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EpiSouth Project

Assessment of Countries Migration Status Profile and Vaccination Access of Mobile Population

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Project description

EpiSouth General Objective

The general objective of the project is to create a framework of collaboration on epidemiological issues in order to improve communicable diseases surveillance, communication and training across the countries in the area of Mediterranean and Balkans.

Specific Objectives and Areas of Activity

Several areas of activity were identified and are being developed through specific Work Packages (WP) as follows:

- 1 - Co-ordination of the project (WP1), with the main specific objective (SO) of guaranteeing a high quality performance of the project.
- 2 - Dissemination of the project (WP2), with the main SO of disseminating the information produced by EpiSouth within the participating countries and to those who need to know through an ad hoc created website and an electronic bulletin.
- 3 - Evaluation of the project (WP3), with the main SO of evaluating the project and its achievements in terms of milestones, deliverables, and indicators.
- 4 - Network of public health institutions (WP4), with the main SO of facilitating the networking process and activities among participants in order to strengthen solidarity and cohesion.
- 5 - Training in field/applied epidemiology (WP5), with the main SO of strengthening the early response capacity of participating countries to health threats and infectious diseases spread.
- 6 - Cross-border epidemic intelligence (WP6), with the main SO of establishing a common platform on epidemic intelligence where participating countries may find broad internationally as well as regionally focused information.
- 7 - Vaccine-preventable diseases and migrant populations (WP7), with the main SO of assessing the access to immunisation and exchanging information on cases/outbreaks of vaccine-preventable diseases of migrant populations.
- 8 - Epidemiology and preparedness to cross-border emerging zoonoses (WP8), with the main SO of providing a platform for the communication of human (HPH) and veterinary public health (VPH) officials, describing risk assessment methods and providing a mechanism for exchanging information between HPH and VPH.

Methods

The main partner (ISS Italy) has developed a framework where all the managerial aspects are being included (WP1) and the information produced by the project are being disseminated (WP2). Three vertical WPs, "Cross-border epidemic intelligence-WP6" (InVS, France), "Vaccines and migrants-WP7" (NCIPD, Bulgaria) and "Cross-border emerging zoonoses-WP8" (HCDCP, Greece) constitute the technical basis.

The two horizontal Work Packages, "Networking-WP4" (Padua, Italy) and "Training-WP5" (ISCIII, Spain) provide tools that help fulfilling the objectives of the vertical Work Packages. The project is evaluated through a dedicated Work Package (WP3).

Project Network Organisation

Once the project had been approved by EC-DG SANCO, the effort done by the EpiSouth Project Steering Committee was to verify the strategic possibility to involve in the Project all the interested countries of Mediterranean area.

In this framework, the 1st Project Meeting was organised in Rome in March 2007. In addition to the 9 Countries which were involved in the project from the beginning, 13 countries from the Balkans, North Africa and Middle East participated in the meeting together with representatives of EU DG SANCO, EU ECDC, and WHO. Once the EpiSouth project objectives and methodology were discussed, the new organization and partnership were elaborated.

The 3rd Project Meeting took place in Sofia on 30th – 31st March and 1st April 2009 and, in addition to the Countries that attended the 2nd Meeting in Athens in December 2007, Libya was invited as potential partner of EpiSouth Network.

The Project Steering Committee is now composed by the 6 WP leaders Countries plus ECDC, EC-SANCO C3, WHO EURO, WHO EMRO and WHO LYO-HQ representatives as observers, in order to facilitate synergies and avoid overlapping. In addition Focal Points from non-EU countries such Algeria, Tunisia, Lebanon and Albania were invited as observers as well.

The participation of the Countries and the International Organisations to the project foresees three different levels of active involvement:

- a) Focal Points (FPs) of the Episouth Network (WP4). Each Country/International Organisation identifies and appoints one or two relevant persons acting as Focal Point (FP) of the Episouth Network and conveying all the communication/information to the relevant officers in their respective Countries/Organisations.
- b) Collaboration in the Work Packages Steering Teams (WPSTs). In order to facilitate and enhance the work, each Country/International Organisation actively collaborates in one or two WP Steering Teams, which is in charge of identifying the countries' needs, developing the tools and the conducive project environment in accordance with the specific objective and requirements of the related WP.
- c) Participation to the Work Packages activities. Each participating country takes part in the activities of one up to all the WPs in accordance with their needs and interests. The involvement in the activities of the WPs that are not chosen can be requested by the country in the coming years.

As per December 2009, the Network counts 26 Countries, which have identified and appointed a total of 66 Country Focal Points (31 from EU-Countries and 35 from non-EU Countries) plus 5 representatives from International Organisations and 2 representatives from the Italian Ministry of Work, Health and Social Policies as part of the Network.

Background

Migration and health is a very serious global problem. Many international institutions and projects carry out studies and try to clarify step by step the very complex link between migration and migrants' health. The project intends to provide a picture of Vaccine Preventable Diseases (VPD, i.e. tuberculosis, polio, measles, diphtheria, tetanus, pertussis, hepatitis B, rubella) among migrants in the project countries. This is deemed critical and helpful for improving the infectious disease control among migrating populations and contributing for the better health of migrating children and their families

Therefore the objectives of Work Package 7 (WP7 – Vaccine-preventable diseases and migrant populations) were set:

1. to assess the access to immunisation of migrant population and immigrants;
2. to collect data and exchange information on cases/outbreaks of VPD in this target group;
3. to provide an overview of existing programmes for monitoring and improving migrant populations immunisation coverage and to formulate recommendations.

The aim of the survey is to present a general up to date picture on the situation in the EpiSouth countries regarding the migration profile and to serve as a tool to reach the first and the third objective of WP7.

Methods

A survey among EpiSouth participating countries was performed using the structured questionnaire "Assessment of countries migration status profile and vaccination access of mobile population". The draft questionnaire "Vaccine preventable diseases and migrant population" was developed and was distributed to all the WP7 - Steering Team (ST) partners in order to ensure conducting of a pilot survey for assessment of the access of migrant population to immunizations. This preliminary study was performed among the seven WP7-ST countries and then the study was conducted among all the project participants using a revised questionnaire aimed at better understanding the process not only within EU countries but within non-EU countries as well.

In June 2008, in order to ensure enough time for collecting the required information (3 months in advance), the Word version of the questionnaire was sent to all 26 participating countries by e-mail.

In the meantime, the final version of the online questionnaire was developed and tested. The online questionnaire was uploaded and opened for compilation in the late September 2008. Data collection lasted until January 2009.

The questionnaire (Annex 1) contains a short introduction, special sections with Abbreviations and Glossary, and is divided into 5 sections that consist of 39 questions, designed for gathering information on countries' specificities related to: the immunization program and its implementation; the migrant population (type and size); methods for monitoring and assessment of vaccination coverage; availability of specific programs aimed at ensuring high vaccination coverage of migrant population; monitoring and surveillance of VPD in general and migrant populations in particular.

Because of the complexity of the process of migration, the discussions about the possible definition for migrants, especially for the project purposes, took a lot of time. Obviously, for the good execution of the project we have to concentrate around one possible group of migrants. However, the problem of migration and Communicable Diseases (CD) control and immunizations is very sensitive in most countries and we cannot reach a consensus on which group of migrants to choose and study during the project. For this reason, different migrants' groups were considered in the survey.

We assume that most of the Country Focal Points (FPs) need to have definitions about the migration and different migrants groups. To this purpose, we prepared and attached to the questionnaire a simple glossary to help the FPs in correctly compiling the questionnaire.

As for migrants' definition, a discussion about the list of CD and VPD that have to be included in the study took place. After this, we decided to consider the classic VPD which are included in the Expanded Programme for Immunization of the World Health Organization (WHO).

Results

We received information from 22 out of 26 EpiSouth participating countries.

The online questionnaire was compiled by all 9 EU EpiSouth countries and by 6 non-EU countries. Five non-EU countries compiled the Word version of the questionnaire which is slightly different from that made available online. Two countries sent only the very first preliminary questionnaire which was used during the pilot study.

Finally, 4 countries (2 from Balkans, 1 from Middle East and 1 from North Africa) did not respond to the questionnaire.

The results from each section the questionnaire are presented separately in the following paragraphs.

Immunisation programme implementation: general population

Information obtained through questions included in this section, aims to explore the organization of immunization systems of participating countries. We asked about the principles of National Immunization Programme (NIP), separately for children and for adults; if vaccines and their administration are free of charge for population or not, and which is the budget source; which classic Expanded Program on Immunisation (EPI) vaccines (antigens) are included in the NIP; and which Health Care Workers (HCW) or institutions are responsible for immunizations.

Immunizations against poliomyelitis, diphtheria, tetanus, pertussis, measles and hepatitis B are included in the immunization schedules of almost all countries. Tuberculosis (TB) is not in the immunization schedule of 6 EpiSouth countries (Table 1). Vaccines against mumps, hepatitis A, pneumococcal, meningococcal diseases, chickenpox (varicella) and human papilloma virus (HPV) are mandatory in some countries and recommended in others.

Table 1. EpiSouth 2008: procedure for immunisation of the general population - for children

Topic	Yes	No	NA
Vaccines are included into the NIP for children poliomyelitis, diphtheria, tetanus, pertussis, measles and hepatitis B, TB vaccine (BCG)	16	6*	0
Vaccines for children are included into the NIP free of charge	18	2	2
Vaccine administration is free of charge for children**	18	2	2
Responsible for immunisations of children in your country			
<i>general practitioner</i>	12	7	3
<i>vaccination center</i>	13	7	2
<i>other</i>	14	6	2

NA: No Answer; * only TB. ** the source of budget: Ministry of Health fund usually the NIPs; In some countries National Health Insurance (NHIF) and state budget fund the vaccine administration.

Actually here appears a point for discussion about the understanding which vaccines are in the NIP – mandatory only, or all available in the country, including the recommended vaccines.

A wide range of other vaccines not included into NIP are offered to the adults free of charge (Influenza vaccine in two countries) or partially paid, or in full by the vaccinees (Table 2): vaccines against hepatitis B, hepatitis A, TB, typhoid fever, rabies; meningococcal vaccine, pneumococcal vaccine, etc.

Table 2. EpiSouth 2008: procedure for immunisation of the general population - for adults

Topic	Yes	No	NA
NIP for adults in the country	14	6	2
Vaccines included into the NIP for adults			
<i>poliomyelitis</i>	2	18	2
<i>measles</i>	1	19	2
<i>diphtheria</i>	8	12	2
<i>tetanus</i>	10	10	2

<i>pertussis</i>	0	20	2
<i>hepatitis B</i>	5	15	2
<i>TB vaccine (BCG)*</i>	1	19	2
<i>rubella</i>	2	18	2
Vaccines for adults, included into the NIP free of charge	13	2	7
Vaccine administrations free of charge for adults*	12	3	7
Responsible for immunisations of children in your country			
<i>general practitioner</i>	14	2	6
<i>vaccination center</i>	14	3	5
<i>other</i>	11	5	6

NA: No Answer; *the source of budget for those which are free of charge are: National Health Insurance, employer (for occupational risk groups) or Ministry of Health

Vaccines for people at occupational risk or other risk groups are offered in some countries free of charge.

As regard how to collect and where it is possible to find useful information about the immunization schedule, it comes out that 18 countries update the website of WHO. Actually we consider that this is the result of a possible mistake/misunderstanding because at the WHO web page all countries are presented with available information about immunizations. Furthermore, the web pages of national institutions such as Ministry of Health and the National Centres/Institutes responsible for Public health, or National Institutes dealing with communicable diseases, serve as an additional source of information about the immunization policy of countries, especially if they are designed not only in the national language but in other internationally accepted language too. In our study 12 countries present information regarding their national immunization schedule on the web page of their own or other national institution while 10 countries do not have this information available in the national website (Table 3). This allows making some preliminary working conclusions about the possible individual immunity of members of the vulnerable migrating population.

Table 3. EpiSouth 2008: information concerning national immunisation schedule

Topic	Yes	No	NA
Information concerning your national immunisation schedule is up to date on the following <i>web pages</i>			
http://www.who.int/immunization_monitoring/en/globalsummary/scheduleselect.cfm	18	4	0
http://www.euvac.net/graphics/euvac/vaccination/vaccination.html	13	9	0
Information concerning your national immunisation schedule is available on the web page of your institution	12	10	0
Information concerning your national immunisation schedule is available on the web page of a national institution?	11	10	1

NA: No Answer

Moreover the web addresses of most of the institutions involved in the project survey were collected and created a list of web pages (Annex 2), which could support the work of partners in case of necessity. It has to be recommended to periodically update this list.

Immunisation programme implementation: mobile population

In this section Country FPs (CFPs) are asked about: the presence of any specific regulation which supports immunizations of migrants and of nomadic population in the respective country; the existence of specific programs which help/facilitate the access of immigrants and nomadic population to the immunization service in the respective country; official Requirements from legal migrants as evidence of their personal immunization history; the institutions/organizations which support immunizations of illegal immigrants in the respective country; the organization process of immunizations of children from legal and illegal migrants' families, as well as immunizations of adult migrants (responsible institutions, payment of vaccines & vaccine administration, and budget

source, Health Care Systems (HCS) and HCW involved in the process); the monitoring of immunization coverage of mobile population, immigrants, country specific nomads; the existence of information about completeness of immunization status of migrant children and about the immunization coverage among migrants by age groups.

Question about specific regulation supporting immunizations of immigrant population is general and does not define which immigrants it is related to (if legal or illegal). Few countries have mentioned the existence of laws, regulations oriented to both groups. In particular: one country requires mandatory immunizations for new legal immigrants, before being allowed to stay in the country. Another country has Government Vaccination Plan and specific ad hoc government decrees. A third country has mentioned that there are some specific regulations about immigrant's vaccination but nothing is described. Half of participants gave negative answer to this question (Table 4).

Table 4. EpiSouth 2008: immunisation programme implementation in mobile population

Topic	Yes	No	NA
Presence of any specific regulation supporting immunisations of immigrant population in the country	11	11	0
Presence of any specific regulation supporting immunisations of nomadic population in the country	2	18	2
Presence of any specific program/approach for the immigrant population in the country facilitating their access and acceptance of immunisations (<i>Example: trained mediators supporting health care system</i>)	12	8	2
Presence of any specific program/approach for the nomadic population in the country facilitating their access and acceptance of immunisations			
<i>traditionally nomadic population in Europe (Roma people)</i>	9	12	1
<i>other nomadic population (country specific)</i>	6	13	3
Personal Immunisation Record* obligatory required by the country health authorities from people belonging to the following <i>legal</i> migrant groups			
<i>workers</i>	6	15	1
<i>students</i>	8	13	1
<i>children</i>	12	9	1
<i>other</i>	8	13	1
Organizations supporting immunisations of <i>illegal</i> migrants			
<i>Ministry of Health and National Immunisation Programme</i>	17	5	0
<i>Red Cross</i>	5	17	0
<i>United Nations</i>	4	18	0
<i>Non-governmental organizations (NGOs)</i>	8	14	0
<i>Other</i>	2	20	0

NA: No Answer; * document for the person's immunisation status

Actually 20 countries do not answer or answered "no" on the question about specific regulation for immunizations of nomadic population in the respective country. Only 4 countries give short information about the immunization approach to country specific nomad population. However, 12 participants notice that in their countries are introduced specially oriented vaccination activities and are performed some programs towards ensuring acceptance of immunizations and facilitating the access of immigrant population in the country. It has to be mentioned that a serious variety exists according to the presence of specific regulation which arranges immunization of immigrants within the participating countries. In addition, in some countries involved in the project, a range of programs are obviously implemented and work. Exchange of ideas and experience of good working & successful practices could help participating countries. As regard the access of country specific nomad population to immunization, supported by special programs it is evident that Roma population which is typical for the Balkan geographic region has a real, regulated access to immunizations but practically as a result of different social, behavioral and traditional reasons do not accept completely vaccinations, and in almost all EU and non-EU countries in the Balkan peninsula special approaches are introduced in order to reach this minority and ensure children's immunization coverage. The Personal Immunization Record (PIR) is one useful document which

could help for clarifying the vaccination immunity of legal migrants and consequent steps for their VPD prevention during their stay abroad. In this study, only 6 countries (27%) require from workers such type of document. The percentage of countries which requires PIR from children of legal migrants is slightly higher – 12 countries (57%) (see Table 4).

About the source of budget for immunizations of migrants, 16 countries have specified the Ministry of Health and NIP as a source of the budget for immunizations of legal migrants, as the same rules are applied to legal migrants and to the local population. The alternative source is the National Health Insurance (if their parents have such insurance). Fourteen countries have indicated the Ministry of health and NIP as a source of the budget for immunizations of illegal migrants. Alternative sources for some countries are Red Cross, Non-Governmental Organization (NGOs), and Ministry of Internal Affairs. Fifteen countries have shown the Ministry of health and NIP as a source of the budget for immunizations of nomadic population, as the same rules are applied to the local population; National health insurance (basic programme).

About the free of charge immunizations for migrants' children, 13 countries reported Ministry of health as a source of funds for legal migrants and the National Health Insurance funds this activity in 4 countries. For nomads' children, Ministry of health and the National Health Insurance mostly fund vaccine administration. In some countries Red Cross and NGOs support immunizations.

About the free of charge immunizations for adult migrants, 45% of participants report that tetanus vaccination is accessible for all migrants and other vaccines as hepatitis B vaccine, hepatitis A vaccine, typhoid fever, etc., could be proposed to some risk groups and will be paid by national health insurance or by employer

About the organization of immunization service for migrants, most countries informed that the approach combines routine health care system with an outreach system and other variants as catch-up campaigns, mobile teams, outreach system for asylum seekers, ad hoc strategies aimed at increasing awareness and access to the health system (Table 5).

Table 5. EpiSouth 2008: organization process of immunizations

Topic	Yes	No	NA
Vaccines included into NIP free of charge for children from the families of the following migrant groups			
<i>Immigrant whose stay is legal</i>	19	3	0
<i>Immigrant whose stay is illegal</i>	15	7	0
<i>Nomadic population</i>	19	3	0
Vaccine administration free of charge for children from the following migrant groups			
<i>Immigrant whose stay is legal</i>	18	4	0
<i>Immigrant whose stay is illegal</i>	14	8	0
<i>Nomadic population</i>	18	4	0
Vaccines and immunisation for adult's migrant groups free of charge	10	10	2
Method of organization the immunisation service for migrants in the country			
<i>As a part of the routine health care system</i>	19	3	0
<i>As an outreach system</i>	10	12	0
<i>Other</i>	4	18	0
Responsible for immunisations of immigrant population in the country			
<i>General practitioner</i>	14	7	1
<i>Vaccination Centre</i>	14	7	1
<i>Other</i>	11	10	1

NA: No Answer

About the structures involved in the immunization service, general practitioners and vaccination centres are the basic providers of immunizations in 14 countries; in 11 countries, other providers are public health departments in the District/s, Institute of Public Health; paediatricians, school medicine doctors, epidemiologists; Health Centres/Institutions specifically dealing with immigrants; international organizations and NGOs, etc. (see Table 5).

It is shown in Table 6 that nearly 91% of countries participating to the study do not monitor separately the immunization coverage of migrants/mobile or nomad people. The number of immunized from these groups is included in the total figures of immunized in the country. Only 2

countries have mentioned some experience in immunization coverage monitoring among migrating children. It is not possible to calculate the immunization coverage of migrating populations and make conclusions about their individual or herd vaccine immunity and whether they are prevented against VPD or are susceptible. Six countries reported they do not include the number of vaccinated children from mobile groups into the total number of immunised children and only one of them has information about the number of immigrant children, fully immunised with EPI antigens.

Table 6. EpiSouth 2008: monitoring of immunization coverage of mobile population, immigrants, country specific nomads

Topic	Yes	No	NA
Immunisation coverage of:			
Mobile population monitored separately from the national	1	19	2
Immigrants' children monitored separately from the national	2	20	0
Nomadic populations' children monitored separately from the national			
<i>traditionally nomadic population in Europe (Roma people)</i>	2	18	2
<i>other nomadic population (country specific)</i>	1	19	2
Children belonging to mobile groups included into the total immunised children	16	6	0

Twelve countries give an estimation of immunization coverage of children >80% and 4 countries do not answer. Obviously this is a rough estimation derived from the total immunization coverage of children in the respective country. The absence of monitoring and/or specially designed surveys does not allow to have specific estimation for migrant children in most of the countries.

It was mentioned that migrant children are included in the general vaccination coverage figures. Only 2 countries assume that immunization coverage in migrants under 2 years of age is better than in other age groups, and 3 respond for better immunization coverage in the school age. All 5 countries reported the worse immunization coverage in adult and elderly migrants.

Mobile groups' access to immunization programmes

In this section CFP are asked about: the presence of information for access of migrants to immunizations and equality of the service for native people and migrants; observations about migrants taking advantage of the right to be immunized and official evidence about that (publications or studies); no documented but empiric observations about less immunized population groups in the country and the reasons for their lower immunization coverage.

Ten countries have information about the access to immunizations of migrant population. The access to the immunisation service is equal for people of native origin and for migrants in 18/22 countries.

It has to be noticed the variety about the access to immunizations of migrants. It seems in many countries, the access of migrant children to EPI vaccines is ensured and free of charge.

Studies among legal migrants showed still some barriers (lack of awareness, language).

The illegal status plays a negative role because of the fear for identification. Studies showed several barriers (lack of awareness, fear because of the illegal status, language barrier).

One country reported to have information suggesting that Roma children experience some obstacles in achieving immunizations. Studies conducted in another country suggest that despite the access to immunization is ensured by law, Roma population do not benefit this right and immunization coverage is pretty low in some areas. Finally studies conducted in other countries showed several barriers (lack of awareness, fear for their illegal status, language), many refusals, and a vaccine coverage of Roma children significantly lower than the national immunization coverage.

Four countries provide reference publications for these findings.

Thirteen out of 22 countries do consider that despite the lack of official information/data, some population groups are less covered by immunisation than the rest of the population and these are mostly illegal migrants and Roma people in Europe.

The main reasons pointed are, lack of trust in authorities, lack of information about immunizations and limited access to health care.

CD surveillance: VPD and outbreaks

This section aim to investigate on: institutions and HCW responsible for CD surveillance (at different level); the place of VPD surveillance in the national CDS and the list of VPD included in the system; specific surveillance for VPD in mobile population; information about VPD outbreak/s among the mobile population (since 2006) and if a national/local outbreak is a result of outbreak which has begun among mobile groups; the legislative possibility for official exchange of immunization history personal data between countries and relationships between CDS systems of the possible collaborating countries.

Twenty countries responded and explained in short the institutions – main actors involved in the national CD /VPD surveillance. Despite the local differences, the three-step system is in place: primary level (general practitioners, paediatricians, field epidemiologists, family physicians, hospitals and health care centres), middle level (district and regional – mostly departments/institutions of public health or other country specific structures having similar functions) and upper level (national: Ministries of Health and National Institutes of Public Health or National Centres for Disease Control).

VPD surveillance is included in the National CDS in 20 countries (2 CFP did not respond). Surveillance of classic VPD as polio, measles, diphtheria, tetanus, pertussis, rubella and hepatitis B are included in the national CDS in 20 countries, TB surveillance is in place in 17 countries. Other VPD for which vaccinations are recently introduced in the immunization programmes or are recommended but not mandatory, are in the CDS of very few countries: Hib infections (7 countries), hepatitis A (3 countries), mumps (11 countries), meningococcal (5 countries) and pneumococcal (2 countries) infections, varicella (3 countries).

Specific VPD system for mobile population is reported by 2 CFPs only.

Since the beginning of 2006, information about VPD outbreaks among mobile population in the respective country is reported by 11 countries. For 10 countries the source of information is the national CDS or reports of WHO, or information from UNRWA.

Local/national VPD outbreaks occurred in 7 countries as a result of outbreaks started in mobile population. Information about these outbreaks could be found mainly in the country surveillance system archives but these are not published in scientific journals.

The question about the possible exchange of information about the personal immunization data is related to the Legislation of the respective country and how far it allows (in case of necessity) submission of such data to an other country. This is related to situations where, such data are officially required by the Ministry of Health (MoH) of one country to the MoH of another.

Here, comments from one country are interesting, which have mentioned that according to Legislation, personal data can only be provided for public health reasons and these data must always be handled with confidentiality; similar is the comment from another country – that this exchange would be possible if is restricted to a confidential area.

Mobile population figures

This section aims at investigating on: the profile of mobile population in the respective country; the profile of legal immigrants and visitors, and which group presents the biggest part of migrants; the information related to the statistical data for migrants in the respective country.

As regards legal migration, as it was assumed that the CFP can collect more easily information about statistical data for legal migration and health service of the respective group in their country, and the information can help to exchange good practices, in this section of the questionnaire we asked about some most frequent migrants grouped as follows: asylum seekers and refugees,

family reunification immigrants, worker immigrants, seasonal labor immigrants, tourists and students. Twenty-one CFP reported legal migration in their countries. Most of them reported that most of legal migrants are tourists and short term visitors (11 countries) while students and worker immigrants constitute a negligible quota of legal migration.

The presence of illegal migrants is reported by 14 CFP.

12 countries report traditionally nomadic population in Europe (Roma people) and 10 countries report country specific nomadic population.

It is evident that there is a great variety regarding the official statistical information and especially the type of this information and how far it can serve for the purposes of the VPD prevention or how much it help in organizing immunization service of illegal migrants and nomadic population. Information is available for 7 countries, which provided figures for one year between 2001 and 2007 (Table 8).

Table 8. EpiSouth 2008: availability of statistical data for migrants in the respective country

Topic	Yes	No	NA
Presence of national official information (number of persons) about			
<i>legal Immigrants</i>	15	3	4
<i>illegal Immigrants</i>	5	14	3
<i>nomadic population</i>	7	11	4
The national statistic collect information on			
<i>country of origin of legal immigrants entering in the country</i>	15	4	3
<i>country of origin of illegal immigrants entering in the country</i>	7	13	2
Identifying immigrants in the statistical data			
<i>as immigrant</i>	6	13	3
<i>on country of birth</i>	8	11	3
<i>on country of citizenship</i>	16	3	3
Presence of statistical data about age and sex of mobile population	7	12	3

Discussion

The countries participating in this survey represent diverse contexts of immigration and levels of integration of migrants.

Legal and illegal migration is present everywhere in the region and in different proportions. European countries are those most affected by immigration. Internally displaced persons are living in countries in Balkans and Middle East and are of great concern for the public health services including CD surveillance and prevention. Roma population is specific for the Balkans and EU countries (predominantly settled at one place or as nomads travelling within the respective country or abroad, mostly in EU countries, with or without documents). Other country specific nomads are noticed in North African and Middle East.

The organization and delivery of medical services is a national competence and therefore differs among countries. All classic EPI vaccines (poliomyelitis, diphtheria, tetanus, pertussis, measles, rubella and hepatitis B) are included in the immunization schedules of almost all countries. Vaccines against mumps, hepatitis A, pneumococcal, meningococcal diseases, chickenpox (varicella) and human papilloma virus are mandatory in some countries and recommended in others.

We consider that it is important to administer the EPI/WHO recommended vaccines and also the cost for their administration. If they are free of charge for the population, it could help very much in ensuring immunizations of vulnerable persons from hard –to-reach-groups. In most participating countries their costs are funded by the Ministry of Health/ NIP or Health Insurance (National Health Insurance Fund, NHIF). Immunizations are administered by GP, vaccination centres, private doctors or public health specialists (medical doctors, epidemiologists). Few vaccines for adults, mainly tetanus and diphtheria vaccines, are included into NIP in more than a half of participating countries and probably can be given free to migrants if needed.

Correct and updated information about the immunizations for the general population is an important tool which helps public health experts in ensuring relevant vaccine prevention of legal migrants.

54% of countries support specific approach for immunizations of immigrants (children and/or adults), and 41% support specific approach for immunizations of nomadic populations. Official documents/immunization certificates are not uniformly required as a part of documentation of the legal migrants, and no universal approach was found in the EpiSouth region. In the country of migration, immunizations of legal migrants are performed according to the rules for the native population. Migrants' immunizations are not monitored separately (i.e. the figures are included into the national immunization coverage).

Immunizations of illegal migrants are supported by the MoH/NIP and alternatively by international organizations (IOM: International Organization for Migration; WHO/UNICEF United Nations Children's Fund; Red Cross) or NGOs.

Immunizations of Roma population (settled and nomads) are performed according to the rules adopted for the native population and are not monitored separately (i.e. the figures are included in the national immunization coverage).

Immunizations of other country specific nomads are also performed according to the rules adopted for the native population or through the procedures followed by the supporting international organizations or NGOs.

The lack of separate information about the immunizations of migrant children (numbers) does not allow to calculate the proportion of fully immunized persons by vaccine antigens or to present group-specific immunization coverage. Anyway, it is reported roughly to be >80% in 12 out of 22 countries).

No information is available for migrants' immunizations by age groups. It is supposed that children up to 2 years are better immunized but no data from routine surveillance can be presented as evidence.

Almost 50% of countries have information available about the mobile groups' access to immunizations, mainly on principle that the legislations does not allow the opposite (i.e. migrants have the right of equal access to the health care including preventive medicine and immunizations). On the other hand there are some rules in place which ensure free immunizations of the migrants' children. Another point is that migrants have the same rights of access to immunization service as the people of native origin.

Following the last assertion most migrants, despite their age, purpose of stay, legal status, can benefit the opportunity to be immunized according to the requirements of the relevant immunization schedule. A little part of illegal migrants do not take this advantage because of fear of identification, lack of awareness, lack of information about the responsible structures, language barriers, etc.

The information about the acceptance of proposed immunization service among illegal immigrants is insufficient. Studies conducted in specific countries can give a flavor for the local picture but could not serve to represent the whole EpiSouth region.

Asylum seekers and refugees are migrants whose access to health care including immunization is regulated and it is expected that they are fully immunized.

Some studies showed that Roma population has low immunization coverage of NIP vaccines despite the full and free access to immunizations.

Despite the lack of official information, 13/22 countries consider that some population groups are less covered by immunization than others, especially illegal migrants, Roma people and some country specific nomads. The main reasons for the lower immunization coverage within these groups are the lack of information about immunizations, lack of trust in authorities, limited access to health care and financial constraints, and language barriers.

The VPD are under surveillance as other infectious diseases. Public health structures are involved in the surveillance process in almost all countries in a very similar manner and, except for two countries, VPD in mobile populations are not monitored separately.

The national surveillance system is pointed as a source of information for VPD outbreaks in migrants in 10 countries only.

Scientific publications in journals or on the WEB are insufficient, very rare and do not contribute to increase the knowledge on this topic. We just mention few WHO reports of epidemiological investigation & control of some VPD outbreaks which rose in Balkans after 2006.

Data about the type of migrants and their country of origin could be found in the national statistic reports but not available in specific way for the public health purposes.

Information about sex of migrants is not sufficient. We assume that the mother and child health and protection is the main objective but, in general, we accept that immunizations have to be done to all people that are not immunized/protected independently on gender.

Conclusions

A huge diversity in the migration process within the EpiSouth region exists.

No specific evidence for the influence of migration on VPD is found, possibly because official information is not available, except for few studies supported by WHO/UNICEF in some countries.

Relevant strengths are found and can be presented as follows:

- Well structured public health services are in place in participating countries.
- NIP are developed and established.
- Vaccines and immunizations are free of charge for children.
- Official sources of information for immunization schedules are: international WHO internet database, EU/ECDC projects (VENICE and EUVAC.NET) and official websites of national public health institutions and MoH.
- Political willing for equality of migrants' access to the health care is declared at the international level; in the same context the access to the immunization service is brought as international rule and should be applied in all countries.

Relevant weaknesses are found and can be presented as follows:

- Lack of uniform and appropriate definitions (for migrants) in the process of data collection and for surveillance purposes.
- Lack of information for ~50% of participating countries about specific regulations supporting immunizations of immigrant population in the country because no regulations exist for some immigrating groups in the country (in addition, more than 50% of countries do not have specific regulations supporting nomadic populations in their own countries).
- Lack of structured/regular monitoring of epidemiological data related to migrant groups (VPD incidence; vaccinations).
- No sufficient information about vaccinations of legal migrants.
- No correct information about vaccinations of illegal migrants.
- Difficulties for immunizations of Roma populations.
- Difficulties for immunizations of internally displaced people.
- No specifically trained public health/social workers staff in some countries.
- Lack of experience in dealing with migrants.
- Insufficient collaboration with other governmental structures, agencies, institutions.

Acknowledgements

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ANNEX 1

WP7 Questionnaire Assessment of countries migration status profile & vaccination access of migrant population

This questionnaire aims at identifying and characterizing the population groups who are less covered by the national immunisation programmes than the rest of the population in countries participating in the EpiSouth project, with a specific attention to mobile population

This assessment does not, in any way, intend to infringe the countries confidentiality in this area but it is important that the answers reflect the actual knowledge in this matter and the needs for improving cross-border communication and response in the future.

The data and information will be used only for the purpose of the project without any stigmatization.

Information collected through the questionnaires will be confidential and only overall results will be communicated. The use of individual country data will be subject to country approval.

Please, tick off the boxes where required. More than one option is possible for some questions.

Do not leave any cell blank on the questionnaire.

Please add your comments in the space provided for that purpose.

Glossary

Migrant: person moving from one place of residence to another

International migrant: person who changes his or her country of usual residence

Nomad: Person without a fixed place of residence who moves from one site to another (internal or international migrant)

Mobile population: person moving from one place to another (including migrant and nomad)

Refugee: person granted refugee status either before arrival or upon arrival in the receiving country. Refugee status can be granted on the basis of the 1951 Convention and the 1967 Protocol relating to the Status of Refugees or pertinent regional instruments

Asylum: Asylum is a form of protection given by a State on its territory based on the principle of "nonrefoulement" and internationally and nationally recognized refugee rights. It is granted to a person who is unable to seek protection in its country of citizenship and /or residence in particular for fear of being persecuted for reasons of race, religion, nationality, membership of particular social group or political opinion

Asylum seeker (refugee claimant): person whose application for asylum (under the 1951 Refugee Convention) is pending in the asylum procedure or who are otherwise registered as asylum-seekers

Seasonal Labour migration: is very common in agricultural cycles; it is arranged with farmers to provide the necessary help at the seasonal time, often with foreign nationals whose employment opportunities are more limited in their home areas

Legal immigrant: immigrant whose stay is legal in the hosted country

Illegal immigrant: immigrant whose stay is illegal in the hosted country

Visitors (from abroad to the country): Person admitted for short stays for purposes of leisure, recreation, holidays; visits to friends or relatives; business or professional activities not remunerated from within the receiving country; health treatment; or religious pilgrimages. Visitors include excursionists, tourists and business travelers.

Based on: Recommendations on Statistics of International Migration, Revision 1 United Nations, New York, 1998

http://unstats.un.org/unsd/publication/SeriesM/SeriesM_58rev1E.pdf

Abbreviations

CD	Communicable disease
CDS	Communicable disease surveillance
CFP	Country focal point
EPI	Expanded Programme on Immunizations
EPI Antigens	TB, Polio, Measles, Diphtheria, Tetanus, Pertussis, Hepatitis B, Rubella
HCS	Health care systems
HCW	Health care workers
IC	Immunisation coverage
IOM	International Organization of Migration
MoH	Ministry of health
NGO	Non-Governmental Organization
NHIF	National health insurance Fund
NIP	National Immunization Programme
PIR	Personal immunization record
ST	Steering team
TB	Tuberculosis
UN	United Nations
UNRWA	United Nations Relief and Works Agency
VPD	Vaccine-preventable disease
WP	Work package
WHO	World Health Organization

Identification of the EpiSouth Focal Point filling in the questionnaire

First name: _____

Last name: _____

Email: _____

Country: _____

SECTION 1 - IMMUNISATION PROGRAMME IMPLEMENTATION: general population

1. Procedure for immunisation of the general population in your country

1.1 For children

A) Which antigens are included into the NIP for children?

- | | | |
|--------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> TB | <input type="checkbox"/> Polio | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Other |

If other, specify (max 100 chars)

.....

B) Are the vaccines for children, included into the NIP free of charge?

Yes ☐ No ☐

C) Is vaccine administration free of charge for children?

Yes ☐ No ☐

If yes, specify the source of budget (max 100 chars)

.....

D) Who is responsible for immunisations of children in your country?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Vaccination Centre | <input type="checkbox"/> Other |
|---|---|--------------------------------|

If other, specify (max 100 chars)

.....

1.2 For adults

A) Is there NIP for adults in your country?

Yes ☐ No ☐

If yes, which antigens are included into the NIP for adults?

☐ TB ☐ Polio ☐ Measles
☐ Diphtheria ☐ Tetanus ☐ Pertussis
☐ Hepatitis B ☐ Rubella ☐ Other

If other, specify (max 100 chars)

B) Are the vaccines for adults, included into the NIP free of charge?

Yes ☐ No ☐

C) Is vaccine administrations free of charge for adults?

Yes ☐ No ☐

If yes, specify the source of budget (max 100 chars)

D) Who is responsible for immunisations of adults in your country?

☐ General practitioner ☐ Vaccination Centre ☐ Other

If other, specify (max 100 chars)

2. Is the information concerning your national immunisation schedule up to date on the following web pages?

http://www.who.int/immunization_monitoring/en/globalsummary/scheduleselect.cfm

Yes ☐ No ☐

<http://www.euvac.net/graphics/euvac/vaccination/vaccination.html>

Yes ☐ No ☐

3. Is the information concerning your national immunisation schedule available on the web page of your institution?

Yes ☐ No ☐

If Yes, please provide the web address (max 100 chars)

4. Is the information concerning your national immunisation schedule available on the web page of a national institution?

Yes ☐ No ☐

If Yes, please provide the web address (max 100 chars)

SECTION 2 - IMMUNISATION PROGRAMME IMPLEMENTATION: mobile population

5. Do you have any specific regulation supporting immunisations of immigrant population in your country?

Yes ☐ No ☐

If Yes, could you describe it shortly? (max 200 chars)

6. Do you have any specific regulation supporting immunisations of nomadic population in your country?

Yes ☐ No ☐

If Yes, could you describe it shortly? (max 200 chars)

7. Do you have any specific program/approach for the immigrant population in your country facilitating their access and acceptance of immunisations?
(Example: trained mediators supporting health care system)

Yes ☐ No ☐

If Yes, could you describe it shortly? (max 200 chars)

8. Do you have any specific program/approach for the nomadic population in your country facilitating their access and acceptance of immunisations?

Yes ☐ No ☐

-Traditionally nomadic population in Europe (Roma people)

If Yes, could you describe it shortly? (max 200 chars)

-Other nomadic population (country specific)

Yes ☐ No ☐

If Yes, could you describe it shortly? (max 200 chars)

9. Is Personal Immunisation Record (document for the person's immunisation status) obligatory required by the health authorities in your country from people belonging to the following *legal* migrant groups?

If other, specify (max 100 chars)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Workers | <input type="checkbox"/> Students |
| <input type="checkbox"/> Children (family members of the above mentioned) | <input type="checkbox"/> Other |

10. Which one of the following organizations supports immunisations of *illegal* migrants?

If other, specify (max 100 chars)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Ministry of Health and National Immunisation Programme | <input type="checkbox"/> Red Cross |
| <input type="checkbox"/> United Nations | <input type="checkbox"/> NGOs |
| <input type="checkbox"/> Other | |

11. Are vaccines included into NIP free of charge for children from the families of the following migrant groups in your country?

- Immigrant whose stay is legal

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

- Immigrant whose stay is illegal

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

- Nomadic population

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

12. Is vaccine administration free of charge for children from the following migrant groups in your country?

- Immigrant whose stay is legal

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

- Immigrant whose stay is illegal

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

- Nomadic population

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

13. Are vaccines and immunisation free of charge for adult's migrant groups in your country?

If Yes, specify the antigens

If other, specify (max 100 chars)

If Yes, specify the source of the budget (max 100 chars)

Yes ☐ No ☐

- | | | |
|--------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> TB | <input type="checkbox"/> Polio | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Other |

- | |
|--|
| <input type="checkbox"/> As a part of the routine health care system |
| <input type="checkbox"/> As an outreach system |
| <input type="checkbox"/> Other |

14. How is organized the immunisation service for migrants in your country?

If other, specify (max 100 chars)

15. Who is responsible for immunisations of immigrant population in your country?

- | | | |
|----------------------------------|---|--------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> Vaccination Centre | <input type="checkbox"/> Other |
|----------------------------------|---|--------------------------------|

If other, specify (max 100 chars)

practitioner

16. Do you monitor the immunisation coverage of the mobile population in your country, separately from the national immunisation coverage?

Yes

☐

No

☐

17. Do you monitor the immunisation coverage of immigrants' children in your country, separately from the national immunisation coverage?

Yes

☐

No

☐

18. Do you monitor the immunisation coverage of nomadic populations' children in your country, separately from the national immunisation coverage?

-Traditionally nomadic population in Europe (Roma people)

Yes

☐

No

☐

-Other nomadic population (country specific)

Yes

☐

No

☐

19. Is the number of vaccinated children belonging to mobile groups included into the total number of immunised children?

Yes

☐

No

☐

If No, do you have information about the number of children belonging to immigrant groups, fully immunised with EPI antigens?

Yes

☐

No

☐

If Yes, please estimate the immunisation coverage of children belonging to immigrant groups

Yes

☐

No

☐

20. Is there information about the number of fully immunised migrant children by each of the EPI antigens (BCG, Polio, Measles, Diphtheria, Tetanus, Pertussis, Hepatitis B and Rubella)?

Yes

☐

No

☐

If Yes, please give more details (max 200 chars)

21. Do you have any observations or information about the immunisation coverage among the migrant population by age target groups?

Yes

☐

No

☐

If Yes, please indicate which age group(s) is (are) better covered

☐

Up to 2 ys of age

☐

At school age

☐

Adults

☐

Elderly

SECTION 3 - MOBILE GROUPS' ACCESS TO IMMUNISATION PROGRAMMES

22. Do you have any information about the access to immunisations of migrant population in your country?

Yes

☐

No

☐

Please give details if available (max 200 chars)

23. Is the access to the immunisation service equal for people of native origin and for migrants?

Yes

☐

No

☐

24. Are there any observations or information in your country that some migrant populations do not take advantage of the right / opportunity to be protected by immunisations?

-Immigrant whose stay is legal

Yes

☐

No

☐

If Yes, specify (max 100 chars)

-Immigrant whose stay is illegal

Yes

☐

No

☐

If Yes, specify (max 100 chars)

-Traditionally nomadic population in Europe (Roma people)

Yes

☐

No

☐

If Yes, specify (max 100 chars)

- Other nomadic population (country specific)

Yes

☐

No

☐

If Yes, specify (max 100 chars)

25. Could you present some publications or studies linked to this matter?

Yes ☐ No ☐

If Yes, list the references (max 4000 chars)

.....
.....
.....

26. If official information/data is not available, do you consider that some population groups are less covered by immunisation than the rest of the population in your country?

Yes ☐ No ☐

27. If yes, which population group/s do you consider to be less covered by immunisation than the rest of the population in your country?

- ☐ Immigrant whose stay is legal
☐ Immigrant whose stay is illegal
☐ Traditionally nomadic population in Europe (Roma people)
☐ Other nomadic population (country specific)
☐ Other population groups

If Other, please specify (max 100 chars)

.....

28. If appropriate, what do you consider to be the main reasons for the lower immunisation coverage in the populations groups mentioned above?

- ☐ Financial constrains ☐ Limited access to health care
☐ Lack of trust in authorities ☐ Lack of information about immunisations
☐ Language barriers ☐ Other reasons

If Other, please specify (max 100 chars)

.....

SECTION 4 - CD SURVEILLANCE: VPD and OUTBREAKS

29. Who (which institution/organization) is responsible for CD surveillance in your country? *Please specify institution and responsible public health specialists*

-At primary level (max 1000 chars)

-At regional/sub-national level (max 1000 chars)

-At national level (max 1000 chars)

.....
.....
.....

30. Is the VPD surveillance included into the National CDS system?

Yes ☐ No ☐

If Yes, please list the VPD included

- ☐ TB ☐ Polio ☐ Measles
☐ Diphtheria ☐ Tetanus ☐ Pertussis
☐ Hepatitis B ☐ Rubella ☐ Other

If other, specify (max 100 chars)

.....

If No, is there some VPD subject of specific monitoring? Please describe (max 200 chars)

.....
.....

31. Is there a specific surveillance for VPD in mobile population in your country?

If Yes, please list institution/organization, responsible for VPD surveillance in migrant population in your country

-At primary level (max 1000 chars)

-At regional/sub-national level (max 1000 chars)

-At national level (max 1000 chars)

Yes ☐ No ☐

.....
.....
.....

32. Do you have any information about VPD outbreaks among mobile population in your country since the beginning of 2006?

Yes ☐ No ☐

If Yes, please specify the source of information

- ☐ National Surveillance System ☐ Scientific journal
☐ Web site ☐ Other

If other, specify (max 100 chars)

33. Do you have any information about local/national VPD outbreaks occurred as a result of outbreak started in mobile population in your country since the beginning of 2006?

Yes ☐ No ☐

If Yes, please specify the source of information

- ☐ National Surveillance System ☐ Scientific journal
☐ Web site ☐ Other

If other, specify (max 100 chars)

34. Does the Legislation in your country allow (in case of necessity) submission of personal data about the immunisation status of your citizens to other country, officially requiring such data?

Yes ☐ No ☐

If Yes, can the responsible institution/organization provide this information to the CD Surveillance System of the other country, investigating a VPD outbreak?

Yes ☐ No ☐

Comments (max 4000 chars)

SECTION 5 - MOBILE POPULATION FIGURES

35. Do you have any mobile population in your country?

Yes ☐ No ☐

35.a - Immigrants or visitors whose stay is legal

Yes ☐ No ☐

Could you specify?

- ☐ Asylum seekers and Refugees ☐ Worker immigrants
☐ Family reunification immigrants ☐ Seasonal Labour immigrants
☐ Tourists and short term visitors ☐ Students
☐ Others

If others, specify (max 100 chars)

Among them, which one of the groups is the biggest in your country?

Yes ☐ No ☐

35.b - Immigrants or visitors whose stay is illegal

If Yes, specify (max 100 chars)

35.c - Traditionally nomadic population in Europe (Roma people)

Yes ☐ No ☐

35.d - Other nomadic population (country specific)

Yes ☐ No ☐

-Other

Yes ☐ No ☐

36. Is there any national official information (number of persons) about:

-Legal immigrants

Yes ☐ No ☐

Does the national statistics distinguish

- ☐ Asylum seekers and Refugees ☐ Worker immigrants
☐ Family reunification immigrants ☐ Seasonal Labour immigrants

If others, specify (max 100 chars)

-Illegal immigrants

-Nomadic populations

37. Does the national statistic collect information on

- Country of origin of legal immigrants entering in your country

If Yes, specify countries (max 100 chars)

- Country of origin of illegal immigrants entering in your country

If Yes, specify countries (max 100 chars)

38. How are immigrants identified in the statistical data?

39. Is there any statistical data about age and sex of mobile population in your country?

☐ Tourists and short term visitors

☐ Students

☐ Others

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

☐ As immigrant

☐ On country of birth

☐ On country of citizenship

Yes ☐ No ☐

ANNEX 2

Web addresses of national institutions in EpiSouth countries where information about national immunization schedule is presented

Country	Web address
Bulgaria	http:// www.ncipd.org http:// www.mh.government.bg
Croatia	http:// www.hzjz.hr
Cyprus	http:// www.moh.gov.cy
France	http:// www.invs.sante.fr
Greece	http:// www.mohaw.gr
Israel	http:// www.health.gov.il
Italy	http:// www.ministerosalute.it
Jordan	http:// www.moh.gov.jo http:// www.dcd.gov.jo
Malta	http:// www.sahha.gov.mt
Romania	http:// www.cpcbt.ispb.r
Slovenia	http:// www.ivz.si
Spain	http:// www.isciii.es/htdocs/epidemiologia/epi
Tunisia	http:// www.santetunisie.rns.tn
Turkey	http:// www.saglik.gov.tr