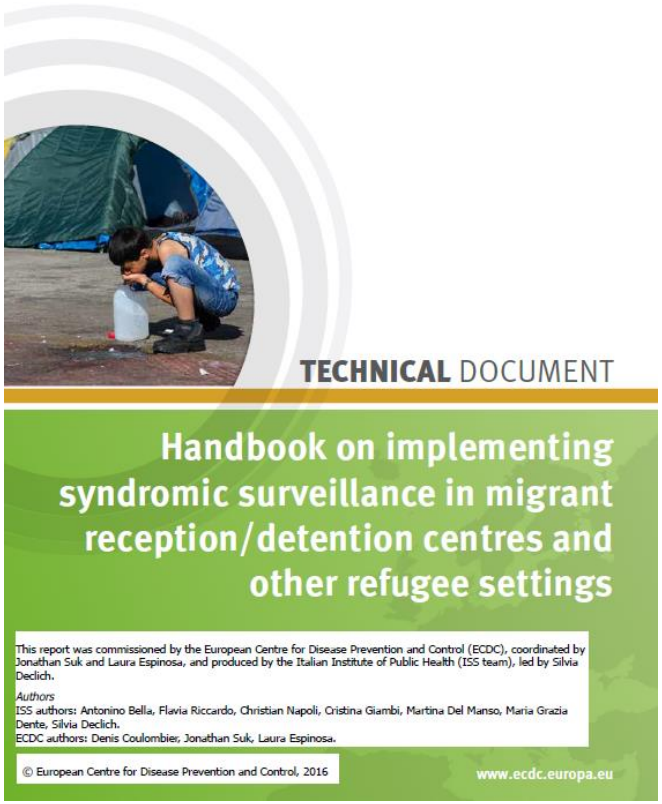
Migrants by the sea



2015



Handbook on implementing syndromic surveillance in migrant reception centres (ECDC, Oct 2016)



Handbook to support Member States wishing to establish syndromic surveillance that complement routine surveillance in migrant reception centres

http://ecdc.europa.eu/en/publications/Publications/syndromic-surveillance-migrant-centres-handbook.pdf

Syndromic surveillance, Italy 2011-2013

- 260 alerts and 20 statistical alarms
- No health emergencies: absence of major outbreaks

Syndrome	No. of Cases (%)	No. Alerts	No. Alarms
1. Respiratory tract disease	3586 (49.0)	45	5
2. Suspected pulmonary tuberculosis	76 (1.0)	33	1
3. Bloody diarrhoea	108 (1.5)	31	1
4. Watery diarrhoea	1652 (22.6)	59	5
5. Fever and rash	18 (0.2)	10	0
6. Meningitis/encephalitis/encephalopathy/delirium	2 (0.0)	1	0
7. Lymphadenitis with fever	27 (0.4)	11	0
8. Botulism-like illness	0	-	-
9. Sepsis or unexplained shock	0	-	-
10. Haemorrhagic illness	0	-	-
11. Acute jaundice	4 (0.1)	3	0
12. Parasite skin infection	1841 (25.2)	67	8
13. Unexplained death	0	-	-
Total	**7314**	**260**	**20**

Syndromic surveillance, Sicily 2015

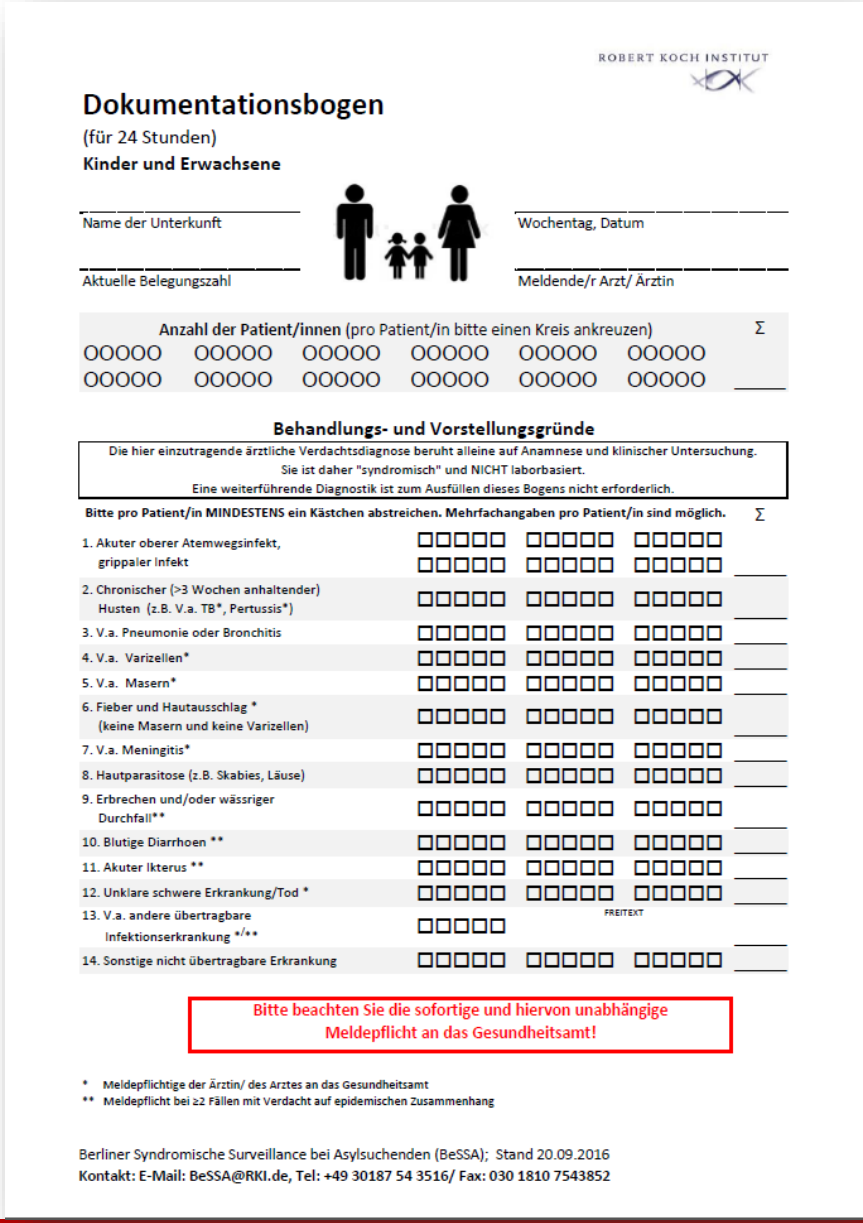
Sindrome	N. Casi	N. Allerte	N. Allarmi
S01 - Sindrome respiratoria acuta con febbre	14	7	-
S02 - Sospetta Tubercolosi polmonare	3	1	-
S03 - Diarrea con presenza di sangue	-	-	-
S04 - Sindrome gastroenterica senza la presenza di sangue nelle feci	-	-	-
S05 - Malattia febbrile con rash cutaneo	18	7	1
S06 - Meningite, encefalite o encefalopatia/delirio	-	-	-
S07 - Linfoadenite con febbre	-	-	-
S08 - Sindrome neurologica	-	-	-
S09 - Sepsi o shock non spiegati	-	-	-
S10 Febbre e emorragie che interessano almeno un organo/ apparato	20	3	-
S11 - Ittero acuto	-	-	-
S12 - Infestazioni	2.496	33	15
S13 - Morte da cause non determinate	-	-	-
TOTALE	2.551	51	16

Mean daily population under surveillance = 5.000 persons

Emergency shelters for refugees in Berlin
Data collection sheet

Germany

- Paper based
- 1-13: infectious disease syndromes
- 14: all non infectious disease syndromes



ROBERT KOCH INSTITUT

Dokumentationsbogen

(für 24 Stunden)

Kinder und Erwachsene

Name der Unterkunft

Wochentag, Datum

Aktuelle Belegungszahl

Meldende/r Arzt/ Ärztin

Anzahl der Patient/innen (pro Patient/in bitte einen Kreis ankreuzen) Σ

OOOOO OOOOO OOOOO OOOOO OOOOO OOOOO

OOOOO OOOOO OOOOO OOOOO OOOOO OOOOO

Behandlungs- und Vorstellungsgründe

Die hier einzutragende ärztliche Verdachtsdiagnose beruht alleine auf Anamnese und klinischer Untersuchung.
Sie ist daher "syndromisch" und NICHT laborbasiert.
Eine weiterführende Diagnostik ist zum Ausfüllen dieses Bogens nicht erforderlich.

Bitte pro Patient/in MINDESTENS ein Kästchen abstreichen. Mehrfachangaben pro Patient/in sind möglich. Σ

1. Akuter oberer Atemwegsinfekt, grippaler Infekt	□□□□□ □□□□□	□□□□□ □□□□□	□□□□□ □□□□□	
2. Chronischer (>3 Wochen anhaltender) Husten (z.B. V.a. TB*, Pertussis*)	□□□□□	□□□□□	□□□□□	
3. V.a. Pneumonie oder Bronchitis	□□□□□	□□□□□	□□□□□	
4. V.a. Varizellen*	□□□□□	□□□□□	□□□□□	
5. V.a. Masern*	□□□□□	□□□□□	□□□□□	
6. Fieber und Hautausschlag * (keine Masern und keine Varizellen)	□□□□□	□□□□□	□□□□□	
7. V.a. Meningitis*	□□□□□	□□□□□	□□□□□	
8. Hautparasitose (z.B. Skabies, Läuse)	□□□□□	□□□□□	□□□□□	
9. Erbrechen und/oder wässriger Durchfall**	□□□□□	□□□□□	□□□□□	
10. Blutige Diarrhoen **	□□□□□	□□□□□	□□□□□	
11. Akuter Ikterus **	□□□□□	□□□□□	□□□□□	
12. Unklare schwere Erkrankung/Tod *	□□□□□	□□□□□	□□□□□	
13. V.a. andere übertragbare Infektionserkrankung */**	□□□□□	FREITEXT		
14. Sonstige nicht übertragbare Erkrankung	□□□□□	□□□□□	□□□□□	

Bitte beachten Sie die sofortige und hiervon unabhängige Meldepflicht an das Gesundheitsamt!

* Meldepflichtige der Ärztin/ des Arztes an das Gesundheitsamt
** Meldepflicht bei ≥2 Fällen mit Verdacht auf epidemischen Zusammenhang

Berliner Syndromische Surveillance bei Asylsuchenden (BeSSA); Stand 20.09.2016
Kontakt: E-Mail: BeSSA@RKI.de, Tel: +49 30187 54 3516/ Fax: 030 1810 7543852

Source: Sarma N et al – RKI, ESCAIDE 28 Nov 2016

Emergency shelters for refugees in Berlin

Results from 3 camps (3-10/2016)

Germany

Syndrome	Cases	(%)	Signal
1. Acute respiratory infection/influenza like illness	2087	27,1	12
2. Chronic cough (>2 weeks)	9	0,1	4
3. Suspected pneumonia/bronchitis	12	0,2	1
4. Suspected varicella	51	0,7	8
5. Suspected measles	1	0,0	1
6. Fever with rash	1	0,0	0
7. Suspected meningitis	3	0,0	2
8. Suspected scabies/lice	308	4,0	16
9. Vomiting and/or diarrhoea	214	2,8	16
10. Bloody diarrhoea	3	0,0	3
11. Jaundice of acute onset	1	0,0	1
12. Death/severe disease with unknown aetiology	0	0,0	0
13. Suspected other infectious disease	153	2,0	4
14. Other non infectious disease	4871	63,1	
Total	**7714**		68

ESCAIDE, 28 November 2016

Source: Sarma N et al - RKI

Greece

MINISTRY OF HEALTH
Centre for Disease Control and Prevention (KEELPNO)
Department of Surveillance and Intervention

Contact information:
Tel: 210 5212 054, Fax: 210 8818 868
E-mail: epid@keelpno.gr

(Epidemiologic surveillance according to Law 3370/2005)

REPORTING FORM – SURVEILLANCE IN POINTS OF CARE FOR REFUGEES/MIGRANTS

(Separate Reporting Forms are required for every clinic per 24hr-period, hours 00:01 to 24:00. To be submitted by 09:00 on the next day.)

Page:

Site-Clinic:		Date:	
Organization(s):		Clinic hours (from-to):	
Name of health professional:			

> Please CALL IMMEDIATELY KEELPNO (210 5212 054) in case of clinical suspicion of "immediately notifiable diseases" (see Instructions) or in case of cluster of cases with unusual or severe manifestations.

SYNDROMES OR CONDITIONS UNDER SURVEILLANCE ([1] to [14]):

Table (A)	0–4 yrs	No.	5–17 yrs	No.	18+ yrs	No.	Total
[1] Respiratory infection WITH fever							
[2] Gastroenteritis without blood in the stool							
[3] Bloody diarrhoea							
[4] Rash WITH fever							
[5] Suspected scabies							

Table (B)	No.		No.
[6] Suspected pulmonary tuberculosis		[10] Paralytic manifestations of acute onset	
[7] Malaria (with POSITIVE rapid test)		[11] Meningitis and/or encephalitis	
[8] Suspected diphtheria, respiratory or cutaneous		[12] Haemorrhagic manifestations WITH fever	
		[13] Sepsis or shock (septic, of unknown aetiology)	
[9] Jaundice of acute onset		[14] Death of unknown aetiology	

NOTE: Table (A): the cell corresponding to syndrome and age group can be used to mark cases (e.g. 𝍸), in order to facilitate counting.
Tables (A) and (B): In cell "No." the total number of cases (e.g. 6) is included. If there are no cases write "0" in the cell (zero reporting).

Greece

Notified cases and proportional morbidity, all migrant hosting facilities, 16/5/2016–14/5/2017 (wks 20/2016–19/2017)

Syndrome/health condition	*n*	*Proportional morbidity*
Respiratory infection with fever	13,240	3.67%
Gastroenteritis without blood in the stool	5,398	1.49%
Bloody diarrhoea	62	0.02%
Rash with fever	1,490	0.41%
Suspected scabies	2,556	0.71%
Suspected pulmonary TB	128	0.04%
Malaria (with positive rapid test)	3	0.00%
Suspected diphtheria	0	–
Jaundice of acute onset	79	0.02%
Acute paralytic manifestations	2	0.00%
Meningitis and/or encephalitis	5	0.00%
Haemorrhagic manifestations with fever	0	–
Sepsis or shock	0	–
Death of unknown aetiology	4	0.00%
TOTAL	22,967	6.40%

Provisional data

Takis Panagiotopoulos, Refugee and Migrant Health Workshop EAN MediPIET, Athens, 14-15/10/2017

Syndromic surveillance

- ✓ is aimed at identify infectious outbreaks early and not to document individual cases of illness
- ✓ is a public health approach that does not replace the routine notification system and can not be compared to it
- ✓ requires daily a large amount of work both in the collection and in the processing of data;
- ✓ is an agile system, which lends itself to being activated quickly and used in emergency conditions
- ✓ the availability of data during emergencies has a reassuring effect on the population, against anecdotal evidence disseminated by media
- ✓ The absence of health emergency provides strong evidence that the migration flow is not associated with an increased risk of communicable disease

Syndromic surveillance CAN NOT

- ✓ be sustained in the long term
- ✓ describe the state of health of the immigrant population
- ✓ seize important non-infectious diseases (chronic diseases, mental health, violence, diabetes, …)
- ✓ monitor the situation outside reception centers/camps, such as in small extraordinary centers or in the reception system.

Conclusion

Syndromic surveillance is useful in the management of emergency situations.

When the emergency is over, routine surveillance of infectious disease should be strengthened in the reception centre.

In the medium to long term it must be replaced by health monitoring systems of incoming immigrants, which systematically collect information on health checks

Health Prote

Infec

Assessment

Migrant Health A

HPSC

July 2015

Health Assessment Form for Migrants

Private and Confidential

Affix ID Label Here

General

What is your place of birth?

What is your ethnic or cultural background?

White:	Irish	☐
	Irish Traveller	☐
	Any other white background	☐
Black or Black Irish:	African	☐
	Any other black background	☐
Asian or Asian Irish	Chinese	☐
	Any other Asian	☐
Other including mixed background: (describe)		

Date Last Travelled Abroad

Primary Language

Interpreter required Yes ☐ No ☐

Reason for Attending

Existing Medical Conditions

Medications

Allergies

Family History

Affix ID Label Here

Infectious Disease Assessment

Tuberculosis	Yes	No
Have you ever been told you have had TB?	☐	☐
Have you ever taken medicine to treat or prevent TB?	☐	☐
Have you ever been in contact with a person sick with TB?	☐	☐
Have you had a persistent cough for more than two weeks?	☐	☐
Do you cough up phlegm or blood?	☐	☐
Have you lost weight recently?	☐	☐
Do you sweat more than usual at night?	☐	☐

Bloodborne viruses

Hepatitis	Yes	No
Have you ever been diagnosed with viral hepatitis?	☐	☐
If yes, which type? A ☐ B ☐ C ☐ E ☐		

HIV	Yes	No
Have you ever been diagnosed with HIV?	☐	☐
If yes, when: _____		
Are you on treatment for HIV?	☐	☐

Childhood Infectious Diseases

	Yes	No
Measles	☐	☐
Mumps	☐	☐
Rubella	☐	☐
Chickenpox	☐	☐

Other

	Yes	No
Have you ever had malaria?	☐	☐
If yes, when: _____		
Were you treated for malaria?	☐	☐
Have you ever been diagnosed with a parasite infection such as schistosomiasis, strongyloides?	☐	☐
If yes, when: _____		
Did you receive treatment?	☐	☐

Sexual History

	Yes	No
Are you currently sexually active?	☐	☐
If yes, when was the last time you had sex? _____		
Do you have sex with: Men ☐ Women ☐ Both ☐		
Have you noticed any symptoms such as:		
1. Pain on urination	☐	☐
2. Penile/vaginal discharge	☐	☐
3. Abdominal/pelvic pain	☐	☐
4. Ulceration on the genital area	☐	☐

Home Office

Public Health England

International Organization for Migration
The UN Migration Agency

HEALTH PROTOCOL

PRE-ENTRY HEALTH ASSESSMENTS FOR UK-B(

PRE-ENTRY HEALTH ASSESSMENTS FOR UK BOUND REFU
July 2017

Form 04MH B
MEDICAL HISTORY&PHYSICAL EXAM

1. Assessment Date:
2. Program: United Kingdom

3. Name:	4. Case No:	5. Date of Birth:

Yes No	1. Medical History		
☐☐	Illness or injury requiring hospitalization	☐☐	Recurrent fever (last 6 months)
☐☐	Surgical interventions	☐☐	Coughing
☐☐	Heart disease or high blood pressure	☐☐	Loss of weight (last 6 months)
☐☐	Neurologic disease, incl. stroke or seizures	☐☐	Sexually transmitted diseases
☐☐	Mental illness/problems	☐☐	Skin problems (rash, etc…)
☐☐	Stomach or bowel disease (incl. recent diarrhea)	☐☐	Tattoos, body piercing
☐☐	Liver or kidney disease	☐☐	History of blood transfusions
☐☐	Diabetes or other endocrine disorder	☐☐	History of torture/violence
☐☐	Urogenital problems / conditions	☐☐	Displaced from home, number of months:
☐☐	Hematologic disease	☐☐	Are you taking medications, specify below
☐☐	Muscle, bone and joint problems	☐☐	Do you have any drug allergies?
☐☐	Problems with eyes or ears	☐☐	Smoking habits: Years: No/day:
☐☐	Cancer or tumors	☐☐	Alcohol habits: Years: Units/week:
☐☐	TB, pneumonia, or other lung disease	☐☐	Illicit drug use? Specify past or present, name of the drug(s), quantity, period, when stopped (if in the past), any treatment
☐☐	Household member with significant inf. disease (or TB contact in general)		

2. Reproductive history	Number		
Pregnancies:		LM Period :	
Deliveries:		Are you pregnant?	☐ No ☐ Do not know ☐ Yes
Babies born alive:		Gestation (what week?):	

3. Physical Examinations:				(repeat if abnormal)			
Height		cm		*Vital sign*	*Initial*	*Repeated*	*Units*
Weight		*Kg*		BP			*mmHg*
BMI		*Kg/m²*		Pulse			*/min*
Head circumference (< 18months)		cm		Resp rate			*/min*
Visual Acuity	*Uncorrected*			*Corrected*		*Correction (if available)*	
Left/ Right	/			/		/	

	N	Abn	ND		N	Abn	ND		N	Abn	ND
General appearance	☐	☐	☐	Endocrine	☐	☐	☐	Extremities	☐	☐	☐
Visible disabilities	☐	☐	☐	Respiratory	☐	☐	☐	Skin (incl. scars)	☐	☐	☐
Mental state	☐	☐	☐	Abdominal/GIT	☐	☐	☐	Neurologic	☐	☐	☐
EENT (incl. hearing)	☐	☐	☐	Musculo-skeletal	☐	☐	☐	Lymph nodes	☐	☐	☐
Teeth	☐	☐	☐	Genito-urinary	☐	☐	☐	Breasts	☐	☐	☐
Cardiovascular	☐	☐	☐	Hernial sites	☐	☐	☐	Pregnant: Yes ☐ No ☐ Fundal height (cm):			

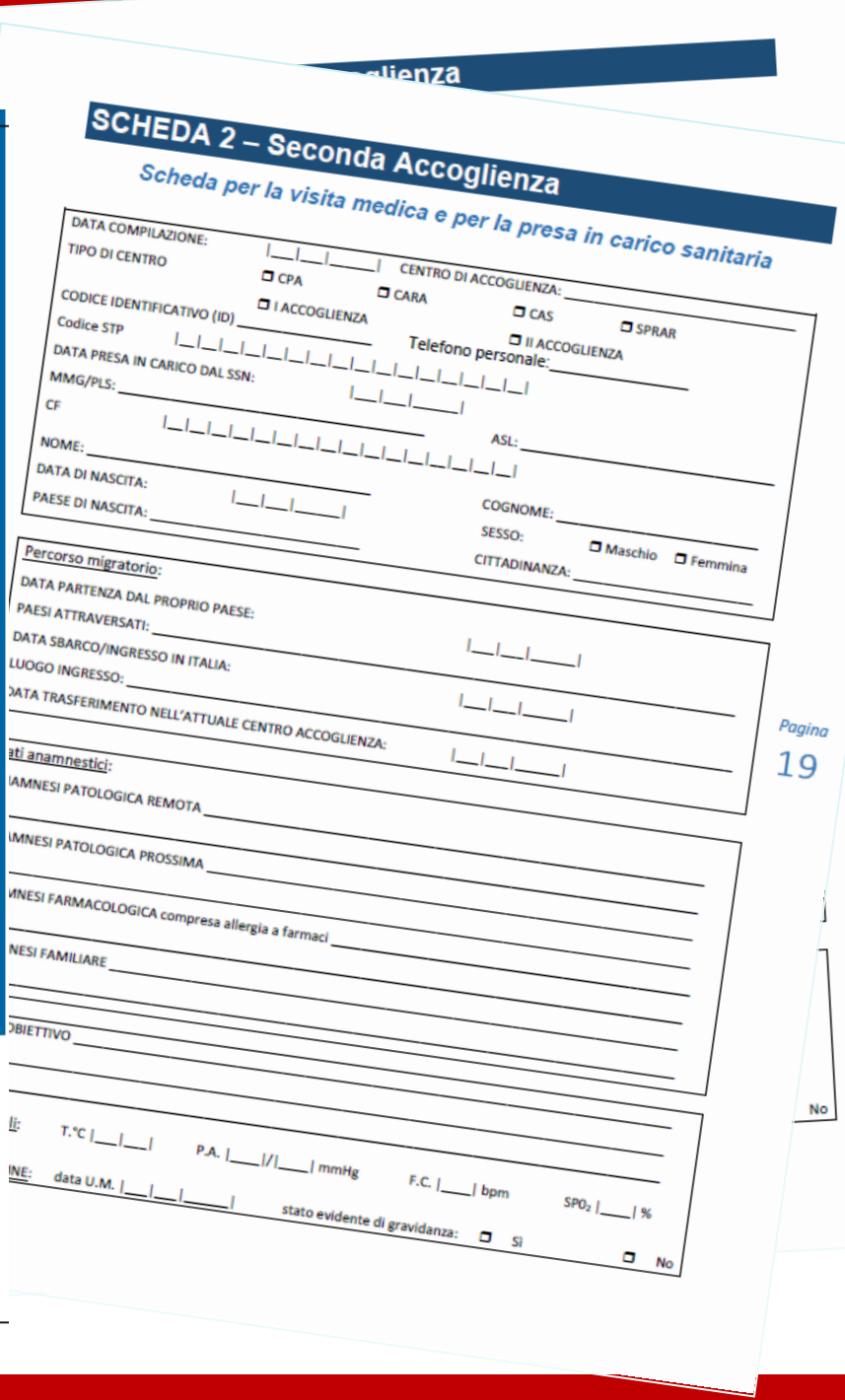
Remarks/Notes:

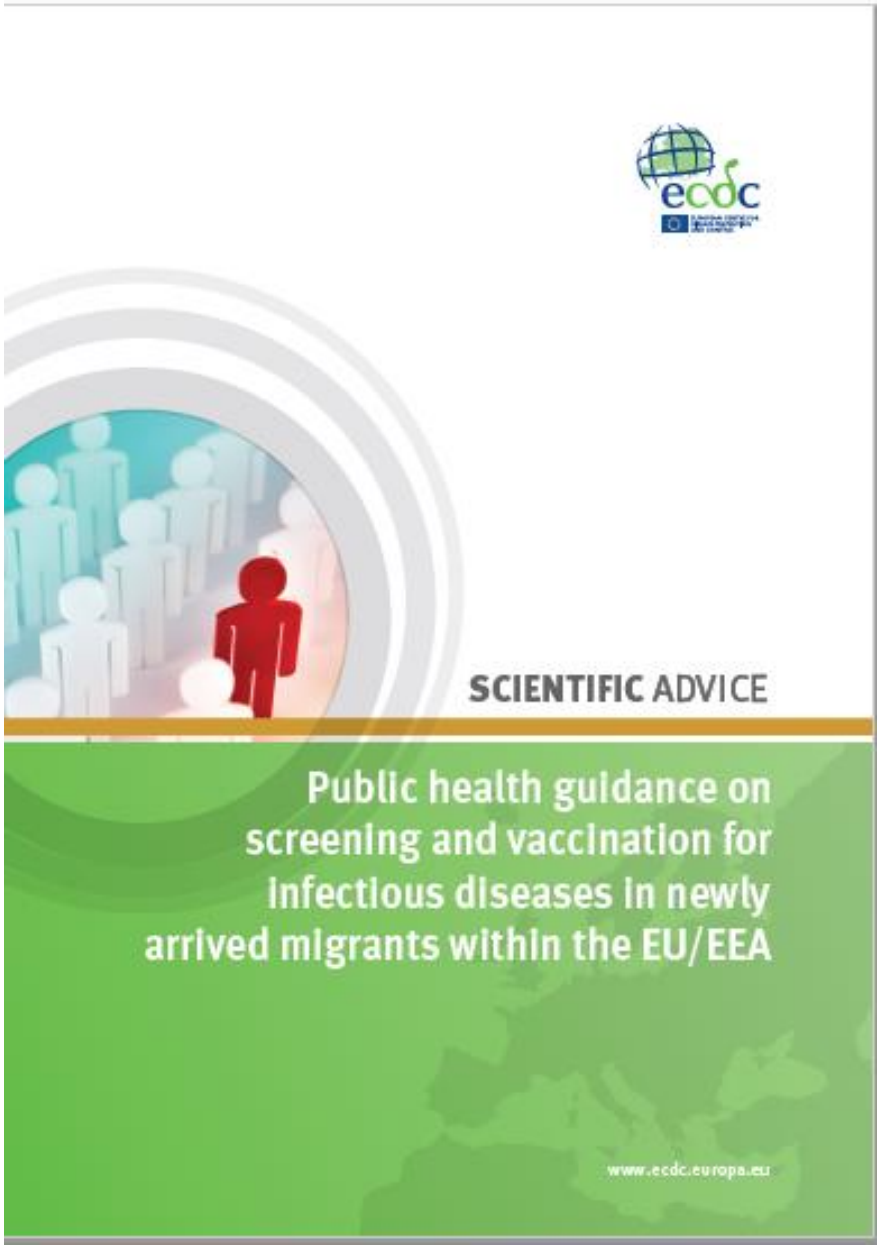
Hospitalization required: Pre-depart. ☐ Post-arrival ☐

21. Equipment / Medication			22. Escorts	No ☐ Yes ☐
☐ Ambulance	☐ Stretcher	☐ Bowel Prep.	☐ Med. Escort-POE	☐ Family escort
☐ WCHR	☐ 3 seats	☐ Diapers	☐ Med. Escort-FD	☐ Operational Escort
☐ WCHS	☐ Oxygen	☐ Urinary catheter	*Medical Escort By:*	☐ Other, specify:
☐ WCHC	☐ Interflight Th admin.	☐ Other	☐ Doctor ☐ Nurse	

23. Post-travel recommendations:		24.A Follow-up needed :	No ☐ Yes ☐
Special schooling/employment needs	☐	By whom:	Within:
Consequences on daily living activities (Assistance Required)	☐	☐ by GP	☐ one week
Special housing requirements	☐	☐ by Specialist, specify:	☐ one month
Excessive demands for the health service	☐		☐ 6 months
Remarks/Details:			


Lg
Sistema nazionale per le linee guida
I controlli alla frontiera - La frontiera dei controlli
I controlli alla frontiera
La frontiera dei controlli
Controlli sanitari all'arrivo
e percorsi di tutela per i migranti
ospiti nei centri di accoglienza
Lg
LINEA GUIDA
SALUTE MIGRANTI
1
LINEA GUIDA 1
INMP
NIHMP
S.I.M.M.


SCHEDA 2 – Seconda Accoglienza
Scheda per la visita medica e per la presa in carico sanitaria
DATA COMPILAZIONE: |__|__|____|
CENTRO DI ACCOGLIENZA:
TIPO DI CENTRO
CPA
CARA
CAS
SPRAR
I ACCOGLIENZA
II ACCOGLIENZA
CODICE IDENTIFICATIVO (ID)
Codice STP
Telefono personale:
DATA PRESA IN CARICO DAL SSN: |__|__|____|
MMG/PLS:
ASL:
CF
NOME:
COGNOME:
DATA DI NASCITA: |__|__|____|
SESSO:
Maschio
Femmina
PAESE DI NASCITA:
CITTADINANZA:
Percorso migratorio:
DATA PARTENZA DAL PROPRIO PAESE: |__|__|____|
PAESI ATTRAVERSATI:
DATA SBARCO/INGRESSO IN ITALIA: |__|__|____|
LUOGO INGRESSO:
DATA TRASFERIMENTO NELL'ATTUALE CENTRO ACCOGLIENZA: |__|__|____|
ti anamnestici:
AMNESI PATOLOGICA REMOTA
MNESI PATOLOGICA PROSSIMA
NESI FARMACOLOGICA compresa allergia a farmaci
NESI FAMILIARE
BIETTIVO
li:
T.°C |__|__|
P.A. |___|/|___| mmHg
F.C. |___| bpm
SPO2 |___| %
NE: data U.M. |__|__|____|
stato evidente di gravidanza:
Sì
No
No
Pagina
19


ecdc
SCIENTIFIC ADVICE
Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA
www.ecdc.europa.eu

Standardize and harmonize

- Define a core data set (not only infectious diseases) from health assessment countries do at reception
- Merge anonymized data at national and regional level

Infectious diseases:

- tuberculosis
- latent tuberculosis
- malaria
- HIV
- HBV
- HCV
- sexually transmittable infections
- intestinal parasites

Chronic-degenerative conditions:

- diabetes
- anaemia
- hypertension
- cervical cancer screening

- pregnancy
- Vaccinations

- mental health
- violence related diseases

Workshop Questions: for RAMigrants

- How do we ensure inclusion of migrants into *national health surveys*?

- Health surveys are mostly targeted to resident population. RAM are probably not includable

- How do we ensure information on migrants in *registry data* on diseases and on health service utilization?

- include also variables “country of birth” and “time from arrival”
- recommend reception centres/camps to notify the NHS when required
- collect info from the health assessments at arrival in a systematic way

Workshop Questions: for RAMigrants

- How do we obtain continuity of health data on migrants across countries and over time?

- Very important for RAMigrants, especially for the health assessment and vaccinations at arrival for avoiding under- or over-diagnosis and vaccination
- e-Health Record? e-Database?
- only for migrants or also for the national population?

Thank you for your attention