

2/Background to the guidelines

2.1 Introduction

In 2010 it was estimated that there were 215 million migrants in the world and that number continues to increase.⁽¹⁾ In April 2011 the number of non-Irish nationals in Ireland was recorded as 544,357.⁽²⁾ The migrant population in Ireland has been changing in recent years. Many migrants now are young healthy adults who have chosen to come to Ireland to study or work⁽²⁾ while the number of migrants entering the country seeking asylum has declined significantly in recent years.⁽³⁾ To reflect the changing needs of this diverse group, the Health Service Executive (HSE) Population Health Directorate requested the Health Protection Surveillance Centre (HPSC) Scientific Advisory Committee (SAC) to review and update the national guidelines on communicable disease screening for migrants.⁽⁴⁾ The original 2004 guidelines referred only to asylum seekers.⁽⁴⁾

2.2 Terms of reference

1. To review the current guidelines for “*Communicable disease screening for asylum seekers*” (Department of Health and Children, October 2004)
2. To update and further develop these guidelines to include the health assessment, in relation to infectious diseases, of all entrants to the Irish healthcare system

Migrant assessment should be offered if considered necessary on clinical or public health grounds. It is offered on a voluntary basis and persons should be encouraged to avail of the assessment and any recommended vaccination. Assessment may be offered in any medical setting where migrants present for healthcare.

2.3 Purpose and scope

The purpose of these guidelines is to give appropriate guidance in relation to assessment of common infectious diseases in migrants. The committee acknowledges that migrant health is a complex, multifaceted area which includes infectious and chronic diseases, mental health and socioeconomic considerations. However, the scope of these guidelines is focused primarily around infectious disease assessment. The term ‘*assessment*’ is used instead of ‘*screening*’ to avoid any confusion that these migrant consultations are formal population screening programmes that fulfil the narrow screening criteria such as those outlined by the UK National Screening Committee (NSC).⁽⁵⁾

The guidelines are intended for use as follows:

Intended Audience: Any healthcare professional involved in consultation with migrants.

Setting: Any medical setting where migrants present for healthcare, for example, primary care, specialist services for migrants, antenatal clinics, prison medical services or hospitals.

Patient Population:

In this document, the term ‘migrant’ is taken to include:

- any person who was not born in Ireland but who is currently living here temporarily or permanently
- migrant workers, people who migrated to this country voluntarily for whatever reason
- all other persons who have migrated to this country voluntarily for whatever reason, including foreign students
- international adoptees
- returned emigrants
- those who have been compelled to leave their original country of nationality or residence for whatever reason and have come to this state to seek its protection as asylum seekers or refugees
- undocumented or irregular migrants including those who are trafficked

The use of the term migrant in this document excludes those who are voluntarily in this country for a short period of time as tourists or on business.

In general, these guidelines are most applicable to migrants from countries where the prevalence of certain infectious diseases is higher than in Ireland.

Note:

Migrants may travel back and forth between Ireland and their country of origin where they may be re-exposed to certain infectious diseases.

These guidelines are not proposing a formal screening programme but offer best practice advice for infectious disease assessment in migrants. As stated above, the guidelines facilitate opportunistic assessment, and participation on the part of the migrant is on a voluntary basis. In using these guidelines consideration should be given to the individual migrant, their needs and their country of origin. The guidelines are intended to benefit both migrants and the host population. A suggested health assessment form is included in the guidelines which may be used or adapted for use by clinicians. However, it is not envisaged that these questionnaires would be collected or collated nationally.

Primary objectives of assessing the target populations:

- to identify infections requiring clinical or public health follow-up
- to identify opportunities for vaccination
- to ensure appropriate follow up and referral of cases
- to ensure contact tracing
- to prevent onward transmission and further cases by providing medical advice to cases and contacts and vaccination/prophylaxis for contacts
- to identify local outbreaks
- to inform local vaccination priorities

Outside the scope of these guidelines

The guidelines are intended to be used opportunistically across a wide range of health services. The guidelines do not advise on how migrants might access health services, nor make recommendations on the type of services that should be made available to migrants.

The guidelines provide a comprehensive assessment of infectious diseases. They do not take into account or offer guidance on other aspects of health and social needs of the migrant population in Ireland. Further information on these complex issues can be found in the HSE National Intercultural Health Strategy.⁽⁶⁾

The following infectious diseases are included in the recommended assessment programme:

- Chickenpox/Varicella zoster virus
- Hepatitis B
- Hepatitis C
- HIV
- Intestinal parasites
- Malaria
- Measles
- Polio
- Rubella
- Sexually transmitted infections (STI)
- Tuberculosis

Notifiable Infectious Diseases: All medical practitioners, including clinical directors of diagnostic laboratories, are required to notify the Medical Officer of Health (MOH)/Director of Public Health (DPH) of certain diseases. Further information is available from: <http://www.hpsc.ie/NotifiableDiseases>

A summary of recommended immunisations is also included in the document.

These guidelines are current as of January 2015. 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

2.4 Outline of the document

The content of the document is arranged as follows:

- Migrant population overview
- Assessing migrant patients
- Disease specific considerations
 - Disease and epidemiology
 - Rationale for assessment
 - Recommendations
- Assessment criteria for choosing recommendations
- Appendices

2.5 Methods

Working Group

The working group that developed the guidelines is a sub-committee of the Scientific Advisory Committee (SAC) of the Health Protection Surveillance Centre (HPSC), and included professionals with the relevant expertise and experience, and also target users of the guidelines. The members of the committee and the organisations that they represent are listed below.

Search Protocol

The basis of the guidelines was the previously published 2004 Department of Health guidelines 'Communicable Disease Screening for Asylum Seekers'.⁽⁴⁾ In developing the recommendations in these guidelines various Irish and international sources of guidance were reviewed. The Immunisation Guidelines for Ireland,⁽⁷⁾ Public Health England's Migrant Health Guide⁽⁸⁾ and Canada's Evidence-based Clinical Guidelines for Immigrants and Refugees⁽⁹⁾ were considered to be comprehensive, reliable and appropriate guidelines on which to base our recommendations. Additional information where necessary was sought from international literature and is referenced where used. In each section the rationale for assessment, testing, vaccination and other actions is outlined.

Consultation

A consultation exercise was carried out as follows: The draft document was approved by HPSC SAC and then posted on the HPSC website for general consultation from July to September 2014. A notice about this posting appeared in the HPSC monthly on-line bulletin, Epi-Insight, in August 2014. An email message linking to the document was also sent to various relevant professional groups, healthcare agencies and managers, public service departments and agencies, and non-governmental agencies, inviting feedback.

Submissions received were discussed at the final meeting of the sub-committee in October 2014 and incorporated as appropriate into the final document which was submitted to SAC in January 2015.

Migrant Health Assessment Sub-Committee

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Diane Nurse	HSE Social Inclusion
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Patrick O'Sullivan	HSE Intercultural Committee
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Aoibheann O'Malley	HPSC Secretariat

2.6 References

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- (5) National Screening Committee NHS UK. UK Screening Portal 2013 [cited 2013 Jun 12];
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