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Special Collection: Health of refugees and asylum seekers in Europe

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Worldwide, the total number of forcibly displaced people is currently 59.5 million, according to UNHCR, the UN Refugee Agency. Europe is facing one of the biggest displacement crises, since the increase in displaced people travelling to the European Union from Western and South Asia, Africa, and the Western Balkans in 2015. While some migrants manage to overcome geographic limitations, they often face significant difficulties to get appropriate social and health services, and their needs tend to differ from those of local populations.

The aim of this Special Collection is to provide guidance to people attending refugees and asylum seekers, and to help the development of community programmes and policies. The collection focuses on the conditions most relevant to the context of transit or the patient population involved: common mental health disorders (including post-traumatic stress disorder and depression), skin infections (including scabies, cellulitis, and impetigo), sexual and physical violence, vaccines-preventable diseases, and tuberculosis.

This Special Collection was developed in collaboration with Evidence Aid, Leo Ho (Médecins Sans Frontières), and Kevin Pottie (University of Ottawa, Canada).

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Vaccine-preventable diseases

Displaced people are at increased risk of many vaccine-preventable diseases. This is especially the case for young children, who may not have been vaccinated in their country of origin due to cessation of vaccination programmes or poor access to vaccination centres.

- Vaccines for measles, mumps and rubella in children
- Acellular vaccines for preventing whooping cough in children
- Booster dose vaccination for preventing hepatitis B
- Vaccines for women for preventing neonatal tetanus
- Post-exposure passive immunisation for preventing measles
- Vaccines for post-exposure prophylaxis against varicella (chickenpox) in children and adults
- Post-exposure passive immunisation for preventing rubella and congenital rubella syndrome

Violence

Refugees and asylum seekers, particularly women, are at high risk for domestic physical and sexual violence but also at risk for non-domestic violence due to the large conglomeration of those forcibly displaced in transit routes where men greatly outnumber women. However, due to their situation they may face a more difficult time escaping abuse.

- Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse
- Screening women for intimate partner violence in healthcare settings
- Pharmacological interventions for those who have sexually offended or are at risk of offending
- Psychoanalytic/psychodynamic psychotherapy for children and adolescents who have been sexually abused
- Cognitive-behavioural interventions for children who have been sexually abused

Skin infections

Skin infections are common among those forcibly displaced, as they have to endure inadequate shelter and sanitation while travelling or waiting for asylum.

- Interventions for impetigo
- Interventions for cellulitis and erysipelas



- Interventions for treating scabies
- Interventions for preventing the spread of infestation in close contacts of people with scabies

Post-traumatic stress disorder and depression

Those forcibly displaced have often been exposed to traumatic events as part of the reason to seek refuge or as part of their journey. These events, which include armed conflict, violence, persecution, and extreme poverty, can contribute to the onset of depression and post-traumatic stress disorder (PTSD).

- Newer generation antidepressants for depressive disorders in children and adolescents
- Amitriptyline versus placebo for major depressive disorder
- Pharmacological interventions for preventing PTSD
- Psychological therapies for chronic PTSD in adults
- Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents
- Mirtazapine versus other antidepressive agents for depression
- Paroxetine versus other anti-depressive agents for depression
- Fluoxetine versus other types of pharmacotherapy for depression
- Citalopram versus other anti-depressive agents for depression
- Sertraline versus other antidepressive agents for depression
- Tricyclic drugs for depression in children and adolescents
- Fluvoxamine versus other anti-depressive agents for depression

Tuberculosis

Refugees and asylum seekers are at higher risk of getting infected or developing tuberculosis, depending on the tuberculosis incidence in their country of origin, possible contacts with an infectious case, and poor access to health services. Early diagnosis and effective treatment should be provided by the countries receiving these people.

- Treatment of latent tuberculosis infection in HIV infected persons
- Fluoroquinolones for treating tuberculosis (presumed drug-sensitive)
- Adjunctive steroid therapy for managing pulmonary tuberculosis
- Directly observed therapy for treating tuberculosis
- Active case finding in contacts of people with tuberculosis



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