

Refugees escape war, but face new threat in Europe - germs

April 10 2016, by Mari  tte Le Roux



A boy cries during a protest held by migrants and refugees to call for the reopening of the borders at their makeshift camp in the northern border village of Idomeni, on April 7, 2016

Having survived perilous escapes from war zones, refugees find themselves assailed anew in Europe by germs proliferating in crowded, unsanitary camps that could become outbreak hotspots, infectious disease experts have warned.

Their systems weakened by physical exhaustion, a lack of safe food, clean water and medicine, refugees are sitting-duck targets for entirely preventable diseases that can scar, maim, even kill.

Most of these illnesses have long been relegated to Europe's past: scabies, measles, tuberculosis, cholera and typhoid fever, concerned doctors and academics told a conference in Amsterdam this weekend.

But several have now reemerged, wreaking havoc among Europe's bulging migrant settlements, from where they could regain a foothold in the broader population.

"Maybe there is a problem in the future," warned Turkish infectious disease specialist Hakan Leblebicioglu.

"Regarding tuberculosis... polio and measles, these should be considered an emerging threat especially for the refugees, the region, and maybe Europe," he told delegates.

More and more refugees will arrive from countries where such illnesses remain widespread.

This while a growing anti-vaccine movement in Europe has left "gaps in vaccination coverage", according to Leblebicioglu, and resistance to antibiotics is a growing concern.

Europe has struggled to deal with the influx of refugees from countries in Africa and the Middle East ravaged by war and poverty.

According to refugee agencies, more than a million migrants arrived in the EU last year, and almost 180,000 so far this year—many risking life and limb to cross the ocean in shoddy boats for a long shot at a better life.

Most spend extended periods in camps ill-equipped to deal with the unprecedented influx.

A major problem has been the lack of a coordinated European policy to screen new arrivals for contagious diseases, treat them, and vaccinate widely, the conference heard.

"It's very different in different countries. There's no pan-European standard," infectious diseases lecturer Nicholas Beeching of the Liverpool School of Tropical Medicine told AFP.

Screening happens randomly, "may not be based on much evidence, and may be a partly political response," he said.

Experts presented evidence of disease outbreaks in refugee camps: measles in France and Turkey, scabies in the Netherlands, salmonella in Germany, and MRSA—a drug-resistant skin infection—in Switzerland.

The causes were multifold, explained Leblebicioglu.

"They live in unsanitary conditions, crowded populations, there is a problem with garbage accumulation in some countries."

'Risk for themselves'

Cultural and language barriers can divide refugees and health care providers.

Many "don't know how to access health care systems even if they have entitlement," said Beeching.

Furthermore, Europe's health systems were overburdened, the experts pointed out, calling for more money and a coordinated approach to

disease screening and treatment.

It would be expensive, but well worth it, they argued.

"If you want to do it starting from zero, because that is where we are now, then you need to consider that the cost will be very considerable," said Italian public health expert Alberto Matteelli.

Only about a third of European governments have a policy on refugee TB screening, he remarked, and fewer than a handful did so consistently.

HIV is another concern.

Danish researchers reported that migrants not only had higher rates of infection with the virus that causes AIDS, but were also more likely to be diagnosed later.

This had consequences for public health, explained Laura Deen of the Copenhagen University Hospital's immigrant medicine section, "in terms of risk of transmission from individuals unaware of their HIV infection."

Speakers stressed the real risk of refugees setting off disease outbreaks among host populations was negligible.

"The fact itself that they are marginalised and they do not integrate into the community in Europe is the cause of their disease, and protects the European community from being infected," said Matteelli.

"The risk is for themselves. They are a vulnerable population that needs to be protected."

The best course of action was to ensure speedy diagnosis and treatment of infectious diseases among refugees, and provide access to the health

systems of their host countries.

"If we do that we will get better health for refugees, for healthcare workers and also for hosting communities," said Matteelli.

Refugee health was the highlighted topic at a four-day conference of the European Society of Clinical Microbiology and Infectious Diseases.

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