World Health Organization
REGIONAL OFFICE FOR Europe

Public Health Aspects of Migration in Europe
- Newsletter -

PÉCSI TUDOMÁNYEGYETEM
UNIVERSITY OF PÉCS

Issue 2 - June 2014

RECOMMENDED READING

Nuttal 2005
International Health Regulations (2005): taking stock. Bull World Health Organ. 2014;92:310
(http://www.who.int/bulletin/volumes/92/5/14-138990.pdf?ua=1)

Reid et al. 2014
The immunization programme that saved millions of lives. Bull World Health Organ. 2014; 92:314–315
(http://www.who.int/bulletin/volumes/92/5/14-020514.pdf?ua=1)

Fleck 2014
Collaboration is key for new global tuberculosis strategy. Bull World Health Organ. 2014; 92:316–317
(http://www.who.int/bulletin/volumes/92/5/14-030514.pdf?ua=1)

Alvarez-del Arco and the Study Working Group, 2014
HIV testing policies for migrants and ethnic minorities in EU/EFTA Member States. Eur J Public Health (2014) 24 (1): 139-144.
(http://eurpub.oxfordjournals.org/content/24/1/139.full.pdf+html)

OPINION

The following articles represent the opinion of the author(s) and publications and do not necessarily represent the view of WHO, University of Pécs or the Editorial Board of this newsletter.

Dengue fever risk prediction for the World Cup in Brazil

It is estimated that about a million fans will travel to the 12 different cities hosting matches during the World Cup in Brazil. Scientists have published an analysis in The Lancet Infectious Diseases to call the attention of the authorities to possible outbreaks of the mosquito-borne dengue fever during this grand-scale, crowd-mobilizing event.

The threat is real, given that Brazil recorded more than 7 million cases of dengue fever between 2000 and 2013; a higher record of reported cases than anywhere else in the world. This viral infection can cause a life-threatening illness and unfortunately there are no licensed vaccinations to prevent the problem.

High-risk alerts were triggered by the probabilistic forecast system developed for the north-eastern cities. The system can predict outbreaks and warn authorities to prompt them to implement the necessary migration and control actions.

(http://www.bbc.com/news/health-27441789)
(http://www.thelancet.com/journals/laninf/article/PIIS1473-3099(14)70781-9/fulltext)

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Middle East respiratory syndrome (MERS): virus on the Plane

According to Public Health England (PHE) a passenger travelling on 24 April on BA flight 262 from Riyadh, passing through Heathrow and heading to Chicago, has been infected with MERS (Middle East respiratory syndrome).
PHE claims that chances of passengers contacting the virus is "extremely low".
Following the accident, hundreds of passengers flying with the same plane have been contacted and examined.

(http://www.dailymail.co.uk/news/article-2619360/Heathrow-passengers-tracked-health-chiefs-American-passenger-flight-diagnosed-killer-Middle-Eastern-virus-derived-camels.html)

What is MERS?

MERS, defined by the WHO as **"**Middle East respiratory syndrome" (MERS), is a viral respiratory disease caused by a novel coronavirus (MERS-CoV) that was first identified in Saudi Arabia in 2012. Coronaviruses are a large family of viruses that can cause diseases ranging from the common cold to Severe Acute Respiratory Syndrome (SARS)".
MERS causes fever, coughing, shortness of breath, pneumonia and kidney failure. It is found mostly in bats and camels.
Latest figures of WHO show 345 reported cases and 107 ending with mortality since 2012.
According to the PHE the period between exposure to MERS-CoV and when symptoms might develop is up to 14 days.

WHO recommendations

Infection prevention and control measures are critical to prevent the possible spread of MERS-CoV in health-care facilities. Health-care facilities that provide care for patients suspected or confirmed to be infected with MERS-CoV infection should take appropriate measures to reduce the risk of transmission of the virus from an infected patient to other patients, health-care workers, and visitors. Health-care workers should be educated, trained, and refreshed with skills on infection prevention and control.

(http://www.who.int/csr/bioriskreduction/infection_control/publication/en/)
(http://who.int/csr/disease/coronavirus_infections/MERS_home_care.pdf?ua=1)

WHO encourages all Member States to enhance their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns of SARI or pneumonia cases. WHO urges Member States to notify or verify to WHO any probable or confirmed case of infection with MERS-CoV. WHO also encourages countries to raise awareness of MERS and to provide information to travellers as below. Information on the identification and investigation of cases:

(http://www.who.int/csr/disease/coronavirus_infections/MERS_CoV_investigation_guideline_Jul13.pdf)

Procedures for handling laboratory samples:

(http://www.who.int/csr/disease/coronavirus_infections/MERS_Lab_recos_16_Sept_2013.pdf?ua=1)

Guidelines for clinical management:

(http://who.int/csr/disease/coronavirus_infections/InterimGuidance_ClinicalManagement_NovelCoronavirus_11Feb13u.pdf?ua=1)

Pediatric Drug-resistant Tuberculosis in Madrid: Family Matters

Begoña Santiago and his co-authors are publishing their research in The Pediatric Infectious Disease Journal in April 2014. The retrospective study analyses the case histories of children with TB diagnosis in 22 hospitals between 2005 – 2010. According to their results INH and MDR TB were showing higher rates among children born to foreign parents.

(http://journals.lww.com/pidj/Citation/2014/04000/Pediatric_Drug_resistant_Tuberculosis_in_Madrid_.3.aspx)

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Reaching migrants is key to success in the global fight against TB: International Organization for Migration (IOM)

On the 2014 World TB Day (21 March) IOM launched a paper providing an overview of to what degree migrants are exposed to TB. Not only do they often suffer from marginalized social status; lack of access to health care is also a significant factor, especially for irregular migrants. They are also afraid of being stigmatized because in many countries they risk deportation if they are found to have TB. "In an increasingly mobile world, it is vital that migrants are put at the centre of initiatives to combat the spread of TB and that low and high incidence countries work together to achieve a TB free world," says IOM Director General William Lacy Swing.

(http://www.iom.int/cms/en/sites/iom/home/news-and-views/news-releases/news-listing/reaching-migrants-is-key-to-succ.html)

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