RAG Risk Assessment Group

PRIMARY RISK ASSESSMENT

Public health problems due to migrant population in Brussels

Date of the signal	Date of the RA	Signal provider	Experts consultation	Method
12/09/2017	12/09/2017	SPF/FOD public health	**Permanent experts:** Dr Daniel Reynders (FOD), Dr Valeska Laisnez (AZG), Dr Romain Mahieu (COCOM-GGC), Dr Carole Schirvel (AViQ), Mme Mireille Thomas (DG), Dr Patrick Demol (HGR), Dr Sophie Quoilin (WIV-ISP) **Specific experts :** Mme C. Huard (COCOM), Dr Maryse Wanlin (FARES), Dr Wouter Arrazola de Oñate (VRGT), Dr Kathia Van Egmond (FEDASIL), Dr Paloma Carillo (ONE), Dr Charlotte Martin (CHU St Pierre).	eMail
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Signal	The number of migrants living in Parc Maximilien and Nord Station in Brussels is increasing since May-June 2017 and is reaching about 500 people including pregnant women and children. It seems that these migrants are not well informed about their rights and/or willing to continue their travel to the UK. They therefor do not always introduce an asylum request to Belgian authorities. These people are homeless, living in overcrowded conditions and are at risk for developing contagious illnesses. The sanitary conditions are very poor and induce public hygiene problems (only three toilets). After having done a medical inspection together with Médecins du monde (MDM), the health inspectorate of Brussels Region confirmed the poor health situation of the migrants. During three days of consultation, MDM diagnosed 7 cases of scabies, 3 cases of chicken pox, 2 cases of bloody diarrhoea, 12 cases of respiratory infections and 3 patients for whom they would recommend a screening for tuberculosis (N consultations = 64). Most of them are coming from Sudan, Eritrea and Ethiopia and 3 were present in Belgium for more than 3 months. In July, one case of tuberculosis has already been confirmed but not treated as the patient disappeared after the diagnosis. An outbreak of scabies is currently identified and cases of scabies among persons in contact with migrants are actually also described. The federal administration has requested to assess the risk for public health.

		Score	**Description / arguments**
1	Cause known?	Yes	Many migrants arrived in Belgium aim to live in other countries (ie Sweden, Germany, UK). Therefore they have to avoid any trace of having been in Belgium otherwise they would be obliged by law to ask for asylum in Belgium. They are therefor considered as 'undocumented migrants'. When migrants introduce asylum request, they are receiving medical attention (including screening of tuberculosis and vaccination). Also unaccompanied minors are entitled to go to reception centres and have access to medical services, including TB screening and vaccination. For the undocumented migrants, nothing is foreseen except for the urgent medical care system via OCMW/CPAS. The risk for public health is mainly related to infectious diseases: vaccine preventable diseases like poliomyelitis, diphtheria, hepatitis A; gastro-intestinal infections like shigellosis, salmonellosis; scabies; vectorbone diseases like louse-borne relapsing fever, malaria; respiratory communicable diseases like tuberculosis (TB) have been described.
2	Unexpected/unusual	Expected	Migrants are continuously arriving in Belgium after a long trip in very bad sanitary conditions from (and through) countries

			where accessibility to medical care is poor and various infectious diseases are still endemic.
3	Severity		The severity depends of the diseases but can be high for migrants. Some diseases like measles or chickenpox are highly contagious and also more severe and sometimes dangerous in adults. For persons in contact with migrants, the main risk is related to the possibility to be exposed to multi-drug resistant tuberculosis (MDR-TB) but also to other diseases like scabies. The Horn of Africa is described as high-endemic region for tuberculosis and according to data [8], the incidence of TB in Somalia for instance was around 135 per 100 000 in 2015. According to the latest WHO TB report, MDR-TB was found in 8.7% of new TB cases and in 47% of previously-treated TB cases in Somalia. In Belgium, national data until today show that in 2017 the total number of MDR-TB cases is 4 while the annual mean is around 15 cases.
4	Dissemination (Low/Medium/High)	Limited	Among migrants and among people in contact with them. Considering that vaccine coverage in Belgium is not yet optimal for some diseases (e.g. 75.5% vaccine coverage for two-doses measles vaccine in Brussels) or that there is no systematic vaccination against some diseases like hepatitis A, the risk of diseases spread in Belgian population is not excluded.
5	Risk of (inter)national spread	Not excluded	'Undocumented' migrants want by definition to reach in another EU country what can be a cause of international spread across Western Europe.
Preparedness and response			
6	Preparedness		If the control of infectious diseases is now sufficient in reception structures for asylum seekers, the problem is indeed that the migrants in the Parc Maximilien cannot go to reception structures since they probably are 'undocumented migrants'. Some associations like MDM are trying to give medical attention to them but their means are limited and they are actually facing the dispersion of the migrants in the city and the absence of infrastructure to stabilise them and have the time to offer them appropriate consultation, screening and treatment.
7	Specific control measures (surveillance, control, communication)		Not existing for these undocumented migrants except - the unaccompanied minors who accept to go to a reception centre (medical care including TB screening and vaccination); - the Emergency Medical Aid in case of urgent need for care EU - FRA research shows that, as a country, delivering good preventive health care to undocumented people is cheaper than not providing it and having to deal with the (financial) consequences of worsened health and/or transmission of disease [13].
Public health impact			
A	Public health impact in Belgium (Low/Medium/high)	Low	The access to care (preventive and curative services) and to good sanitation for undocumented migrants remains problematic in Belgium.

			The risk for infectious diseases is mostly individual for migrants and within the group. The exposition of Belgian population to active tuberculosis does exist but is considered to be low. Nevertheless, the impact is severe in case of exposition to MDR-TB. Risk for measles/rubella or poliomyelitis is also described and should be highlighted by the international obligation regarding the progress towards meeting the goal of measles/rubella elimination and poliomyelitis eradication. The limited hygiene by lack of sanitation facilities must not be neglected as a cause of gastro-intestinal diseases, scabies for migrants and their contacts but also as a potential problem of public hygiene. The current situation is not a public health crisis but well a humanitarian responsibility for Belgium to give necessary care to vulnerable population.
B	Recommendations (surveillance, control, communication)		Regarding the main risk for public health, ECDC recommends: **Tuberculosis**: *"Early case identification of active TB and drug susceptibility testing, especially in migrants arriving from the Horn of Africa, is important in order to identify and treat active cases and provide preventive treatment or monitoring for those diagnosed with latent tuberculosis infection"*. [1] Treatment for tuberculosis is at least 6 months and requires a medical follow up. **Louse-borne relapsing fever and other vectorborne diseases**: *"adequate hygiene, … checking for signs of lice infestation during medical screening of migrants, …."*. *" …rapid detection and treatment of vector-borne diseases is particularly important for the prevention of secondary cases and disease outbreaks".* [2, 4] **Diphtheria, measles and other vaccine preventable diseases**: *"Consider all refugees and asylum seekers who lack evidence of vaccination against diphtheria as unprotected and provide vaccination …"*. [3, 5, 6, 7] Scabies is not life threatening but the treatment (Ivermectin to be imported from France/Netherlands) is useless if no good sanitary conditions and access to water as it has to be follow by hygiene measures (i.e. washing clothes at 60°C, wearing clean clothes afterwards and obviously having good sanitation facilities). Quality health care can only be provided in relative stable conditions. The International Organisation of Migration (IOM) indicates, after decades of international research, that delivering quality health care to (undocumented) migrants does not attract more migrants [12].
C	Actions		The risk for dissemination of infectious diseases in the Belgian population is low but - migrants have to be screened for tuberculosis in order to receive appropriate treatment and consequently to protect persons in contact with them/giving them support;

			- migrants have to be vaccinated in order to avoid compromising the progress to measles/rubella elimination and polio eradication and to prevent any dissemination among them and to the Belgian population; - migrants have to have access to good sanitation facilities; - healthcare/social workers' immunization status should be checked for their own protection but also as they can play an important role in introducing highly contagious infectious diseases into vulnerable populations.

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