

Health issues in the recent Refugee/migrant «Crisis» Greece 2018

CARE & PHILOS PROJECT

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ATHENS JUNE 2018



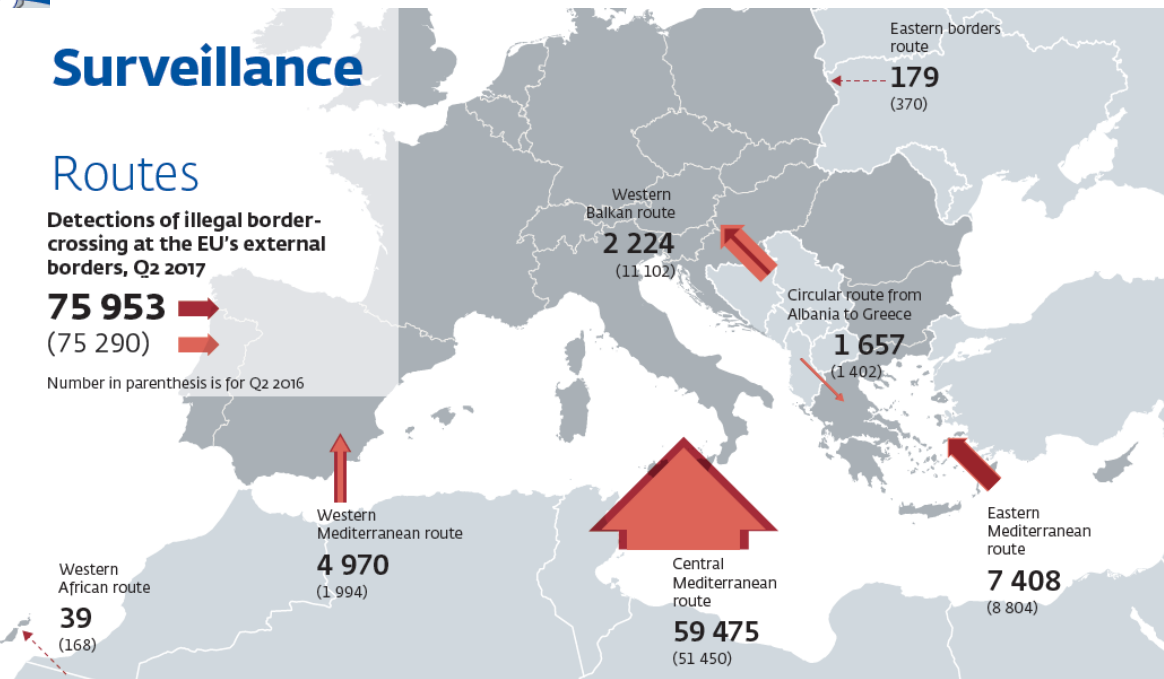
Surveillance

Routes

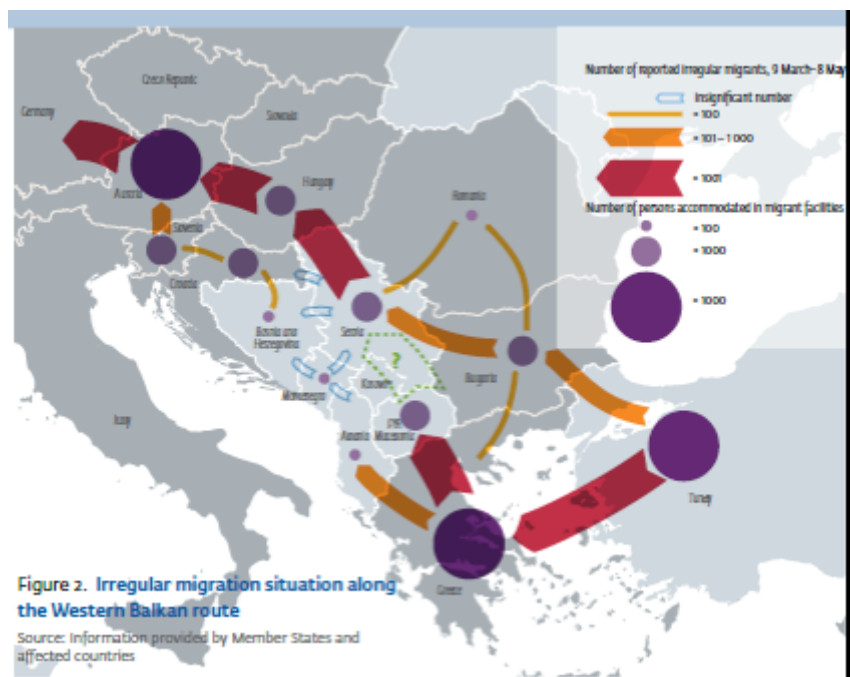
Detections of illegal border-crossing at the EU's external borders, Q2 2017

75 953
(75 290)

Number in parenthesis is for Q2 2016



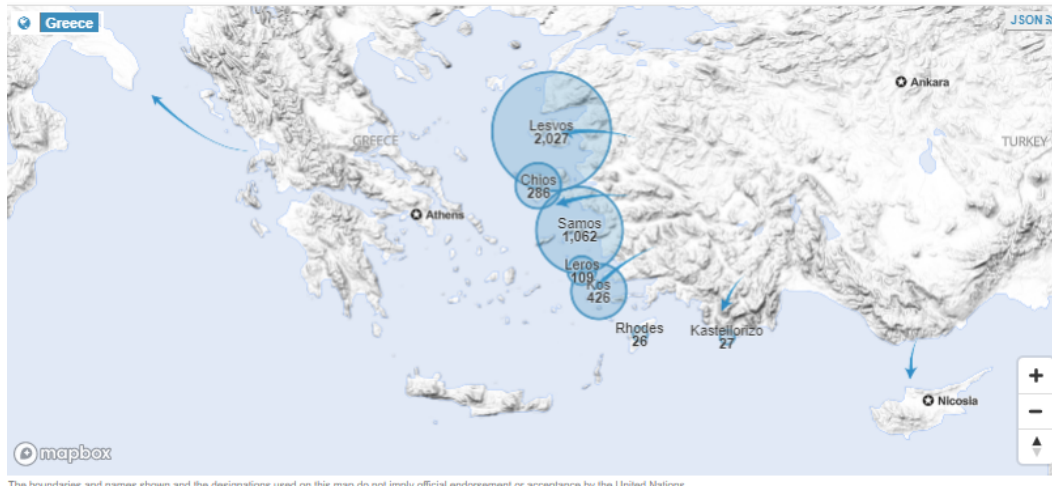
www.frontex.europa.eu



Lower migration pressure and diversifying routes

- Migrants search for new ways to transit the Western Balkans
- New routes more difficult to monitor

—Πηγή: Frontex



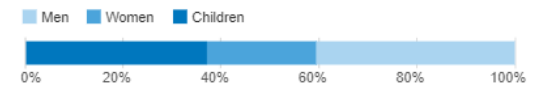
Sea arrivals in 2018

3,963

Last updated 15 Mar 2018

Previous years	Sea arrivals	Dead and missing
2017	29,718	54
2016	173,450	441
2015	856,723	799
2014	41,038	405

Demographics (based on data from January 2017)



Latest daily arrival figure

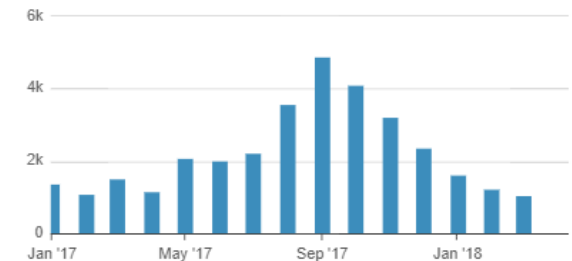
230

Last updated 11 Mar 2018

Sea arrivals by day



Sea arrivals by month



—www.unhcr.gr

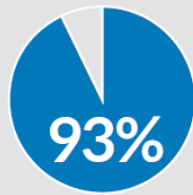
—41% Syria, 20% Iraq, 12% Afghanistan



Over
16,500
children

arrived in Greece, Italy, Bulgaria and Spain in the first six months of 2017 (16% of all arrivals), of whom more than **11,900 (72%)** were unaccompanied and separated children (UASC). Arrivals in the second quarter of 2017 were more than double the first quarter (11,100 compared to 5,400).

On the Central Mediterranean Route, **access to education** and **respect for human rights** were the most important factors which influenced children's decision to choose Europe as destination upon departure.



A total of
11,400
unaccompanied
and separated
children

93% of all children who arrived to Italy through the **Central Mediterranean Route** were **UASC**.



Almost
7,600
children

benefited from the **EU relocation scheme** in **Greece** and **Italy** by the end of June 2017, which is more than the total number of children relocated last year. Among them, **109 were UASC**.



Germany

received almost half of all child asylum applications in the first six months of 2017 (**44,300**) including **5,700 applications by UASC**.



ΚΕΝΤΡΟ ΕΛΕΓΧΟΥ &
ΠΡΟΛΗΨΗΣ ΝΟΣΗΜΑΤΩΝ (ΚΕΕΛΠΝΟ)

ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

- Jan – Mar 2018 **3.963**
- Apr 2018 **6.662**
- > 200/day

Greece, hosting sites - April 2018

- >58.000 stranded in country
- Approx 20.000 in alternative accommodations
- 13.500 in the islands
- 13.000 in camps
- 3.500 in PROKEKA
- > 9,000 outside accommodation

Europe Refugee Emergency

Daily map indicating capacity and occupancy (Governmental figures)

As of 18 April 2017 08:00 a.m. EET



Greece 2018 – Health provision for refugees / migrants

- Direct NHS access for vulnerable migrants/refugees
- All regardless of ethnicity/legal status accepted within NHS 1ry health care structures, hospital ERs
- All entitled to free healthcare services in 2ry NHS health structures regardless of legal status

Greece 2018 - Profile of a site

HEALTH structure

- Primary care in hosting area
 - HCDCP, local 1ry care centers
 - National & International NGOs

Challenges in HC at facilities

- **Coordination** in order to ensure
 - Continuity of health care provision
 - Resource sustainability
 - Human
 - Financial issues, fund raising

Challenges (cont.)

- **Common SOPs for all providers**
 - For **individual case management**
 - Transportation to / from tertiary care
 - Health Insurance number in undocumented M/R
 - **Communication** issues – local w tertiary care team
 - **F/u care** after acute care

Challenges (cont.)

- Presence of **inter-cultural mediators**
 - Necessary in all aspects of care provision

CARE - Common Approach for REfugees and other migrants' health

The CARE Project

- 12 month EU funded project (Third Programme for the Union's action in the field of health (2014-2020))
- **Aim:** promoting and sustaining the good health of migrants and populations in Member States experiencing strong migration pressure

Partners



Institutions

- P1. National Institute for Health, Migration and Poverty - Rome, Italy**
- P2. National Institute of Public Health - Ljubljana, Slovenia**
- P3. Italian Red Cross - Rome, Italy**
- P4. Italian Ministry of Health - Rome, Italy**
- P5. Praksis - Athens, Greece**
- P6. National School of Public Health - Athens, Greece**
- P7. Syn-Eirmos - Athens, Greece**
- P8. CMT Prooptiki - Athens, Greece**
- P9. Ministry of health – Government of Malta - Valletta, Malta**
- P10. National Institute of Health - Rome, Italy**
- P11. University hospital “Azienda Ospedaliero-Universitaria Meyer” - Florence, Italy**
- P12. Bambino Gesù Children’s Hospital - Rome, Italy**
- P13. Croatian Institute of Public Health - Zagreb, Croatia**
- P14. OXFAM Italia Onlus - Arezzo, Italy**
- P15. Hellenic Center for Disease Control and Prevention - Athens, Greece**



WP2. DISSEMINATION OF THE PROJECT

WP4.
Hotspot And
Migrants'
Centers Health
Management

WP5.
Monitoring Of
Communicable
Diseases With A
Potential For
Becoming Cross
Border Health
Threats

WP6.
Tracking And
Monitoring Of
Health Status

WP7.
Cross Cutting
Activities

WP8.
National/
Regional
Planning And
The Role Of Civil
Society
Organisations

WP3. EVALUATION OF THE PROJECT

WP1. COORDINATION OF THE PROJECT

Health care model

- Key tools
 - a holistic protocol for age assessment of minors
 - a clinical protocol and a procedure for the management of patients affected by scabies and fever with rash
 - operational procedures promoting cooperation between different professional groups
 - **a health tracking and monitoring system for documenting migrants' and refugees' health data**

Multidisciplinary team

- Medical doctors (dermatologists, infectious disease specialists, paediatricians)
 - Adult/Child psychologists
 - Nurses
 - Transcultural mediators
-
- Training in issues of migration, tropical medicine, transculturality and relationships with children.

Monitoring of migrant's & refugee's health status

- Integrated electronic system
 - portable device (containing their personal medical history, as well as information on any treatment provided)
 - dedicated software (enabled healthcare professionals to access the migrants' / refugees' personal health record and integrate it in a follow up examination)

Communicable diseases monitoring

- Syndromic surveillance system
- A survey to assess the current policy in vaccination offer targeting newly arrived migrants
- Dispatches of information on communicable disease outbreaks for frontline healthcare professionals

Surveillance in points of care for refugees/migrants - Greece

- Epidemiological surveillance of “syndromes” or “disease conditions” of public health interest
- Source: points of care in the country’s refugees camps
- Way: sending of a standardized epidemiological form to the HCDCP
- Frequency: daily

–Information for action!

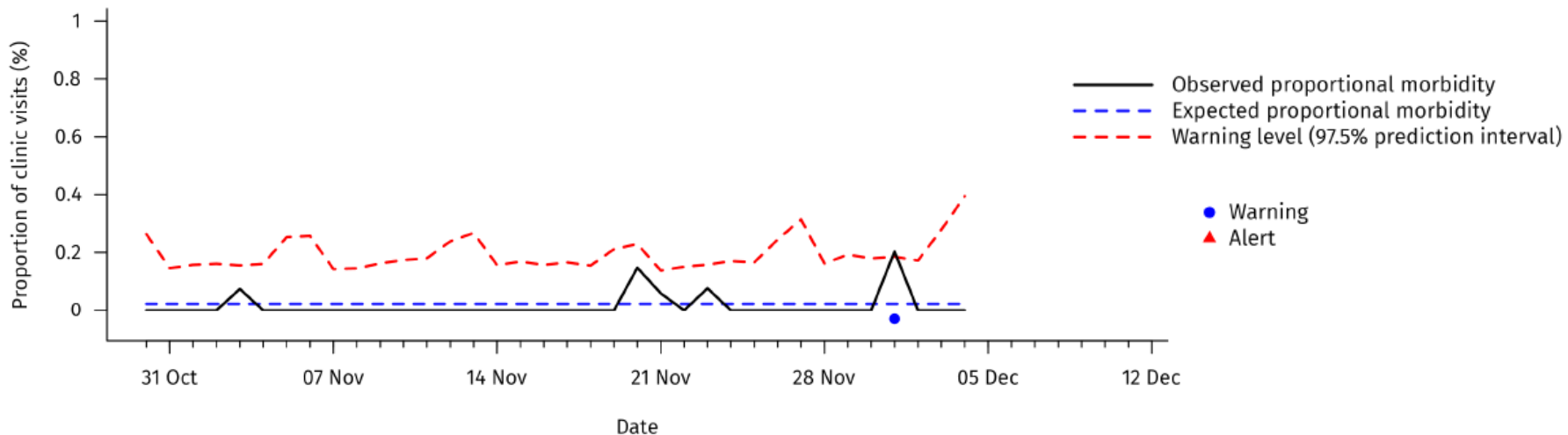
Aim

- **Prompt recognition of:**
 - clusters of communicable diseases, with the objective to take prompt response and control measures.
 - Examples include: foodborne/waterborne diseases, VPDs
 - individual cases of communicable diseases with epidemic potential, with the objective to promptly investigate and perform contact tracing, as well as take appropriate control measures
 - Examples include: meningococcal meningitis, Hep A, VPDs
 - cases or clusters of serious communicable diseases or conditions that are potential “cross-border health threats” and/or “public health emergencies of international concern”
 - Examples include: poliomyelitis, haemorrhagic fever, cholera, TB

Daily analysis of data

(at national and camp level)


Point of care surveillance in refugee/migrant reception centres, Greece
Bloody diarrhoea



- Comparison of observed proportional morbidity to expected
- Use of a quasi-Poisson regression model (Farrington et al, 1996)
- Long-term trends incorporated in the model using natural cubic splines (with knots every 4 weeks)
- Rejection of outlier values ($Z\text{-score} > 3$) and, if considered necessary, values corresponding to a confirmed outbreak
- **Warning:** observed > 2 SD of expected
- **Alert:** "Warning" in two consecutive days

Response

- Daily review and evaluation of the produced signals (public health relevance, qualitative criteria)
- Decision making on the need for further investigation
- Investigation of selected signals via contacting the frontline HC workers
- Public health action as needed (i.e. jaundice of acute onset → upon verification of Hep A: vaccination of close contacts)

 <div>ΥΠΟΥΡΓΕΙΟ ΥΓΙΑΣ Κέντρο Ελέγχου και Πρόληψης Νοσημάτων (ΚΕΕΛΠΝΟ) Τμήμα Επιδημιολογικής Επιτήρησης και Παρηγορίας</div>	<div>Για επικοινωνία: Τηλ: 210 5212 054, Φαξ: 210 8818 868 E-mail: epid@keelpono.gr</div>	<div>Επικοινωνήστε με: Επικρατέστατο Πάρεα του Ν. 3376/2005</div>
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ΔΕΛΤΙΟ ΕΠΙΔΗΜΙΟΛΟΓΙΚΗΣ ΕΠΙΤΗΡΗΣΗΣ ΣΤΙΣ ΞΗΜΕΙΑ ΦΡΟΝΤΙΔΕΣ/ΜΕΤΑΝΑΣΤΕΣ
(Παραμένει ξεχωριστό δελτίο για κάθε χώρο ιατρικών και 24ωρο, ώρα 00:01 έως 24:00. Αποσπασίμους έως 09:00 της επόμενης.)

Σελ.

Χώρος ιατρικού:	Ημερομηνία ιατρικού:
Φορέας/Θεσμός:	Αρμόδιο ιατρικού (από-έως):
Όνομα επαγγελματία υγείας:	

> Να γίνει **ΑΜΕΣΗ ΤΗΛΕΦΩΝΙΚΗ** επικοινωνία με ΚΕΕΛΠΝΟ (210 5212 054) σε περίπτωση κλινικής υποψίας «νοσήματος άμεσης δηλώσεως» (Βλέπε Οδηγίες) ή συρραφή κρουσμάτων με ασυνήθιστες ή σοβαρές εκδηλώσεις.

ΣΥΝΔΡΟΜΗ Η ΚΑΤΑΣΤΑΣΕΙΣ ΠΟΥ ΕΠΙΤΗΡΟΥΝΤΑΙ (αριθ. [1] έως [14]):

Πίνακας (Α)	0-4 ετών	No.	5-17 ετών	No.	18+ ετών	No.	Σύνολο
[1] Αιχμηρά αναπνευστικό ΜΕ πυρετό							
[2] Γαστρεντερίτιδα χωρίς αίμα στα κόπρανα							
[3] Αιμορραγική διάρροια							
[4] Εξάνθημα ΜΕ πυρετό							
[5] Υποψία φώρας							

Πίνακας (Β)	No.	No.
[6] Υποψία πνευμονικής φυματίωσης	[10] Εκδηλώσεις παράλυσης με οξεία έναρξη	
[7] Ελονοσία (με ΔΕΤΙΚΟ ταχύ τεστ)	[11] Μηνιγγιτίδα ή/και εγκεφαλίτιδα	
[8] Υποψία διφθερίτιδας, αναπνευστικής ή δερματικής	[12] Αιμορραγικές εκδηλώσεις ΜΕ πυρετό	
[9] Ίκτερος με οξεία έναρξη	[13] Σήψη ή σοκ (σηπτικό, άγνωστη αιτιολογία)	
	[14] Θάνατος άγνωστης αιτιολογίας	

Σημειώσεις: Πίνακες (Α) και (Β) στο κατώτερο σε σύνδρομο και ηλικία μπορεί να σημειώνονται μία γραμμή για κάθε περιστατικό (π.χ., #11), για κατω-μέτρηση. Πίνακες (Α) και (Β) στο κατώτερο σε ηλικία σημειώνονται στο σύνολο περιστατικών (π.χ., 5). Εάν δεν υπάρχουν περιστατικά σημειώνονται «0» (μηδέν).

> Παρακαλούμε συμπληρώστε τον ΠΙΝΑΚΑ (Γ):

- Για τα περιστατικά που περιλαμβάνονται στον πίνακα (Β), και
- Για τα περιστατικά με κλινική υποψία **ιλαράς, ερυθράς, παρωτίτιδας, ανεμοβλογιάς**

Πίνακας (Γ)	Επώνυμο-Όνομα ασθενούς, Χώρα καταγωγής, Τηλέφωνο επικοινωνίας	Φύλο	Ηλικία	Χώρα προέλευσης	Αριθ. Συν-δυνάμει	Υποπτό νόσημα (εφόσον έχει θέση)	Νοσοκομείο Παραπομπής (εφόσον έχει θέση)	Ιατρός που εξετάζει & Τηλέφωνο
A.A.								
			A					
			Θ					
			A					
			Θ					
			A					
			Θ					
			A					
			Θ					

Εάν χρειάζεστε, αναφέρετε στον πίνακα (Γ) άλλου δελτίου (σημειώνοντας αριθμούς αλφάβητου)

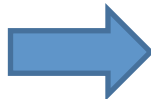
Πίνακας (Δ)	0-4 ετ.	5-17 ετ.	18+ ετ.	Σύνολο
ΣΥΝΟΛΟ ΕΠΙΣΚΕΨΕΩΝ ΣΤΟ ΙΑΤΡΕΙΟ (ΓΙΑ ΟΛΑ ΤΑ ΑΙΤΙΑ)				
ΣΥΝΟΛΟ ΑΤΟΜΩΝ ΣΤΟΝ ΧΩΡΟ ΦΙΛΟΣΕΙΙΑΣ (ΤΗΝ ΙΔΙΑ ΗΜΕΡΑ)				


> Έγινε αποστολή των στοιχείων (βάλτε τεσε)

☐ από τον/την:


Ημ/ία:


Transition





ΚΕΦΑΛΙΟ
ΚΕΝΤΡΟ ΕΛΕΓΧΟΥ &
ΠΡΟΛΗΨΗΣ ΝΟΣΗΜΑΤΩΝ (ΚΕΛΠΝΟ)






CARE
Common Approach for Refugees
and other migrants' health

Επιλογή Γλώσσας ▾

Σύνδεση Χρήστη

Καλωσήρθατε

Οδηγίες / Βοήθεια



Όνομα Χρήστη

Κωδικός

Σύνδεση

Ξέχασα τον κωδικό μου

In conclusion... CARE

- Close collaboration of KEELPNO & National School of Public Health with ISS and ECDC on:
 - Selection of syndromes to be monitored
 - Case-definitions
- Modifications/customization of the ISS/Care tool to the Greek context
 - Restrictions on the intermediate level regarding response led to the need of collecting also case-based data and to modify data analysis in order to limit the number of produced signals
- Care tool: useful tool for countries that face an emergency with migration flows, or even other types of emergencies involving population movement
- Need for customization
- Useful tool for monitoring the morbidity of this vulnerable population, allowing for prompt public health action

This is a true EU added value

Epidemiological surveillance - from CARE to PHILOS

- **HCDCP – Reinforcement of existing system**
 - Mandatory notification, Laboratory surveillance
 - HIV/HCV early dx, intervention & care
- **Syndromic surveillance -> 14 syndromes w PH significance**
 - since May 2016

- **Re Health : collaboration with IOM**

No serious PH threat so far

- **Outbreaks of**

- Gastroenteritis (short duration, low severity)
- Scabies
- Acute jaundice -> Hepatitis A -> 85% < 15 yrs old
- Rash w fever -> chickenpox – almost all < 15 yrs old
- < 1% of reports -> Tbc cases -> isolated/individual events

Living conditions



PHILOS project – Comprehensive Emergency Health Response to Refugees Crisis

- Main targets:
 - **Strengthen detection & response capacity**
 - Provision of on-site healthcare & psychosocial services
 - POC testing, reference lab diagnostic capacity
 - Capacity to conduct mass vaccination
 - Malaria & Tb screening
 - **Mobile Medical Units – MUTs**, at least 1 in each region
 - Acute medicine, PH response
 - Support/evaluate/improve surveillance system

Refugee Immunizations, Greece

PHILOS

- **National campaign for refugees**
 - 10 childhood dz --> MMR, Polio, DTP, PCV, HiB, HepB
 - In children 6 months – 15 yrs
 - 70.000 shots administered
 - will continue within 1ry Health care context
 - Challenges w IPV vaccination procurement



Refugee Immunizations, Greece

PHILOS

- **Vaccine coverage 1st dose**

➤ MMR	83%
➤ DTP-Polio	82%
➤ PCV	76%
➤ HiB	75%
➤ HepB	79%



NEW emergencies (PHILOS1--- 2)

- Mental health
- Maternal – child health
- IPV/SGBV/VOT's
- Chronic diseases(non communicable)
- Vaccination
- A.M.K.A
- Vulnerability/Age assessment
- NHS



ΚΕΝΤΡΟ ΕΛΕΓΧΟΥ &
ΠΡΟΛΗΨΗΣ ΝΟΣΗΜΑΤΩΝ (ΚΕΕΛΠΝΟ)
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ

CLOSING REMARKS

- **Current situation**

- **>> Arrivals**
- **Evros border**
- **Geographical restriction (EU – Turkey deal)**
- **Integration ?????**
- **New camps**
- **Urban activities**
- **Role of NGO'S**

well!!!



Health but Education as



2500 Refugee and Migrant Children Now Attending Greek Schools



