



Public Health Benefits of Screening for Infectious Diseases Among Newly Arrived Migrants to the EU/EEA.

Athens, 19-20 March 2014

The Hellenic Centre for Disease Control and Prevention (KEELPNO) in collaboration with the European Centre for Disease Prevention and Control (ECDC), under the auspices of the Greek Presidency of the EU Council 2014, have organised a workshop on the “*Public health benefits of screening for infectious diseases among newly arrived migrants to the EU/EEA*” in Athens, 19-20 March 2014. This workshop provided an opportunity for European and international public health experts (WHO, IOM, CDC-USA) and representatives of the civil society to exchange experiences on screening practices for infectious diseases that are used in the various countries, the existing data, as well as challenges and best practices.

Migration flows to and within Europe are having an increasing effect on demographic change in European societies. In 2011 there were an estimated 48.9 million foreign-born residents in the countries of the European Union (EU), amounting to 9.7% of the total population; 32.4 million were born outside the EU, with 16.5 million born in a different EU member state.

Epidemiologic surveillance shows higher percentages of Tuberculosis, HIV infection, Hepatitis B and other preventable infectious diseases, in the migrant population. However, these findings are influenced by various factors such as high incidence in the country of origin, migration hardship and socioeconomic inequalities in the hosting countries.

Some of the main points of discussion during the meeting included the following:

- Migrants are a diverse population and appropriate risk assessment for each group is needed before specific screening policies are adopted.
- More scientific data is needed to make appropriate policy decisions for migrant screening (eg prevalence in the country of origin, burden of disease). Sharing of data was advocated as well as continuous evaluation of the results and cost-effectiveness data.
- Epidemiological data and statistics on migrant health should be carefully interpreted, in order to avoid stigmatization and discrimination.
- Screening should have a comprehensive approach and not be restricted to infectious diseases only, although resources may play a critical role for its implementation.

- Screening should be to the benefit of the individual as well as to public health and should be connected to access to treatment for the particular diseases/conditions.
- Public health professionals should advocate the benefits of non-discriminatory screening and close the gap with other involved stakeholders (e.g. ministries of interior, law enforcement, border control etc).
- Current screening practices in the various EU member states vary significantly and there seems to be a lack of a systematic approach to the diseases of concern, as well as to the methodology used.
- Further discussion at the EU level on an evidence-based approach to the public health benefits of screening for infectious diseases among migrants is needed.