



Migrant children in Europe: EAP guideline for first contact care

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The rights of children arriving in Europe



The number of refugees who attempt to reach Europe is increasing, and, as warned in an Editorial (Sept 12, p 1013),¹ decisive action is needed.

European Union (EU) member states have to do more to ensure the care and protection of these vulnerable refugees, especially the children. Every day, children around the world are severely affected by crises and circumstances that are beyond their control.

UNICEF reports an alarming situation in Europe—more than 106 000 children applied for asylum in the EU (between January–June, 2015).² Since the beginning of 2015, more than 122 380 migrants have arrived in Italy, more than 12 120 of whom were children.³ Many of these children are alone. According to Save the Children Italy, 8715 children arrived in Italy without family or guardians since the start of the year.³ About a thousand people land on the Dodecanese islands every day.⁴ In June alone, 4270 children landed on the islands, and 86 of them were unaccompanied.⁴ Many of the children who travel unaccompanied come from Eritrea, Somalia, Egypt, and South Africa. These children are in serious danger once they arrive in Europe as they could disappear into criminal groups, become victims of child trafficking, or be forced into manual labour, domestic work, drug smuggling, or prostitution.

For many migrants, Italy and Greece are a bridge into EU countries. However, the burden cannot fall on Italy and Greece alone: the EU bears collective responsibility for dealing with the crisis. The European nations have a collective role in ensuring that refugees and migrants are treated with

dignity and that vulnerable children are protected. The EU has the duty to prevent children from being exploited by unscrupulous human traffickers and to give these children their unquestionable rights to health, safety, and wellbeing. EU member states can prevent children from becoming deprived of their childhood with all the psychological implications this could inflict on the rest of their lives.

The European Academy of Paediatrics (EAP) urge all European medical societies to help find a humane solution to the current crisis. The EAP believes that it is necessary to create a platform for countries to discuss and share issues affecting paediatric services in Europe, provide medical and psychosocial support services for children, and to protect them. We call on EU member states to ensure that children gain access to legal services and school and are protected from violence, abuse, and exploitation. Paediatricians should cooperate with schools to help these children receive health care (including mental health screening, and immunisations). The EAP advocates for medical care without barriers, inequities, and inequalities for all children in Europe and solicits governments of nations receiving migrants to protect and defend children's rights, without restrictions, because these children have the same rights to receive care as other European children.

All children have the right to live in a safe environment where they can grow up and achieve their potential. There must not be a right or wrong place to be born.

We declare no competing interests.

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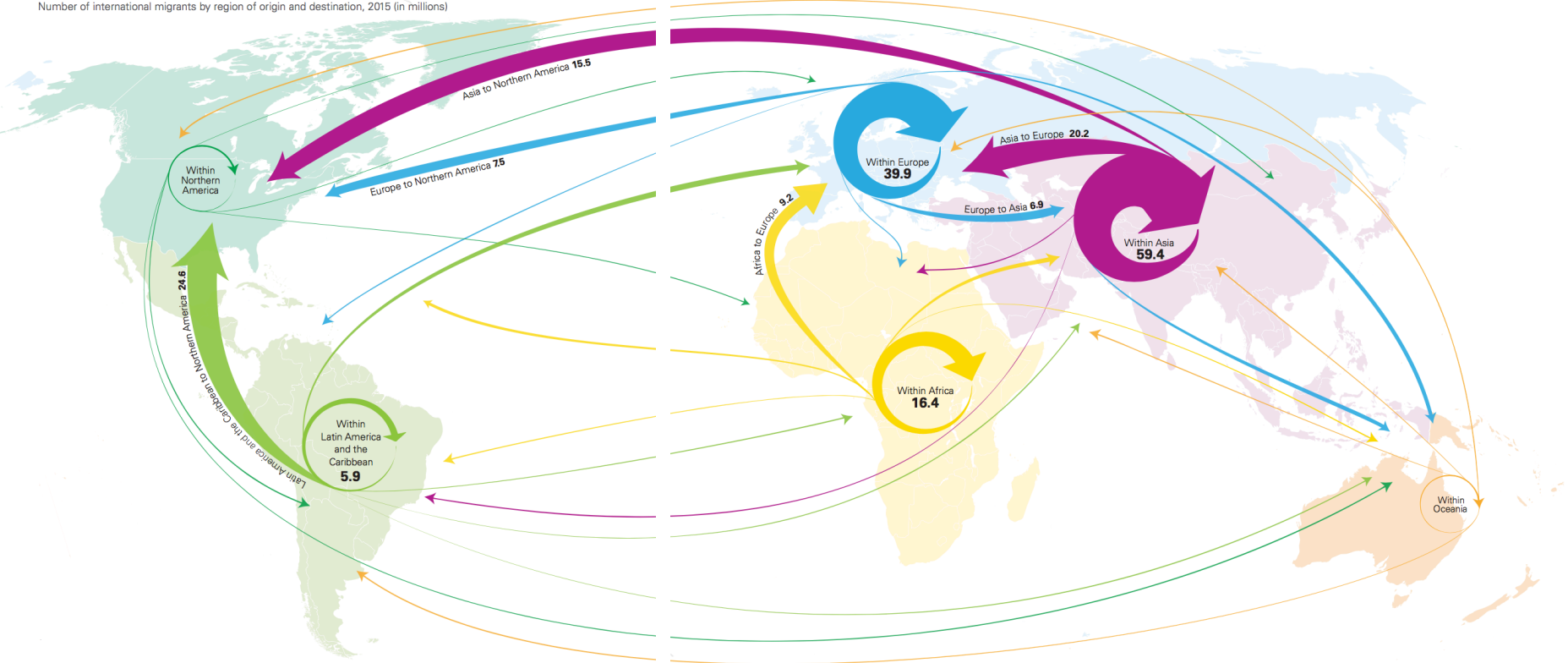
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1 The Lancet. Adapting to migration as a planetary force. *Lancet* 2015; **386**: 1013.

“We call on EU member states to ensure that children gain access to legal services and school and are protected from violence, abuse, and exploitation. Paediatricians should cooperate with schools to help these children receive health care (including mental health screening, and immunisations). The EAP advocates for medical care without barriers, inequities, and inequalities for all children in Europe and solicits governments of nations receiving migrants to protect and defend children's rights, without restrictions, because these children have the same rights to receive care as other European children.”

Why?

Number of international migrants by region of origin and destination, 2015 (in millions)



Why?

- 2015 & 2016: 400,000 children/yr seeking asylum in EU/EEA
- Migrant children may have specific health risks and needs
 - Important role of paediatricians („more than mental health“)
- Access to high-quality migrant-friendly services important
 - MOCHA: access is restricted in many European countries

Why?

EAPRASnet survey

- Cultural/linguistic factors most frequent barrier to access care (90%)
- 37% of providers have access to professional interpreters and cultural mediators
- Updated guidelines for migrant child care available for 35%
- 80% of respondents have not received specific training

How?

- Recommendation for physicians providing primary care for migrant children in Europe
- First health care contact after arrival in European country
- „Migrant children“:
 - Children and adolescents < 18 yrs who are on the move and experience unfavourable conditions (*ISSOP*)
- Study aim: collect and compare current recommendations across Europe and define consensus standard of care

How?

Data collection:

- E-mail survey among national paediatric societies from 30 EU/EAA countries (1 Dec 2016 – 1 June 2017)
- Non-European recommendations (CAN, USA, AUS)

What?



How?

Method of consensus on recommendations:

- Working group: reviewed conditions in at least 7/11 guidelines
- MEDLINE search for data specific to migrant populations in Europe and indirect evidence from other populations
- GRADE: high (A) -moderate-low-very low (D)
- Expert panel: review of determined preferred clinical action (Oct)
 - Balance between quality of evidence, (un)desirable effects, practical issues, costs;
 - Stakeholders (ESPID, ISSOP, MOCHA): values and preferences;
 - Delphi method









What?





Vaccine-preventable infection*											
Other infections											
Country	DE	CH	AU	UK	SP	FI	IT	NL	CA	US	AUS
Malaria*		Screen, at risk	Screen, at risk	Screen, risk	Screen, at risk		Screen, at	Be alert	Screen, at	Treat or screen,	Screen, at risk
Tuberculosis*	Screen, all	Screen, all < 5yr; at risk >5 yr	Screen, 6+ Be alert, all	Be alert Screen, at risk	Screen, all	Screen if not vaccinated	Screen, all	Screen, at border	Screen, at risk	Screen, all	Screen, all
HIV*		Screen, all	Screen, all	Be alert Screen, consider	Screen, at risk	Screen	Screen, all	Be alert	Screen, at risk	Screen if no documentation, all	Screen if 15 years and older, or younger and at risk
Schistosomiasis infection*		Screen, at risk	Be alert	Screen, consider, at risk	Screen, at risk		Screen if negative stool probe and eosinophilia		Screen, at risk	Screen or treat, at risk	Screen, at risk
Helminth (incl strongyloides)*		Screen, at risk	Be alert	Screen or treat	Screen, all	Screen, at risk	Screen, all		Screen, at risk	Be alert-screen	Screen, all
Protozoan infection*		Screen or treat, all	Be alert		Screen, all	Screen, at risk	Screen, all			Be alert	Screen, all
Chagas		Screen, at risk	Be alert		Screen, at risk					Be alert, at risk	
Leishmaniasis		Be alert	Be alert	Screen, consider, at risk	Be alert					Be alert, at risk	
Leprosy					Be alert						
Typhoid fever		Be alert								Be alert, if febrile	
Dengue		Be alert									
Infectious skin disorder like scabies, dermatological mycosis, impetigo, lice, infected eczema		Be alert	Be alert	Be alert	Be alert					Be alert	
Syphilis*		Screen if <2yrs; screen other ages if at risk	Screen if ;2yrs			Screen	Screen, all			Screen if no documentation, all	Screen, at risk
Other STI					Screen, at risk					Be alert, at risk	
Helicobacter pylori infection										Be alert	Screen, at risk

What?

- **Vaccine-preventable infections**
- **Other infections**
 - Malaria, tuberculosis, HIV, Schistosomiasis, helminth or protozoan infection, syphilis
- **Mental health and physical/emotional maltreatment**
 - PTSS
- **Noncommunicable diseases**
 - Anaemia (incl iron deficiency), nutritional deficiencies, dental disease, vision impairment, hearing impairment, growth and development problems
- **Lifestyle-related:** obesity or malnutrition

What?

1		Make sure the migrant child is accompanied by at least one parent or a responsible caregiver
2		Make sure parent/caregiver can communicate sufficiently. If limited language proficiency is evident access professional interpreter services (Grade C)
3		Ask about growth and development; perform a growth and development evaluation (Grade C).
4		Ask for vision and hearing problems; perform a routine vision and hearing screen (Grade D).
5		Examine the entire skin and oral cavity and be alert for signs of anaemia, scabies, impetigo, malnutrition, tooth decay, scars and female genital mutilation (Grade B-C).
6		Perform an evaluation of vital parameters and a physical examination. Be alert for signs of congenital (heart defects) non-communicable (developmental delay and tumours) and infectious diseases (hepatosplenomegaly and lymphadenopathy) (Grade D)
7		Check immunisation status and - if unknown or incomplete - start catch-up immunisations according to national recommendations (Grade B).
8		Treat empirically for intestinal parasites with albendazole (Grade B).

9		<p>Take a blood sample to measure</p> <ul style="list-style-type: none"> a) haemoglobin and treat iron deficiency if present (Grade B) b) Vitamin D and treat deficiency if present (Grade B) c) HBV serology (Grade B) <p>add (all grade C-D)</p> <ul style="list-style-type: none"> d) Schistosomiasis serology if from Africa e) HIV and HCV serology if know risk or clinical suspicion f) Malaria screen if febrile g) Strongyloides serology if immunosuppressive treatment is planned h) Syphilis serology in case of sexual abuse
10		<p>Perform a tuberculosis screening (TST/IGRA) followed by chest x-ray in</p> <ul style="list-style-type: none"> a) Children < 5 years of age (Grade D) b) Migrants from sub-Saharan Africa (Grade C) c) Clinical suspicion of active tuberculosis (prolonged fever, poor weight gain or weight loss without another explanation (Grade B)
11		<p>Schedule a follow-up appointment to complete the catch-up immunisation series and to screen for posttraumatic stress disorder.</p>
12		<p>Provide the caregiver with a document of the health assessment and interventions (see checklist) at the end of the appointment and store a copy of this in your records.</p>

Conclusion

- Standard of care for migrant children
 - Ethical standards
 - Use of interpreters
 - Follow-up and documentation
 - Most important examinations and diagnostic tests
- Expert input
- Submission to EJPA (migrant issue) and checklist on EAP website
- Future emerging evidence from planned systematic searches may need to be considered
- Training of health care professionals
- Collaborative effort
- Umbrella organization at political level is needed



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