Volume 14
Supplement 2
September 2009

TM&IH

European Journal *Tropical Medicine & International Health*

# The Abstracts of the 6th European Congress on Tropical Medicine and International Health and 1st Mediterranean Conference on Migration and Travel Health

6–10 September 2009

Verona, Italy

Information on this journal can be accessed at http://www.blackwellpublishing.com/tmi

Typeset by SPS Limited, Chennai, India and printed in the UK by the Charlesworth Group

WILEY-BLACKWELL

(traditional medicine, private access, paternalistic approach), lack of notion of prevention and the belief that Spanish doctors are not prepared to treat tropical diseases explains why VFRs don't usually consult their GP before travelling. Strategies: to adapt progressively to food and water. Some diseases are considered as controllable without medication, as malaria (mosquito net and repellent). Latin-American migrants use to go to the doctor in their countries of origin for a check-up. Spanish paediatricians are considered as a reference for the children when searching advice for preventive measures before travelling. Reason of travelling: If it is an urgent or dramatic situation, the preventive attitude disappears. Yearning for seeing family and friends again puts worries about health risk of travel in a secondary place. Emotional pressure, lack of support network, non-acculturation and the belief of being immune are factors that can hamper preventive attitudes when travelling back home. Differences between health models can lead to a misunderstanding and mistrust against Spanish health care providers. Children are more protected and paediatrician seems to be a key point to give preventive information to families.This research has been very useful to elaborate preventive strategies aimed to VFRs.

## MCP1-02

### Improving health care for immigrant pediatric patients and families with sickle cell disease (SCD) through the design and production of a three language, image-rich educational book: "Sickle Cell Disease: information and advice for children and parents"

*R. Colombatti, M. Pierobon and L. Sainati

*Università di Padova, Clinica di Onco-Ematologia Pediatrica, Dipartimento di Pediatria, Padova, Italy*

An educational book in three languages (Italian, French, English) was developed specifically for children with SCD and their caregivers. Coloured drawings and cartoons with figures of different ethnic background were prepared to illustrate the mode of transmission of SCD, its effects on the human body and its main acute and chronic manifestations. The drawings and the text were discussed with parents and children both in meetings and during routine health care visits for six months. All 36 families participated in the meetings, felt free to ask questions in there own language (English or French). Many suggestions were made by parents or by the children themselves and their suggestions were added in the book. Instructions on temperature measurement and fever management, antibiotic prophylaxis administration and home pain management were requested by parents to be stressed in the definitive version of the book. The efficacy and usefulness of the educational book in increasing adherence to treatment and health schedules can now be prospectively evaluated in a two year time. In our setting the active involvement of culturally heterogeneous caregivers can provide a Multicultural Health Education model reproducible for other diseases as well.

## MCP1-03

### Unhealthy conditions and lack of care in detention centres for migrants Malta

*L. Schockaert and G. De Molla

*MSF, Medical Department, Brussels, Italy*

Over the last years thousands of migrants tried to reach Europe over the Mediterranean Sea. In 2008 Malta has registered 2704 new arrivals, a significant increase compared to previous years. People arriving without documents are systematically put in government detention centres. Since August 2008 MSF provided health and psychological care in three Maltese detention centres, but the continued unacceptably poor conditions led to suspension of MSF's intervention in February 2009.

METHODS Analysis of medical data collection based on 3192 consultations by MSF between August 2008 and February 2009, interviews with key informants, including patients, migrants, health and administrative staff in the detention centres; review of additional specific documentation of living conditions in these centres. For almost 60% of arrivals the country of origin was in conflict or with widespread human rights abuse – 47% came from Somalia. Numbers of new arrivals are increasing, with 7% women and children and almost 70% reporting illness problems at arrival, mainly linked to the travel. Conditions in detention centres showed overcrowding with in some cases less than 3 $m^2$ per person, very few functioning showers and toilet amenities. Shelter and nutrition were substandard. Basic care and hygiene measures for infectious diseases were insufficient or absent, this in presence of outbreaks of chicken pox, gastro-enteritis and tuberculosis. Isolation measures were applied randomly, including for non-ill persons. Deterioration of health status among detained people was documented, with 65 episodes of infectious disease among 60 people healthy at arrival. A high frequency of respiratory, skin and gastro-intestinal infections was documented. The journey and the detention have a serious impact on mental health. 21% reported to have suffered physical abuse prior to arrival and many report witnessing deaths of family members or co-travellers. The intended policy of deterring migrants to enter Malta seems ineffective in view of increasing numbers of arrivals. The overall term 'Migrants' can be misleading as the majority of people arrive from countries with major refugee streams. Some people arrive with health problems, but most get ill as a consequence of bad hygienic and nutrition conditions during detention. Some documented detention centres would even fall short of international minimal standard conditions for refugee camps in SSA. Measures to provide care and to control infectious diseases are insufficient. The report documents psychological and physical health damage from conditions of detention. Maltese authorities fail to respond to basic needs of people in detention centres and fail to bring significant change to the current health hazard.

## MCP1-04

### Ethical and public health concerns based on the retrospective analysis of referrals for diagnostic parasitology of immigrants and autochthonous population in Lampedusa island (Italy)

L. Bellina[1], M. Maugeri[1] and *E. Missoni[2,3]

[1]*Azienda Sanitaria Locale 6, Regione Sicilia, Presidio di Lampedusa, Laboratorio Clinico, Palermo, Italy;* [2]*Bocconi University, Center for Research on Health and Social Health Care Management (CERGAS), Milano, Italy;* [3]*Osservatorio Italiano sulla Salute Globale, Bologna, Italy*

Based on the cases referred to the Pathology Laboratory, the paper explores the incidence of parasitic diseases in the immigrant and autochthonous population of the Italian Island of Lampedusa, and examines possible ethical and public health concerns related to the results. The study retrospectively reviewed the parasitological diagnosis made on blood, urine and stool samples of all cases referred to the sole clinical laboratory of Lampedusa Island, during the period from January 2008 to May 2009. Separate statistics were built for indigenous and immigrant population. Over a total of about 7000 regular residents of Lampedusa Island, 3.928 persons were referred to the laboratory for diagnostic parasitology during the observation period. Out of these, 3600 blood smears, 3700 urine sediments and 111 stool samples were examined with following results. In five cases infection with Giardia lamblia was diagnosed, and in 45 cases Ascaris lumbricoides eggs and 29 cases of other helmints were found in stool samples. No parasitological findings were reported from the observation of blood smears or urine sediment. In contrast, over the total declared number of 40.140



© 2009 The Authors
Journal Compilation © 2009 Blackwell Publishing Ltd, 

immigrants disembarked on Lampedusa (35.540 in 2008 and 4.600 to may 2009) and hosted in the temporary camps over the observed period, only 18 were referred to the laboratory for further diagnostic investigation. Out of these, one case of falciparum malaria was diagnosed through blood examinations, one case of *Schistosoma haematobium* was found in urine, while stool examinations resulted in one case of *Entamoeba hystolitica*, 3 of *Giardia lamblia* and a constant presence of a variety of helminthic infections. The disproportion between cases referred from the indigenous population and those belonging to the immigrant population highlights the scarce attention given to the latter. The high proportion of confirmed cases of parasitic infection shows the relevance of these diseases among the immigrant population and elicits concerns about the potential risk of the emergence or the increased incidence of communicable diseases in the island (especially for those with an oral-faecal route of transmission). Concerns are raised both from an obvious public health perspective, and from an ethical point of view, i.e. in relation with the right to health of immigrant population whose access to care is limited, with a call for more attentive screening and health care provision to immigrant population, which current immigration policies and official attitude do not favor.

## Research needs in migrants' health

### MCP2-01

**Differences in the frequency of primary care medical visits between immigrants and Spanish nationals**

*L. A. Gimeno Feliu[1,2], M. Lasheras[1,2], A. Eva[3], I. Dolsac[3], L. Luzón[3] and M. Magallón-Botaya[2]
[1]*Aragon Health Service, Health Center San Pablo, Zaragoza, Spain;* [2]*Aragon Health Sciences Institute, Zaragoza (Spain), Spain;* [3]*Hospital "12 de octubre", Unit of Research, Madrid, Spain*

To analyse the frequency of primary care medical visits of immigrants with regard to the nationals in a publicly funded universal health system, we conducted a retrospective descriptive study of number of visits. We analysed all numbers of appointments from 20 primary care centres for 2007 to family physicians based on data obtained from electronic medical records. The number of visits was adjusted by sex and age using the reference population from the health card data base. Direct standardization was performed to avoid differences caused by population distribution bias. The total number of visits to family physicians per year was considered the main variable. We analysed 2 553 763 appointments from a reference population of 1 018 160 people. The average number of visits to primary care centres was lower in the case of the immigrant population (adjusted value 1.5) than in the Spanish group (adjusted value), a relation that was maintained for all age and gender groups. All differences were statistically significant ($P < 0.05$). Despite public opinion to the contrary, immigrants make less use of public health services. This may be due to better health, better use of the health system or other factors such as the difficulty of access and legal status.

### MCP2-02

**A social health model supporting undocumented immigrants in Italy**

T. Lacovazzi, R. Ravinetto, L. De Fillippi, M. Saboriara, A. Oriti, F. Faraglia, C. Lodesani and K. Moschochoritis
*Médecins sans Frontieres, Rome, Italy*

In 2008, 5.8% of Italian residents were foreigners. According to a Report of the Ministry of Interior, in July 2007 some 750.000 undocumented migrants were present in Italy, most in Southern areas. Current legislation (June 2009) gives undocumented migrants the right to access to healthcare, without being reported to the immigration authorities and subject to the issuance of an identification code called STP (immigrants temporarily present) by the national health system. The implementation of this legislation (which at the time of writing is at stake because of a pending law proposal on Public Security) has met enormous difficulties, due to the lack of knowledge by the beneficiaries and/or the providers themselves, lack of outreach activities and cultural mediation, and ambiguity of the legal text. Since 2003, MSF has been operating in Southern Italy, alongside the public health services, with the objective of building appropriate skills and tools to meet the health needs of the migrants. MSF has set up a model based on six levels:

(1) Health care to undocumented immigrants: based on an outpatient system located within the structures of Local Health System and interacting with the secondary level (specialists and hospital). Successful examples of the model are the integrated management of pregnancy and the assistance for psychiatric disorders.

(2) Outreach: proactive outreach to bring the information on available health care to the beneficiaries, carried out by cultural mediators and social workers, has proven to be a key-factor to maximize access to healthcare.

(3) Linguistic-cultural mediation: the use of qualified persons belonging to the same linguistic and cultural areas of origin of the beneficiaries, has proven to be a key-factor to build trust and maximize access.

(4) Training on legal, socio/cultural and healthcare aspects, targeting staff of National Health System.

(5) Legal advice on specific cases, with the broader aim of providing standardized information to beneficiaries about their rights.

(6) Advocacy aimed at fostering social change at national and regional level.

The above findings show that it is possible to improve the access to healthcare for undocumented migrants, provided that there is a strong commitment of policy-makers and health system. Lack of commitment, or the introduction of discouraging measures (for instance, the risk of being reported to migration authorities) put at stake the individual health and creates unnecessary health risks for the community.

### MCP2-03

**Intercultural mediation as solution to linguistic and cultural conflicts between health personnel and migrant patients and a way to social integration**

*A. Guionnet[1,2], L. Estévez[1], B. Navaza[1], M. Navarro[1], L. C. Martínez[3] and R. López-Vélez[1]
[1]*Hospital Ramón y Cajal, Infectious Diseases Department, Madrid, Spain;* [2]*Hospital Ramón y Cajal, Tropical Medicine, Madrid, Spain;* [3]*Hospital Ramón y Cajal, Patiente and Advice Liaison Service, Madrid, Spain*

In the past 10 years, Spain became an attractive place for migrants and the number of residents from other cultures grew up significantly. Many immigrants do not speak Spanish, which causes communication problems between health care professionals and patients. Thus a multidisciplinary at our hospital recruited 18 men and women from different cultures to provide language interpretation and management of culture conflicts in social and health fields. The mediators received 100 hours of medical, interpretation and mediation training and 125 hours of practical training registering interventions (SPSS statistic program). The mediators also passed an Acculturation Scale test ($BISS^2$) before and after the practices (Scores 1 = no stress/4 = manifest stress), $n = 11$. Statistic analysis: Wilcoxon test for paired samples. During two months and a half of practical training, the students intervened 157 times. Languages most often used were English

© 2009 The Authors
Journal Compilation © 2009 Blackwell Publishing Ltd, 