



Talking About Migrants

Introduction



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Introduction



Considering the migrant population, the level of access to healthcare provided differs between EU Member States. The EU law does not regulate access to healthcare for migrants in an irregular situation if they do not fall under the specific categories, such as: **applicants for international protection**, referred to as asylum applicants; **persons granted international protection**, namely refugees and subsidiary protection status holders; **people intercepted or apprehended at the border**, including those rescued at sea; **people intercepted or apprehended at the border**, including those rescued at sea; **people in return procedures** (ECDC, 2018:4-7).



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Immunization is a cost-effective and life-saving intervention which prevents needless suffering through sickness, disability and death. Immunization benefits all people, not only by improving health and life expectancy, but also reducing economic and social costs both locally and globally. At a global level, joint strategies to reduce diseases preventable by vaccines not only help saving lives, also improving global health and security (WHO, 2005).

Vaccination routinely began in the 70s. Nowadays, worldwide vaccination coverage ranges between 50 % and 90 %, and in many countries not all the vaccines are administered because are not part of the immunization programmes, such as mumps and rubella vaccine. It is important to screen the adult migrants, because due to the low coverage in many countries of origin, many may be susceptible to preventable diseases with vaccination (*Pottie K. et al., 2011*). Migrants adolescents and children are more likely than their parents to have received vaccines that are part of the World Health Organization Extended Programme on Immunization (measles, diphtheria, pertussis, tetanus, polio, bacille Cal-mette-Guérin), but many may not have received all the vaccines, such as mumps, rubella, varicella, Hemophilus influenza, Streptococcus pneumoniae (*Nglazi MD, 2013*).



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Some of the main factors that may increase the vulnerability of migrants to infectious diseases are: country of origin, prevalence in infectious diseases, weak health systems in countries of origin, low immunization coverage, dangerous migratory journeys and by different countries, which increase the risk of infectious diseases (TB, HIV, hepatitis B and C), living conditions in host countries (such as overcrowding in reception centers), social, economic and legal barriers that limit access services, discrimination, unemployment. As well as, cultural barriers, such as language, religion, beliefs about health, lack of access to medical care... Hence the importance on the part of the host countries not to violate the needs of the migrant population and prevent the transmission of diseases (ECDC, 2018).



Introduction



The WHO, UNHCR and UNICEF published at the end of 2015 a joint statement on general principles on vaccination of refugees, asylum-seekers and migrants in the WHO European Region. It was calling for all countries to review existing immunity gaps in areas and groups with low coverage through services of immunization, extending communication and social mobilization. There are many residents and people moving among the European Region susceptible of immunization but are not vaccinated due to misconceptions about vaccines, low awareness of vaccines benefits and religious or philosophical beliefs. Besides, many are not vaccinated because the lack of health insurance does not allow access to health services. The statement also made a call to the countries to fulfill their responsibility to attain the goals of global polio eradication and regional measles and rubella elimination.

For more on this, see:

<https://www.unhcr.org/5b27be547.pdf>

Joint Statement on general principles on vaccination of refugees, asylum-seekers and migrants in the WHO European Region November 2015: <https://data2.unhcr.org/en/documents/details/46488>



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