



Experiences from the Hungarian refugee reception system: Existing regulation, unseen efforts, hidden records

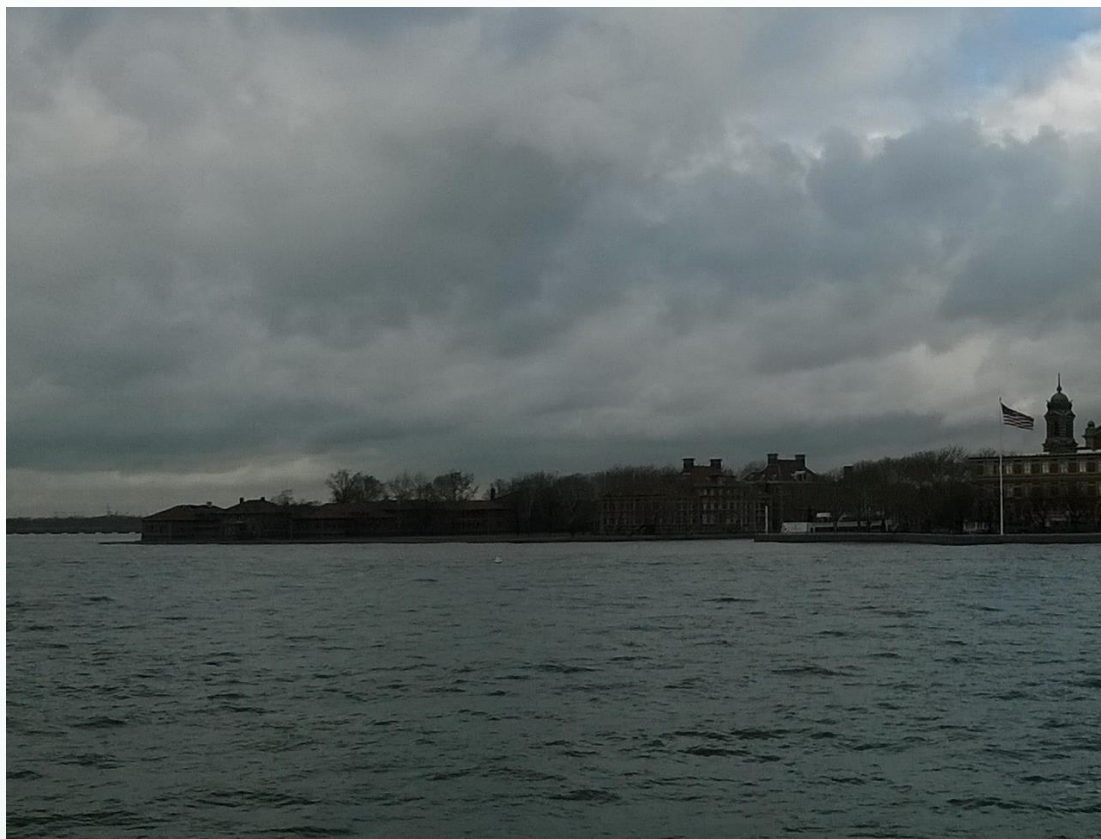
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Consensus Conferenc
Pécs, 07-08 October, 2019



,Reception' at Ellis Island



IMMIGRATION

In the late 19th century, millions of people left their countries for the promise of a better life in America. While America welcomed the influx of labor, concerns arose about diseases carried by these new arrivals.

The federal government took over the processing of immigrants from the states, beginning in 1891. The Marine Hospital Service, and later the Public Health Service, was assigned the responsibility for the medical inspection of arriving immigrants at sites such as Ellis Island in New York.

All new arrivals were examined. Ill persons were quarantined and treated before being admitted. A small percentage were denied entry because they had "loathsome or dangerous diseases" that were not easily treatable or because they were likely to become public charges due to the debilitating diseases of "mental deficiencies."



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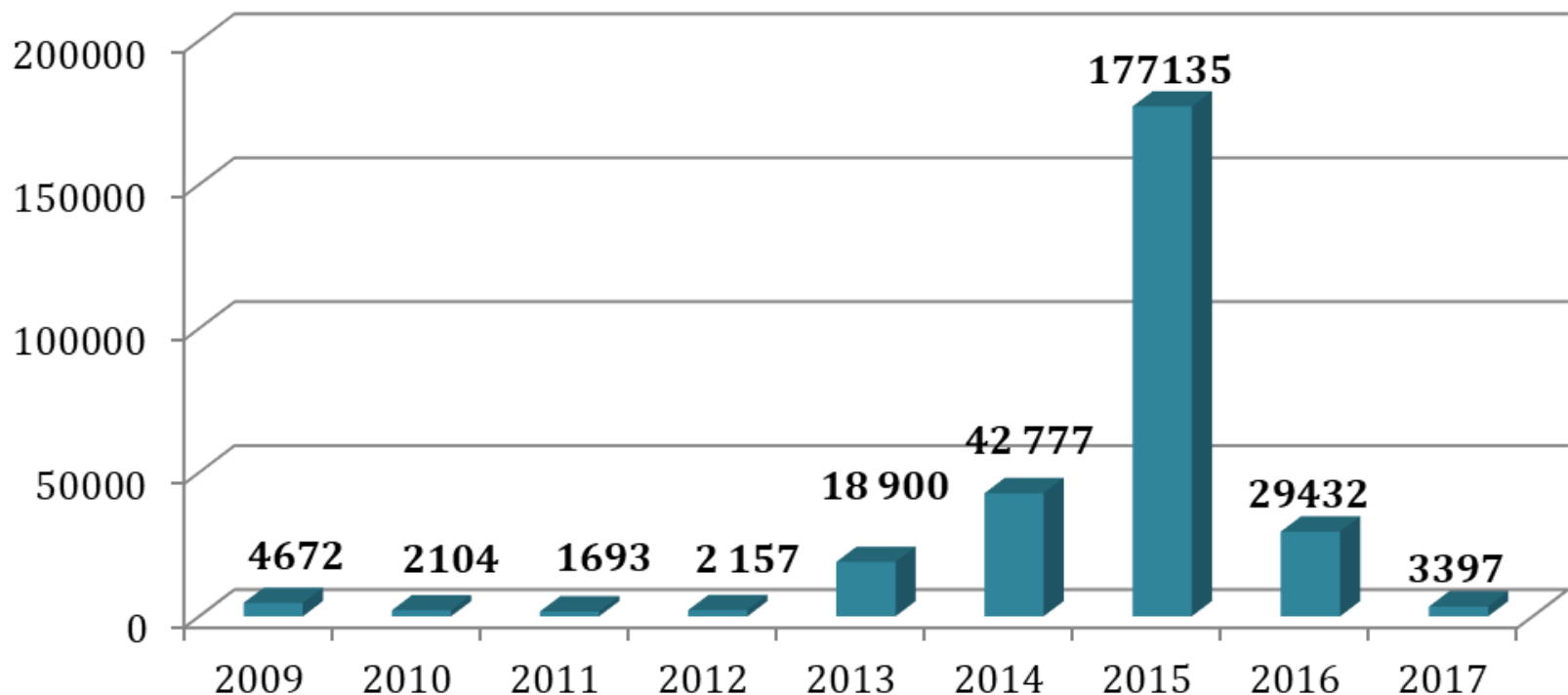


Asian immigrants arriving at the Immigration Station on Angel Island near San Francisco, 1931.

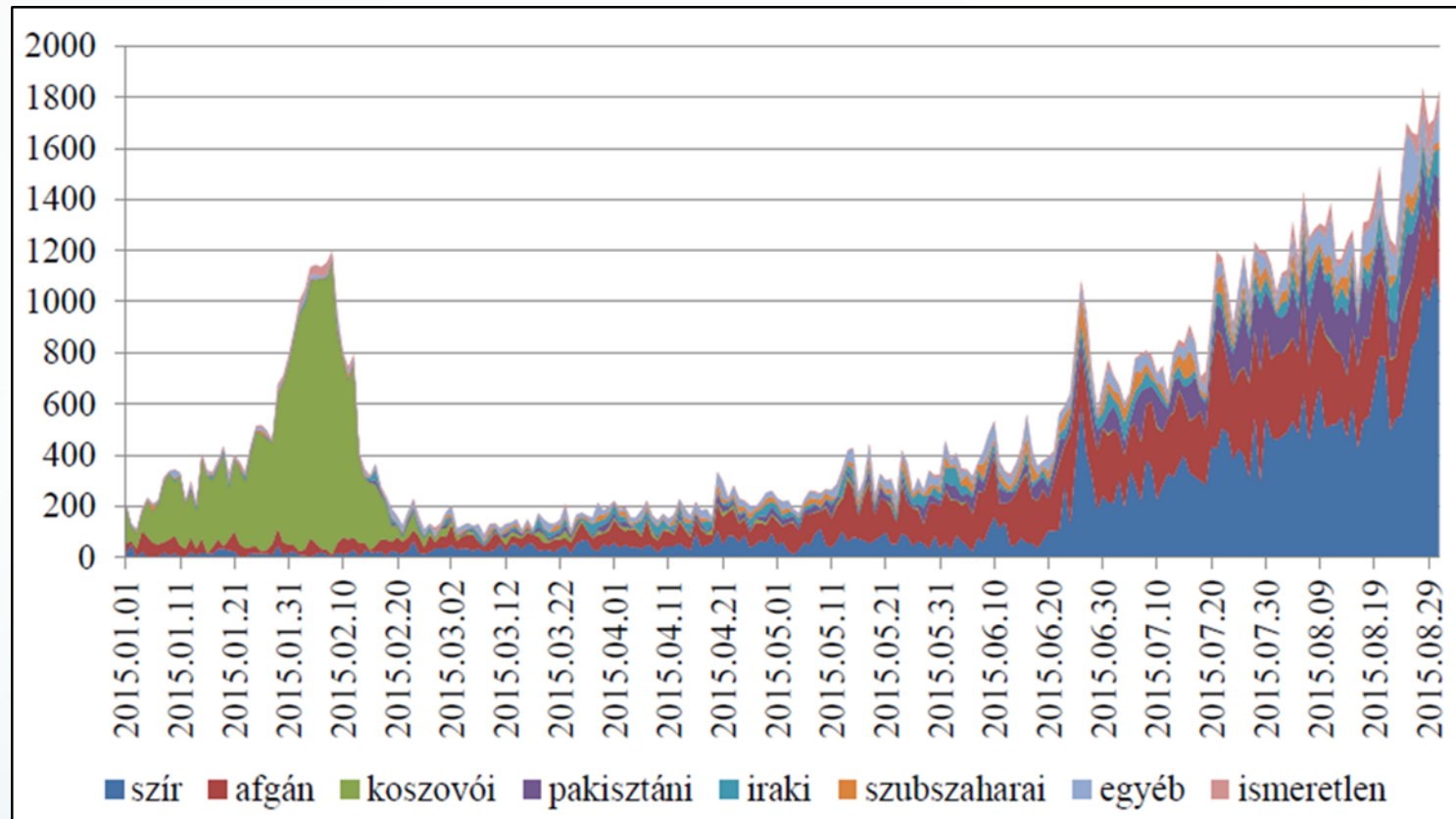
Public Health Service inspectors examining eyes of European immigrants, Ellis Island, New York, ca. 1910.

Asylum seekers in Hungary

**Number of asylum seekers arrived to Hungary
between 2009 and 2017**



Asylum seekers in Hungary



Registered asylum seekers (ASs) / day (2015.01.01 – 08.31.)

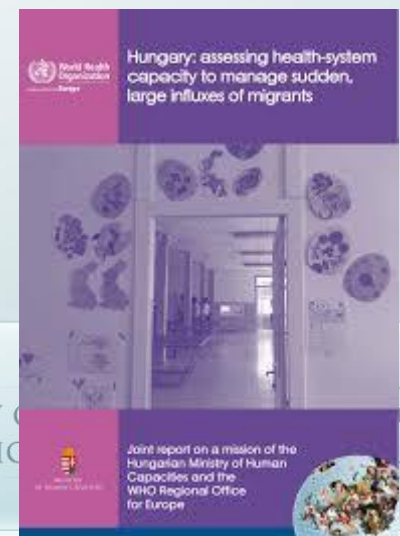


Assessing the Hungarian health system capacity

The Immigration and Asylum Office and police operate centres for refugees, asylum seekers and migrants including open reception centres for asylum seekers and beneficiaries entitled to international protection, detention centres and guarded living quarters.

- National directorate general for aliens policing reception centres.
- The Police run immigration detention facilities.
- The Ministry of Human Capacities runs facilities specific for unaccompanied minors.
- **Tranzit zones**

an area where foreigners arriving in the event of a mass immigration crisis have the opportunity to initiate asylum procedures properly and to use the services provided in the transit zones until the asylum procedure is completed.





Screening protocol



Screening protocol in Hungary

Transit country

Order of Medical Screenings by the right of the Decree NM 18/1998. (VI.3.)

Mandatory medical examination for

People above 18 years

- for STDs Lues/syphilis serology
- to control Salmonella typhi, S. paratyphi A,B,C from faeces
- HIV1,HIV2 infection control
- HBsAg and HCV infection control
- **ectoparasite control**
- chest screening to control tb

Family members under 18. years of age

- HIV1, HIV2 infection control
- HBsAg and HCV infection control



Screening protocol in Bavaria, Germany

Target country

Federal Asylum Procedure Act (AsylG)

Mandatory medical examination for communicable diseases

Following examinations has to be performed **within the first 3 days** of arrival:

- a physical examination;
- screening for active open pulmonary **tuberculosis (TB)**;
- serological screening for **HIV infection** or **hepatitis B** (> 15 years of age);
- a bacteriological stool examination for the presence of **Salmonella spp.** and **Shigella spp.**;
- a **parasitological stool examination** for the presence of ova and parasites

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Source: Nikolaus Ackermann et al. **Screening for infectious diseases among newly arrived asylum seekers, Bavaria, Germany, 2015**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5850590/>



Screening protocol in Bavaria, Germany

Target country

Findings in 2015 and 2016

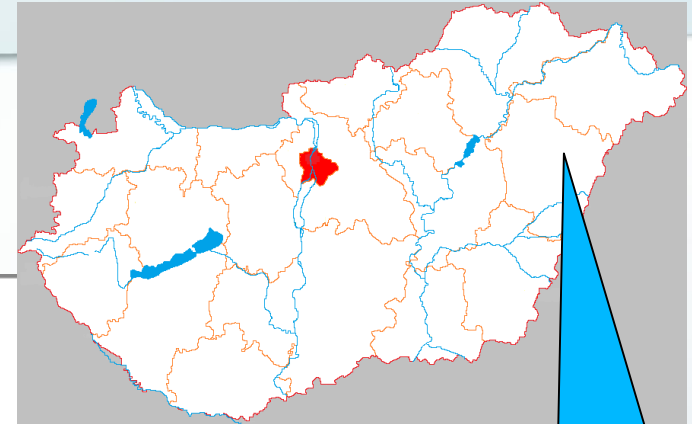
- The **prevalence of TB, HIV and hepatitis B in ASs** was generally **very consistent with the reported prevalence in countries of origin**.
- For most notifiable infectious diseases, the low absolute number of infectious cases among ASs, suggests no additional risk for the resident population.
- **The main concern from a public health perspective** might be the increase in absolute numbers of notified TB cases.
- **A country-based screening approach appears to be reasonable and resource-effective!**

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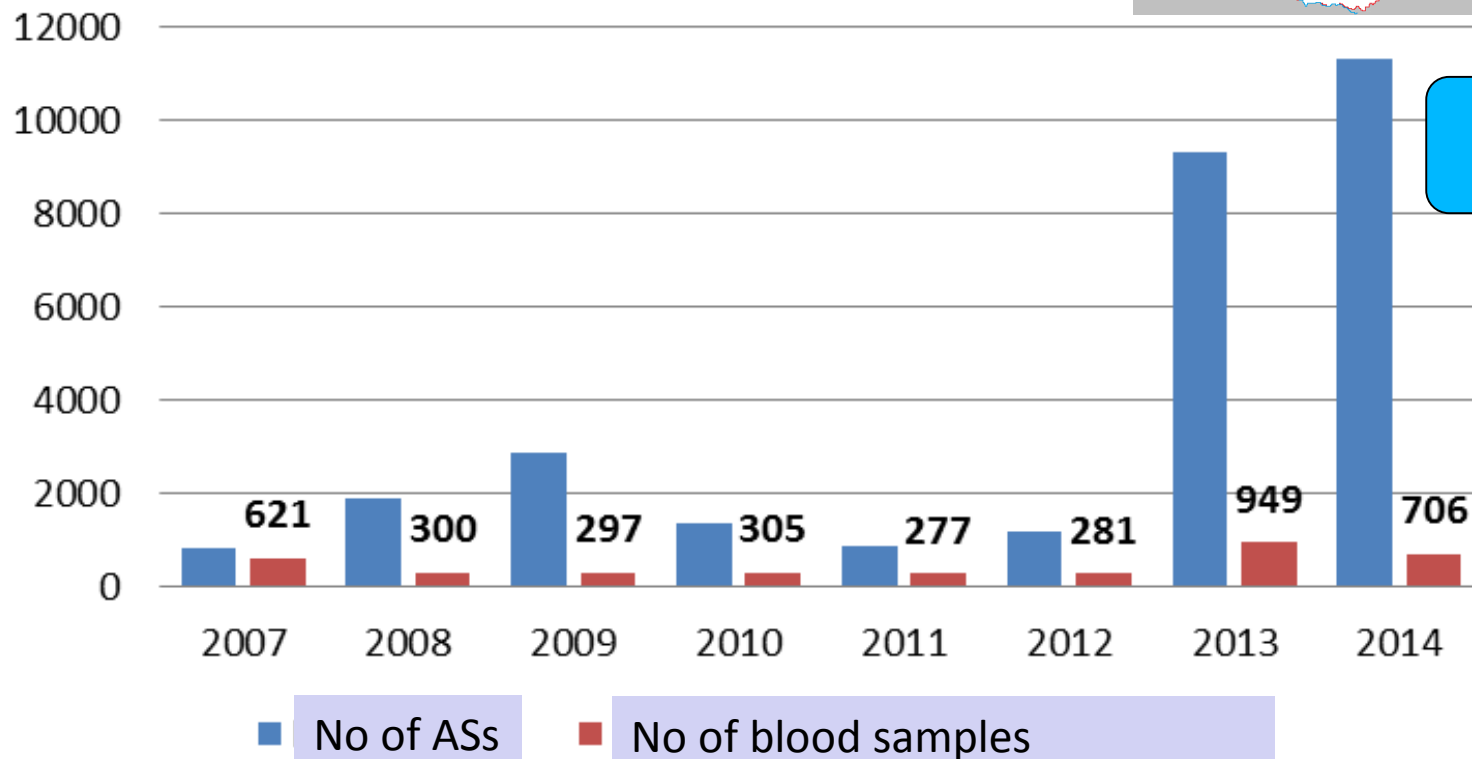
Source: Nikolaus Ackermann et al. **Screening for infectious diseases among newly arrived asylum seekers, Bavaria, Germany, 2015**

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Reception centre in Debrecen



Comparison - 'efficiency'



Debrecen



Immunization Program



National Age-Related Childhood Immunization Program in Hungary

- **Routine compulsory vaccination against 12 diseases**

Tuberculosis

Diphtheria

Tetanus

Pertussis

Measles

Mumps

Rubella

Poliomyelitis

Viral hepatitis type B

Haemophilus Influenzae type B

Pneumococcal disease

Varicella (September 2019)

- **Routine voluntary vaccination against**

Human Papilloma Virus (HPV) (September 2014)

Meningococcal disease (N. meningitidis C)



Recommendation on vaccinations

Vaccination of children of foreign nationality

Children of foreign nationality will likely to **stay in Hungary more than three months** shall receive the outstanding, age-appropriate vaccination according to the Hungarian vaccination schedule.

Migrants with incomplete or unknown vaccination status are entitled to receive the missing vaccination and the Hungarian health care providers have to provide it if the client is asking for and/or in case of an epidemic outbreak the necessary vaccine became compulsory.

Naturally, these services are free of charge.



Retrospective survey on immunization practice

Purpose and Methods

Questions

- Implementation of Hungarian immunization guidelines
- Administered vaccines – Vaccine compliance
- Relationship between age of patients and the administered vaccines
- Vaccination records, patient history (country of origin, other transit countries, in Hungary)
- Hindering factors



Findings and results

Refugee Reception Centre in Vámoszabadi

- Registry of **24.816** registered asylum seekers (ASs)
- Time period of **2013.08.08 – 2017.05.05**
- **738 patient records** (0,03%) referring to any kind of vaccination-related information
- 349 ASs left the Refugee Reception Centre (RRC) before the provision of immunisation service
- **389 ASs** received **598 vaccines** during their stay in Vámoszabadi RRC



Findings and results

Administered vaccines for **ADULTS**:

FluvalAB, Fluart

Tetanol Pur

Havrix1440

Administered vaccines for **CHILDREN**:

MMR

Tetraxim

Pentaxim

PCV

FluvalAB, Fluart



Practice and Experiences

What is done for CHILD / ADULT asylum seekers with incomplete vaccinations or no vaccination history?

CHILD

Give all vaccinations according to national schedule

ADULT

Only give priority vaccinations

[Test for immunity prior to vaccinating, then vaccinate accordingly (?)]

Without any serious reason immunisation status is not controlled by laboratory methods.



Conclusions

- High number of ASs – Lack of capacity – Numerous limitations
- Only a small proportion of the ASs has passed completely the health assessment due to limited capacity and high mobility of migrants
- However Hungary is a transit country, the law requires the provision of immunisation service adequate to the age of ASs for free
- Establishing of migrant health database and the development of the migrant sensitive health care system is a priority task for the future



Utilisation of Experiences

- ❑ Contribution to the EU-level survey of policy and guidance for vaccinations in migrant populations initiated by the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
- ❑ Gradual and Post-gradual training programs at UP-MS



Thank you for your attention!



Introduction & Methods

- ☐ Cooperation Agreement with the Hungarian national Immigration and Asylum Office
- ☐ Refugee Reception Centre in **Vámosszabadi**
Dr. Roland PALLA - Promo-Med Ltd.
Investigation of patient records based immunization practice in reception centres
- ☐ Retrospective analysis of an anonymous dataset
- ☐ Descriptive methods