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Dr Adamos Hadjipanayis, MD, PhD
Assistant Professor of Paediatrics
Faculty of Medicine, European University Cyprus
Secretary General, European Academy of
Paediatrics
Paediatric section of UEMS

Dear Sirs,

We appreciate your concern regarding the health of refugees and migrants and commend your initiative to prevent any possible spread of vaccine-preventable diseases.

The unprecedented large influx of refugees and migrants to countries of the WHO European Region, indeed, poses a public health challenge that needs to be addressed in a timely and effective manner. Factors such as mass population movement, inadequate shelter and hygiene and poor access to medical services may lead to increased risk of communicable diseases, especially among the refugees and migrants themselves. Vulnerable children are prone to acute conditions such as respiratory diseases, diarrhoea and skin infections. Nonetheless, although some groups may have a higher prevalence of physical injuries and non-communicable diseases such as diabetes and hypertension, health problems of refugees and migrants are generally similar to those of the host population.

Most outbreaks of vaccine-preventable diseases such as measles, rubella and pertussis continue to occur in the Region independent of refugee and migrant population movement. Experience has shown that when outbreaks occur they usually involve regular travellers, tourists or health care workers rather than refugees or migrants. The risk of importation of exotic and rare infectious agents into the Region, such as polio, Middle East respiratory syndrome (MERS) and tropical diseases (e.g. Ebola and Lassa virus infections), is considered extremely low and has not been affected by the current large influx of migrants.

In the spirit of Health 2020, WHO/Europe's framework for health and well-being, and of World Health Assembly resolution WHA61.17 on migrants' health, all refugees and migrants irrespective of their legal status should have non-discriminatory and equitable access to health care services including vaccines. The latter is indeed a specific objective for the Region as outlined in European Vaccine Action Plan 2015-2020, which was endorsed by all 53 Member States of the Region. The plan proposes that all countries in the Region ensure that immunization policies are non-discriminatory and that the services are fully inclusive and user-friendly.

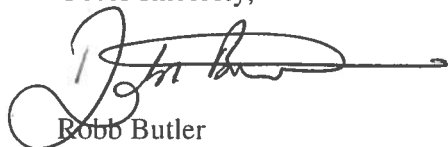
The provision of vaccines should be carried out in line with national vaccination programmes with a systematic, sustainable and non-stigmatizing approach. We applaud the many countries, such as those

on the frontline of large-scale migration, that have been incorporating vaccination of refugees and migrants regardless of country of origin into their routine vaccination programmes.

In light of high population immunity against polio in the Region, there is no need for any supplementary polio immunization campaigns. However, to maintain high population immunity against polio, and mitigate risk of importation and circulation of polioviruses, we encourage access and administration of polio vaccines to all individuals and population groups in accordance with current national routine immunization schedules for children and adults.

In view ongoing transmission of measles and rubella in the Region and the 2015 measles and rubella elimination goal set for the Region, WHO supports the closure of all immunity gaps in the population with activities such national supplementary immunization campaigns with measles- and rubella-containing vaccines. This is particularly important in countries like Italy and Austria, where these diseases are still endemic. Such an activity would certainly contribute toward reaching the goal of eliminating these diseases from the Region.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Robb Butler', with a long horizontal flourish extending to the right.

Robb Butler
Program Manager i.a.
Vaccine-preventable Diseases
and Immunization