



Asylum seekers

health evaluation and vaccination Iceland

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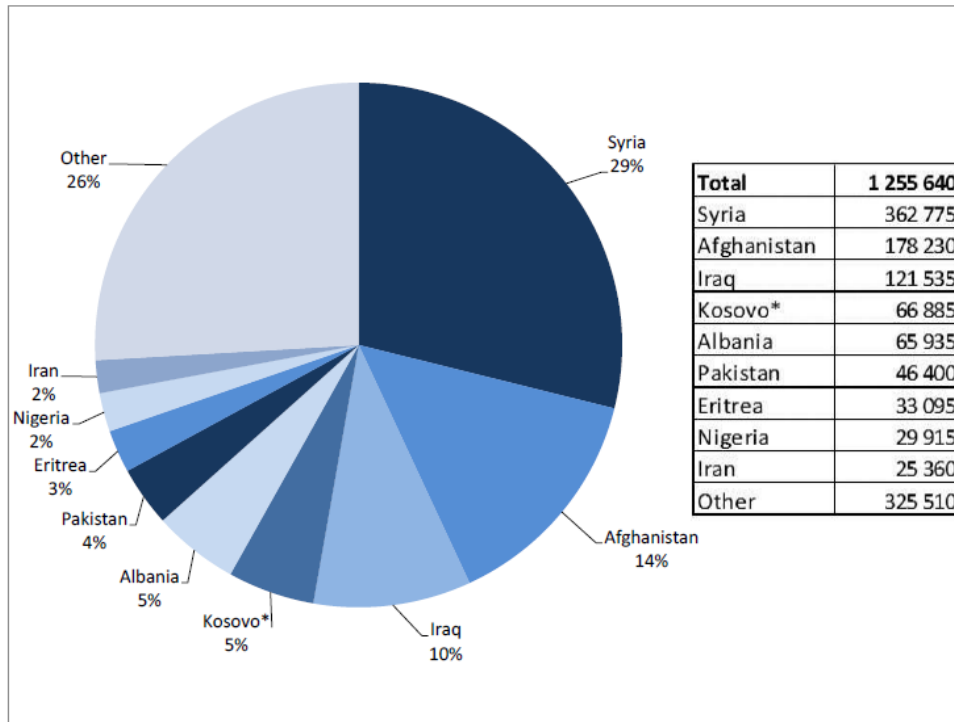
29.4.2015



Asylum seekers

- Europe
 - ~ 1.200.000 in 2015
 - ~ 200.000 in 2016 (April)

First time asylum seekers in the EU Member States by country of citizenship, 2015



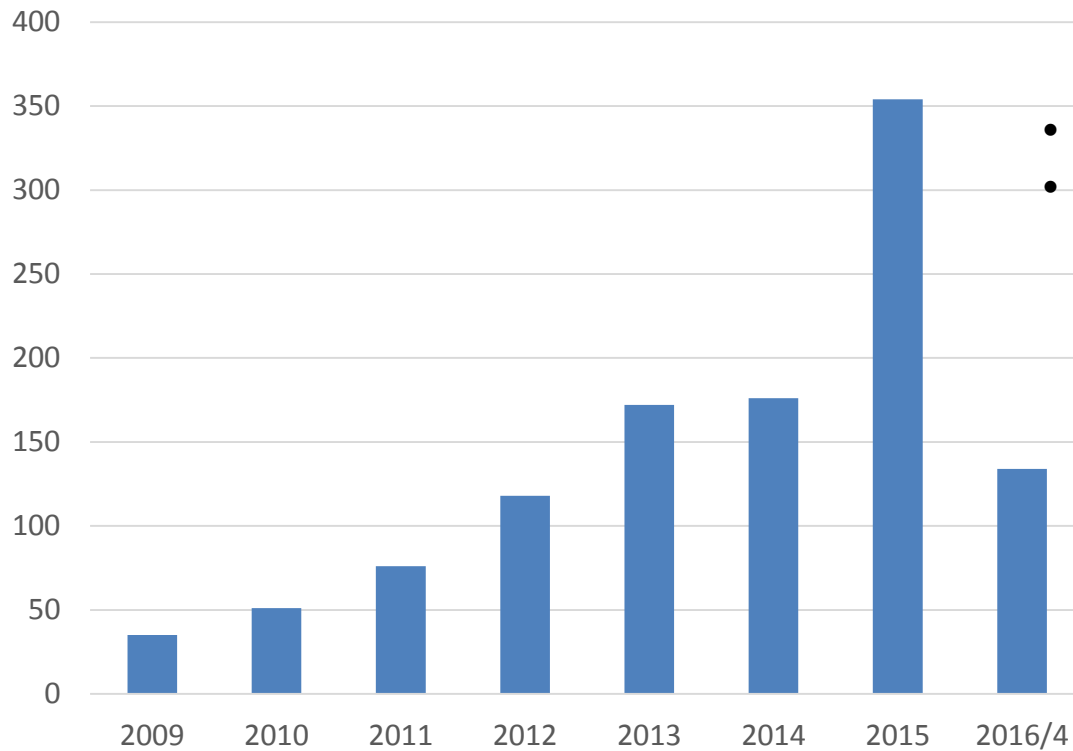
* Kosovo under UN Security Council Resolution 1244/99.





Asylum seekers

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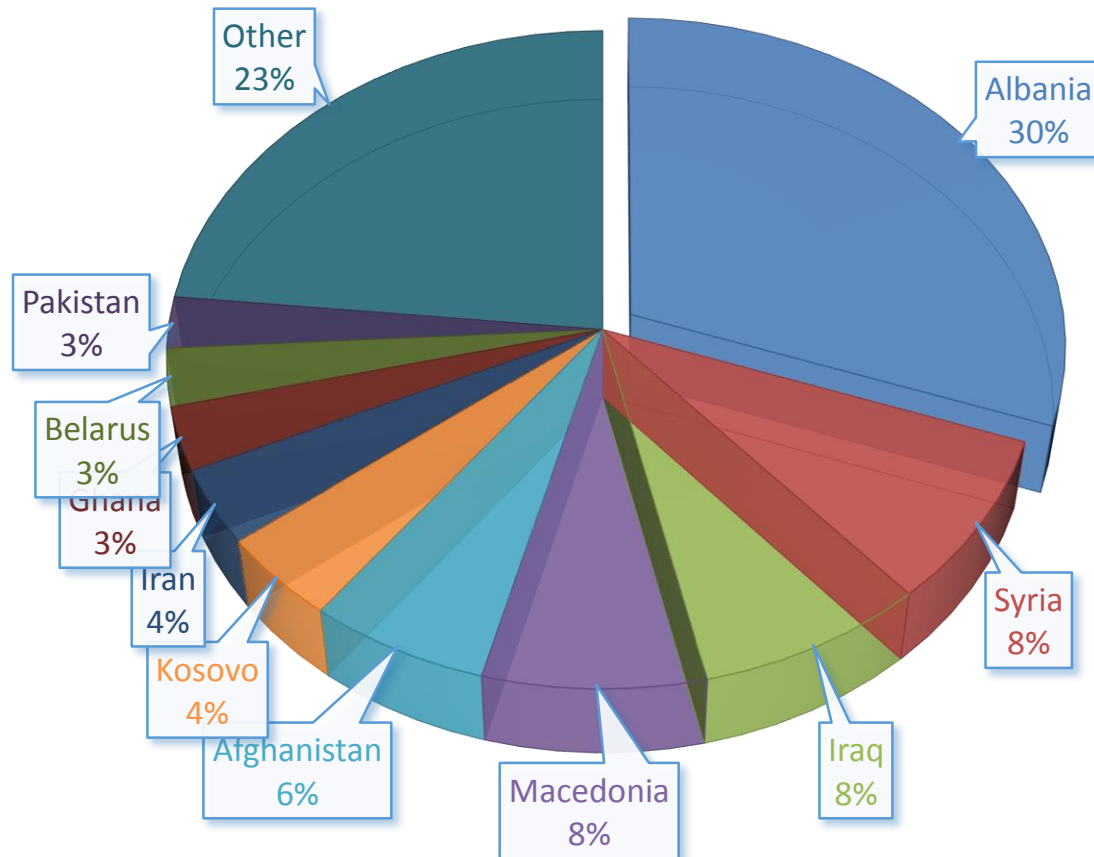


- ~40% granted asylum
- Processing time 90 days



Asylum seekers - Iceland

NATIONALITIES, N=355





Health problems

- asylum seekers / ECDC -

- Principles

- Do not contribute much to general health problems in receiving countries
- Health problems are confined to the asylum seekers themselves
- Psychological and social problems predominating





Health problems

- asylum seekers -

- Principles cont.
 - Health problems reflect countries of origin
 - Poor living conditions
 - Sanitation, hygiene and overcrowding
 - Lack of preventive medical care
 - Vaccinations





Health evaluation

- Iceland -

- Guidelines from September 2015
 - Focusing on communicable illnesses
 - Notifiable illnesses
 - Physical examination and lab. testing within 2 weeks of arrival
 - All individuals outside EEA except.....
 - Switzerland, USA, Canada, Australia, New-Zealand, Israel





Infectious illnesses

- by countries of origin /ECDC -

Table 1. Infectious diseases to consider according to country of origin

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea	Somalia
Diphtheria*	Cases reported to WHO in 2012, 2013, 2014	0, 0, and NA	0, 0, 0	3, 4, and 5	8, 0 and NA	65, 7 and NA
Typhoid fever	Risk for typhoid	✓	✓	✓	✓	✓
Cholera*	Risk	No recent outbreak	Recurrent outbreaks	On-going outbreak in Baghdad, Babylon, Najaf, Qadisiyyah, and Muthanna.	NA	Endemic
Hepatitis A*	Risk	High endemicity	NA	High endemicity	High endemicity	High endemicity
Hepatitis E [§]	Risk	NA	NA	High endemicity	NA	High endemicity
Helminthiasis**	Risk of soil transmitted helminthiasis (ascaris, whipworm, hookworm)	+	++	+	++	++
	Risk of urinary schistosomiasis	✓		✓	✓	✓
Leishmaniasis**	Risk of cutaneous leishmaniasis	✓	✓	✓	✓	✓
	Risk of visceral leishmaniasis	✓	✓	✓	✓	✓
Hepatitis B**	Prevalence of chronic hepatitis B	Intermediate prevalence: 5.6%	High prevalence: 10.5%	Low prevalence: 1.3%	High prevalence: 15.5%	High prevalence: 12.4%
Hepatitis C ^{§§}	Prevalence	High prevalence: 3.1%	High prevalence: 1.1%	High prevalence: 3.2%	High prevalence: 1%	NA
HIV	Prevalence	Low	NA	Low	Low	Low
Malaria***	Risk of malaria	Malaria-free	Risk of <i>P. vivax</i> >> <i>P. falciparum</i>	Malaria-free	Risk of <i>P. falciparum</i> >> <i>P. vivax</i>	Risk of <i>P. falciparum</i>
Measles*	Incidence per 100,000 in 2013 and 2014	1.84 and 2.68	1.41 and 1.75	2.09 and 3.02	0.77 and 0.02	2.17 and 9.12
Polio***	Cases reported to WHO in 2012, 2013 and 2014	0, 35 and NA	46, 17, and 28	0, 0, and 2	0, 0, and 0	1, 195 and 5
Tuberculosis***	Incidence/100,000	Low: 17	High: 189	Low: 25	High: 40 to 499	High: 285
Antimicrobial resistance	Risk for carriage of multidrug-resistance Gram-negative bacteria	NA	NA	NA	NA	NA
Rabies	Risk level for humans contracting rabies	High	High	High	High	High

NA: Not available





Health evaluation

- Guidelines from September 2015 cont.
 - Physical examination in one place in Reykjavik
 - Vaccination hx.
 - Guidelines for un- /partially vaccinated
 - Standardized questionnaire
 - Laboratory studies - screening
 - Tuberculosis
 - Hepatitis B
 - HIV
 - Syphilis
 - Other test as indicated
 - Results of health evaluation not available





Cost of health evaluation/care

- Physical examination and lab. screening
 - Government
- Notifiable diseases
 - Government
- Other diseases
 - Not clear for the initial 6 months
 - Decision pending.

