TREATMENT OF CHILDREN OF IMMIGRANTS AND REFUGEES AT THE DIVISION OF PEDIATRICS UNIVERSITY MEDICAL CENTRE MARIBOR, SLOVENIA

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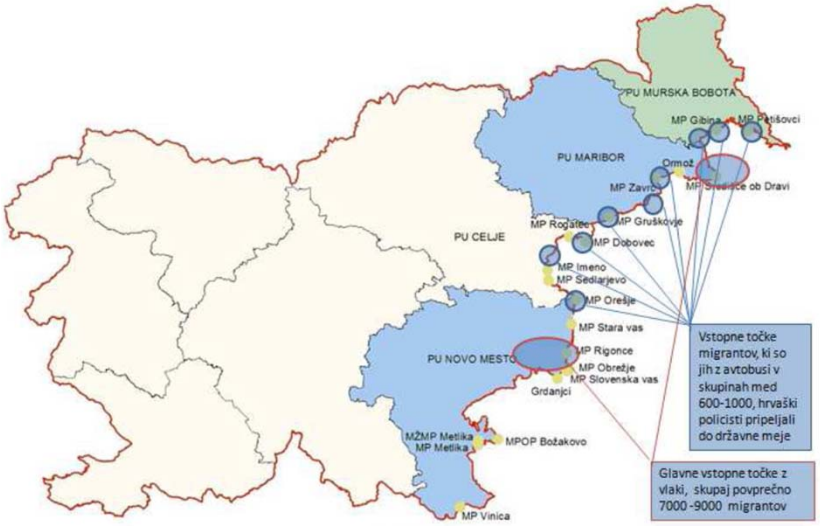
We have strongly
supported many of the measures and decisions taken by the Slovenian State to continue to provide refugee and migrant children, particularly those unaccompanied and separated, with access to all basic services such as education, health and accommodation.

David Mcloughlin
REGIONAL DIRECTOR'S OFFICE, UNICEF



Contingent Plan of the Republic of Slovenia (No. 21400-5 / 2015/12 of 16 July 2015) Ministry of Health

- Slovenian press agency, 17.09.2015 18:31 Updated: 08:10 / 20.11.2015

- The healthcare activity at the reception center will be conducted by a graduate nurse with appropriate clinical experience or a doctor from nearby health care institutions or medical staff or volunteers.
- In the reception center, medical staff will perform a preventive medical examination. It will be carried out by a doctor or a graduate nurse who will record their findings in a patient protocol. However, patients with infectious diseases will need to be provided with separate treatment facilities.
- In Slovenia, Slovenia will provide the right to emergency medical assistance and emergency rescue and medical treatment following a doctor's decision. Physicians will also take care of preventing a sudden deterioration in their health, treating febrile conditions and preventing the spread of an infection that could lead to septicemia.
- Migrants will also be eligible for treatment of bone fractures or sprains. Doctors will also provide health care during pregnancy and childbirth. Vulnerable people with special needs will have the right to an additional amount of health services. Juvenile applicants, including the unaccompanied minors, are entitled to health care under the same conditions as Slovenian citizens.
- In the National Institute of Public Health, the health services working with migrants recommend consistent implementation of measures in accordance with the guidelines for control and prevention of infections.

Introduction

Italy, Greece, Macedonia, Serbia, Croatia and Slovenia damaged the most during the immigration crisis.

On 16 September 2015, the Croatian police discovered a group of approximately 20 immigrants who came to Croatia from Serbia outside the border crossing. It was the first larger group of immigrants that obviously decided to head towards the West through Croatia.

The second immigration wave started on the night of 16 October 2015, after the Hungary's decision to close the borders.

Treatment of children at the refugee centre Šentilj

- *collection centres primarily through volunteers and local healthcare centres.*
- *included specialists, nurses and volunteers.*
- *They worked initially in improvised tents and later in containers. Between the first and the second immigration wave, they still did not have adequate equipment or clothing.*
- *Rescue transfer services were organized by the Health Center dr. Adolf Drolc Maribor and the return from the hospital back to the refugee centre by the authorized taxi drivers.*
- *The most acutely ill children were provided with care directly at the refugee centre, some even during the trip or at the railway stations.*

Šentilj, Slovenia, October 2015

Šentilj, Slovenia, October 2015

civil initiative

Treatment of children at the Division of Paediatrics of University Medical Centre Maribor

At the Division of Paediatrics Maribor, located 17 km south of Šentilj during the first and second immigration waves, which is only a small portion of acute, possibly also seriously ill children.

Outpatient treatment of children

- *We examined 11 children at an outpatient clinic where we performed the most urgent diagnostics and therapy.*
- *The parents of all treated children refused hospitalization, although it was in some cases strictly indicated.*
- *The main reason was the concern for isolation, as well as the separation of families, as only a mother with a sick child was brought to the rescue vehicle, while other family members stayed at the refugee centre Šentilj.*
- *The average age was 2 years and 26 days, the youngest was 2 months and 5 days, the oldest 5 years and 4 months.*
- *The diagnoses for which they were treated: Virosis, Emesis, Gastroenterocoitis, Vicium cordis congenita, Anemia sideropenia, Scabies, Lymphadenitis mesenterica, Bronchitis acuta.*

Outpatient treatment of children

Age of Children – outpatient treatment

Average	2 years 15 days
The youngest	2 month
The oldest	5 years 4 month

Table 1. Age of refugees Children – Outpatient treatment, No=11

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Name	Birth d.	Date of treat.	Diagnoses
K. M.	19.08.15	24.10.15	Virosis
A. N.	12.03.12	24.10.15	virosis
K. L.	01.01.13	24.10.15	Emesis
R. M.	08.05.12	26.10.15	Gastroenterocolitis ac
D. M.	28.10.14	28.10.15	Vitium cordis congenita
M. A.	13.06.15	28.10.15	Anemia sideropenica
T. A.	22.08.13	01.11.15	Scabies, Febris
R. L.	05.07.10	10.11.15	Lymph. mes., Colic. abd.
F. Z.	11.08.15	11.11.15	Gastroenterocolitis ac
S. S.	01.01.13	19.11.15	Bronchitis acuta
M. I.	01.10.15	01.02.16	Gastroenterocolitis ac

Table 2. Outpatien treatment refugees Children. Pediatric department. Medical center Maribor.

Clinical case: D.M, born 28.10.2014, No. 869120; date: 28.10.2015

- The 13 moths old boy came to us because of dyspnea and low saturations (80%).
- In the clinical examination we see an acrocyanosis, saturations are around 85-89%. At the lung auscultation we heard crackles on both sides, no heart murmur was heard. Hydration was normal. Afebril.
- He has a known heart condition, we performed a heart ultrasound, he has a double outlet syndrome (from the right ventricle). The saturations present are normal for this condition.
- The parents explained that he will have an operation in Germany. No further therapy at the moment was performed.

Clinical case: M.A., born 13.6.2015, No. 769131. date: 28.10.2015

- The boy was examined because of vomit and diarhea, light dehydration.
- During the physical exam: febrile 38,8°C (after therapy it fell to 37,7°C), Sp02 98%, heart rate 178/min. He is cheerful and looks to be in good condition. The mucus membranes are still rosa.
- Heart: rhytmic, a sistolic heart murmur is heard 2/6 at the left sternum border (he has a known heart condition, an US was done two months ago, there was apparently a hole in his heart).
- Light dehydration signs, capilary refill time 2 sec. The tounge was still wet.
- Laboratory: 28.10.2015 21:22; Leukocytes: 5.10; Erytrocytes: 4.22; Hemoglobine =71; -Hematocrit=0.23; MCV=55.5; MCH=16.8; MCHC=303; K-Trombocytes=153; S-CRP=7; S-Sodium (Na)=139; S-Potassium (K)=4.68; S-Cloridi (Cl)=110; KK-pH=7.399; KK-BE=-8.5; KK-Bicarbonat-HCO3=14.6; KK-pCO2=3.22; KK-pO2=9.5; KK-sO2=0.954;
- There is a decreased hemoglobin value, the child was brestfed for 8 months only. We recommended admision to the hospital, but they refused. We gave them iron replacement therapy: Legofer 15ml/day, the whole bottle.
- The hydration status at the moment is still acceptable. He should drink a lot of fluids.

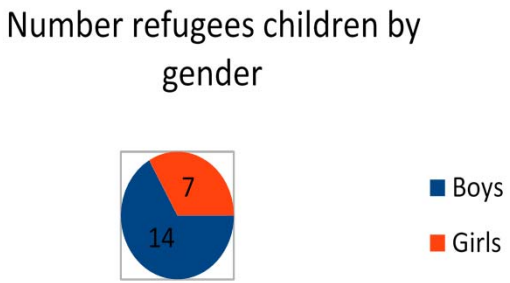
Children treated at the hospital

- *We hospitalized 21 children, 14 boys and 7 girls. Their age on admission was on average 1 year and 17 days, the youngest had 22 days, the oldest 16 years, 11 children were younger than one year and 4 younger than 2 years old.*
- *Diagnoses for which children were hospitalized: Gastroenterocolitis acuta, Dehydratio, Hypokaliemia, Acidosis metab. Anemia, Bronchitis acuta, Convulsiones, Infektio tract resp. Supp, Virosis, protein-energy malnutrition of moderate and mild degree, Vitium cordis cong, Marasmus.*
- *At the hospital they were treated on average for several hours. 6 children were dismissed on the same day, 7 children were hospitalized for 1 day, 6 children for 2 days, one child for 3.4 days and one child for5 days.*

Children treated at the hospital

Gender	Nr.
Male	14
Female	7

Table 3. Number of hospitalized refugee children, categorized by gender



Age of Children. Nr = 21	
Average	1 year 17 days
Min	22 days
Max	16 years

Table 4. Age of hospitalized refugees Children.

Age of hospitalized Children. Nr = 21	
< 1 month	1
< 1 year	11
> 1 year < 2 years	4
> 2 years < 3 years	2
> 3 years < 5 years	1
> 10 years	1

Table 5. Age of hospitalized refugees Children

Children treated at the hospital

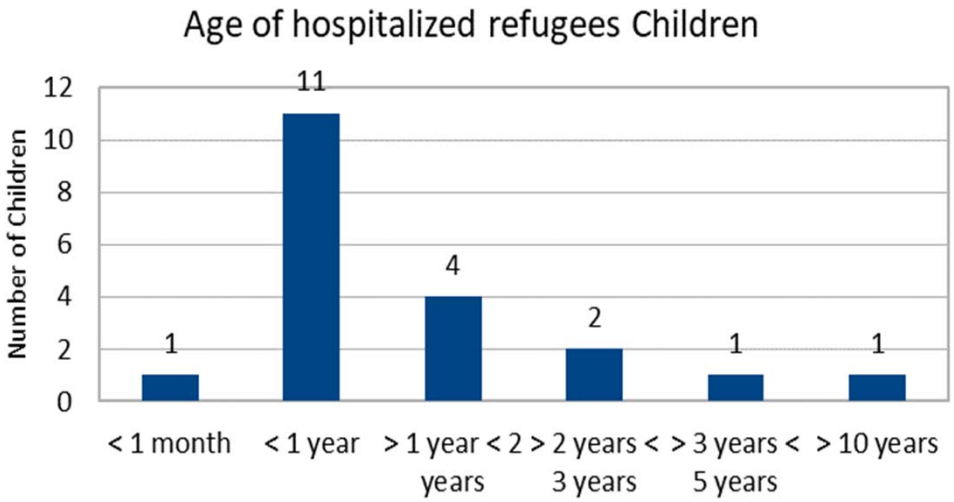


Figure 2. Age of hospitalized refugees Children

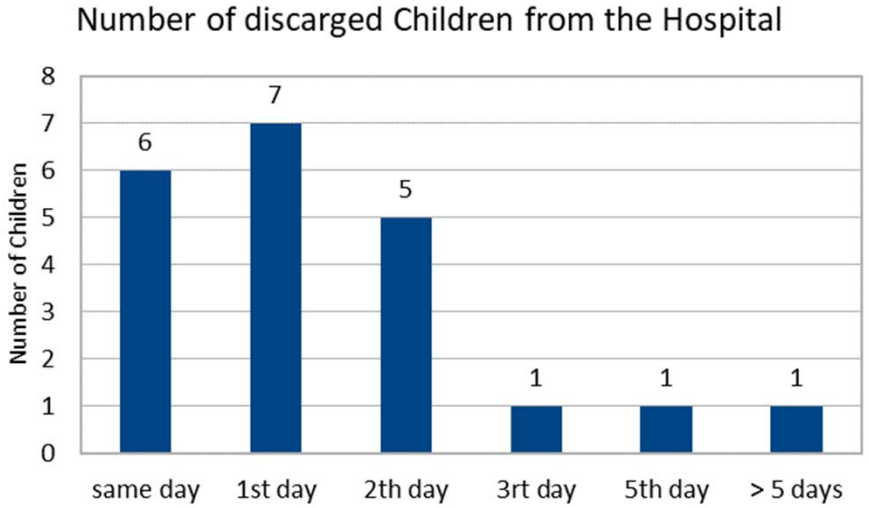


Figure 3. Number of children discharged from the hospital

Children treated at the hospital - diagnoses

Name	Date of b.	Gender	Admittance	Discharge	Diagnoses
A. A.	14.04.15	1	28.10.15	29.10.15	Gastroenterocolitis acuta, Dehidratio, Acidosis metab. Hypokaliemia
M. B.	22.04.15	2	01.11.15	02.11.15	Dehidratio, Emesis
A. H.	22.10.99	1	01.11.15	03.11.15	Anemia, Epilepsia, Dehidratio, Hypothermia, Neutropenia, Trombocitopenia, Varicae esophagi, Amaurosis, Retardatio psychomotorica
R. A.	31.10.14	1	02.11.15	03.11.15	Dehidratio, Gastroenterocolitis acuta
H. R.	01.01.13	2	03.11.15	03.11.15	Dehidratio, Gastroenterocolitis acuta
V. H.	20.01.13	2	05.11.15	09.11.15	Dehitratio, Enterocolitis, Hydrocefalus cong. Menigomieloceolae, Anemia, siderop. Infectio tract. resp.supp.
A. R.	01.06.14	1	12.11.15	13.11.15	Gastroenterocolitis acuta, Dehidratio
H. B.	01.10.15	1	14.11.15	14.11.15	Gastroenterocolitis acuta, Dehidratio
S. S.	01.03.15	2	14.11.15	14.11.15	Emesis, Dehidratio
A. M.	01.10.15	1	14.11.15	16.11.15	Gastroenterocolitis acuta, Dehidratio
H. A.	30.05.15	2	15.11.15	17.11.15	Bronchitis acuta, Gastroenterocolitis acuta
J. P.	30.05.14	1	15.11.15	15.11.15	Gastroenterocolitis acuta, Dehidratio
H. K.	22.04.15	1	17.11.15	19.11.15	Gastroenterocolitis acuta, Dehidratio
M. P.	12.08.14	1	18.11.15	18.11.15	Vitium cordis cong
D. M.	29.10.15	2	20.11.15	25.11.15	Convulsiones, Marasmus, Infectio suspecta
K. M.	07.11.14	1	13.12.15	14.12.15	Virosis, Infektio tract resp. Supp., Dehidratio
S. A.	01.08.15	1	14.12.15	14.12.15	Virosis, St. febrilis, Dehidratio
H. E.	22.11.15	2	22.01.16	24.01.16	Bronhitis chr., Gastroenterocolitis acuta, Dehidratio
M. V.	01.01.12	1	29.02.16	01.03.16	Infektio tract resp. supp. Dehidratio
H. M.	01.01.15	1	05.03.16	17.03.16	Protein-energy malnutrition of moderate and mild degree, St. febrilis

Table 7. Hospitalized refugee Children with Diagnoses. 1-boy, 2-girls.

Major problems during the hospitaliation - I

- *Cooperation of the parents. On one hand they continuously wanted to leave the hospital, and on the other we struggled to identify as soon as possible of therapy and the necessary time needed to care for the child so that it would be safe for him or her to leave the hospital.*
- *Establishing communication. During the first contacts we had to manage with the Google translator, then we received the phone number of the translator in the refugee camp. Translators had problems with identifying the language, since mothers often did not want to tell the truth about their origin, so that police would not deny them passage at the border crossing.*
- They all wanted us to believe they are from Syria, but they turned out to be from Afghanistan, Iran, Iraq, Kosovo and elsewhere. Thus, the first translator whom we contacted, as a rule, did not manage to identify which language the mother is speaking.
- We mostly needed to clarify the tests we are running and their results and the therapy we wanted to do. Mothers were, in general, only interested in how long the therapy will last and why it is needed..
- Moms did not want to put off their clothes. They mostly stayed in their coats lying on the bed next to the child.
- The nurses got the impression that the mothers received instructions that they should not talk to the staff.
- They also refused to accept food.

Major problems during the hospitaliation - II

- We also had a problem with the mother who got her period, she did not have her own personal care accessories with her, the nurses offered to help her but she initially refused.
- As a rule, they did not have mobile phones. Consequently, we had to establish a kind of telephone corridor between the clinic and the refugee center. It was not an easy task to find a certain person (father) with whom she wanted to communicate at any time.
- We could officially transport a child with a rescue vehicle, which at that time brought the next child to us. In the refugee center, fathers forced a visit to the Clinic in order to get early dismissal. Mother and child were taken from the Hospital with an authorized taxi, regardless of the fact that the treatment had not yet been completed and the release for the child was not safe.
- Fathers generally ignored this and signed the pre-release documents at their own discretion. In two cases, we organized a rescue vehicle to the border crossing, where a rescue vehicle of the Austrian rescue service was waiting and took the child to the hospital of the nearest refugee center. There was a lot of effort put in by Red Cross, as parents were given priority treatment in solving their passage across the Austrian border. News of this rapidly spread around our refugee center and increased pressure on the health staff of the center, when suddenly more parents wanted hospitalization.

Clinical case: H. K., born 22nd April 2015

- 6 months old boy was brought to RA, accompanied by a doctor from Šentilj. With the help of a translator, we find out he got sick 3 days ago with diarrhea. He defecated 4 – 5 times a day, he had higher temperature and was feeling very tired. He did not vomit, he is breastfed and eats normally. We also learned the family comes from Syria. On the attached emergency medical protocol I read that the children received 7 drops of Waya LGG (probiotic) and 5 ml of Paracetamol syrup.
- Laboratory:
- 17.11.2015 14:31: Leukocytes:=8.59; Erytrocytes =5.42; Hemoglobine=117; CRP=< 3; **Prokalcitonin=>100.0**; pH=7.397; BE=-6.7; **Bicarbonat-HCO3=16.5**.
- 17.11.2015 19:06: Leukocytes:=7.91; Glucose=7.2; CRP=< 3; **Prokalcitonin=>100.0**; pH=7.324; BE=-7.7; **Bicarbonat-HCO3=17.0**;
- 17.11.2015 22:31: pH=7.418; BE=-4.8; **Bikarbonat-HCO3=18.2**;
- 18.11.2015 13:42: Leukocytes:=9.08; Erytrocytes=4.78; hemoglobin=104; CRP=< 3; **Prokalcitonin=94.51**;pH=7.414; BE=-1.9; **Bicarbonat-HCO3=21.7.**
- We started with the boy's treatment for diarrhea and dehydration. Meanwhile we found higher amounts of liver enzyms and indicators of inflammation (shigelosis?). We initiated double-track antibiotic therapy. On the third day, boy's condition improved. He is clinically vivacious, eats and drinks much better.
- Because of mother's intense pressure to return back to their family, we discharged them. We warned her to absolutely continue with the antibiotic therapy – Cedax susp 2ml/24h. In case of a sudden deterioraton of his condition, they were told to urgently stop for a check-up at the nearest medical institute.

Conclusion

- *We are satisfied that we were able to ease the suffering of many children for at least a short period, while they were hospitalized at our institution.*
- *We are especially happy that we were able to save some from certain death, because their treatment proceeded at the Unit for intense medicine at the Pediatric departmen. When their condition improved, we transferred them to the healthcare centre in Austria, past the existent queues.*
- *We experienced an indescribable anguish of mothers who were worried about their lives and lives of their children. They feared alienation from their families if the majority of the group would move, leaving them behind and continuing without them. We also experienced the kind of attitude towards children, which is best described by the statement of one of the fathers:*

  »Allah's will!«

Conclusion ?

- *As we understood it, this meant that if a child leaves prematurely, neither we are to blame, nor the parents. It is the will of God. We mostly noticed this kind of conduct when we hospitalized girls and children, whose parents were not from Syria.*
- *We unintentionally developed a feeling that children are their living shields for their actions and from events that were caused by political conspiracies that put the population into arguments with each other.*