

Follow-up of the very young patients at the migrants' clinic

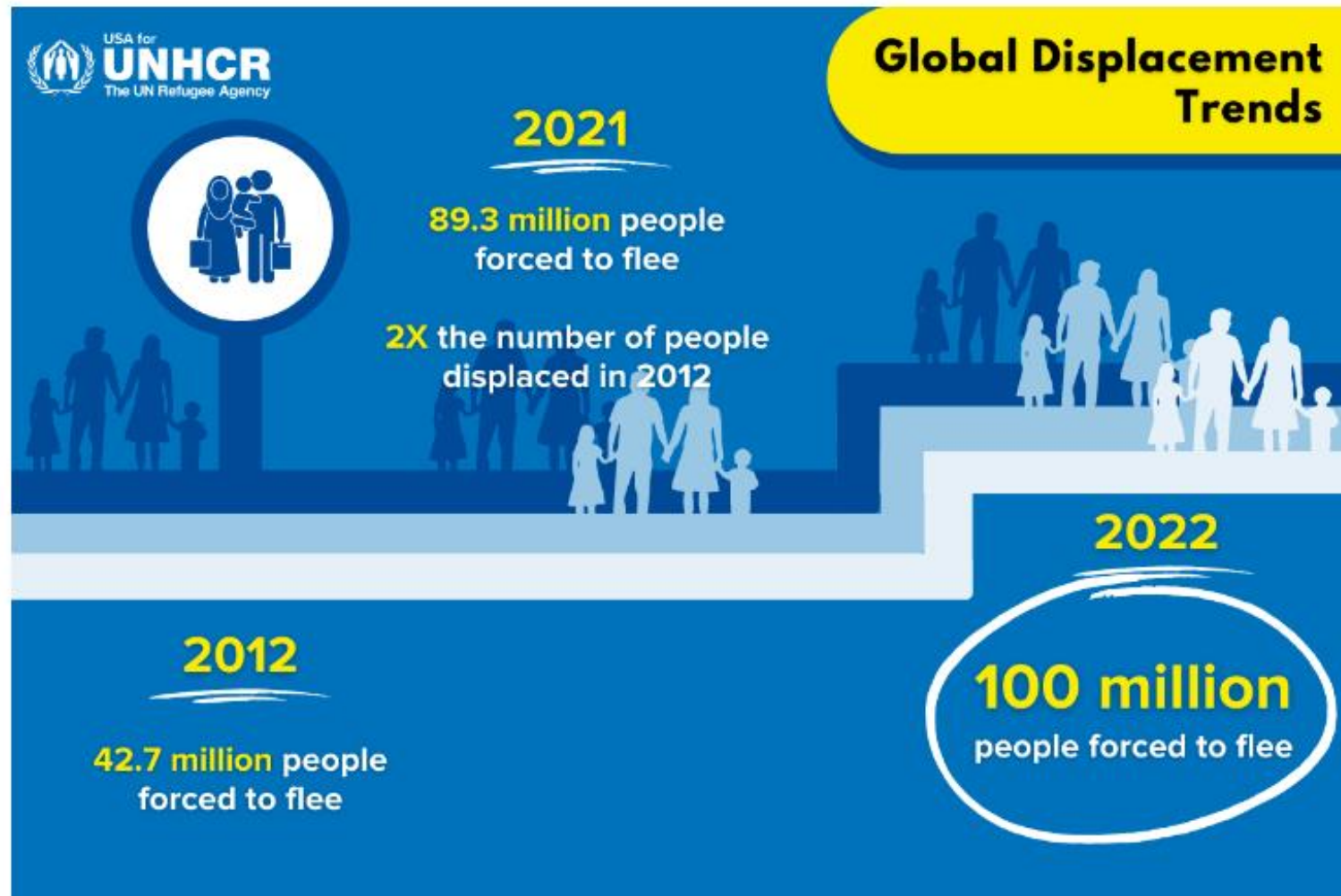


14th May 2024

Noémie Wagner

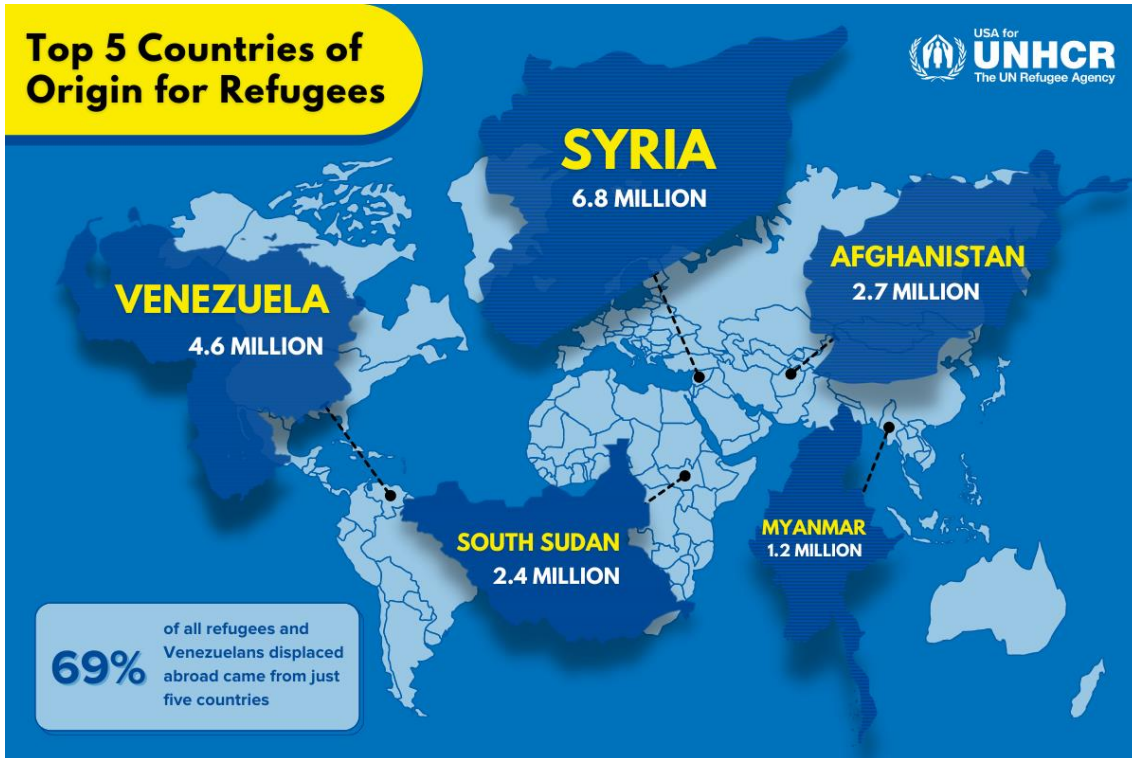
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Global forced displacement around the world



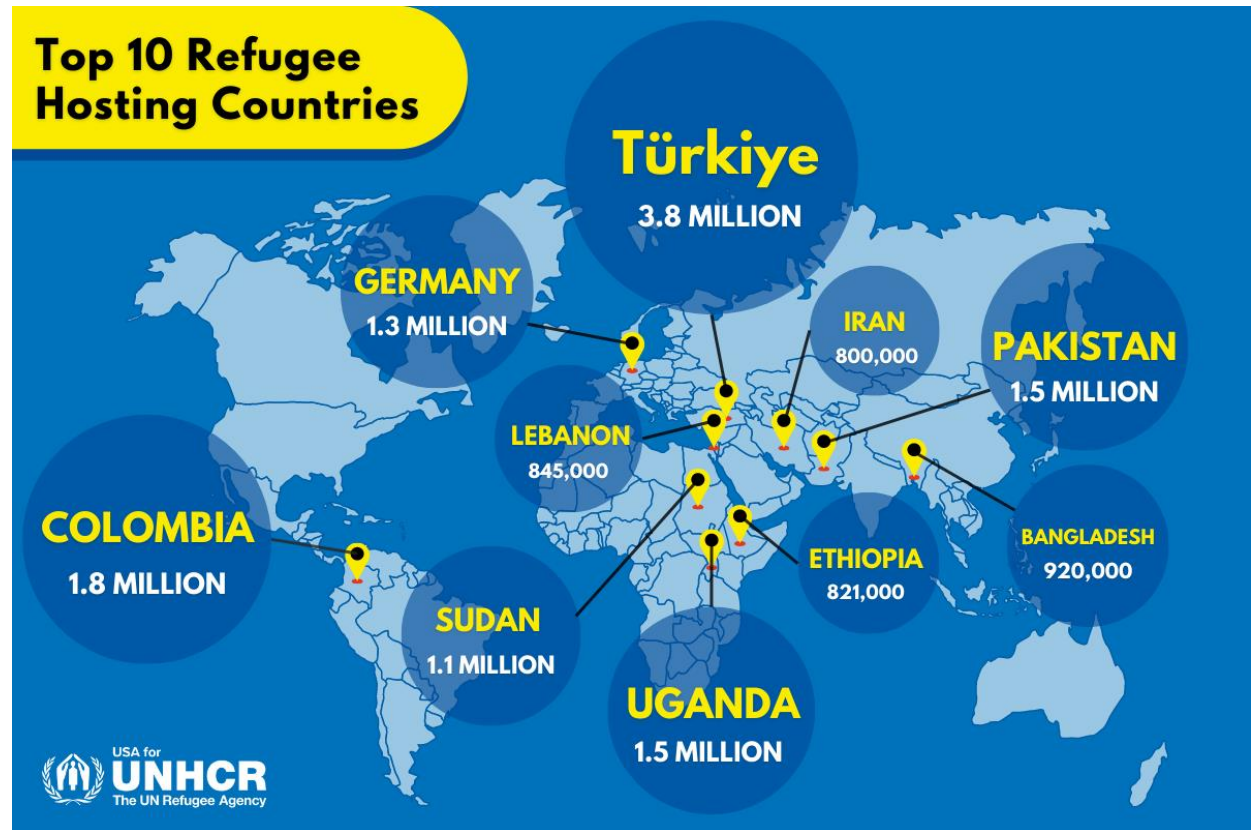
<https://www.unrefugees.org/news/five-takeaways-from-the-2021-unhcr-global-trends-report/>

Refugees' origins and host countries



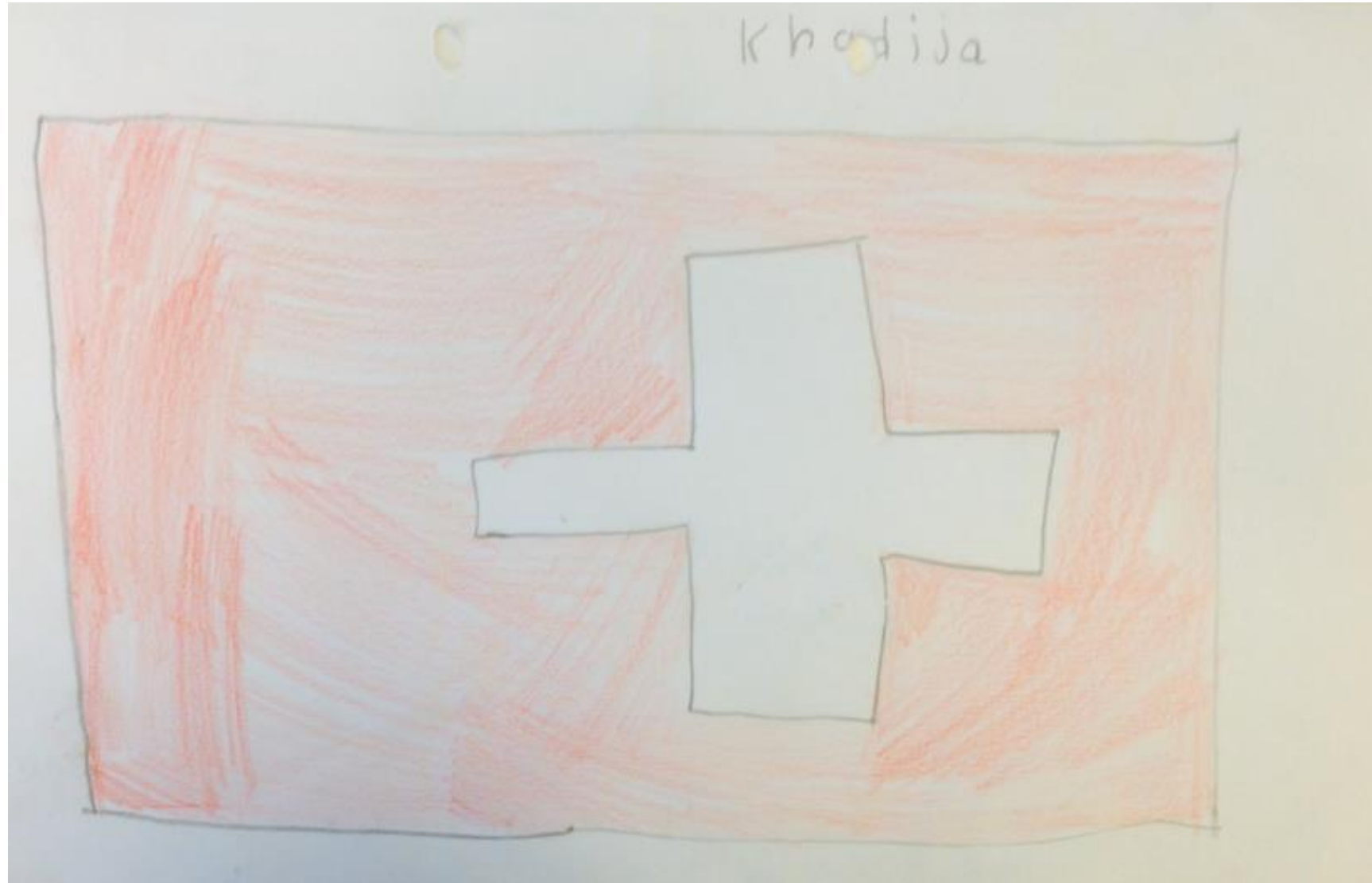
More than two-thirds of all refugees originate from just five countries

The large majority of refugees are hosted by low- and middle-income countries



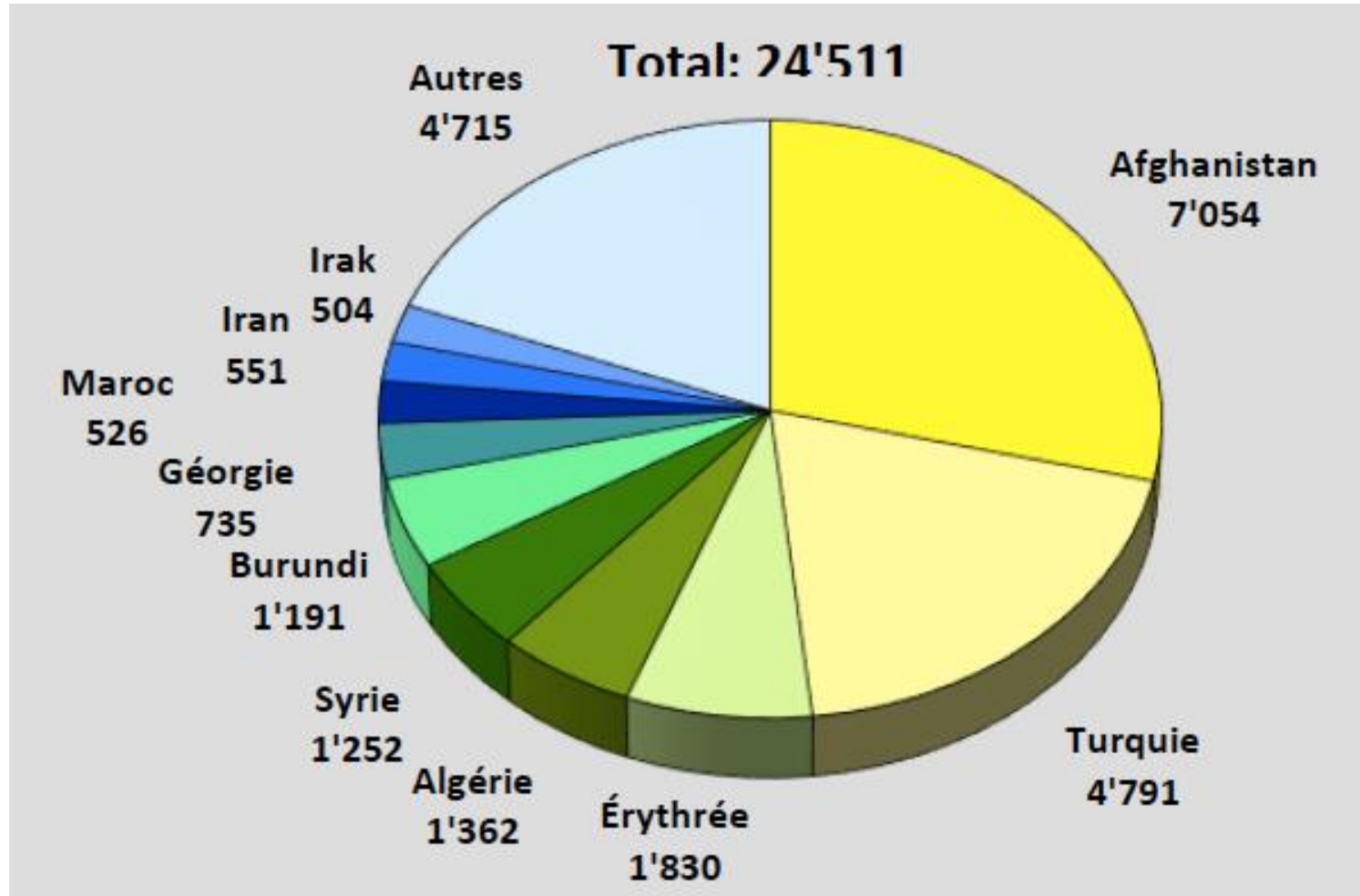
<https://www.unrefugees.org/news/five-takeaways-from-the-2021-unhcr-global-trends-report/>

Asylum seekers and refugees in Switzerland

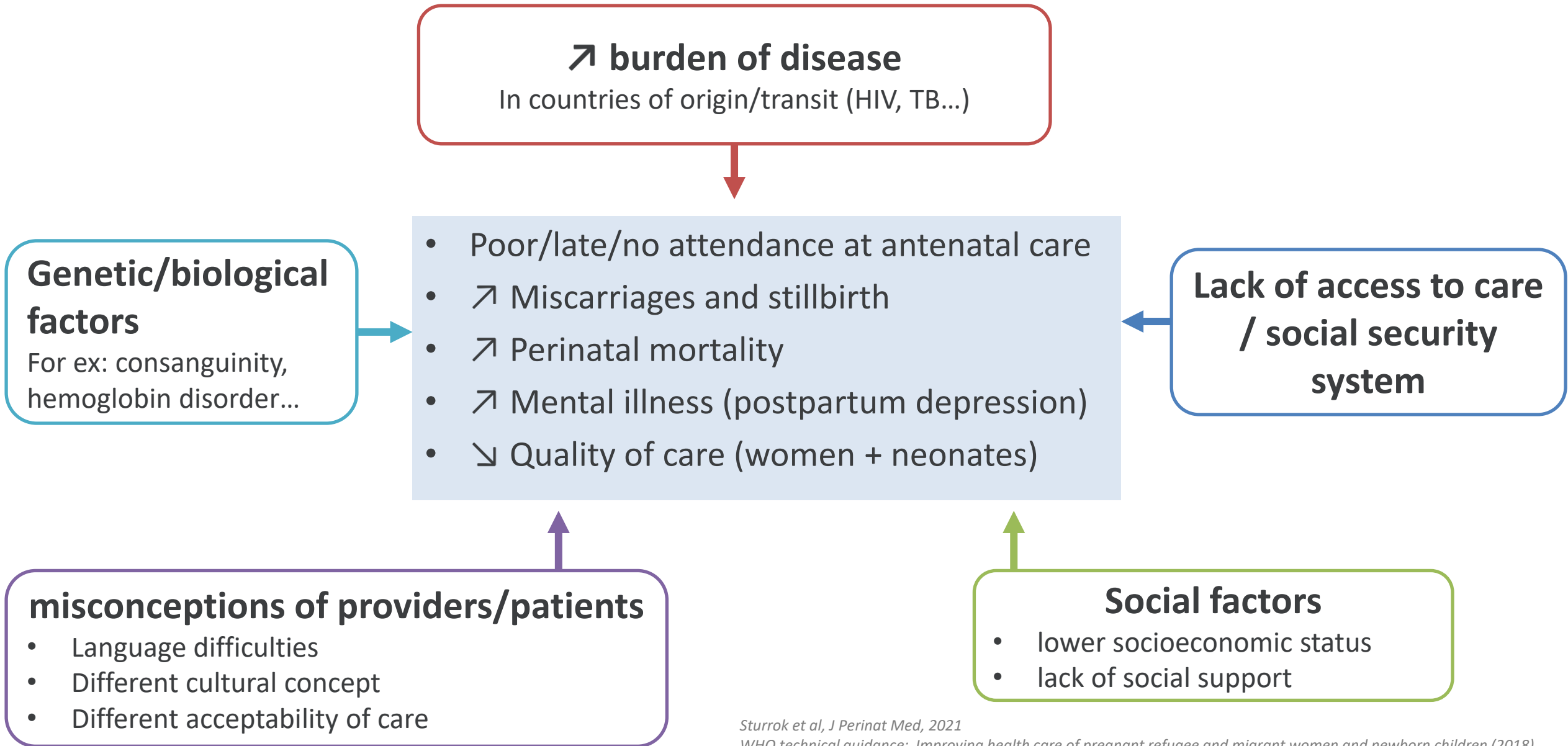


Asylum in Switzerland

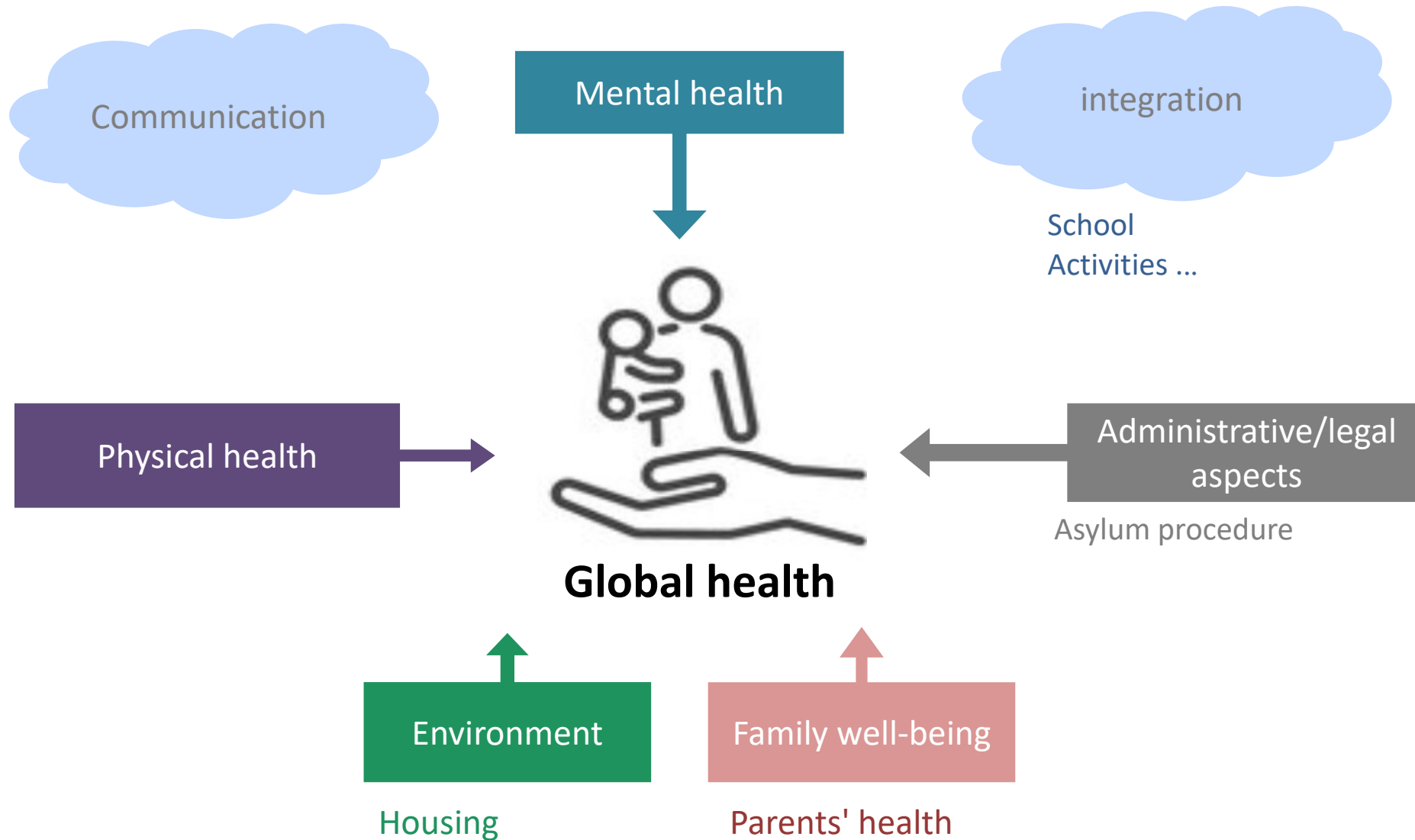
Countries of origin of asylum seekers



Maternal and newborn health of refugees



Migrant children's health



Migrant children's health

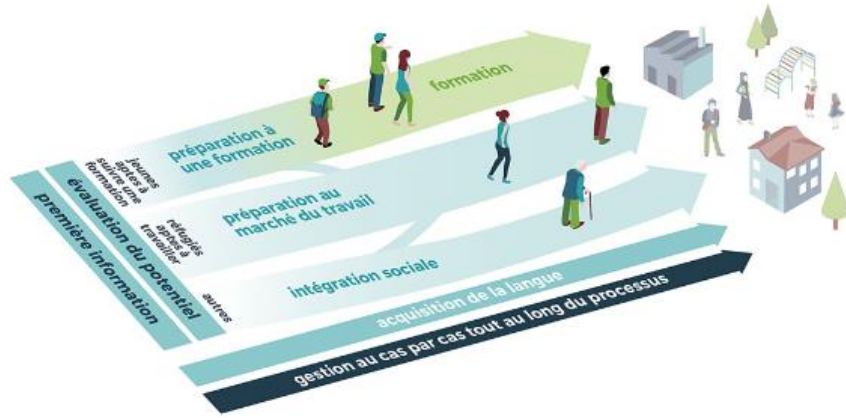
integration

School
Activities . 🇮🇳



Global health

Agenda Integration Switzerland



- all persons who have obtained a **B or F permit from 01.05.2019**.
- Allocation of approximately 18,000 chf/pers.
 - Nursery financing
 - Same-language teacher at school
- For Geneva: coordinated by the foreigners' integration office

Un investissement profitable - cinq objectifs en matière d'efficacité

100%

Tous les réfugiés reconnus et toutes les personnes admises à titre provisoire disposent de **connaissances de base d'une langue nationale** trois ans après leur arrivée.

80%

80% des enfants réfugiés arrivés en Suisse avant l'âge de quatre ans sont en mesure de **se faire comprendre dans la langue parlée à leur lieu de domicile** au moment de commencer l'école obligatoire.

66%

Cinq ans après leur arrivée, **deux tiers** des réfugiés et des personnes admises à titre provisoire âgés de 16 à 25 ans suivent une **formation professionnelle initiale**.

50%

Sept ans après leur arrivée, **la moitié** des réfugiés et des personnes admises à titre provisoire sont durablement intégrés **dans le marché du travail**.

100%

Après quelques années, **tous** les réfugiés et toutes les personnes admises à titre provisoire sont **familiarisés avec les habitudes suisses** et entretiennent des contacts avec la population locale.

L'efficacité des mesures figurant dans l'Agenda Intégration est régulièrement contrôlée.

Migrant children's health



Screening
Prevention
Follow-up



Global health

Physical health: some specific features in refugees health

Maternal and newborn health

- Higher prevalence (depending on origin) of some potential vertically transmitted infectious diseases
 - Hepatitis B
 - HIV
 - Chagas disease
 - Tuberculosis
 - Syphilis (...)
- Higher prevalence (according to origin) of hemoglobin disorders

Children health

- Immunization catch up
- screening for parasitosis

Guidance for testing and preventing infections and updating immunisations in asymptomatic refugee children and adolescents in Switzerland

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on behalf of the Paediatric Infectious Disease Group in Switzerland

Swiss guidance

Review article: Medical guidelines | Published 31 May 2022 | doi:10.4414/SMW.2022.w30200
Cite this as: Swiss Med Wkly. 2022;152:w30200

Paediatric refugees from Ukraine: guidance for health care providers

Fabienne N. Jaeger^{abcd}, Christoph Berger^{ef}, Michael Buettcher^{egh}, Sarah Depallens^{ai}, Ulrich Heininger^{ej}, Yvon Heller^a, Malte Kohns Vasconcelos^{ej}, Bodil Leforestier^{ak}, Nicole Pellaud^a, Christa Relly^{ef}, Johannes Trück^{ef}, Saskia von Overbeck Ottino^l, Noémie Wagner^{am}, Nicole Ritz^{egno}, On behalf of the Migrant Health Reference Group of Paediatrics Switzerland and Paediatric Infectious Disease Group in Switzerland (PIGS)

Health booklet Switzerland

Autres consultations **4**

Consultation pour enfant/jeune nouvellement arrivé en Suisse

Références pour le médecin

Formulaires Anamnèse en 20 langues www.setzer-verlag.com
Service d'interprétariat par téléphone 0842 442 442
Recommandations pédiatrie suisse: www.paediatricschweiz.ch/fr/documents

	Date	Lieu
Pays d'origine		
Date d'arrivée en Suisse		
Langue parlée/comprise		
Besoin d'interprète	<input type="checkbox"/> oui <input type="checkbox"/> non	
Accompagné de	<input type="checkbox"/> parents <input type="checkbox"/> fratrie: nombre/âges <input type="checkbox"/> autre <input type="checkbox"/> non accompagné	
Pays et lieux traversés (camp de réfugiés)		
Lieu de séjour précédent		
Lieu de séjour actuel		
Infirmière/médecin de référence		
Assistant social de référence		
Grossesse, naissance	<input type="checkbox"/> normal <input type="checkbox"/> sinon préciser	PN
Vaccinations objectivables, carnet de vaccination	<input type="checkbox"/> à jour <input type="checkbox"/> à compléter	
Immunité varicelle (maladie ou vacciné)	<input type="checkbox"/>	
Scolarité effectuée	durée	lieu
Antécédents médicaux particuliers		
Antécédents familiaux particuliers		

Poids	Taille	BMI	PC	Tanner
Vision		<input type="checkbox"/> normal <input type="checkbox"/> à contrôler		
Audition		<input type="checkbox"/> normal <input type="checkbox"/> à contrôler		
Examen physique		<input type="checkbox"/> normal <input type="checkbox"/> à contrôler/préciser		
Cicatrices		<input type="checkbox"/> BCG <input type="checkbox"/> autre/préciser		
Développement		<input type="checkbox"/> normal <input type="checkbox"/> à contrôler/préciser		
Dentition		<input type="checkbox"/> normal <input type="checkbox"/> à contrôler		
Besoins particuliers				
Laboratoire et autres examens effectués				

Conclusions et propositions

Date, timbre et signature

Consultations suivantes voir page 27 (consultations spécialisées)

Informations en plusieurs langues pour les parents:

› www.paediatricschweiz.ch/fr/parents

Check list

Checklist for migrant children and adolescents new to Switzerland Updated May 2022

This checklist by the reference group on migrant health, paediatrics switzerland, is a rough guide needing adaptation to individual needs according to the patients' and families' situation, as not all items may apply to all patients. None of the suggestions are binding. We recommend distributing it over different consultations with a focus on building good trust relations in the beginning; ⁽¹⁾ suggested for first, ⁽²⁾ potentially delayed to follow-up consultation(s). AS/R stands for Asylum-seeker/Refugee.

Depending on needs children are often seen again after a few days (in case of Mantoux or to discuss results) (V1 b) at 1 Month (V2), 2 Month (V3) and 6 Month (V4) depending on needs.

Country of Origin: _____

Cause for migration: _____

Transfer: direct, via: _____

Duration of travel if not direct: _____

Date of first arrival in Switzerland: _____

Stay in Federal Asylum Center: no; yes, currently; yes, previously

If yes: place _____

If yes: Medical file from previous medical visits in federal asylum center: no yes


Current permit: _____

Languages and proficiency: no interpreter needed, preferable, necessary

Language for Interpreter if needed: _____

Potential Social Worker/ Mentor/ Volunteer contact: _____

Lodging (condition, nr of rooms...): _____


 Screening Questionnaire for Children and Adolescents Having Arrived from Ukraine
 Скринінг-анкета для дітей та підлітків, які прибули з України
 Скрининг-анкета для детей и подростков, прибывших из Украины

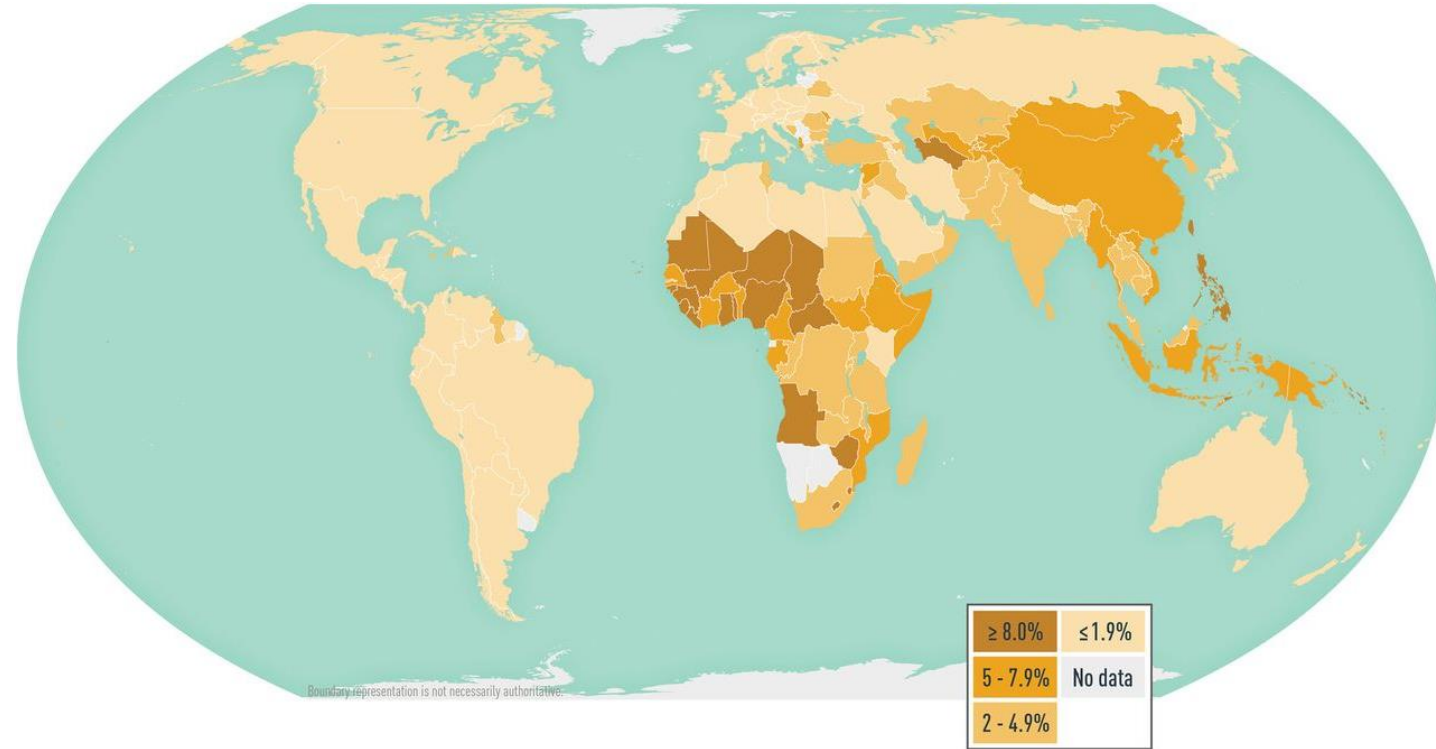
CHILD / ДИТИНА / РЕБЕНОК		MOTHER / МАТИН / МАТЬ	
First name / Ім'я: / Имя: _____		First name / Ім'я: / Имя: _____	
Last name / Прізвище / Фамилия: _____		Last name / Прізвище / Фамилия: _____	
Birthday / Дата народження / Дата рождения: _____		Phone / Телефон: _____ eMail: _____	
Address / Адреса / Адрес _____			
Street & No. / Вул. і номер / Ул. и номер: _____		ZIP & City / Індекс та місто / Индекс и город _____	
Date of screening / Дата скринінгу / Дата скрининга: _____		Ins.-No.: _____	

Screening	Скринінг	Скрининг	Yes Та / Да	No Ні / Нет
Our aim is to provide your child with the same chances as children who were born in Switzerland. We offer screening for different diseases that are more frequent in Ukraine than in Switzerland and which you and your children may have been exposed to due to the circumstances of war and flight. Early detection may help prevent harm for you/your child but also helps prevent spread. Costs for screening (blood sample taken) and treatment are covered by health insurance. Please, fill in this form. A professional, confidential attitude is guaranteed. In case of questions, please, do not hesitate to ask.	Наша мета – надати вашій дитині такі самі шанси, як і дітям, які народилися у Швейцарії. Ми пропонуємо обстеження на різні захворювання, які в Україні зустрічаються частіше, ніж у Швейцарії, і яким Ви і Ваші діти могли зазнати у зв'язку з обставинами війни та втечі. Раннє виявлення може допомогти запобігти шкоди для Вас / Вашої дитини, але також допомагає запобігти поширенню. Витрати на скринінг (взяття зразка крові) та лікування покриваються медичною страховкою. Заповніть цей бланк. Професійне, конфіденційне ставлення гарантоване. У разі виникнення питань, будь ласка, не соромтеся запитувати	Наша цель – предоставить Вашему ребенку такие же шансы, как и детям, родившимся в Швейцарии. Мы предлагаем обследование на различные заболевания, которые в Украине встречаются чаще, чем в Швейцарии, и которым Вы и Ваши дети могли подвергнуться в связи с обстоятельствами войны и бегства. Раннее обнаружение может помочь предотвратить вред для Вас/Вашего ребенка, а также помогает предотвратить распространение. Расходы на скрининг (взятие образца крови) и лечение покрываются медицинской страховкой. Пожалуйста, заполните этот бланк. Профессиональное, конфиденциальное отношение гарантировано. В случае возникновения вопросов, пожалуйста, не стесняйтесь спрашивать.		



Hepatitis B

Worldwide prevalence of hepatitis B virus infection





















- 350 million people are chronically infected around the world
- 621 000 deaths per year

- Risk of developing chronic hepatitis B depends on age at the time of infection:
 - Newborns: 90 %
 - < 5 y o: 20-50%
 - > 5 y o and adults: 1-10%

Immunization and Hepatitis B immunoglobulins (HBIV) to newborns easily prevent maternal transmission

=> systematic maternal screening

Hepatitis B vaccine schedule for neonates

Mother situation	Mother serologies	Birth (<12h)	M1	M2	M4	M6	M12	M13
Hepatitis B infection	<i>AgHBs +</i> <i>Anti-HBs –</i> <i>Anti-HBc +</i>	  mono	 mono	 hexa	 hexa		 hexa	Sero
Isolated anti-HBc pattern	<i>AgHBs –</i> <i>Anti-HBs –</i> <i>Anti-HBc +</i>	-	-	 hexa	 hexa	 *	 hexa	-
Cured hepatitis B	<i>AgHBs –</i> <i>AntiHBs +</i> <i>Anti-HBc +</i>	-	-	 hexa	 hexa	 *	 hexa	-
Hepatitis B negative/ vaccinated	<i>AgHBs –</i> <i>AntiHBs +/-</i> <i>Anti-HBc -</i>	-	-	 hexa	 hexa	 *	 hexa	-



Hepatitis B vaccine



Hepatitis B immunoglobulins (HBIG)

Mono= Monovalent (for example: Engerix B10)

Hexa = hexavalent (for example: Infanrix hexa)

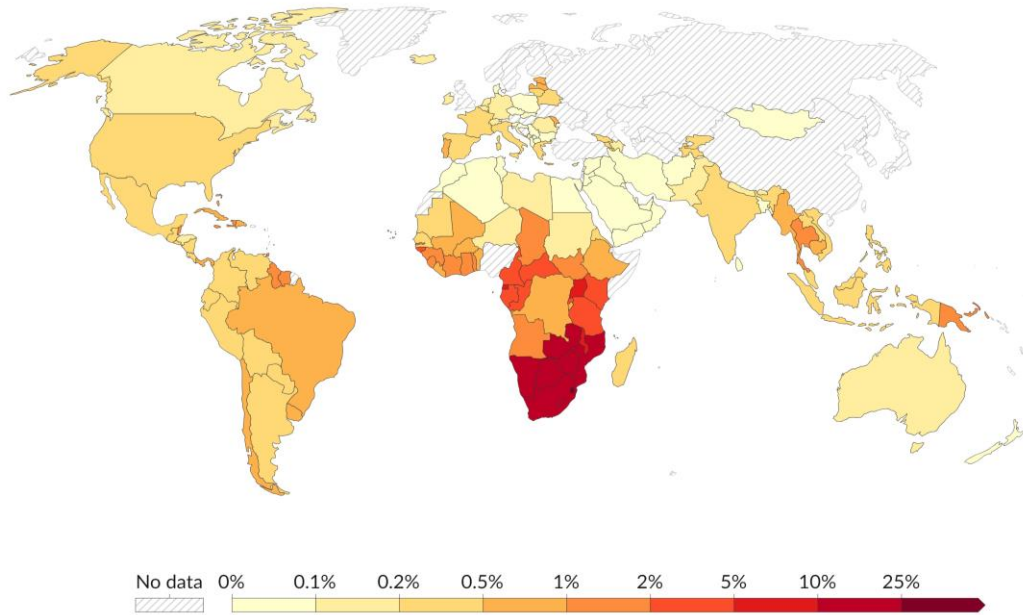
Sero = HBV serology (Ab anti-HBs)

* Only for premature babies (< 32 0/7)

HIV

HIV prevalence, 2022

The share of the population aged 15–49 years old with HIV¹.



Data source: UNAIDS (2023)

OurWorldInData.org/hiv-

Risk of vertical transmission

- ▶ Without maternal treatment (30-35%)
 - 10% late pregnancy
 - 15%: delivery
 - 10%: breastfeeding
- ▶ With antiretroviral treatment (< 1%)
 - If viral load undetectable during pregnancy + childbirth + breastfeeding

Recommendations for HIV screening

- For all pregnant women (1st trimester)
- Screening in the 3rd trimester for women from high endemic area ?

Swiss recommendation to prevent MTCT

Prevention measures	Optimal Scenario	Suboptimal Scenario
cART during pregnancy	highly recommended for all HIV-infected individuals	
Mode of delivery	vaginal birth (If no obstetrical contraindications)	caesarean section if possible prior to ROM
nPEP	none	neonatal cART
breastfeeding	shared decision-making	contraindicated

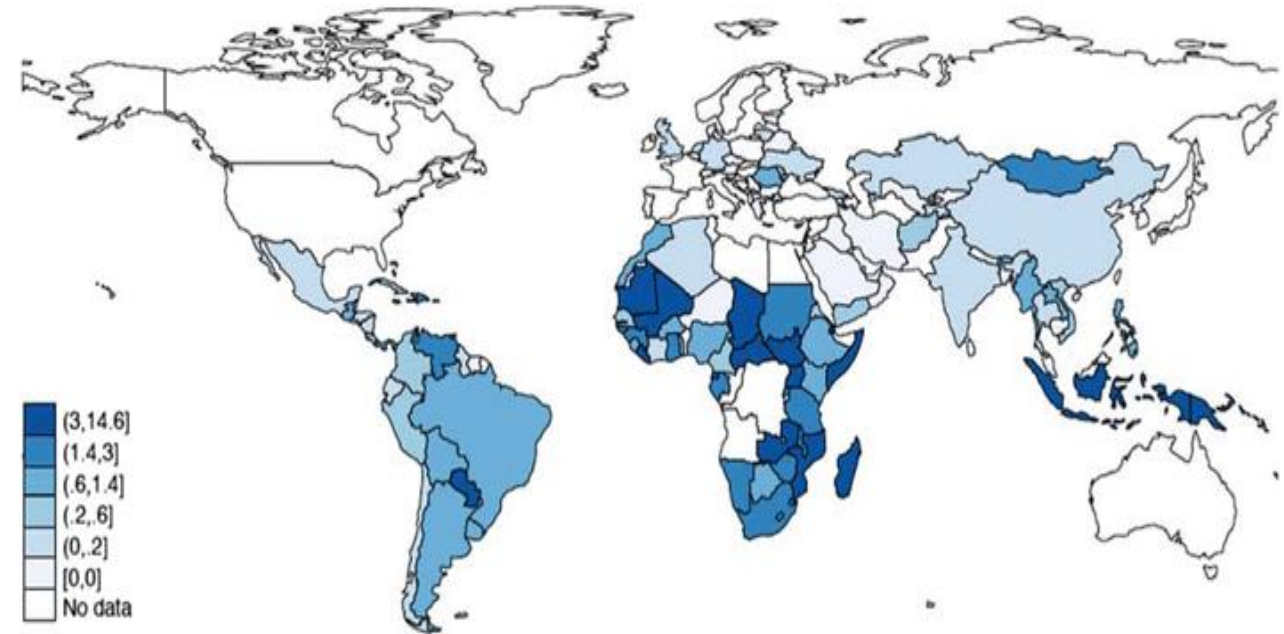
Optimal scenario

- *regular follow-up of treatment during pregnancy*
- *HIV pVL is < 50 copies/ml ideally throughout pregnancy, but at least at the last two consecutive measurements before birth*

MTCT = Mother to child HIV transmission
 pVL = maternal HIV plasma viral load
 cART = combined antiretroviral treatment
 nPEP = neonatal post-exposure prophylaxis
 ROM = rupture of membranes

Syphilis

- Can be transmitted vertically
- Congenital syphilis asymptomatic at birth in 2/3 of cases



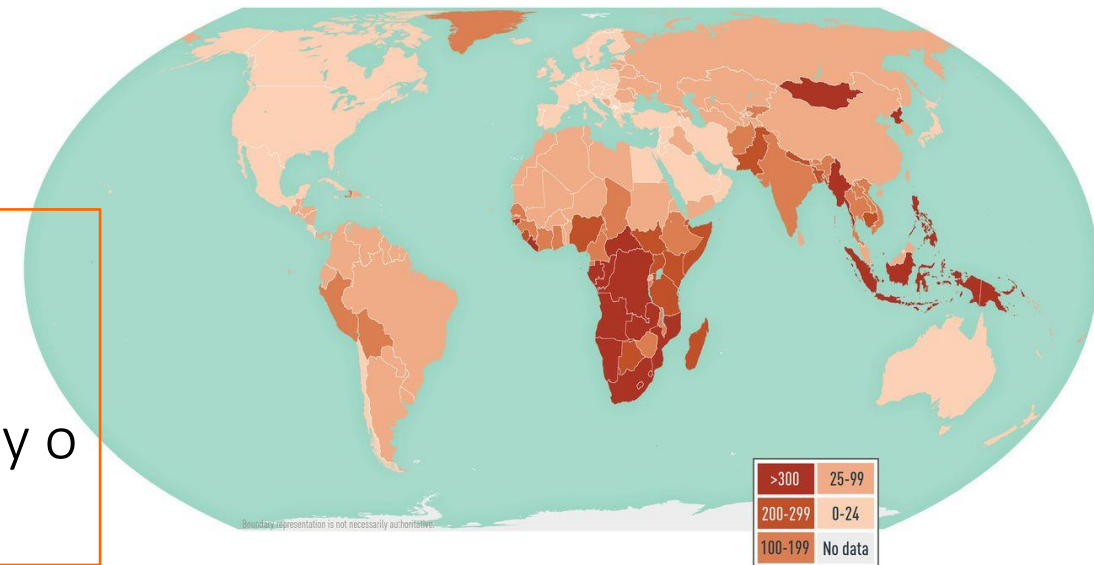
➤ Syphilis- recommendations

- Pregnant women systematic screening
- Screening for all migrant children < 2 y o if no maternal screening

Tuberculosis (TB) in neonates

- Transmission: transplacentally (aspiration/infected amniotic fluid) or after birth
- Congenital TB symptoms usually in the first 2 to 4 weeks of life (may be present at birth)
- Non-specific signs, multiple organs usually involved (lungs, liver, CNS ..)
- **Diagnosis:**
 - TB culture of tracheal aspirate, gastric washing, urine and csf + chest x-ray

Estimated tuberculosis incidence rates per 100,000 population



➤ Tuberculosis screening in refugees

- No recommendation for Pregnant women
- Systematic screening for all migrant children < 5 y o
- Screening of children > 5 yo if risk factors

Chagas disease

- Endemic in Latin America
- Mainly vector transmission : blood sucking reduviid bug (Exclusively found in America)
- Vertical transmission also possible (risk 5%)
- Manifestations:
 - Often asymptomatic but 30-40 % will develop life-threatening cardiac and digestive damages (40-50 yo)
- Treatment: benznidazol or nifurtimox
 - Efficacy > 90% for < 2 y o children
 - Better tolerated in young children

Chagas disease

Recommendations:

- Serological screening of all pregnant women coming from Latin America
- Screening of all children coming from Latin America if
 - Mother known for Chagas disease (direct exam at birth and serological screening at 9 months old)
 - At risk mother with no screening performed : serology at 9 months



Hemoglobin disorders screening

- Sickle cell disease /thalassemia
= major health concern worldwide
- No systematic/universal screening program established in Switzerland
- Screening of at-risk population on a case-by-case basis according to family origins :
 - Antenatal screening in pregnant women
 - Postnatal screening in at-risk newborns

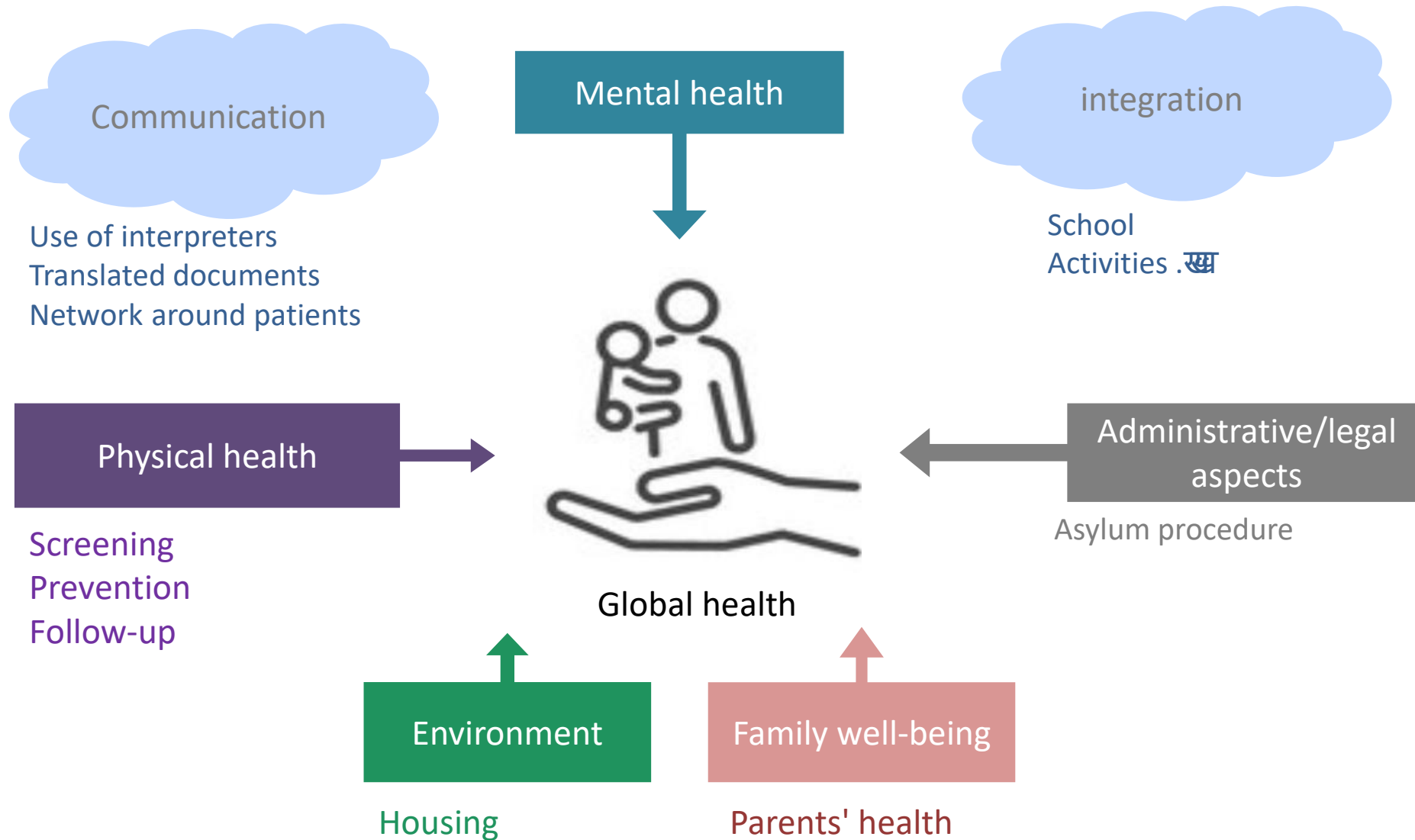


The distribution of the origins of hemoglobin S and E



The distribution of the origins of the α and β thalassemias

Migrant children's health



Migrant children's health

Communication

Use of interpreters
Translated documentations
Network around patients



Global health

Languages & migrants

Language difficulties can lead to:

- Misunderstandings
- Negative judgments
- stereotypes
- Diagnostic difficulties
- Inadequate therapeutic cooperation
- Sub-optimal quality of care
- Patient dissatisfaction / Caregiver frustration

IF possible:

- Use staff or patient's relatives only in emergency situations

Professional interpreters

Documents

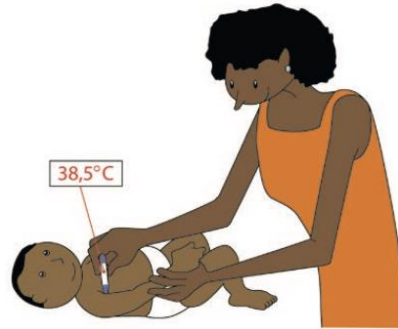
« my child's health »



يطلق عليه حمى حين تكون درجة حرارة الجسم أعلى من 38 درجة مئوية.
الحمى هي رد فعل طبيعي للجسم لمحاربة العدوى، وهي من الأعراض الشائعة
للعديد من الأمراض مثل نزلات البرد العادية، ولا تشكل عادةً خطورة.
وتتحسن الحمى غالباً دون حاجة للعلاج.

كيفية قياس درجة حرارة الطفل؟


هناك عدة طرق لقياس درجة حرارة الطفل: ميزان الحرارة الإبطي (تحت الذراع)
أو الشرجي (الشرج)، لكن بغض النظر عن الطريقة التي تختارونها، يجب أن يلبس
ميزان الحرارة جلد الطفل الجاف.



Albanais

SHËNDETI I FËMIJËS SUAJ

Këshilla për prindërit



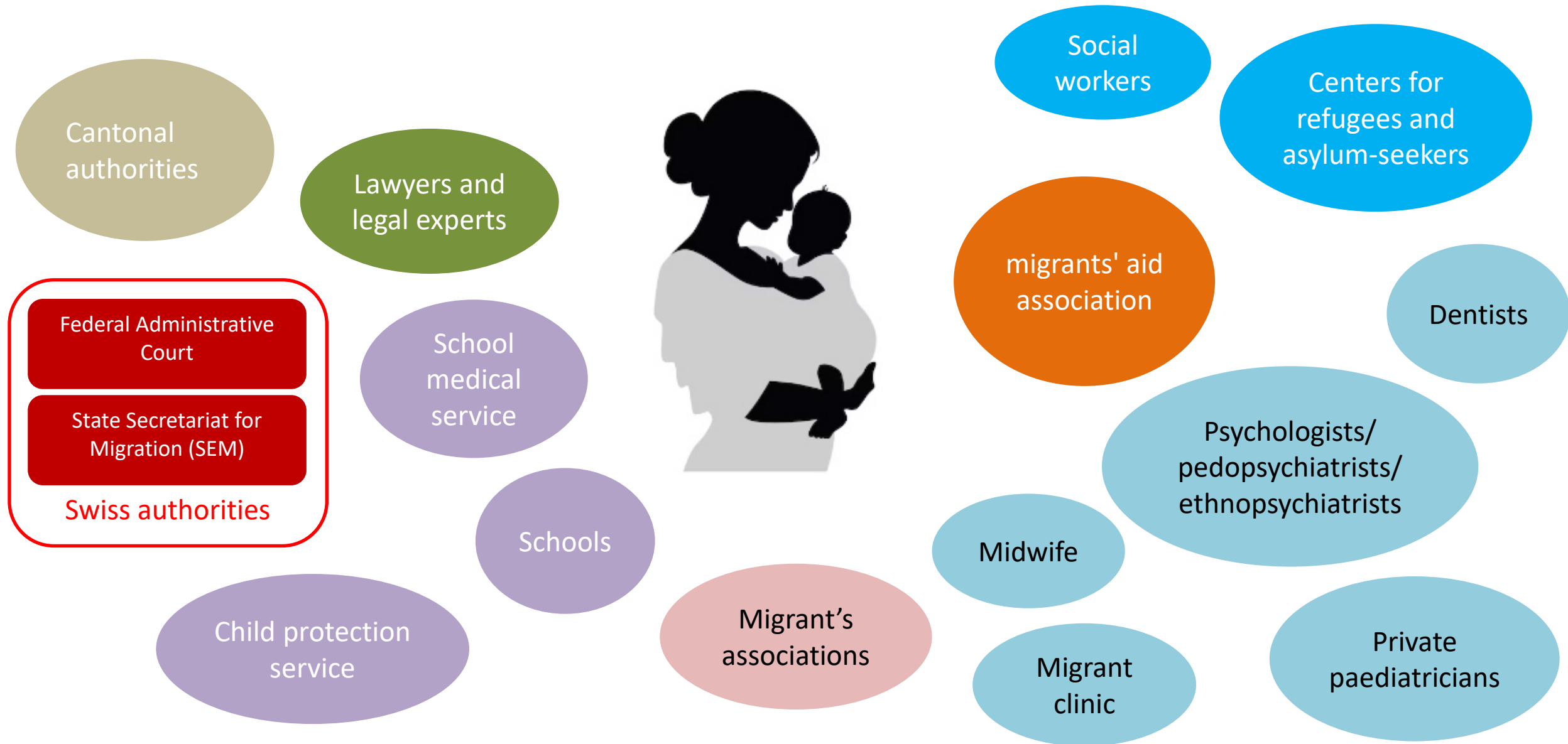
HUG Hôpitaux
Universitaires
Genève

Fondation
privée des **HUG**

Numerous documents for patients and caregivers on the Swiss Pediatrics migration page

<https://www.paediatricschweiz.ch/fr/documents/migration/>

Network around refugees' families



Cultural aspects of health and education

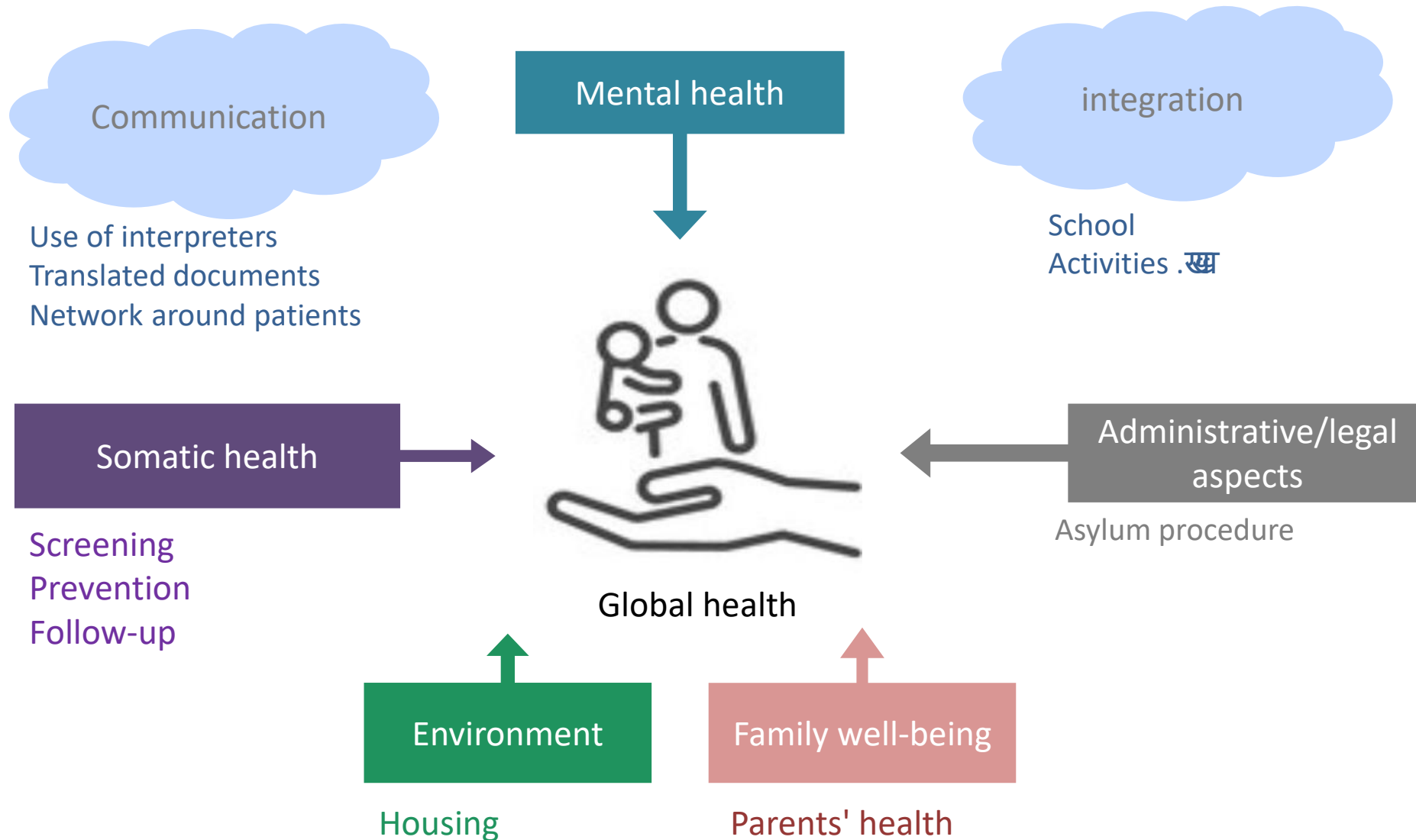
Permanent issues during consultations

- Examples:
 - Newborn/infant care
 - Different meaning of health problem

=> Caregivers need to adapt

- Understanding and apprehending cultural differences
- Distinction between essential/non-essential

Migrant children's health



Migrant children's health



Mental health



Key takeaway messages

- Care for migrant patients is complex but rewarding
- Many factors are involved in the health of newborns and their families.
 - Somatic determinants account for only a small part
 - Other key factors:
 - Access to care
 - Language obstacles and challenges
 - Socio-cultural barriers
 - Network (health / social ...) around patients
 - Mental health

K h adija

Questions?

23.4.12

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Administrative path of asylum seekers

