1/Key Recommendations

These **Key Recommendations** are current as of July 2014. There are a number of websites of reputable public health organisations that also provide information on infectious diseases and infectious disease assessments in migrants including:

Public Health England. Migrant Health Guide: http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/migranthealthguide

TravelHealthPro: http://travelhealthpro.org.uk/

Centers for Communicable Disease Control and Prevention: www.cdc.gov

DISEASE	KEY RECOMMENDATIONS
Chickenpox/Varicella	**Offer test to:** • All healthcare workers (HCWs), unless known to be immune • Migrant women of childbearing age • Immunocompromised individuals and their household contacts **Vaccinate non-immune:** • HCWs • Non-pregnant women of childbearing age • Healthy close household contacts of immunocompromised individuals • Some immunocompromised people may be vaccinated, e.g. those with lymphocytic leukaemia in remission, transplant recipients and some children and adults with HIV infection. **Offer varicella-zoster immunoglobulin (VZIG) to:** • Non-immune women who have been exposed to varicella or zoster during pregnancy as soon as possible after exposure and ideally within 96 hours • Specific neonate groups (see section 5.1) • Specific immunocompromised individuals (see section 5.1)
Hepatitis B	**Offer test (HBsAg and anti-HBc) to:** • All new migrants originating from countries with a HBsAg prevalence of ≥2% • Household and sexual contacts of identified acute or chronic cases • All women attending antenatal services • Sex workers and those who have been trafficked • People who inject drugs (PWID) • Men who have sex with men (MSM) **Vaccinate:** • All infants according to the routine childhood immunisation schedule, 6 in 1 at 2, 4 and 6 months • All children aged 12 months to <10 years according to the "late entrants catch-up schedule" **Vaccinate if non-immune (vaccination not required in anti-HBc positive):** • All migrants originating from countries with a prevalence of ≥2% • Children born to parents from countries with a prevalence of ≥2% • Persons at risk of occupational exposure to blood or blood contaminated environments • Household and sexual contacts of persons with acute or chronic infection • Families adopting/fostering children from countries with a prevalence of ≥2% • Babies born to mothers who have HBV infection (they should receive a complete course of vaccine at 0, 2, 4 and 6 months and also HBIG within 24 hours of birth and have serological testing 2 months after vaccination completed) • HIV exposed and HIV infected infants should be given hepatitis B vaccine at birth and then continue with the routine childhood schedule • Sex workers and those who have been trafficked • Those deemed at risk following an assessment of their health needs • PWID and their contacts • MSM Refer all HBsAg positive cases to specialist services for review. People who are HBsAg negative, anti-HBc positive should be referred for specialist care if they become immunosuppressed (including that due to chemotherapy or transplantation).

DISEASE	KEY RECOMMENDATIONS
Hepatitis C	**Offer test for anti-HCV to:** • All migrants who originate from countries with a prevalence of chronic hepatitis C of ≥3% • Those with a history of hepatitis C risk exposure/behaviour including people who inject drugs (PWID) and men who have sex with men (MSM) **Offer test for HCV RNA:** • All those who have a positive anti-HCV result Refer all positive cases to specialist services for review. Vaccinate those who are non-immune to hepatitis A and/or hepatitis B with hepatitis A and/or hepatitis B vaccine.
HIV	**Offer test for HIV Ag/Ab to:** • All women attending antenatal services • All those with risk factors for HIV including but not limited to ○ From high HIV prevalence countries (>1%) ○ Concurrent sexually transmitted infection ○ People who inject drugs (PWID) ○ Sex workers and those who have been trafficked ○ Men who have sex with men (MSM) • Concurrent TB infection Refer all positive cases to specialist services for review.
Intestinal parasites/ helminths	**Offer test (ova, cysts and parasites) to:** Symptomatic migrants only, particularly those who have: • Lived or travelled in endemic regions • Migrated from Southeast Asia or Sub-Saharan Africa • Eosinophilia **Note:** Healthcare professionals should also be aware that those with concurrent immunosuppression are at increased risk of developing disseminated parasitic infections, especially strongyloides, as this auto-infects and disseminates widely in those who are immunosuppressed. Note: a raised eosinophil count (>0.4 x 10^9/l) may be the only indication of a parasitic infection
Malaria	**Offer test (thick and thin malaria films) to:** *Symptomatic migrants only*, particularly those who have: • Fever • Lived or travelled in malaria-endemic regions within the previous 12 months, particularly in Sub-Saharan Africa Refer all positive cases to specialist hospital services for review.
Measles	**Assess all migrants for previous measles vaccination** **Vaccinate (MMR):** • All children according to the routine childhood immunisation schedule at 12 months and 4-5 years of age (2 doses) • All others according to the "late entrants catch-up schedule" for children and adults, as follows: ○ 12 months to 4 years, 1 dose MMR, 2nd dose at 4-5 years old ○ 4 years to <18 years old, 2 doses MMR at one month interval ○ Adults aged 18 years and older, 2 doses MMR at one month interval
Polio	**Assess all migrants for previous polio vaccination** • Be aware that acute cases of polio can present from countries where polio is endemic • Consider post-polio syndrome in patients who may have been infected in childhood **Vaccinate:** • All children according to the routine childhood immunisation schedule, 6 in 1* at 2, 4 and 6 months with a booster dose at 4-5 years old • All others according to the "late entrants catch-up schedule" for children and adults as follows: ○ 12 months to <4 years, three doses of 6 in 1* at two month intervals with booster at 4-5 years old ○ 4 to <10 years, three doses of 6 in 1* at two month intervals with booster dose at least 6 months and preferably 3 years after the primary course ○ 10 to <18 years, three doses of Tdap/IPV^ at one month intervals with booster dose 5 years after primary course ○ 18 years and older, one dose of Tdap/IPV^, followed by two doses of Td/IPV# at one month intervals *6 in 1: DTaP/IPV/HiB/HepB ^Tdap/IPV: Tetanus, reduced dose diphtheria vaccine, reduced dose pertussis vaccine/IPV #Td/IPV: Tetanus, reduced dose diphtheria vaccine/IPV

Rubella	**Offer test for rubella immunity to:** • All women of childbearing age **Vaccinate (MMR):** • All children (two doses) • Non-pregnant seronegative women of childbearing age (one dose) • Non-immune healthcare workers (one dose) • All children and non-pregnant adults from low income countries, without documented evidence of rubella vaccination, should be offered one dose of MMR; two doses may be required to fully protect against measles and mumps
Sexually Transmitted Infections (STI)	**Offer testing:** • All sexually active people who are from countries with a HIV rate of >1% (available from: http://apps.who.int/gho/data/node.main.622?lang=en) should be offered a full sexual health assessment. A high HIV rate in a country can be taken as an indicator of likely high rates of other STIs as well. **The following sexually transmitted infections should be screened for at a minimum in sexually active asymptomatic individuals from these countries:** ○ Serology for HIV ○ Syphilis serology ○ Urinary nucleic acid amplification test (NAAT) for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* • Sexually active people who are from countries with an HIV rate of ≤1% should be offered sexual health screening as appropriate for their sexual history. • All people with symptoms of an STI should be offered a clinical assessment, STI testing and treatment Further information on what is involved in a sexual health assessment can be found at the British Society for Sexual Health and HIV website (http://www.bashh.org/). **Offer Vaccine (Human Papilloma Vaccine – HPV):** • Females at 12-13 years of age as part of the national vaccination programme • HPV vaccine may be given to females aged 9 to 26 years. • Vaccination with the quadrivalent HPV vaccine should be considered for HIV positive males and females from 9 to 26 years • Hepatitis B should be considered as per section 5.2 **Health Promotion** All sexually active people. This should include safer sex and contraceptive advice for both males and females and information for women about cervical screening. Refer to STI services if more specialist services are required.
Tuberculosis	**Risk assess:** All migrants from countries where prevalence of TB disease is known to be change ≥40 cases per 100,000 population as per the national TB guidelines 2010 (see Appendix F for a list of these countries) **Follow the TB disease algorithm**