HIGHLIGHTS

• The number of refugees and migrants who reached Europe by sea in 2015 was 589 285, and 3095 lost their lives in the Mediterranean (UNHCR).
• Since enforcement of new border laws in Hungary and the partial closure of the Hungarian–Serbian border, thousands of people have been arriving daily from Serbia on their way to Croatia.
• The health problems of refugees and migrants are no different from those of the resident populations of the WHO European Region. The dangerous journeys that these people undertake can, however, worsen the health of those with chronic diseases.
• Deteriorating weather conditions and a drop in temperature may increase health problems such as fever, sore throat and upper respiratory tract infections.
• Food safety is a concern. On 17 September, German authorities reported that about 50 refugees had had severe food poisoning caused by eating “death cap” mushrooms.
• The WHO Regional Office for Europe task force on health and migration is supporting Member States by:
  o procuring medical supplies and equipment,
  o training health and non-health care personnel working with refugees and migrants,
  o providing guidelines and conducting joint assessments and
  o producing information materials to defuse misconceptions about public health and migration and to promote evidence-based public information.

Situation update:

Conflict, persecution and poor living conditions are leading thousands of people to leave their countries to seek refuge and safety in Europe. People escaping difficult situations face long, dangerous journeys, in which their lives and health are at risk. Responding efficiently to their health needs is essential for preventing and controlling human disease and limiting suffering.

According to UNHCR estimates, over 589 000 refugees and migrants crossed the Mediterranean Sea to reach Europe in 2015, and 3095 died trying to do so. Two main sea routes are reportedly now being used: from Libya to Italy and from Turkey to Greece. To date, approximately 136 000 refugees and migrants have reached Italy, and more than 450 000 entered Greece in 2015 (UNHCR).

People arriving on Greek islands, such as Lesbos and Kos, are transferred by the authorities to the
mainland, from where most continue their journey through the former Yugoslav Republic of Macedonia and Serbia. Prior to 15 September, refugees and migrants travelled via Serbia and Hungary and continued through Austria to reach Germany and other northern European countries, such as Sweden. After enforcement of a new border control law in Hungary, which resulted in a partial closure of the Hungarian–Serbian border, a new route was forged through Serbia and Croatia, which has since been used by more than 60 000 people. As a result, the Croatian authorities set up reception camps and transferred refugees and migrants towards Slovenia and Hungary, from where they entered Austria.

The origin of 54% of all the people who arrived in Europe by sea is the Syrian Arab Republic; 13% are from Afghanistan and 7% from Eritrea. Other countries of origin include Bangladesh, Gambia, Iraq, Nigeria, Pakistan, Somalia and Sudan. Most of the people on the move are men, 18% are children, sometimes unaccompanied, and 13% are women, UNHCR reports.

Public health concerns, needs and gaps:

The health problems of refugees and migrants are no different from those of the resident populations of the WHO European Region. The dangerous journeys they undertake can, however, worsen the health of those with chronic diseases. Many experienced traumatic events in their countries of origin and during their travels, and they arrive in Europe overtired and unprepared to face the rainy weather and cool temperatures typical of autumn.

The latest report from the former Yugoslav Republic of Macedonia Country Office showed that upper respiratory diseases, high blood pressure, head trauma, renal failure, physical injuries, tonsillo-pharyngitis, headache and decompensated diabetes were among the main health problems of refugees and migrants. A few cases required transfer to specialized health care facilities, such as for complex fractures, childbirth or circulatory disorders. In Croatia, with rainy, cold weather, the incidence of acute respiratory infections has increased, and several cases of hypothermia were found among children. Women are especially vulnerable, as victims of violence and with pregnancy- and delivery-related complications and sexual and reproductive health problems.

When people are on the move and reach geographical areas different from those of their home country, they are likely to experience disrupted or uncertain supplies of safe food and water, especially under difficult and sometimes desperate circumstances. In these conditions, people may use inedible or contaminated food ingredients, drink or use contaminated water, cook food improperly or eat spoiled food. This makes migrants more prone to food and waterborne diseases. Poor hygiene during travel is often associated with increased risks for diarrhoeal diseases, acute respiratory infections and head lice.

Receiving facilities in transit and recipient countries are sometimes unprepared or unfit to cope with sudden large migratory inflows and become overcrowded and thus unable to offer appropriate shelter and services, such as access to adequate sanitation facilities. Insufficient disinfection and sanitation measures, poor hygiene conditions and inadequate provision of water and food, including milk and infant formula, are the main concerns. The relevance of food safety was highlighted in mid-September in Germany, when about 50 refugees had severe food poisoning from eating “death cap” mushrooms, which they might have mistaken for a more edible fungus. The death cap, *Amanita phalloides*, is one of the most poisonous mushrooms in Europe. Symptoms of death cap poisoning range from nausea, diarrhoea and vomiting to severe hepatic failure and death. On 21 September, one of the refugees who was poisoned died in Munster University Clinic in north-west Germany due to hepatic failure. The development and spread of foodborne and waterborne diseases must be prevented among migrants during their stay in camps and especially in spontaneous migrant settlements, where these diseases can
attain epidemic proportions. Information about safe food handling practices, such as WHO’s five keys to safer foods, should be disseminated.

**WHO action, working closely with United Nations country teams and humanitarian partners**

WHO supports Member States in need of medical supplies by procuring interagency emergency health kits, which contain essential medicines and equipment sufficient to meet the needs of 10,000 people for 3 months. Greece has received two of these kits, and one is being sent to Hungary.

WHO and the Ministry of Health of Hungary agreed to conduct a joint assessment of the capacity of the country’s health system to respond to large influxes of refugees and migrants in October, in order to identify areas of collaboration for strengthening the system. A similar joint assessment mission with a focus on preparedness was conducted in Albania between 28 September and 2 October, and one is being planned in the former Yugoslav Republic of Macedonia. WHO has organized workshops on the management of public health aspects of migration, including preparation of standard operating procedures for health personnel working with refugees and migrants and training of additional Red Cross volunteers in first aid. WHO is also supporting local procurement of medical supplies and equipment and has assigned funds for printing leaflets on breastfeeding to be distributed among refugees and migrants. Standard operating procedures for the distribution of food and water have been established by UNHCR, while WHO has provided guidelines on nutrition. The WHO Country Office in the former Yugoslav Republic of Macedonia is working with the UNHCR to assist the Government in drawing up an intersectoral contingency plan.

In Serbia, the United Nations Thematic Group on Health, chaired by the WHO Country Office, holds regular meetings to coordinate support to the national health system. As requested by the Ministry, WHO is procuring medical supplies. A joint UNICEF/WHO nutrition assessment mission started on 28 September. WHO is providing information and material on migration and health and has organized training for personnel in the Serbian Public Health Institutes working in the field.

In Croatia, WHO is supporting the procurement of primary care medicines, such as analgesics, corticosteroids, antibiotics, antihypertensive medication and drugs for the treatment of asthma, according to a specified list of medicines provided by the crisis management committee of the Ministry of Health.

The migration and health task force, established by the WHO Regional Office for Europe, is supporting Member States and country offices in addressing the challenges posed by recent large influxes of refugees and migrants.

A selection of WHO guidelines on Migration and Health and Emergency Response has been shared with all country offices for distribution to national authorities.

On 14 September, senior government officials of the 53 Member States in the WHO European Region met during the 65th session of the WHO Regional Committee for Europe in Lithuania to discuss the public health impact of large-scale migration. They called on WHO to continue providing support for the public health system response in countries receiving large influxes of people. The WHO Regional Director for Europe pledged to organize a high-level meeting on health and migration on 23–24 November, which will be hosted by the Ministry of Health of Italy, to advance regional agreement on a common public health approach to the large-scale migration crisis.
**Background of the crisis**

Instability in the Middle East and Africa has triggered an unprecedented migratory influx to neighbouring countries such as Turkey and is now posing a serious challenge to European countries and their health systems.

Refugees and migrants comprise a heterogeneous group. Evidence suggests that migration does not imply the importation of infectious diseases, which are mainly associated with poverty. The infectious diseases that affect refugees and migrants are similar to those that affect the resident European population.

In 2012, the WHO Regional Office for Europe, with the financial help of the Government of Italy, established the Public Health Aspects of Migration in Europe (PHAME) project to address the health implications of migration influxes. Missions have been conducted to assess health system capacity and preparedness to respond to large migratory influxes in nine European countries, and contingency plans and evidence-based decision-making have been developed to address the health outcomes and other impacts of migration.
Further information can be found on the WHO Regional Office for Europe website under the following link: http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health

In this report, UNHCR terminology is used, in which “refugees” are defined as people fleeing war, persecution and other crises, while “migrants” are defined as people moving to improve their lives by finding work, education or reunion with their families or for other reasons.