United Nations
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UNESCO Chair on Training and Empowering
Human Resources for Health Development
in Resource-Limited Countries
University of Brescia

UNIVERSITÀ
DEGLI STUDI
DI BRESCIA

I determinanti del fenomeno migratorio

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Rector's Delegate for Cooperation and Development

Who is a migrant?

IOM Definition of "Migrant"

IOM defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is.

- **Labour migrants** and family reunion

- **Forced migrants**: environmental migrants, asylum seekers, refugees

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Who is a refugee?

Refugee - A person who, "*owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country* (Geneva Convention, 1951, Art. 1A)."

Asylum seeker - A person who seeks safety from persecution or serious harm in a country other than his or her own and awaits a decision on the application for refugee status under relevant international and national instruments. In case of a negative decision, the person must leave the country and may be expelled, unless permission to stay is provided on humanitarian grounds.

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MigFacts: International Migration

244 million international migrants globally in 2015[1]

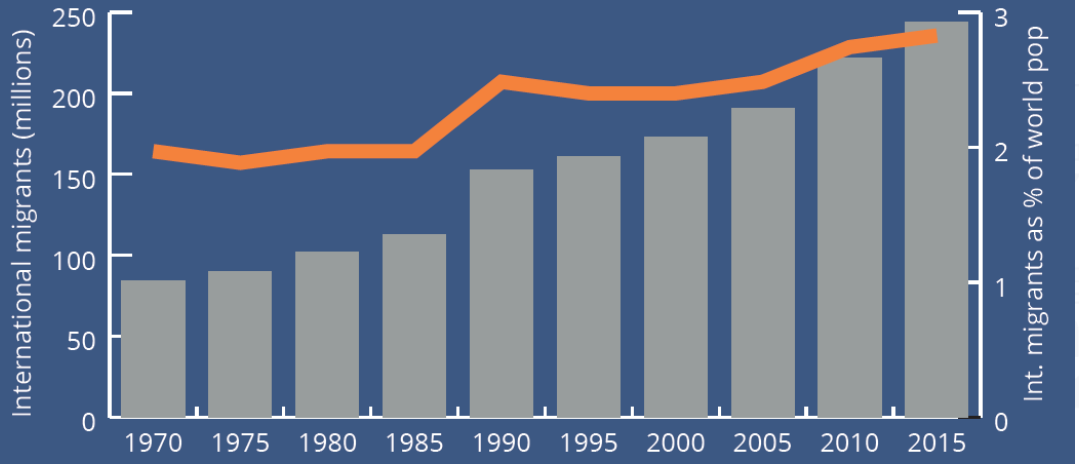
An international migrant is a person who is living in a country other than his or her country of birth[2]

As the world population grows so does the number of internationl migrants: there are **three times more international migrants in 2015 than in 1970**

The international migrant population has remained relatively stable over the last few decades:

2.2 to 3.3 per cent

of the world's population



IOM • OIM INTERNATIONAL ORGANIZATION FOR MIGRATION

THE UN MIGRATION AGENCY

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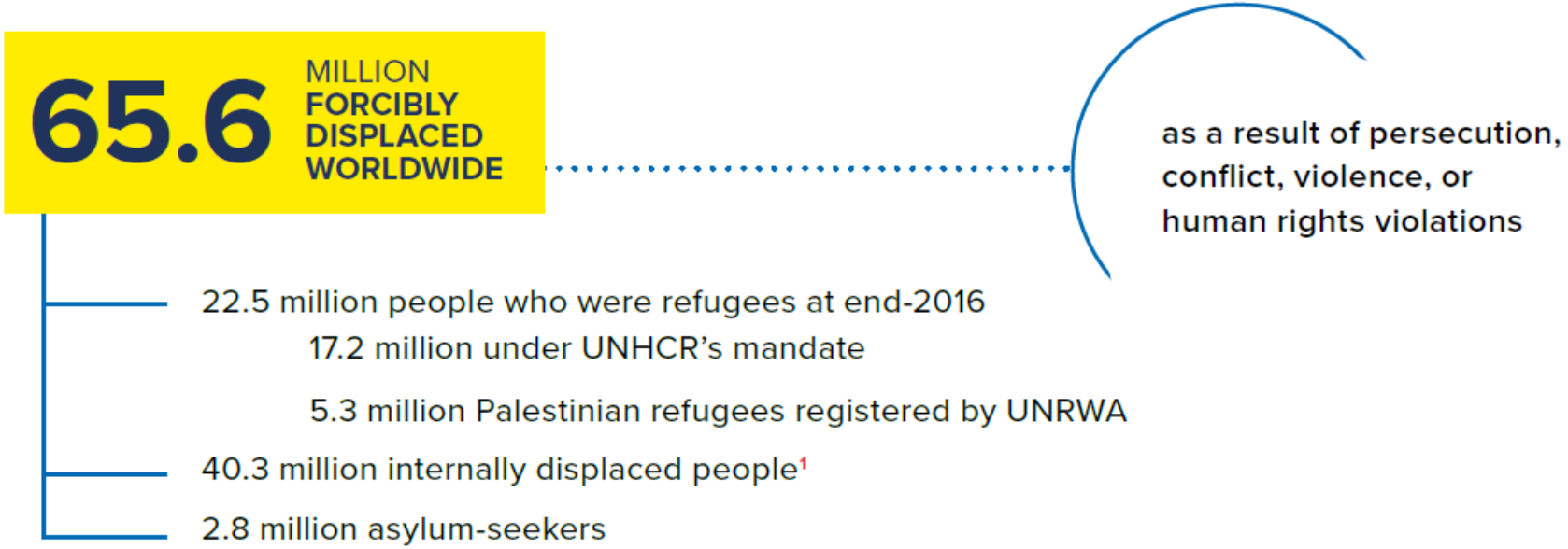
By the end of 2016, 65.6 million individuals were forcibly displaced worldwide as a result of persecution, conflict, violence, or human rights violations. That was an increase of 300,000 people over the previous year, and the world's forcibly displaced population remained at a record high.

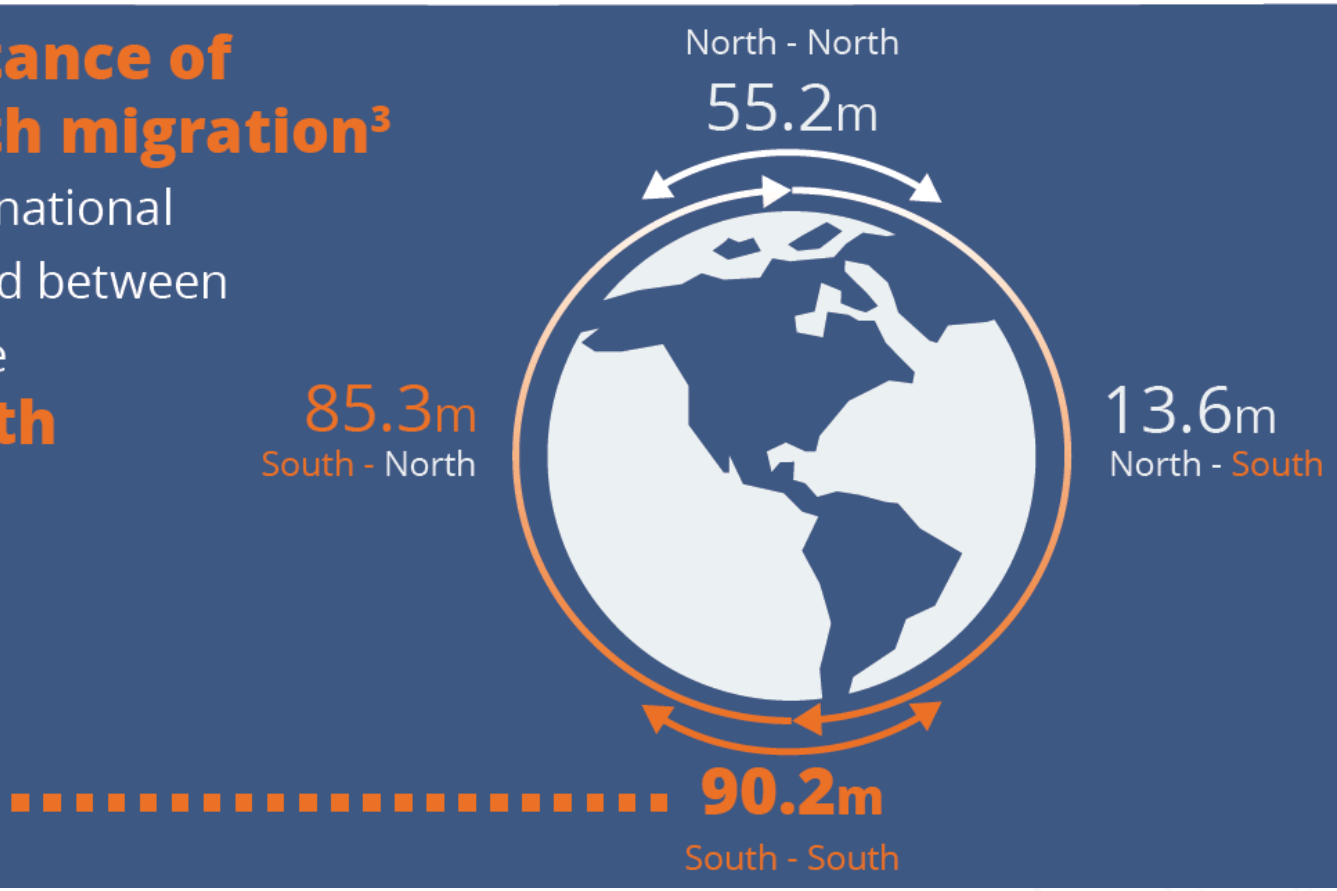


Fonte: http://www.unhcr.org/figures-at-a-glance.html

UNHCR
The UN Refugee Agency

The importance of South-South migration[3]

37% of all international migrants moved between countries in the **Global South**



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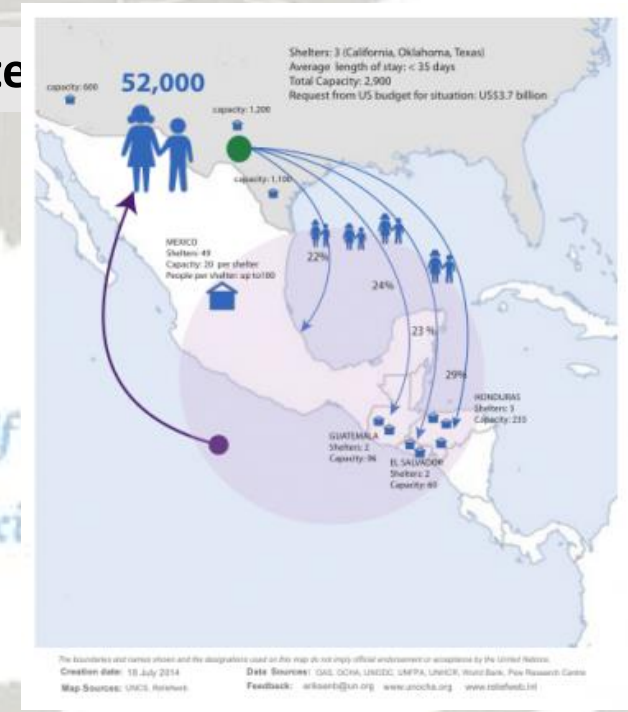
Central America Route



San Diego
Calexico
Tijuana
Mexicali
Nogales
Nogales
El Paso
Ciudad Juárez
Hermosillo
Chihuahua
Nuevo Laredo
Laredo
Monclova
Brownsville
Matamoros
Puerto San Carlos
La Paz
Mazatlán
San Luis Potosí
MEXICO
Mexico City
Veracruz
Gulf
Mexi
PACIFIC OCEAN
BELIZE
Belmopan
GUATEMALA
Guatemala City
HONDURAS
Tegucigalpa
Caribbean Sea
San Salvador
EL SALVADOR
NICARAGUA
Managua
Panama City
San José
COSTA RICA
PANAMA

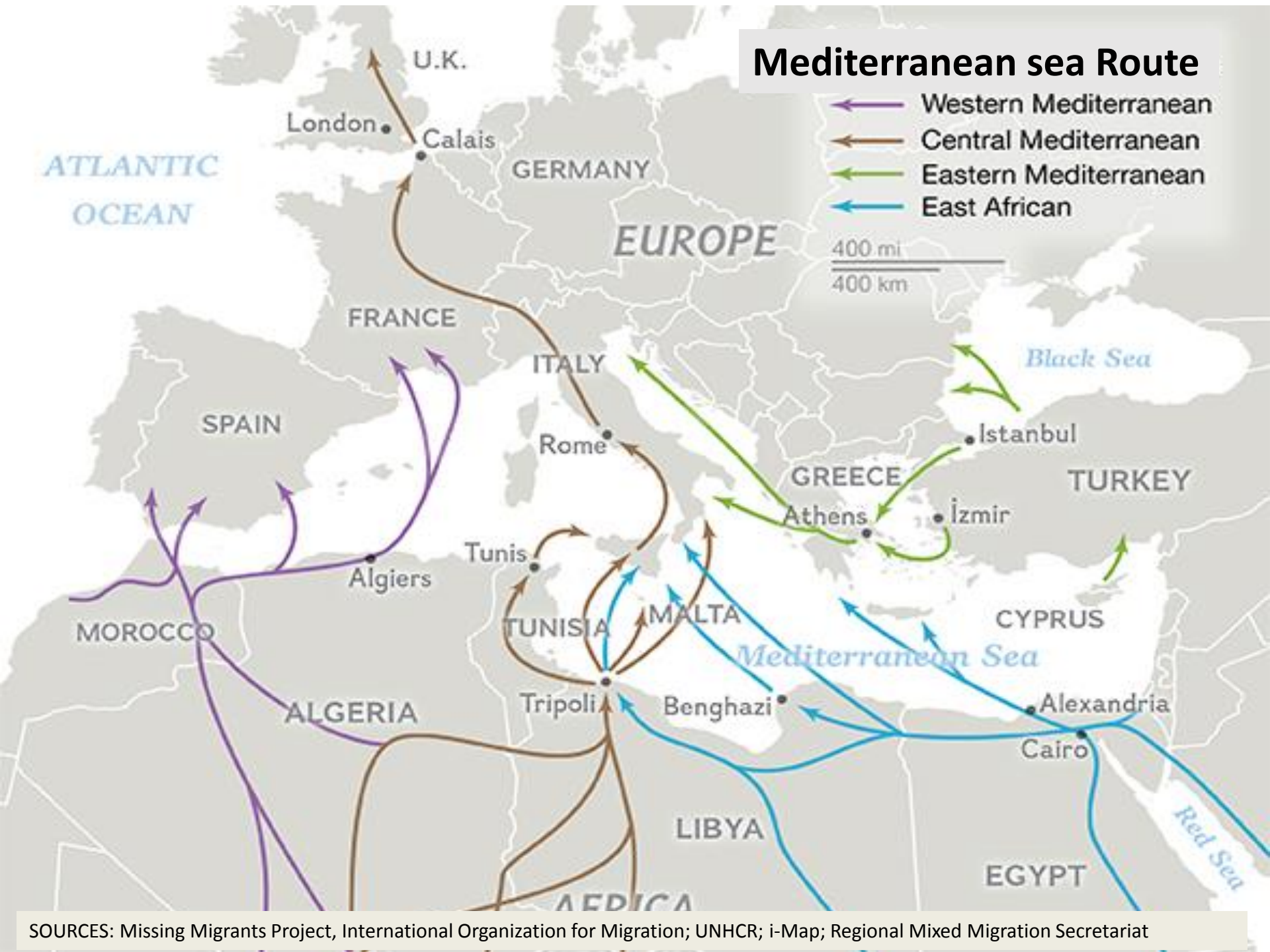
Main migration route

400 mi
400 km

SOURCES: Missing Migrants Project, International Organization for Migration

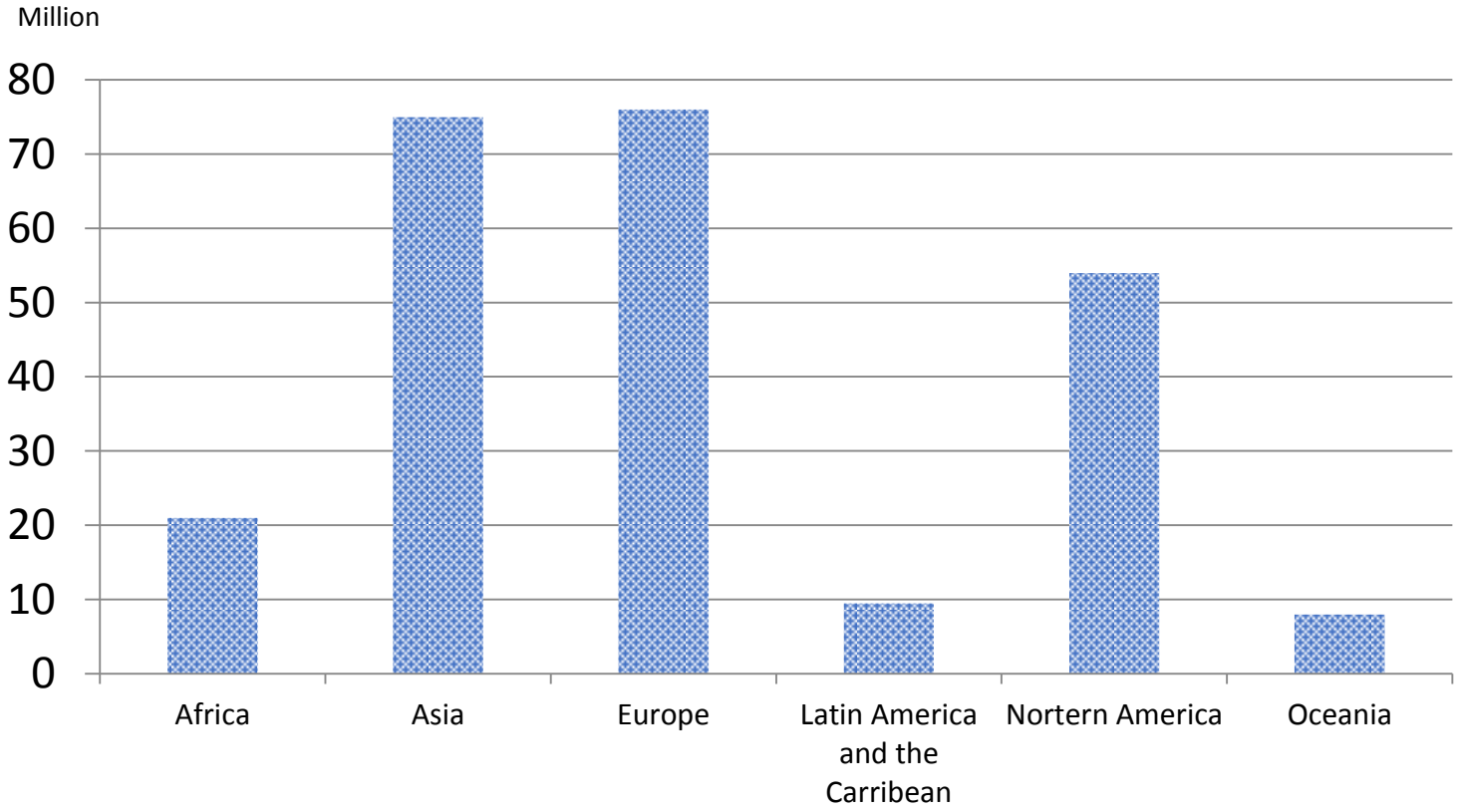
Southeast Asian Route

SOURCES: Missing Migrants Project, International Organization for Migration



SOURCES: Missing Migrants Project, International Organization for Migration; UNHCR; i-Map; Regional Mixed Migration Secretariat

Fig. 1. International migrants by region of residence, 2015



Source: UN DESA, 2015. www.un.org/en/development/desa/population/migration/data/estimates2/estimates15.shtml, modified

MEDITERRANEAN DEVELOP

TOTAL ARRIVALS BY SEA AND DEATHS IN THE MED		
	1 JANUARY – 29 OCTOBER 2017	
Country of Arrival	**Arrivals**	**Deaths**
Italy	111,302	2,631 (Central Med. r
Greece	23,590 (as of 28 October)	46 (Eastern Med. ro
Cyprus	851	
Spain	14,042 (as of 25 October)	149 (Western Med. r
Estimated Total	**149,785**	**2,826**

Data on deaths of migrants compiled by IOM's Global M

All numbers are minimum estimates. Arrivals based on data from res

Global Migrant Deaths January 1 – October 29 *(Source: Missing Migrants Project)*		
REGION	2017	2016
Mediterranean	2,826	4,039
Europe	81	49
Middle East	95	104
North Africa	466	1190
Horn of Africa	170	180
Sub-Saharan Africa	381	75
Southeast Asia	288	67
South Asia	1	0
East Asia	1	3
North America	1	0
US/Mexico	316	326
Central America	64	156
Caribbean	152	79
South America	0	30
TOTAL	4,842	6,298

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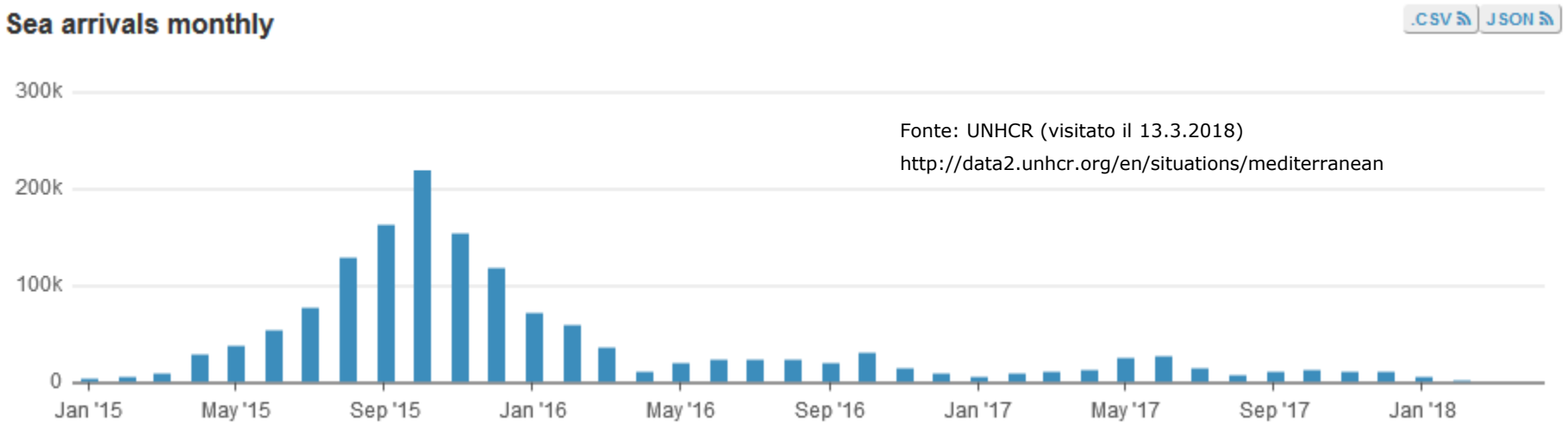
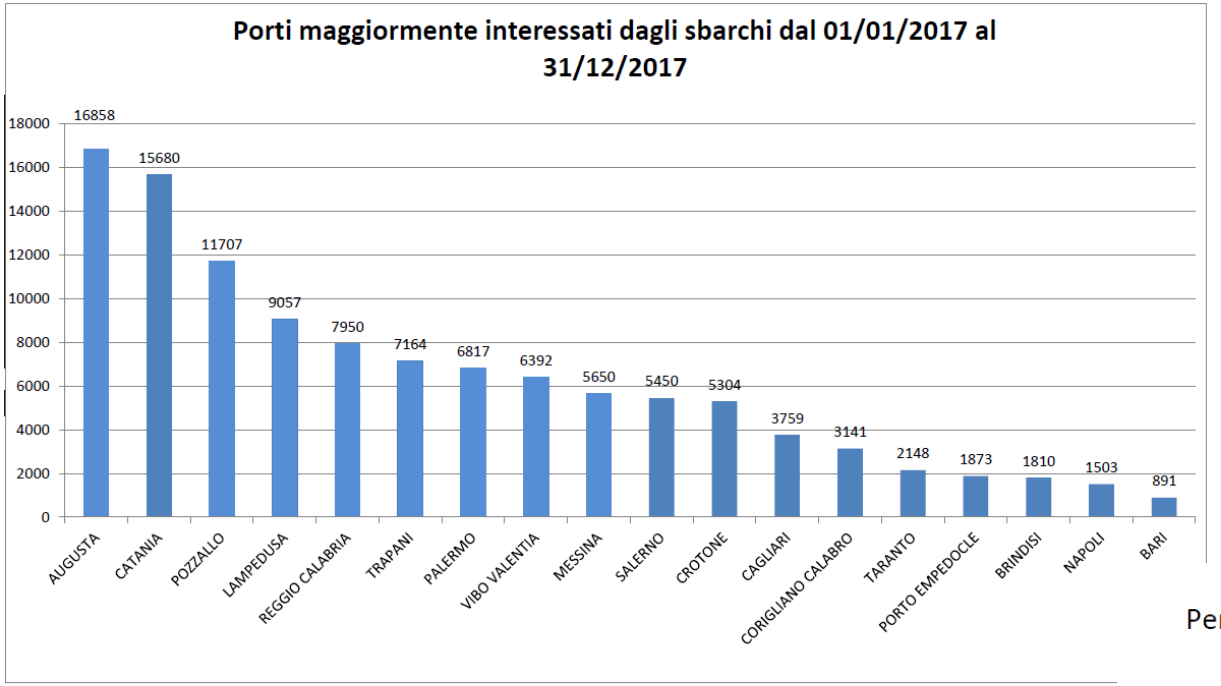
Arrivi per mare (mediterraneo)



Fonte: UNHCR (visitato il 13.3.2018)
http://data2.unhcr.org/en/situations/mediterranean

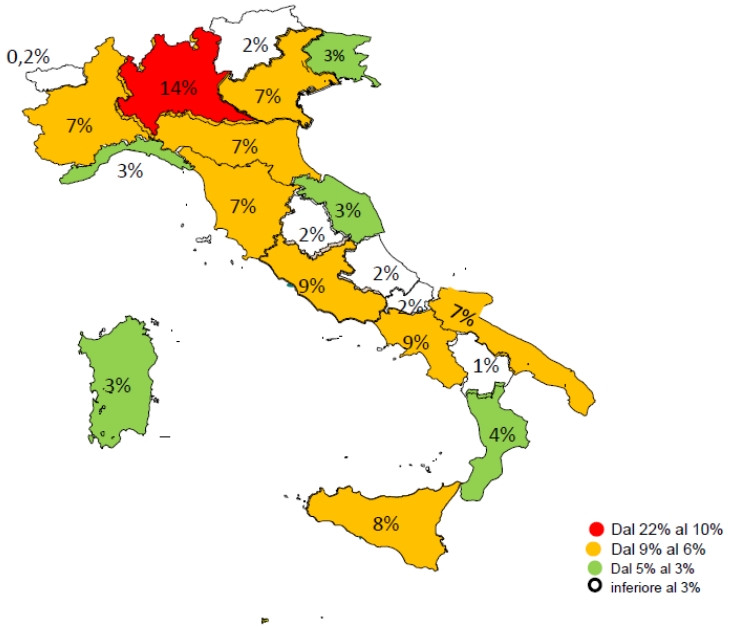
Marzo 2016,
Accordo UE-Turchia

Febbraio 2017,
Accordo di Malta



*Fonte: Dipartimento della Pubblica sicurezza

Percentuale di distribuzione dei migranti



Stranieri residenti in Italia

- N = 5.065.000 (8,4% della popolazione residente)
- Genere femminile = 52,4%
- Provenienza europea = 51,7%
- Primi 5 paesi:
  - Romania, Albania, Marocco, Cina, Ucraina
- Religione = cristiana 53,3%, musulmana 32,6%

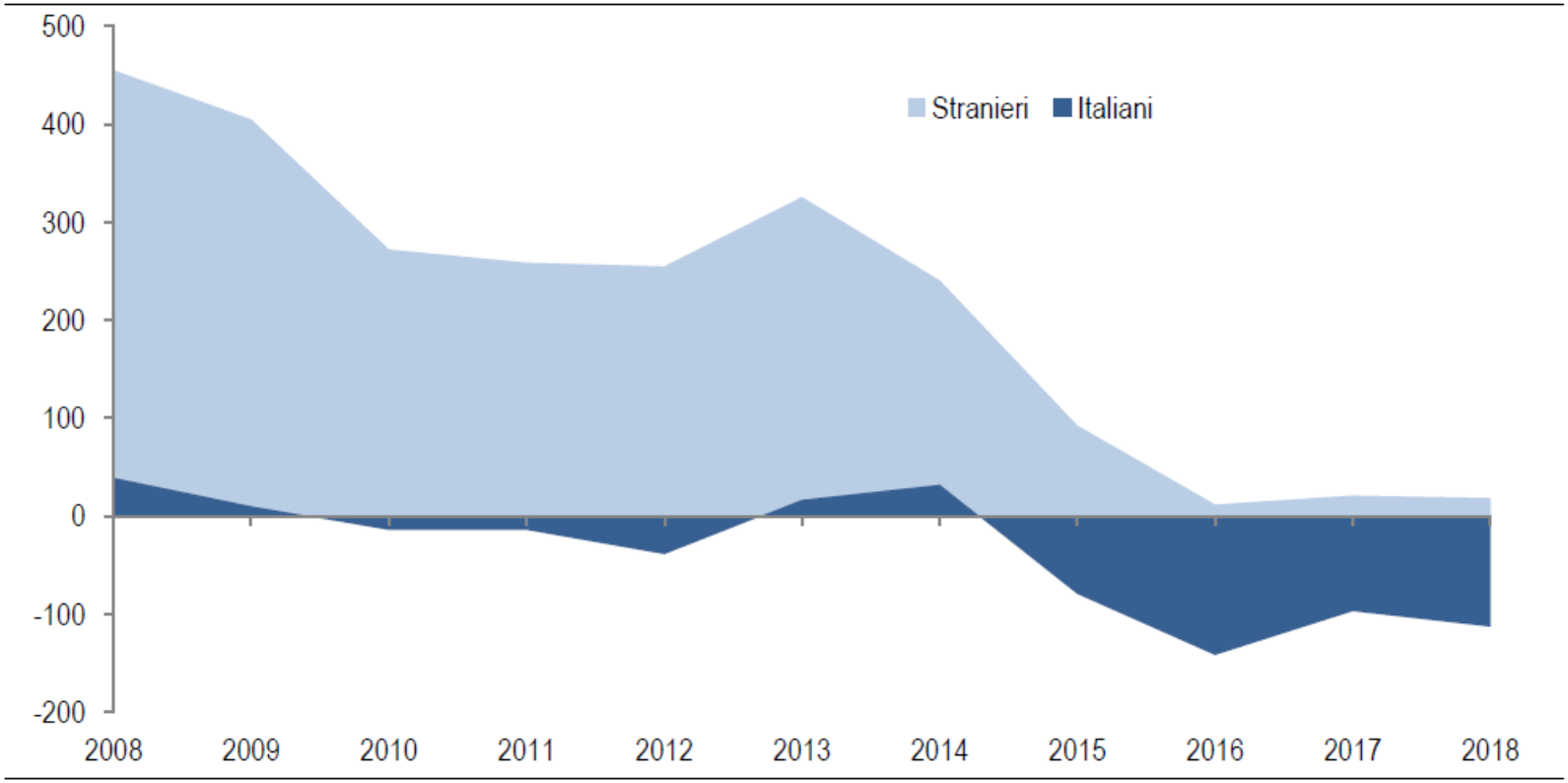
Fonte: Centro Studi e Ricerche IDOS, Dossier statistico immigrazione, 2017, pagina 13

Andamento nel tempo

- Il dato dei residenti stranieri è vicino a quello del 2017 (8,3%)
  - l'incremento è di appena 18mila unità
- E' dal 2016 che la variazione della popolazione straniera sull'anno precedente presenta livelli modesti, soprattutto se comparata con quelli degli anni 2000

Variazione annuale della popolazione residente di cittadinanza italiana e straniera – Italia

Dati ISTAT 1 gennaio 2008-2018, valori in migliaia



(*) 2018 stima.

Fonte: ISTAT, Indicatori demografici, 2017, 8 febbraio 2018, pagina 10, http://www.istat.it/it/archivio/208951 (acesso il 13.3.2018)

Rappresentazioni e realtà dell'immigrazione

Rappresentazione:

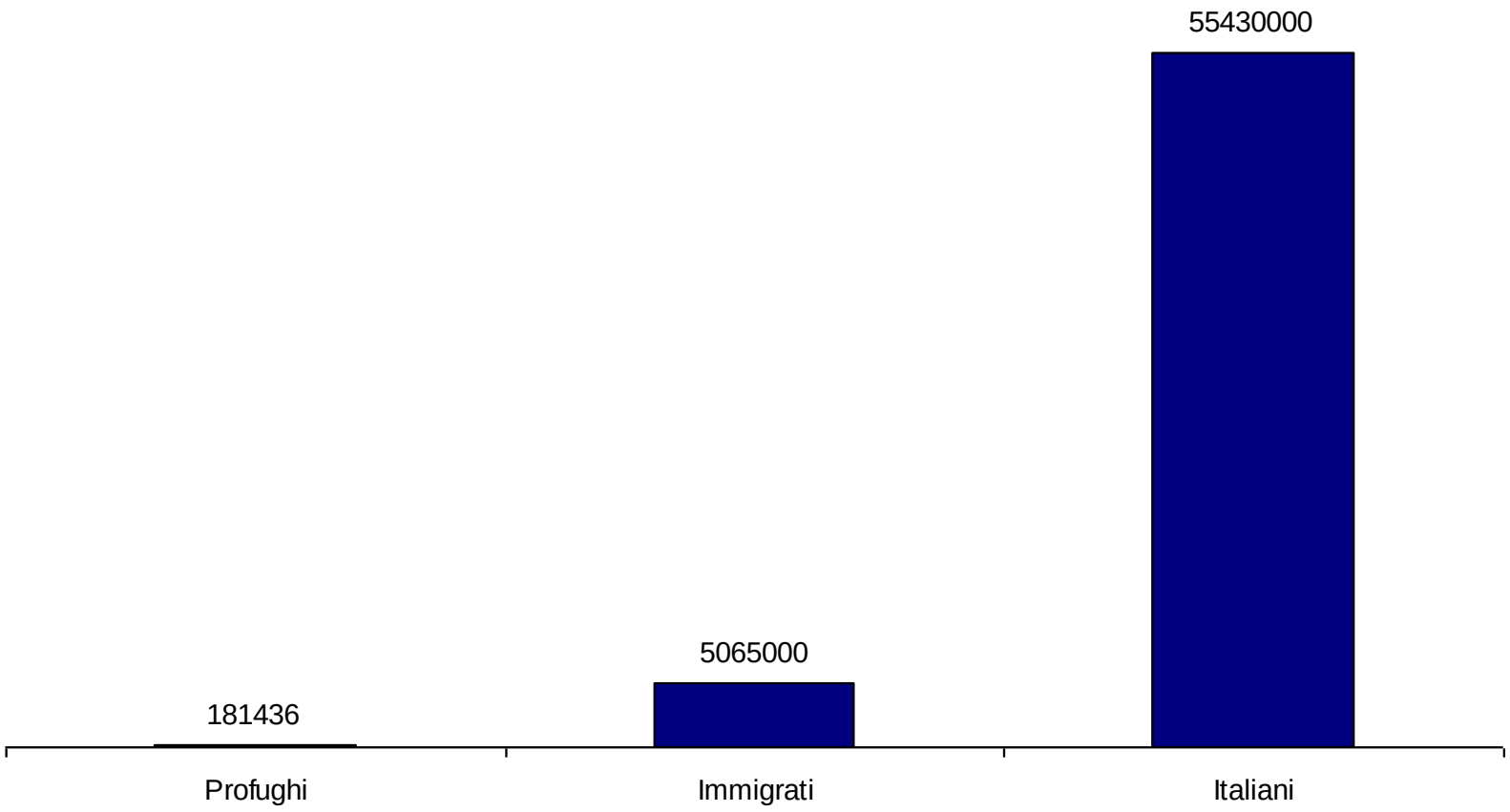
- Immigrazione in aumento drammatico
- Asilo come ragione prevalente
- Proveniente da Africa e Medio Oriente
- Largamente maschile
- Di religione mussulmana

Evidenza statistica:

- Immigrazione stazionaria (ca 5,5 MLN)
- Lavoro e famiglia prevalenti, asilo marginale (circa 0,350 MLN?)
- In maggioranza, europea, femminile, cristiana

Fonte: **Maurizio Ambrosini**, L'immigrazione nell'Italia di oggi, relazione tenuta in occasione della presentazione a Trento del Rapporto annuale sull'immigrazione in Trentino, il 15 2.2018 https://www.ufficiostampa.provincia.tn.it/content/download/129211/2384945/file/Rapporto%20immigrazione%20e%20slide%20relatori.zip

Mantenere il senso delle proporzioni: popolazione in Italia



Fonte: ISTAT, Indicatori demografici, 2017, 8 febbraio 2018, pagina 10, http://www.istat.it/it/archivio/208951 (acesso il 13.3.2018)

Arrivi via mare (2016) Centro Studi e Ricerche IDOS, Dossier statistico immigrazione, 2017, pagina 13

Determinants of migration
or
«*why do people migrate?*»

- **«Push» factors**
- **«Pull» factors**
- **«Choice» factors**

Determinants of migration
or
«*why do people migrate?*»

- **«Macro» factors**
- **«Meso» factors**
- **«Micro» factors**

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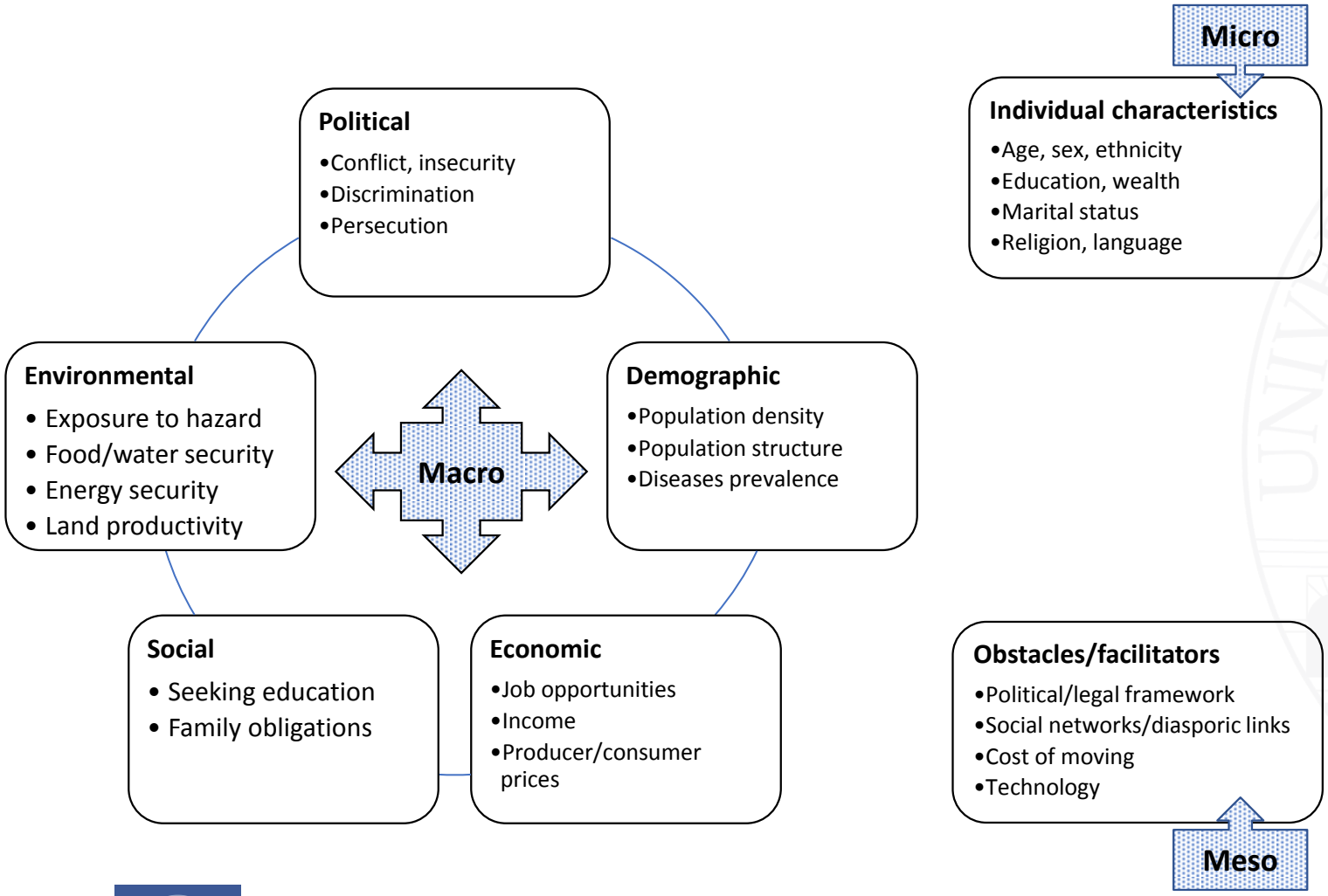
Complex drivers of migration: macro-, meso- and micro-factors



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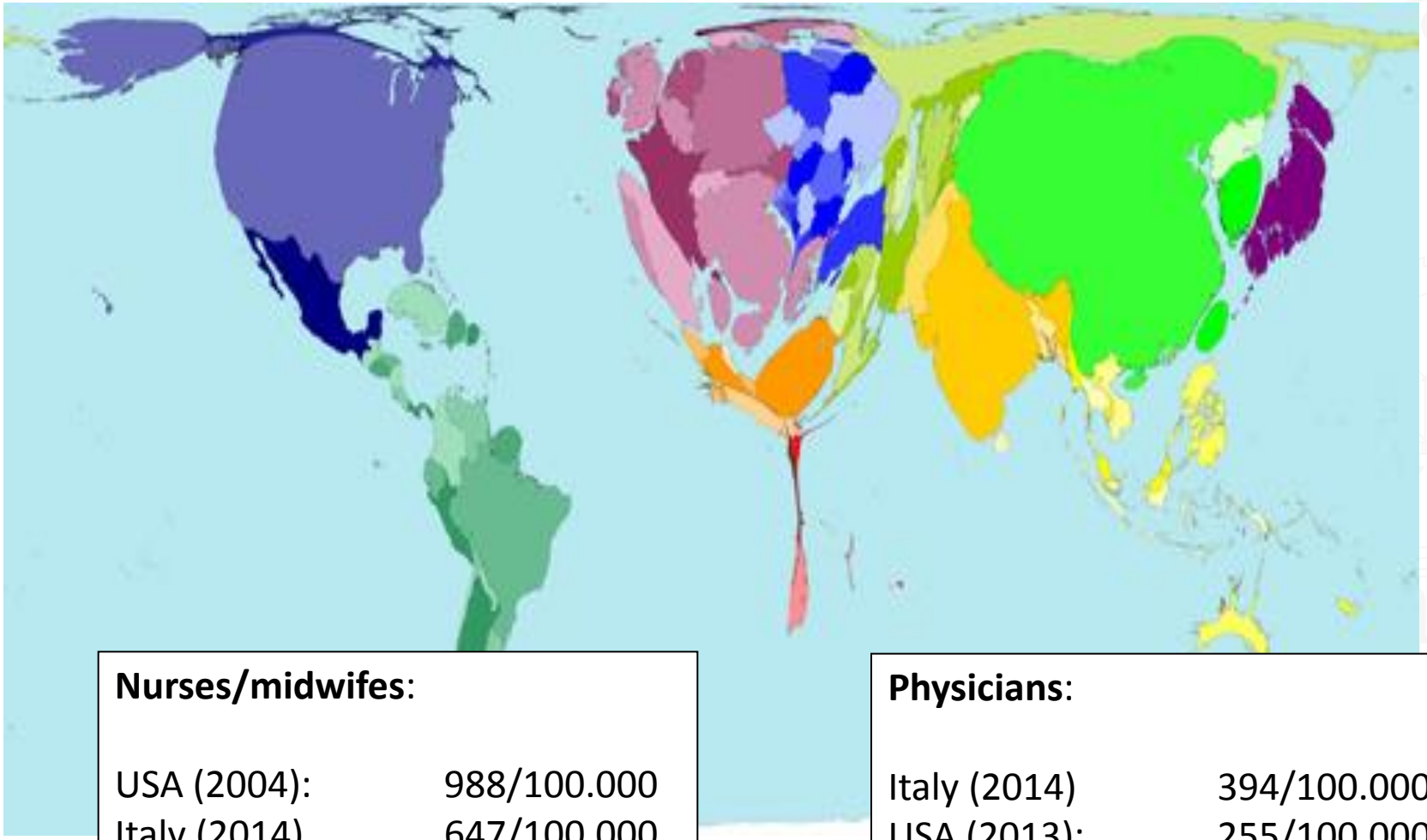
Foresight: Migration and Global Environmental Change (2011) Final Project Report The Government Office for Science, London, modified

Health force working in the world



Nurses/midwifes:

USA (2004):	988/100.000
Italy (2014)	647/100.000
Tanzania (2012:	43/100.000

Physicians:

Italy (2014)	394/100.000
USA (2013):	255/100.000
Tanzania (2012:	3/100.000

http://www.worldmapper.org/display.php?selected=219

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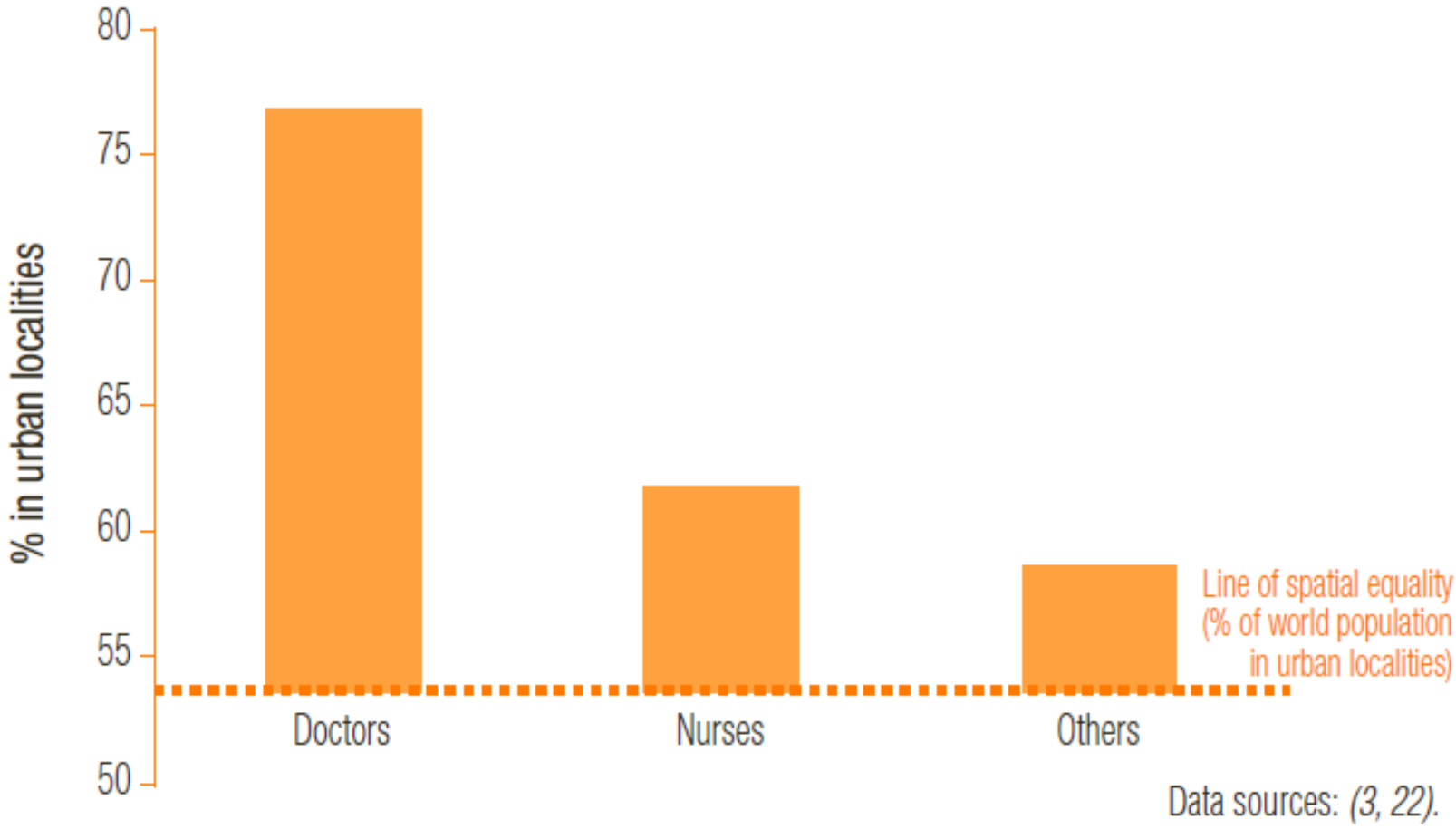
Rural-urban distribution of healthcare providers



Source: WHO, 2006
http://www.who.int/whr/2006/whr06_en.pdf

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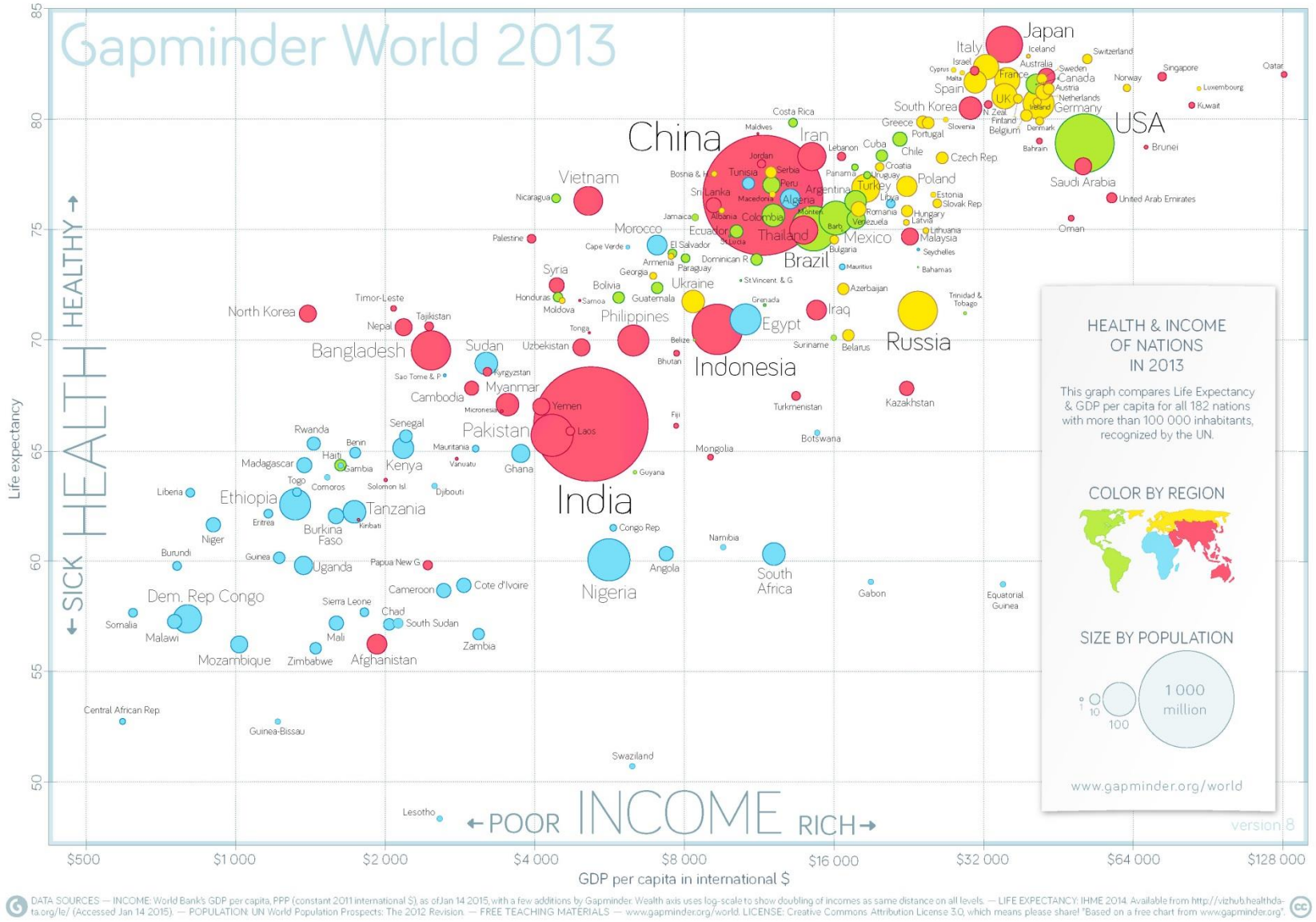


http://www.gapminder.org/downloads/gapminder-world-poster-2013/

Human resources

Table 5.2 Doctors trained in sub-Saharan Africa working in OECD countries

Source country	Total doctors in home country	Doctors working in eight OECD recipient countries[a]	
		Number	Percentage of home country workforce
Angola	881	168	19
Cameroon	3 124	109	3
Ethiopia	1 936	335	17
Ghana	3 240	926	29
Mozambique	514	22	4
Nigeria	34 923	4 261	12
South Africa	32 973	12 136	37
Uganda	1 918	316	16
United Republic of Tanzania	822	46	6
Zimbabwe	2 086		
Total	82 417	18 556	

[a] Recipient countries: Australia, Canada, Finland, France, Germany, Portugal, United Kingdom, United States of Am

Source: *(11)*.

6.071 physicians

6.072 physicians

In London, as many as 23% physicians and 47% nurses are foreign borne

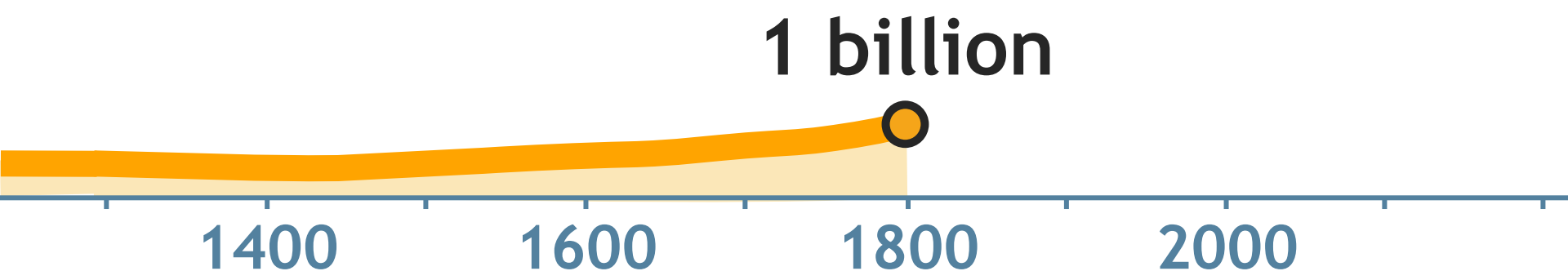
Working together for health

The World Health Report 2006

World population in year

1800

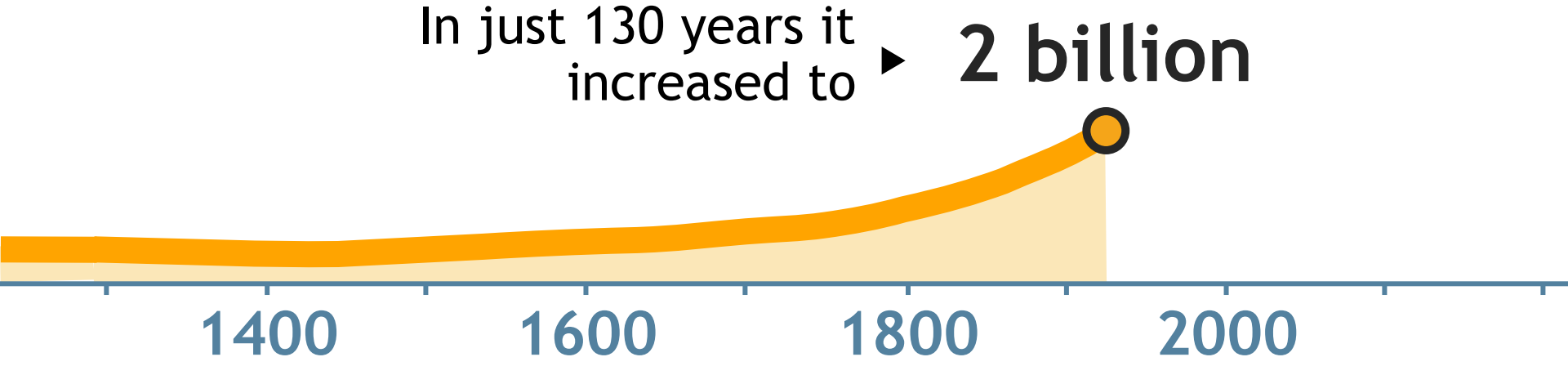
It took about 7 million years for the human population to reach 1 billion. Then something happened.



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

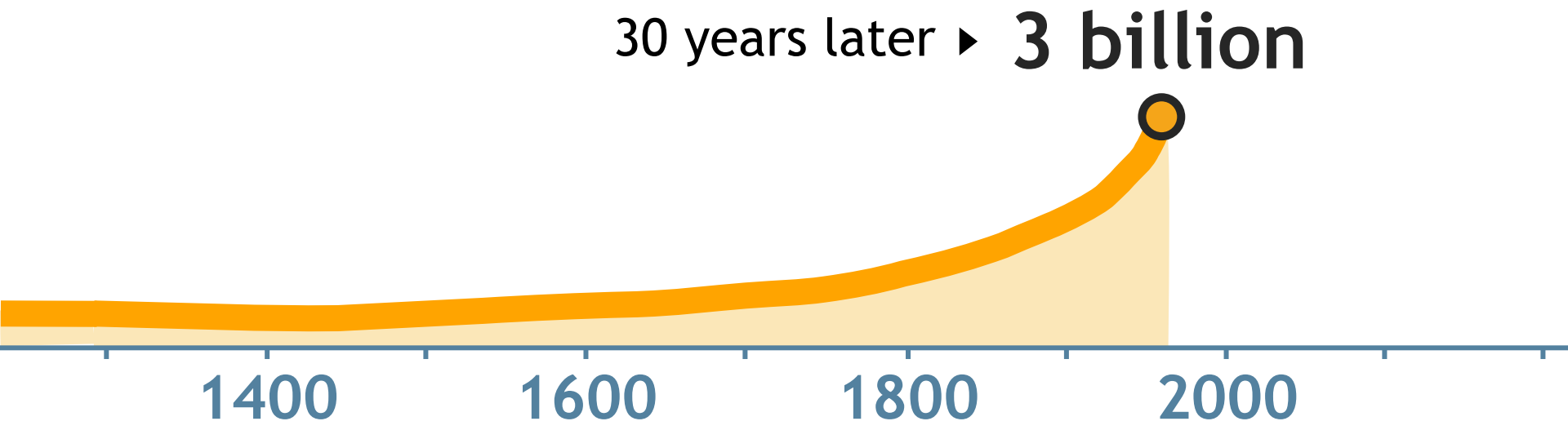
1930



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

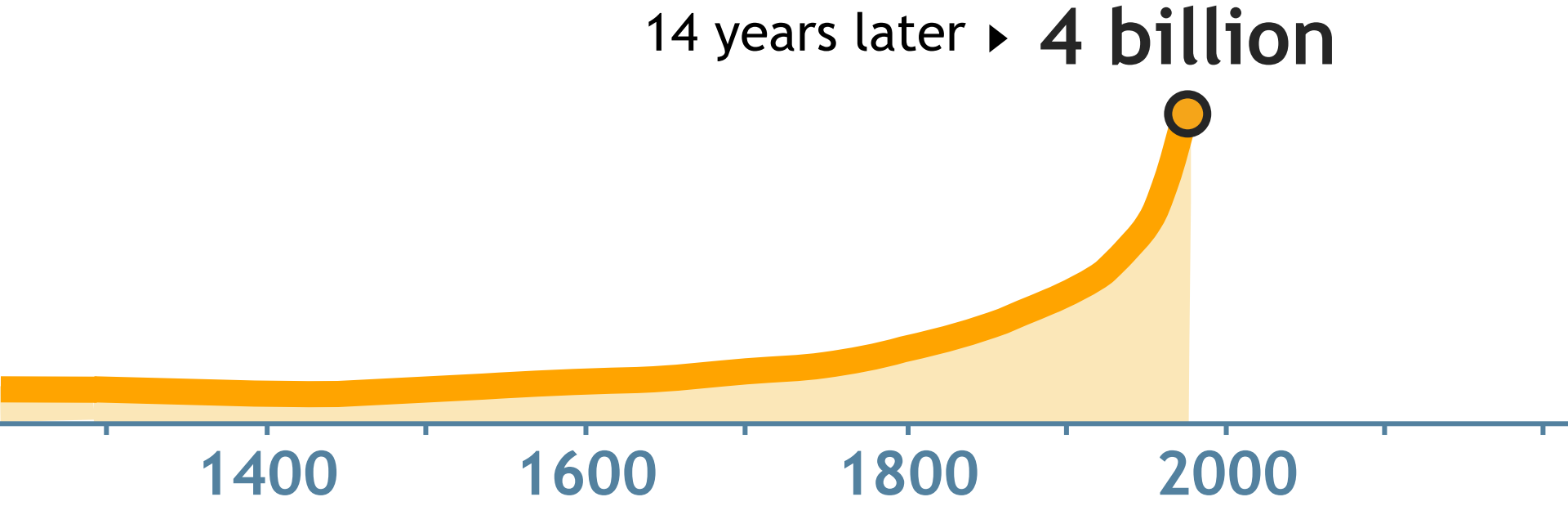
1960



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

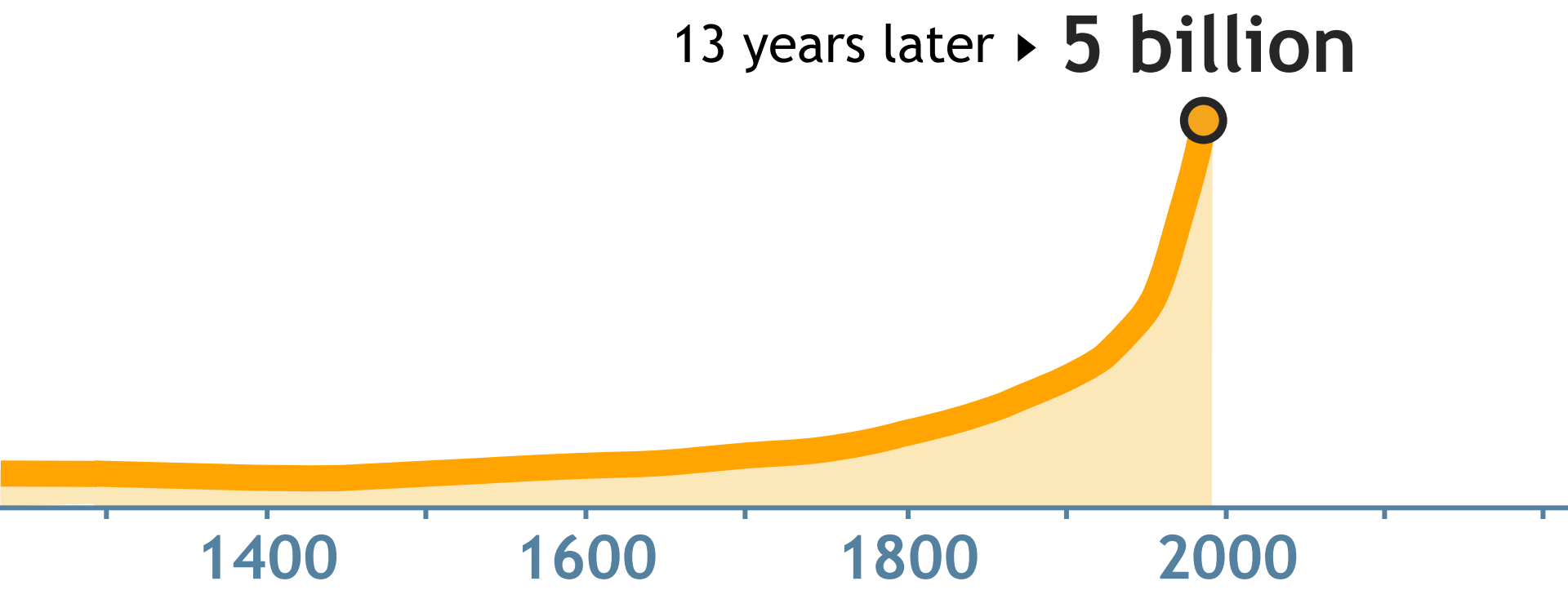
1974



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

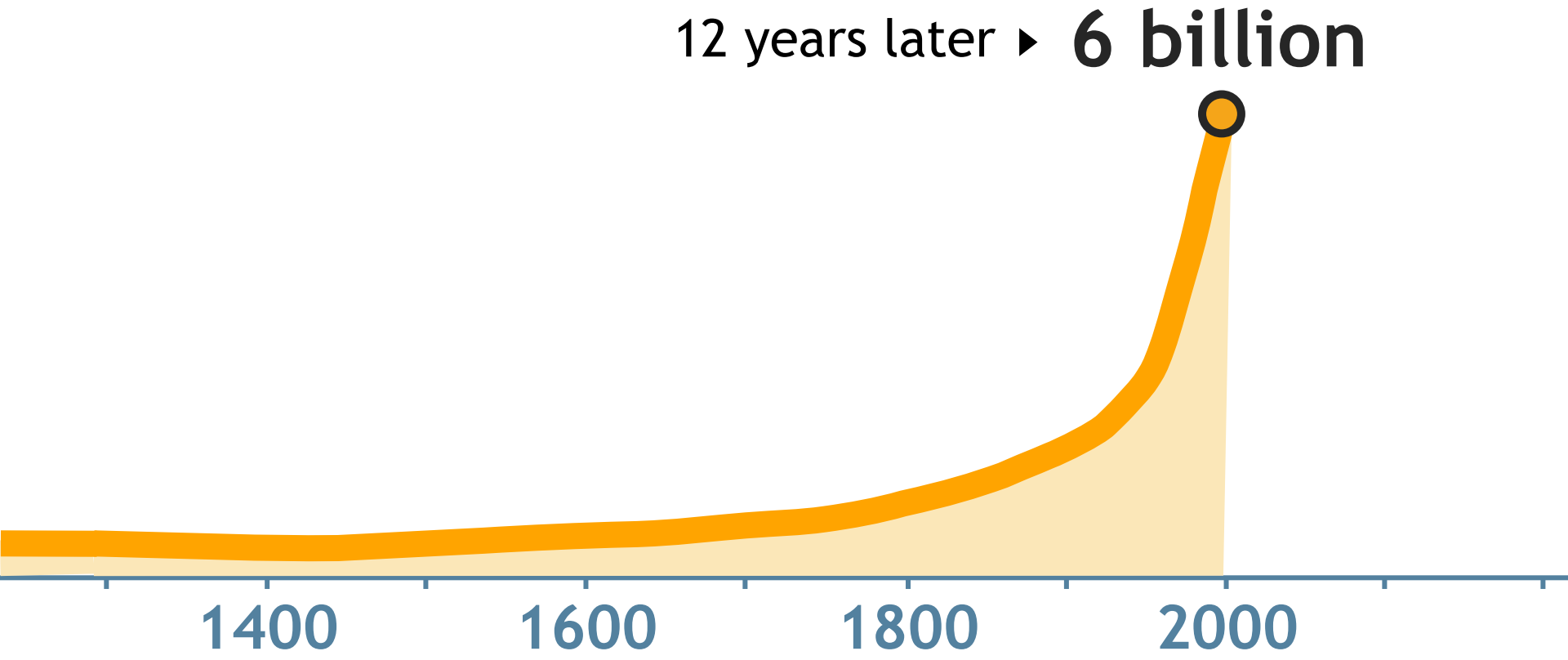
1987



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

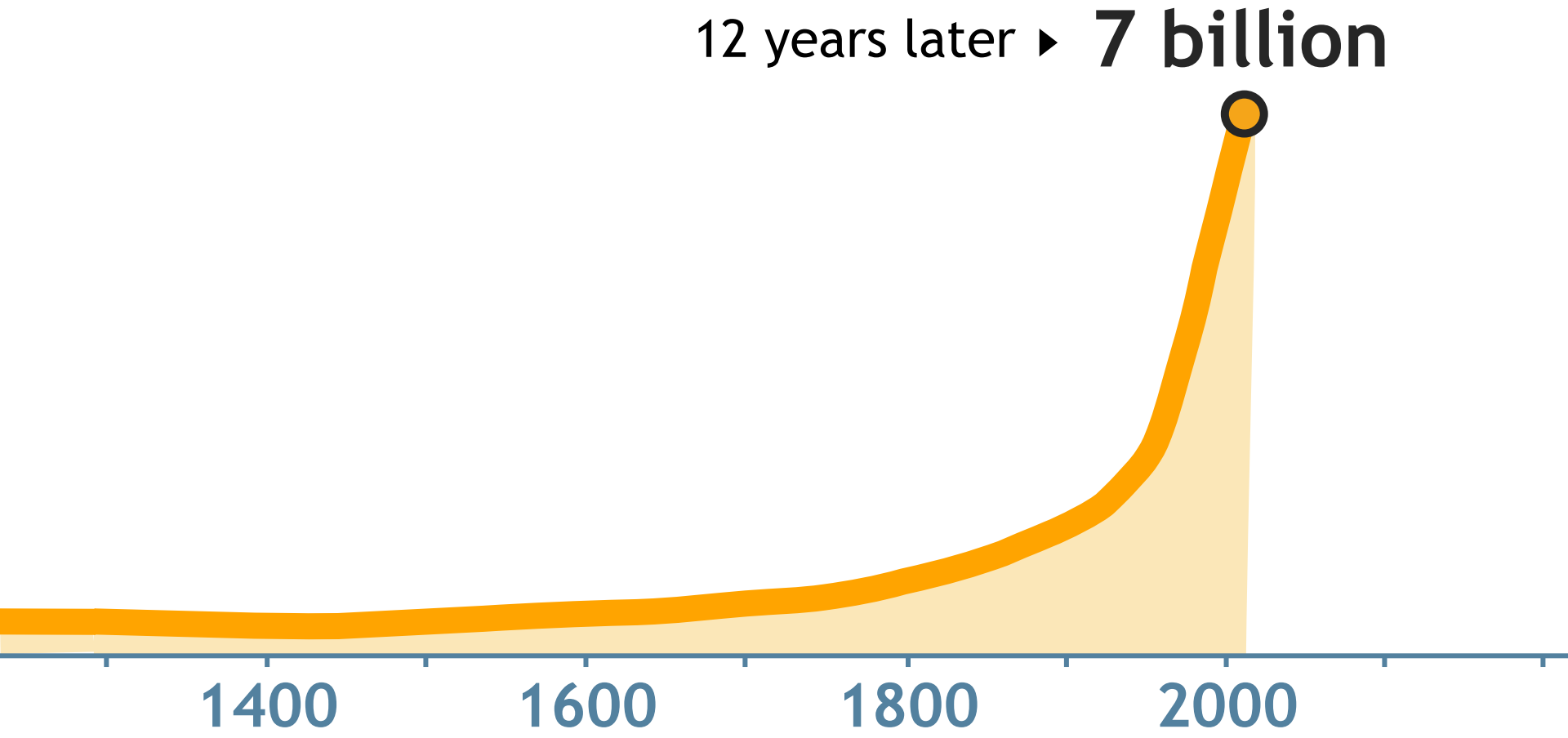
1999



Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

World population in year

2011

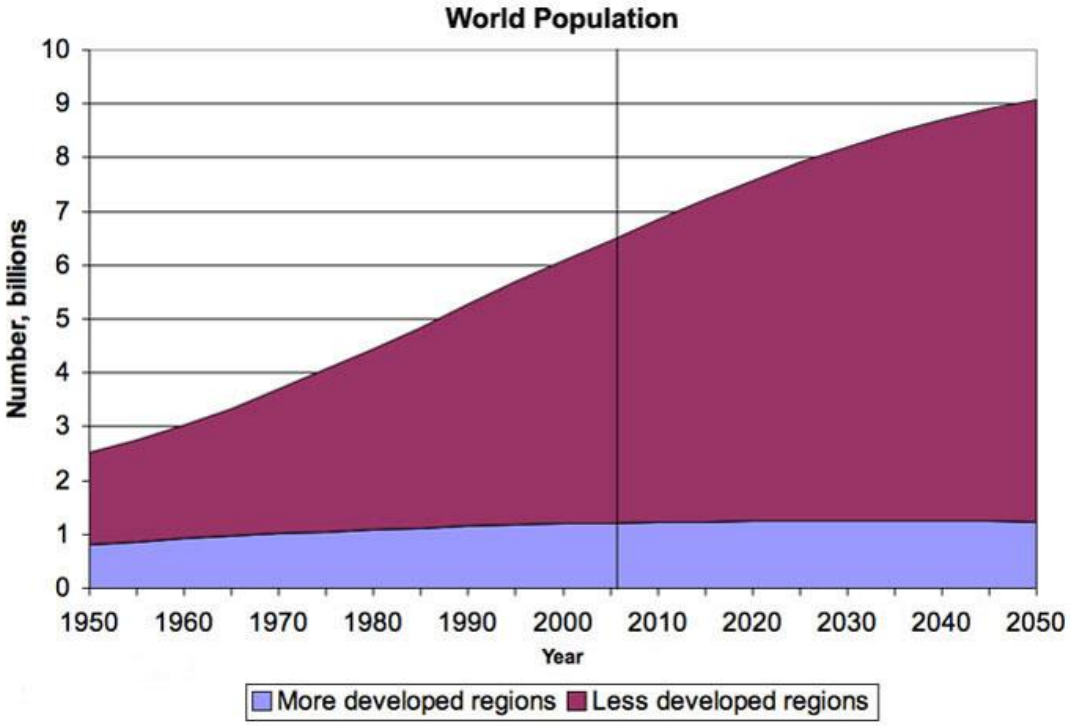


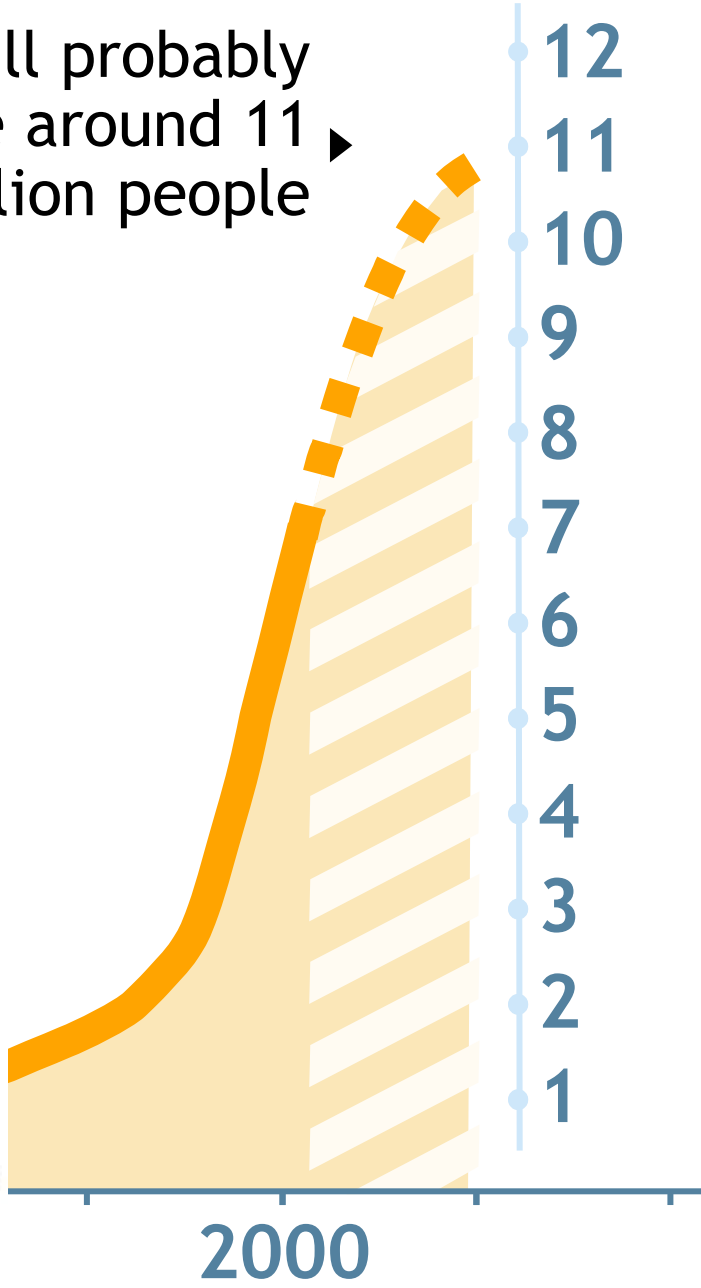
Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.

UN World Population Forecast

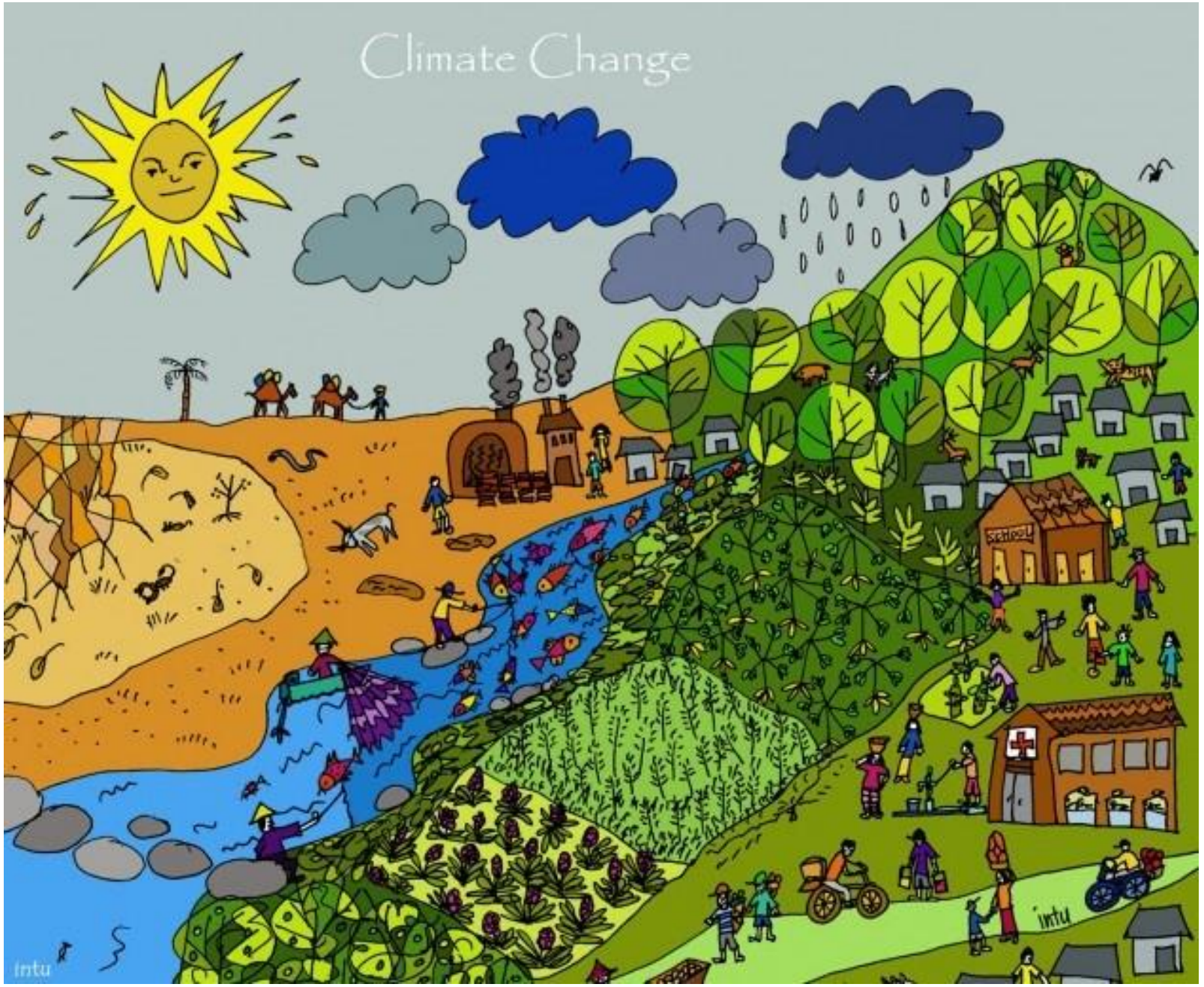
Billion people

In 2100 there will probably be somewhere around 11 billion people





Sources: Biraben 1980; McEvedy & Jones 1978; UN World Pop. Prosp. 2012; combined by Gapminder.


Climate Change
SCHOOL
intu
intu

Global health equity and climate stabilisation: a common agenda

Sharon Friel, Michael Marmot, Anthony J McMichael, Tord Kjellstrom, Denny Vågerö

Although health has improved for many people, the extent of health inequities between and within countries is growing. Meanwhile, humankind is disrupting the global climate and other life-supporting environmental systems, thereby creating serious risks for health and wellbeing, especially in vulnerable populations but ultimately for everybody. Underlying determinants of health inequity and environmental change overlap substantially; they are signs of an economic system predicated on asymmetric growth and competition, shaped by market forces that mostly disregard health and environmental consequences rather than by values of fairness and support. A shift is needed in priorities in economic development towards healthy forms of urbanisation, more efficient and renewable energy sources, and a sustainable and fairer food system. Global interconnectedness and interdependence enable the social and environmental determinants of health to be addressed in ways that will increase health equity, reduce poverty, and build societies that live within environmental limits.

Lancet 2008; 372: 1677–83

See Perspectives page 1625

Commission on Social Determinants of Health, International Institute for Society and Health, Department of Epidemiology and Public Health, University College London, London, UK (S Friel PhD, M Marmot PhD); Commission on Social Determinants of Health and

Figure 1: **Deaths attributable to anthropogenic climate change between 1970 and 2000, density-equalling cartogram[6]**

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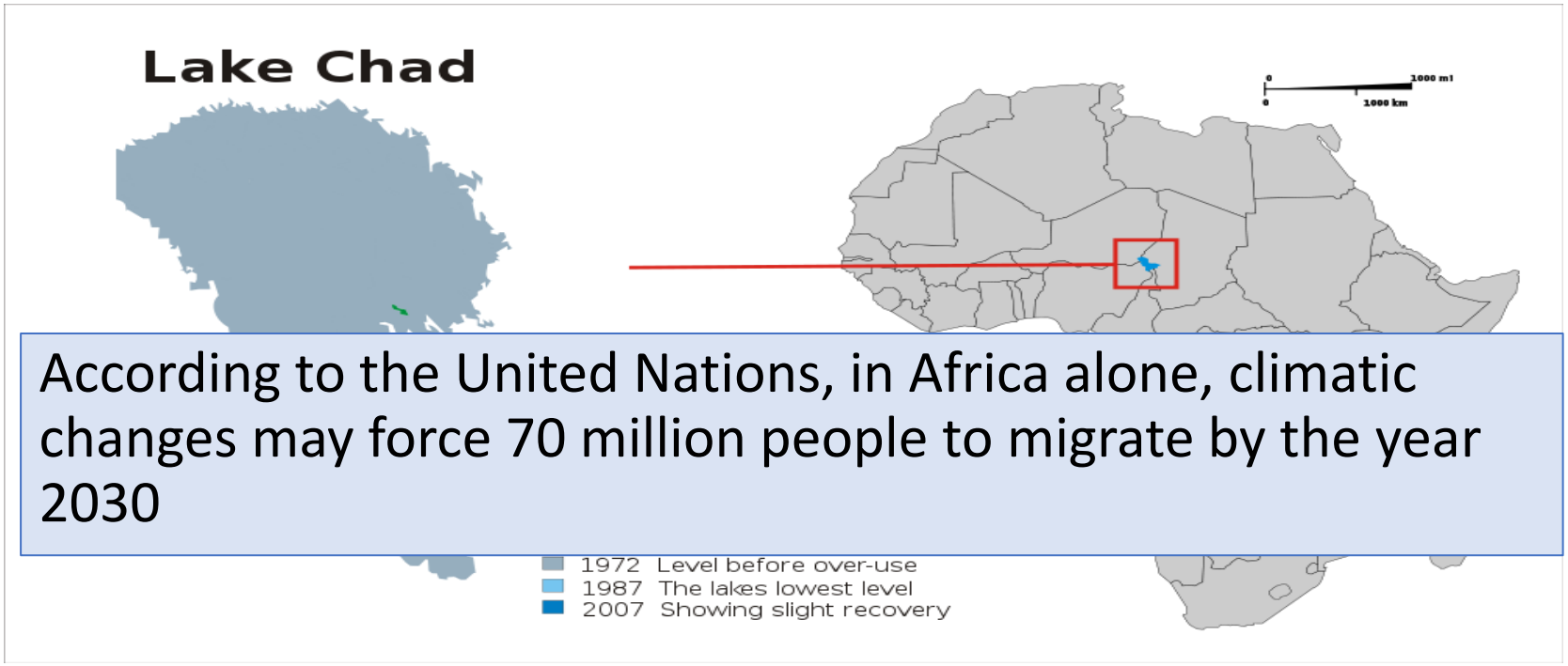
In the year 2000, climate changes have caused more than 150.000 deaths, all occurring in the poorest part of the world population, producing only 3% of greenhouse emissions



According to the United Nations, in Africa alone, climatic changes may force 70 million people to migrate by the year 2030

Lake Chad was about 25,000 square kilometers in surface area back in 1963. Now the lake is about one-twentieth the size it was in the mid 1960s

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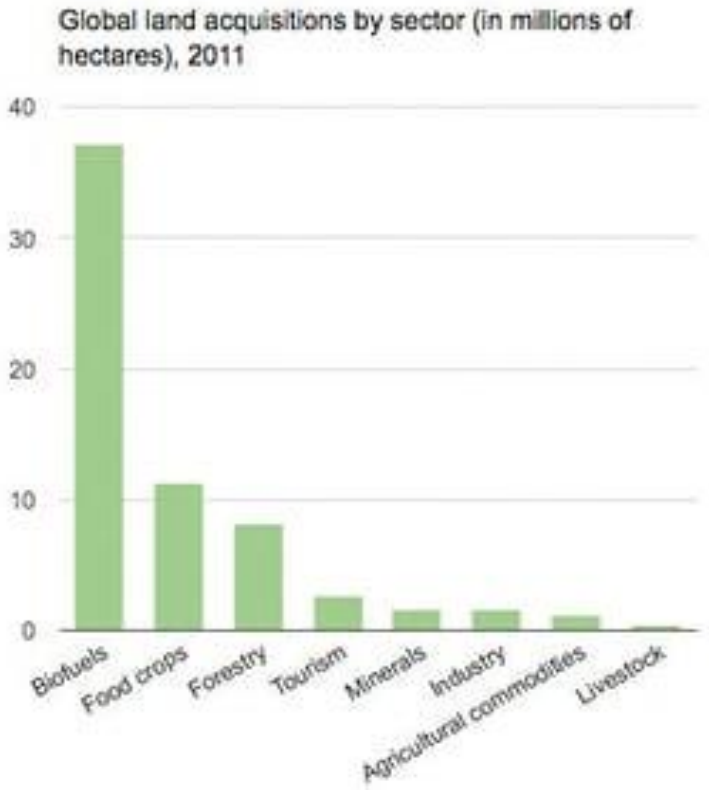
Land grabbing



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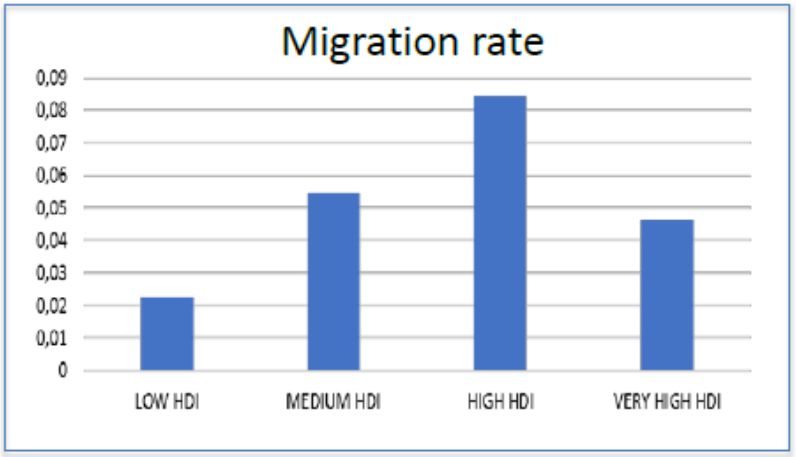
Conclusions: relevant variables

- The same variables remain in all the regressions → robustness
- Distance and border: geographical structures (negative and positive coefficients)
- Expected GDP destination at destination: economic pull (positive coefficient)
- **Expected degree of education in the area of origin** (migrant selectivity) (highly positive)

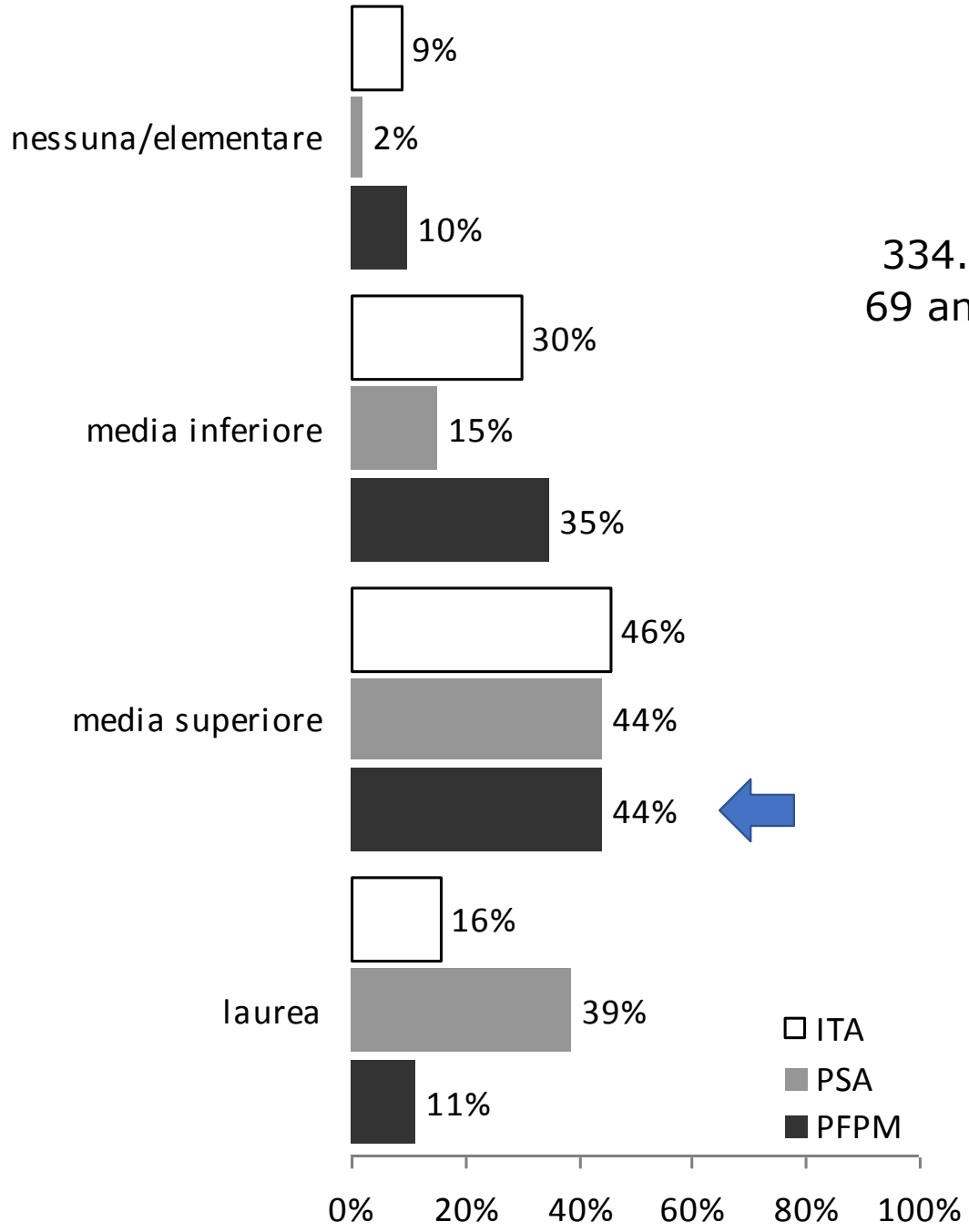


There is a known NONLINEAR relation between some of the considered variables (e.g. education, GDP origin) and migration rates that calls for different modelling approaches.

Istruzione

Sistema PASSI 2008-2016

334.567 interviste a persone tra 18 e 69 anni di età di cui 15.277 a stranieri



PSA = paese di sviluppo avanzato

PFPM = paese a forte pressione migratoria

Revista do Direito

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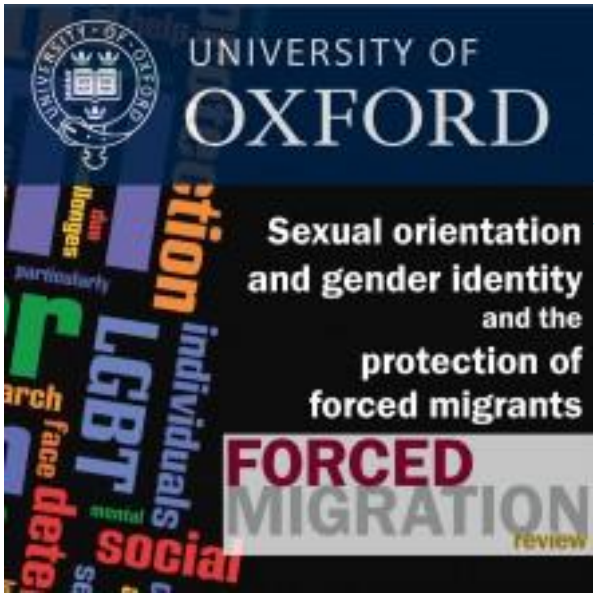
MIGRATION DUE TO SEXUAL ORIENTATION AND GENDER IDENTITY

MIGRAÇÃO EM RAZÃO DE PERSEGUIÇÃO POR ORIENTAÇÃO SEXUAL OU IDENTIDADE DE GÊNERO



Daniel Braga Nascimento[1]
Emilie de Haas[2]
Roberta Camineiro Baggio[1]

Abstract: The concept of the term refugee is set out in Art. 1, item I of the Law 9.474 / 97 of the Foreign Statute of Brazil, which defines a refugee as any individual with a well-founded fear of persecution due to race, religion, nationality, political opinion or social group. The Convention of 1951 does not establish a specific category for persecution related to sexual orientation or gender identity. In many countries homosexuality is punished by imprisonment, or the death penalty (Saudi Arabia, Iran, Yemen, Mauritania and Sudan, as well as in regions of Nigeria and Somalia), among other penalties that deny full citizenship, segregate, discriminate and deny rights to this group. Due to the persecution these individuals suffer in their home countries, it is possible to ask: were gay, lesbian, bisexual, transgender and intersex individuals included in the social group category due to its flexible criteria? The United States, Canada and several European countries have been accepting refugee applications for individuals with well-founded fear of persecution because of their sexual orientation or gender identity. By employing this criterion, the CONARE (National Committee for Refugees of Brazil) has granted refuge to gay, lesbian, bisexual, transgender and intersex individuals who are persecuted in their home countries due to their sexual orientation or gender identity. This article explores the concept of the term refugee and its expansion over the past years, focusing especially on the basis of the refugee criterion related to social group. The aim is therefore to analyze the category of social group in the concept of refugee. It also aims to examine the possibility of framing said populations in the category of social group in order to facilitate their obtainment of a Refugee status.

Keywords: Asylum. LGBT. Migration. Persecution. Refugees.

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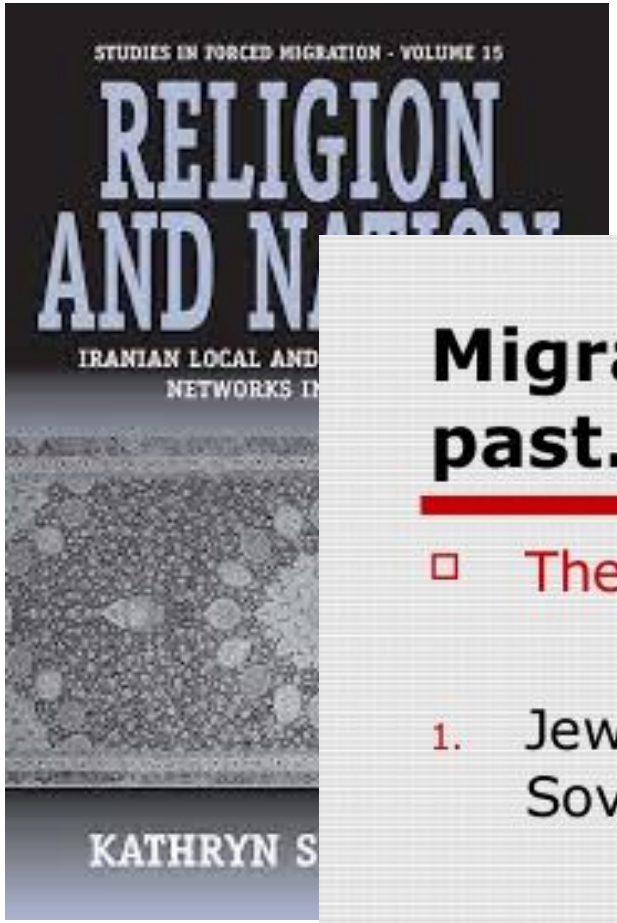

Migration: Peeping through the past...

- The near past

1. Jewish migrations from Germany or Post Soviet Jewish migrations to Israel.
2. Muslim migrations from India
3. Hindus and Sikhs being forced to migrate

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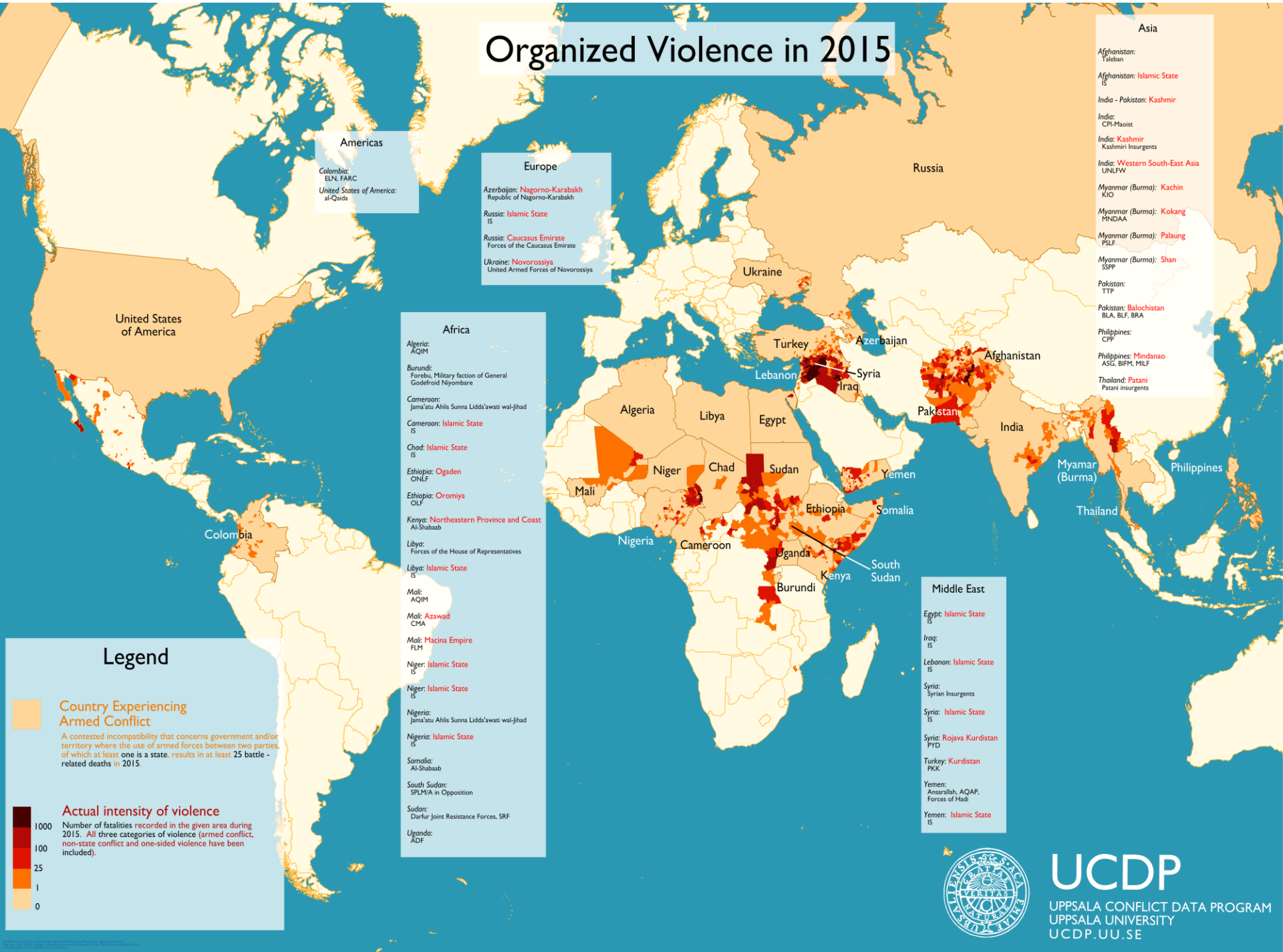
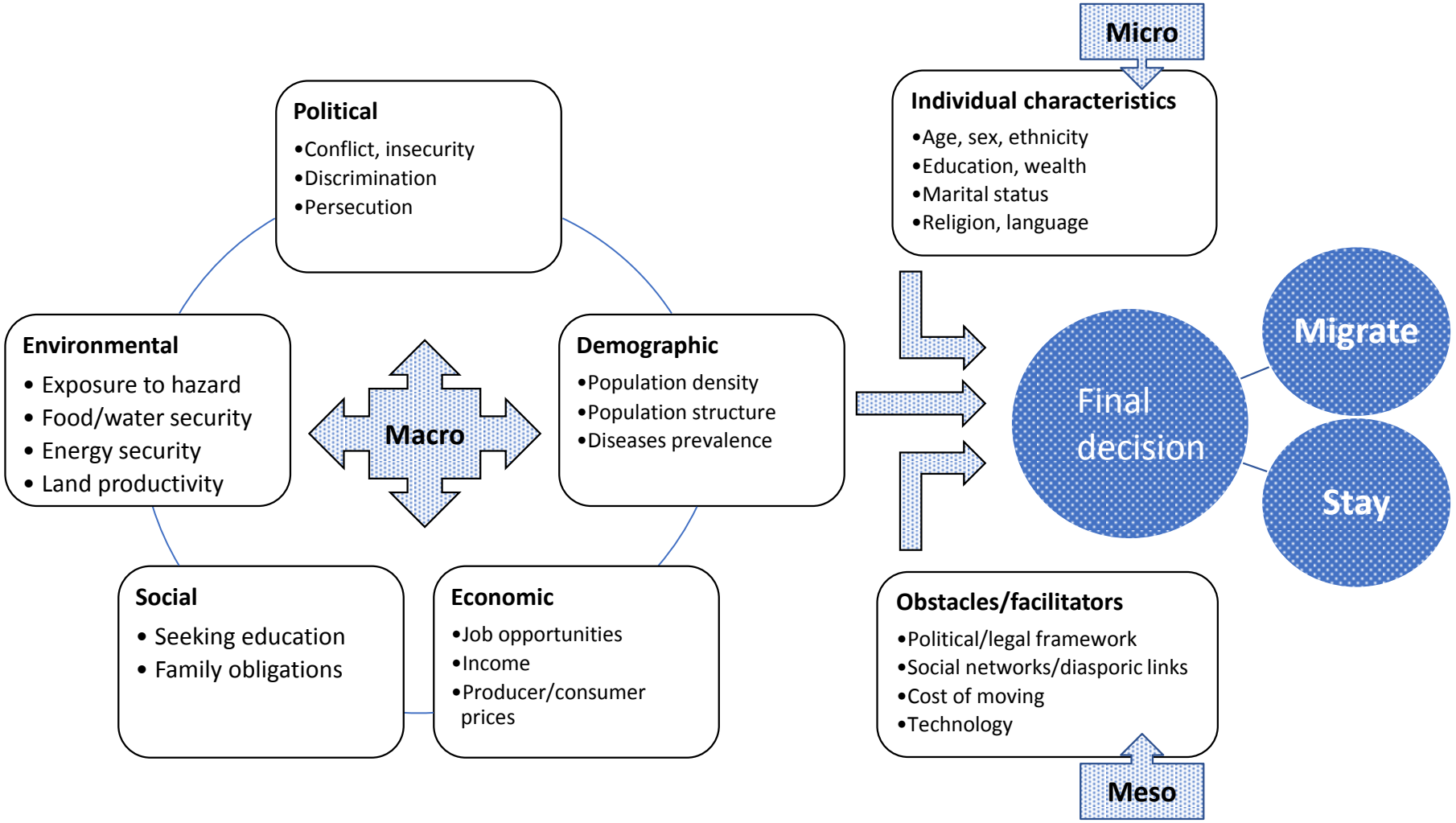
Organized Violence in 2015



UCDP
UPPSALA CONFLICT DATA PROGRAM
UPPSALA UNIVERSITY
UCDP.UU.SE

https://www.google.it/search?q=migration+europe&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjl362mlf_LAhUsEJoKHTZaBWwQ_AUIBygC&dpr=1.5#tbm=isch&tbs=rimg%3ACYFl52OEMSzZIjguMJ59M0jCvfzlWYdKf0yy7BBuZ_1BRJhlOTUnM0RQ-KEcI4H-3V5Wgkly17apgkCSEjh7Kp5R3ayoSCS4wnn0zSMK9Eb8qGN-u3UqoKhIJ_1OVZh0p_1TLIRM2GjE6zInrsqEgnsEG5n8FEmGRF26uwQ8LY7eyoSCU5NSczRFD4oEZUUcJ0HTAbaKhIJRwjgf7dXlaAR798-po5LLJYqEgmSXLXtqmCQJBHlh8m4kRfwQyoSCYSOHsqnlHdrEdMW5Eb0F4pf&q=migration%20europe&imgrc=S0Z2Qecugw9YJM%3A

Complex drivers of migration: macro-, meso- and micro-factors



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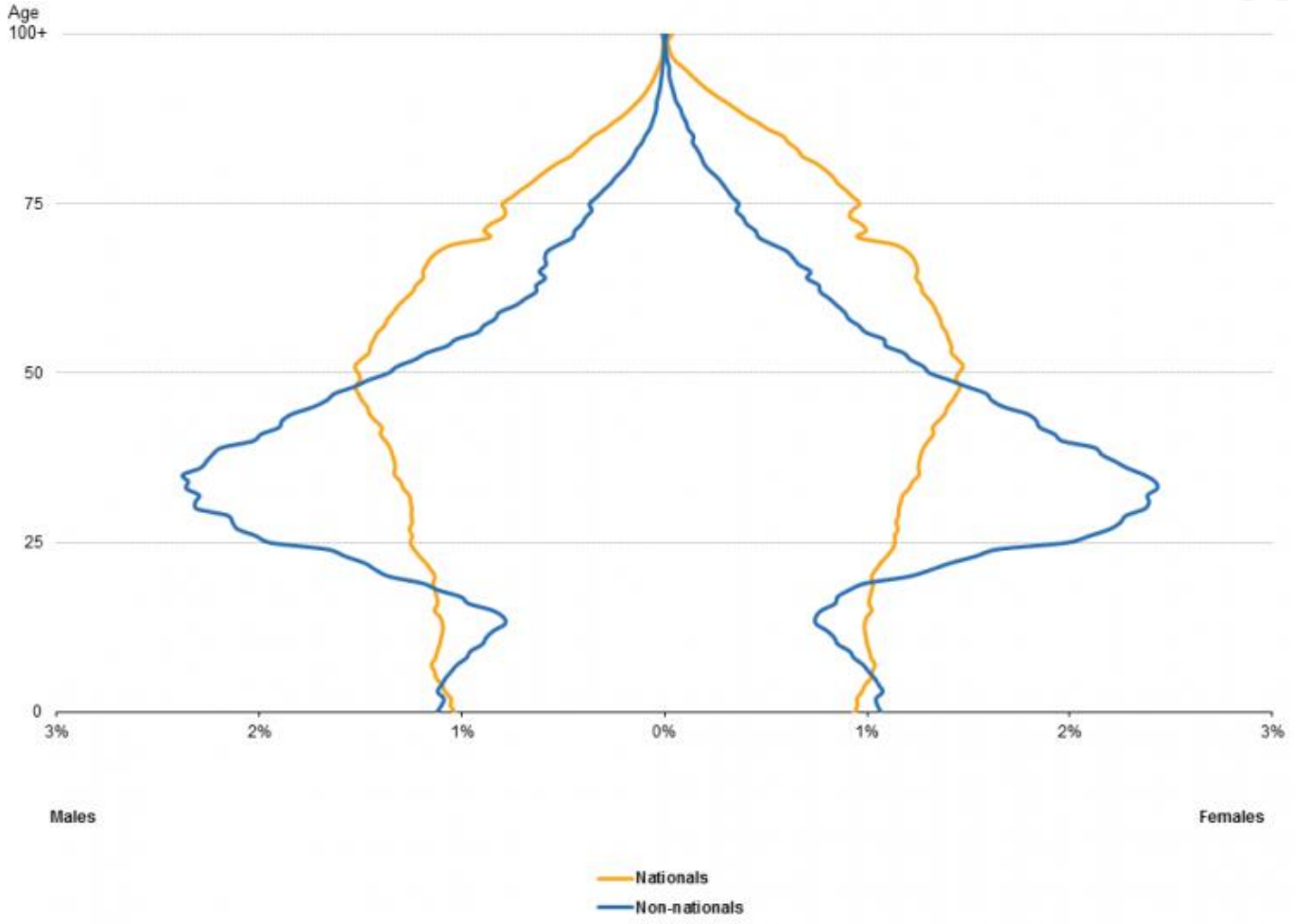
Foresight: Migration and Global Environmental Change (2011) Final Project Report The Government Office for Science, London, modified

https://www.google.it/search?q=enea&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjAwo_amo3KAhXHXhoKHb8IBLIQ_AUIBygC&dpr=1.5#imgrc=i1EFXq0ervCM4M%3A

Age structure of the national and non-national populations, EU-28, 1 January 2016 (%)



Source: Eurostat (online data code: migr_pop2ctz)

http://ec.europa.eu/eurostat/statistics-explained/index.php/Migration_and_migrant_population_statistics

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Costituzione Italiana

entrata in vigore il 1º gennaio 1948

Auguri per i 70 anni!!

Art. 32

- La Repubblica tutela la salute come *fondamentale diritto* dell'individuo e interesse della collettività, e garantisce cure gratuite agli indigenti
- Nessuno può essere obbligato a un determinato trattamento sanitario se non per disposizione di legge. La legge non può in nessun caso violare i limiti imposti dal rispetto della persona umana

Costituzione italiana, Approvata dall'Assemblea Costituente il 22 dicembre 1947

Lampedusa 2011: NIHMP triage (24.861 people in 106 landings)

healthy people:	**75%**
clinical features related to the migratory:	23%
obstetrical & gynecological pathology:	< 1%
Infectious diseases:	**< 1% ***
others clinical pictures:	< 1%

*** Main Diagnosis**
Malaria: 5, Scabies: 8, HIV Infection: 2, Hepatitis Virus (HBV end/or HCV) Infection: 17, TB Infection: 21 (11 smear TB positive, 10 smear TB negative)

Prestileo T. et al. Le infezioni in Medicina, 2013: 21-28

https://www.google.it/search?q=migranti+e+malattie+infettive&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjJgarBy4vKAhVFhg8KHf9OAmoQ_AUIBygC#tbm=isch&tbs=rimg%3ACXBA5doFYmkEIjhYRGtggWRvwJnnjHeO0n01wXWny-7QamaOeVJ-Pv1tyVailZccgpS8vT-cAaS7VadA8mTH9_1vGCCoSCVhEa2CBZG_1AEeyb7V0Tb3MSKhIJmeeMd47SfTURpP3xWFi6ySoqEgnBdafL7tBqZhGJTcah4bxe5SoSCY55Un4-_1W3JETDc44fMsslpKhIJVqKVlxyClLwRyFcOW7UfYXMqEgm9P5wBpLtVpxFt24lgRErFTioSCUDyZMf3-8YIEc6Sej8hJ1p4&q=migranti%20e%20malattie%20infettive&imgrc=WERrYIFkb8DcgM%3A

Torna il morbo

Tubercolosi, 10 nuovi casi al giorno. L'Oms: "Più pericolo con il flusso di rifugiati"

7 Settembre 2017

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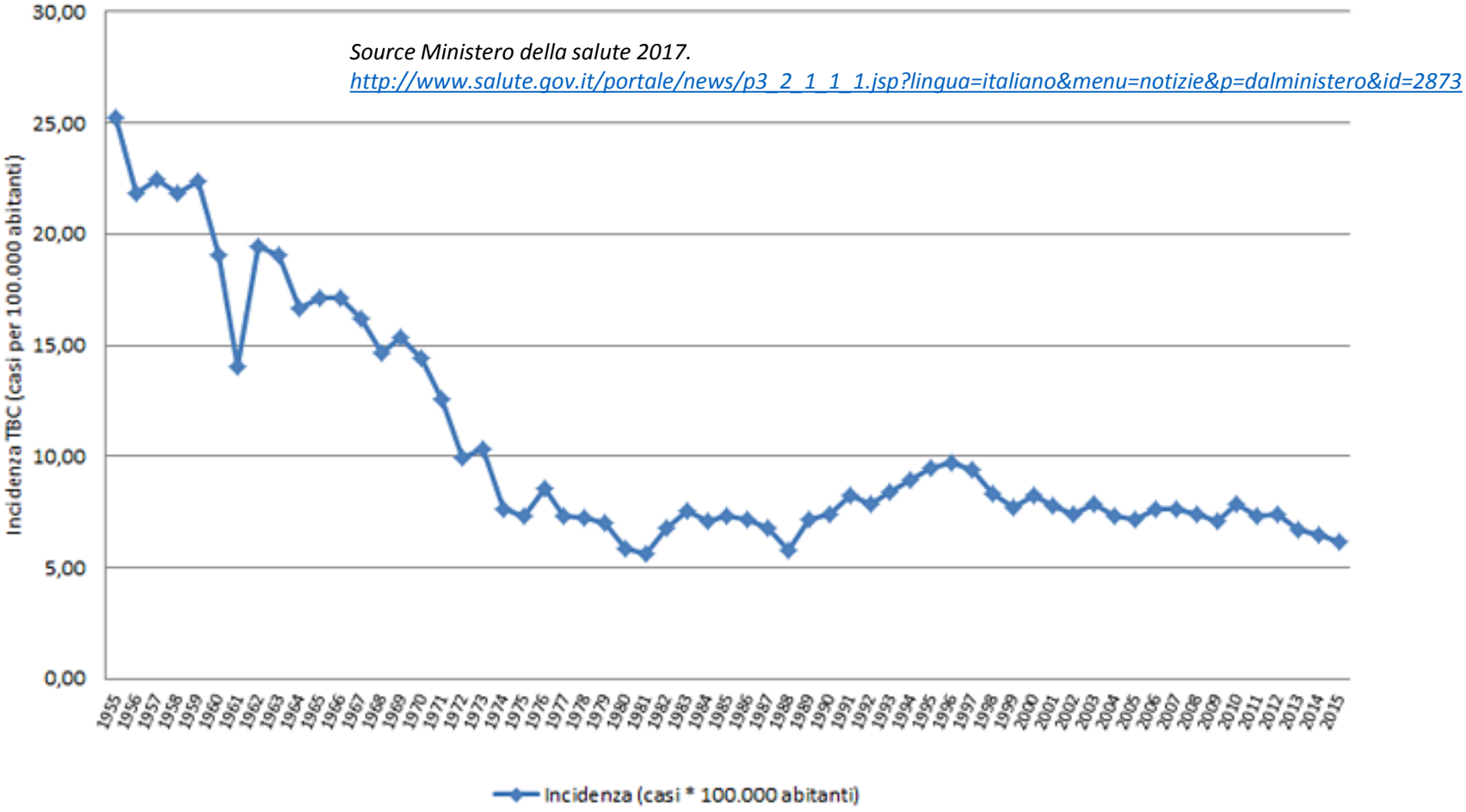
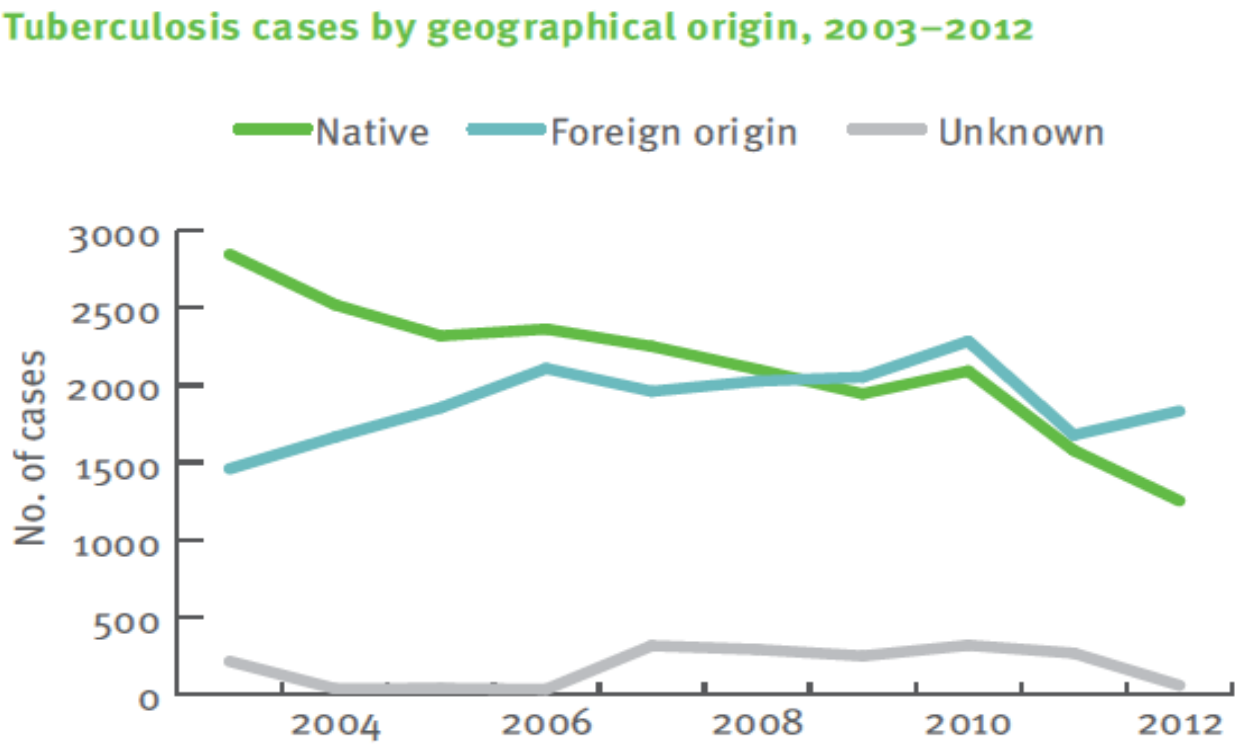
Casi di tubercolosi in Italia - anni 1955-2015



Source Ministero della salute 2017.
http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=2873

Numero di casi di TB in Italia 2007 - 2012



Source ECDC/EURO TB report 2014

Tuberculosis transmission between foreign- and native-born populations in the EU/EEA: a systematic review

Andreas Sandgren[1,6], Monica Sañé Schepisi[2,6], Giovanni Sotgiu[3], Emma Huitric[1], Giovanni Battista Migliori[4], Davide Manissero[1,5], Marieke J. van der Werf[1] and Enrico Girardi[2]

Affiliations: [1]Tuberculosis Programme, European Centre for Disease Prevention and Control, Stockholm, Sweden. [2]Dept of Epidemiology and Preclinical Research, National Institute for Infectious Diseases, IRCCS L. Spallanzani, Rome, [3]Epidemiology and Medical Statistics Unit, Dept of Biomedical Sciences, University of Sassari, Research, Medical Education and Professional Development Unit, AOU Sassari, Sassari, and [4]WHO Collaborating Centre for TB and Lung Diseases, Fondazione S. Maugeri, Care and Research Institute, Tradate, Italy. [5]Otsuka S., Geneva, Switzerland. [6]These authors contributed equally to the study.

Correspondence: A. Sandgren, European Centre for Disease Prevention and Control, Tomtebodavägen 11A, 171 83 Stockholm, Sweden. E-mail: andreas.sandgren@ecdc.europa.eu

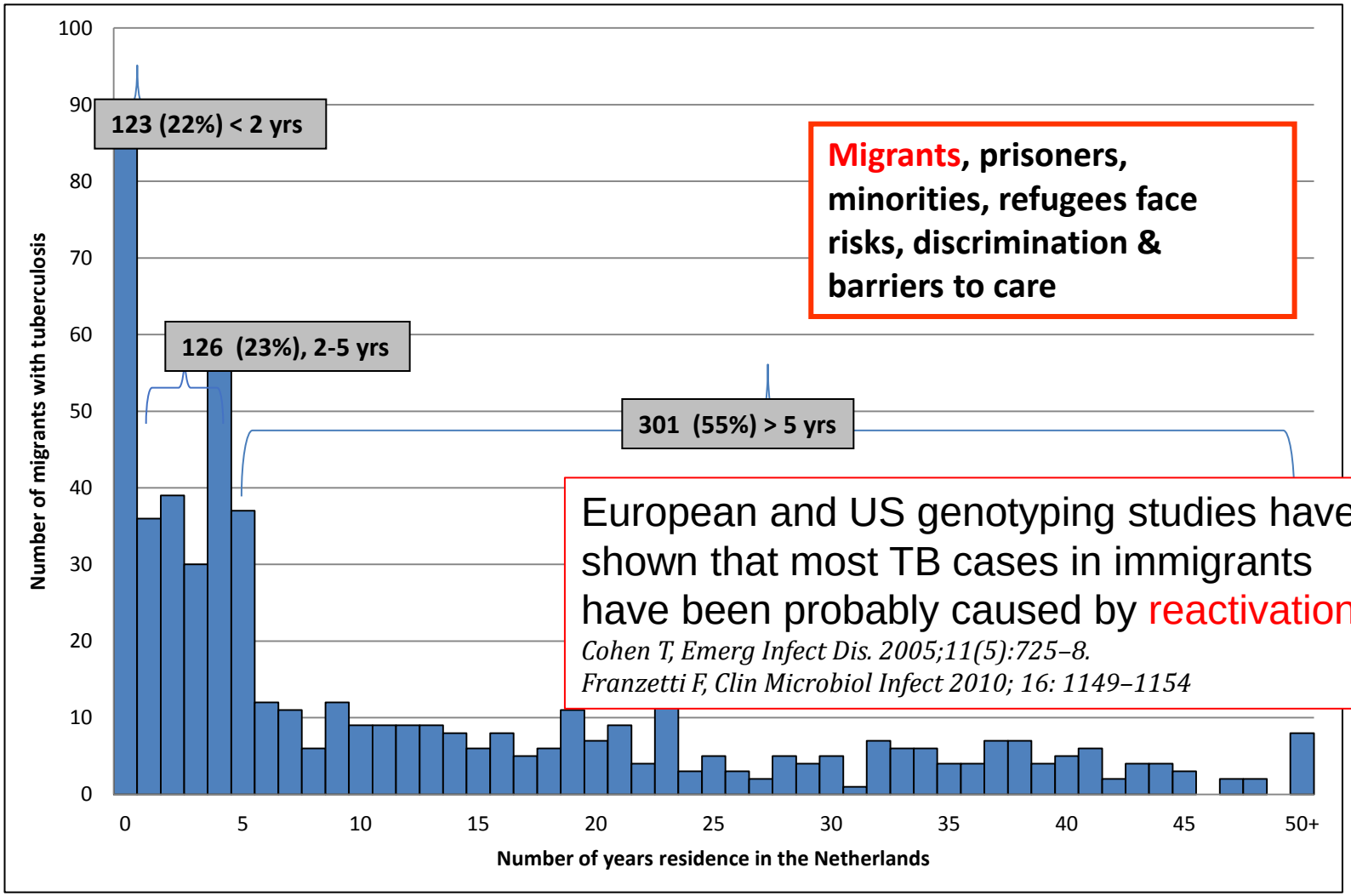
- **TB in a foreign-born population does not have a significant influence on TB in the native population in EU/EEA**
- **Cross-transmission among foreign and native populations was bidirectional, with wide differences across studies.**

among foreign and native populations was bidirectional, with wide differences across studies.

This systematic review provides evidence that TB in a foreign-born population does not have a significant influence on TB in the native population in EU/EEA.

@ERSpublications
TB in foreign-born cases does not have a significant influence on TB in the native population in EU/EEA http://ow.ly/pTTXv

TB among migrants 2013, years residence in the Netherlands (550 with known duration of residence)



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https://www.google.it/search?q=migranti+e+malattie+infettive&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjJgarBy4vKAhVFhg8KHf9OAmoQ_AUIBygC#imgdii=cEDl2gViaQT4_M%3A%3BcEDl2gViaQT4_M%3A%3BjnlSfj79bcmOMM%3A&imgrc=cEDl2gViaQT4_M%3A

Da: "Francesco Castelli" <francesco.castelli@unibs.it>
Data: 10/Ott/2014 00:01
Oggetto: Migrazione ed epidemia di Ebola
A: <cronache@ansa.it>, <salute@ansa.it>
Cc:

A precisazione di quanto comparso oggi sugli organi di stampa, la Società Italiana di Medicina Tropicale (SIMET) desidera sottolineare la sostanziale quasi-impossibilità che migranti affetti da infezione da virus Ebola giungano in Italia mediante le tratte clandestine che li portano sulle nostre coste meridionali. Ciò in considerazione del **periodo di incubazione della infezione** (max 21 giorni, ma solitamente più breve), largamente inferiore al tempo impiegato dai migranti per giungere dai loro Paesi di origine ai punti di imbarco sulle coste meridionali del Mediterraneo. **L'arrivo per via aerea di pazienti con infezione da virus Ebola in Italia è teoricamente possibile**, anche se appare evenienza poco probabile in virtù della assenza di connessione diretta con i Paesi maggiormente colpiti dalla epidemia. La rete delle strutture infettivologiche sul territorio nazionale è comunque allertata per identificare ed isolare eventuali casi sospetti di concerto con le autorità sanitarie regionali e nazionali. Tanto si comunica per dovere di informazione

Prof. Francesco Castelli
Presidente Nazionale SIMET

diffusione:24900
tiratura:77563

CAUSE *Una zanzara avrebbe punto l'italiana dopo aver punto i bimbi stranieri malati. Senza speranza l'ultima corsa in Lombardia in una struttura specializzata*

il morbo buonista

Infettata dagli africani muore di m

La piccola era ricoverata all'ospe
da due bambini africani che avev

diffusione:16807
tiratura:29767

Ecco la malaria degli immigrati

La circolare del ministero della Salute ammette: importiamo la malattia dagli stranieri
Bambina muore in ospedale dove c'erano due bimbi africani infettati nel loro paese

La malaria? In Italia la portano gli immigrati che rappresentano l'80% dei 3.663 casi notificati nel nostro Paese tra il 2011 e il 2015. Una circolare del ministero della Salute ha lanciato l'allarme. Intanto all'ospedale di Brescia è morta una bambina di 4 anni contagiata dalla malattia.
Coletti e Sbraga → alle pagine **2 e 3**

È giallo
Ispettori a Trento primo nosocomio dove era arrivata per diabete

2
Ospedali
La piccola deceduta la notte tra domenica e lunedì

Sofia
La piccola sorride tra i genitori durante una vacanza al mare a Bibione in Veneto

2

Emergenza salute

Bimba morta infettata in ospedale

Inchiesta La piccola di 4 anni deceduta a Brescia, non era mai stata all'estero
In corsia due bambini del Burkina Faso malati di malaria. Verifica degli ispettori

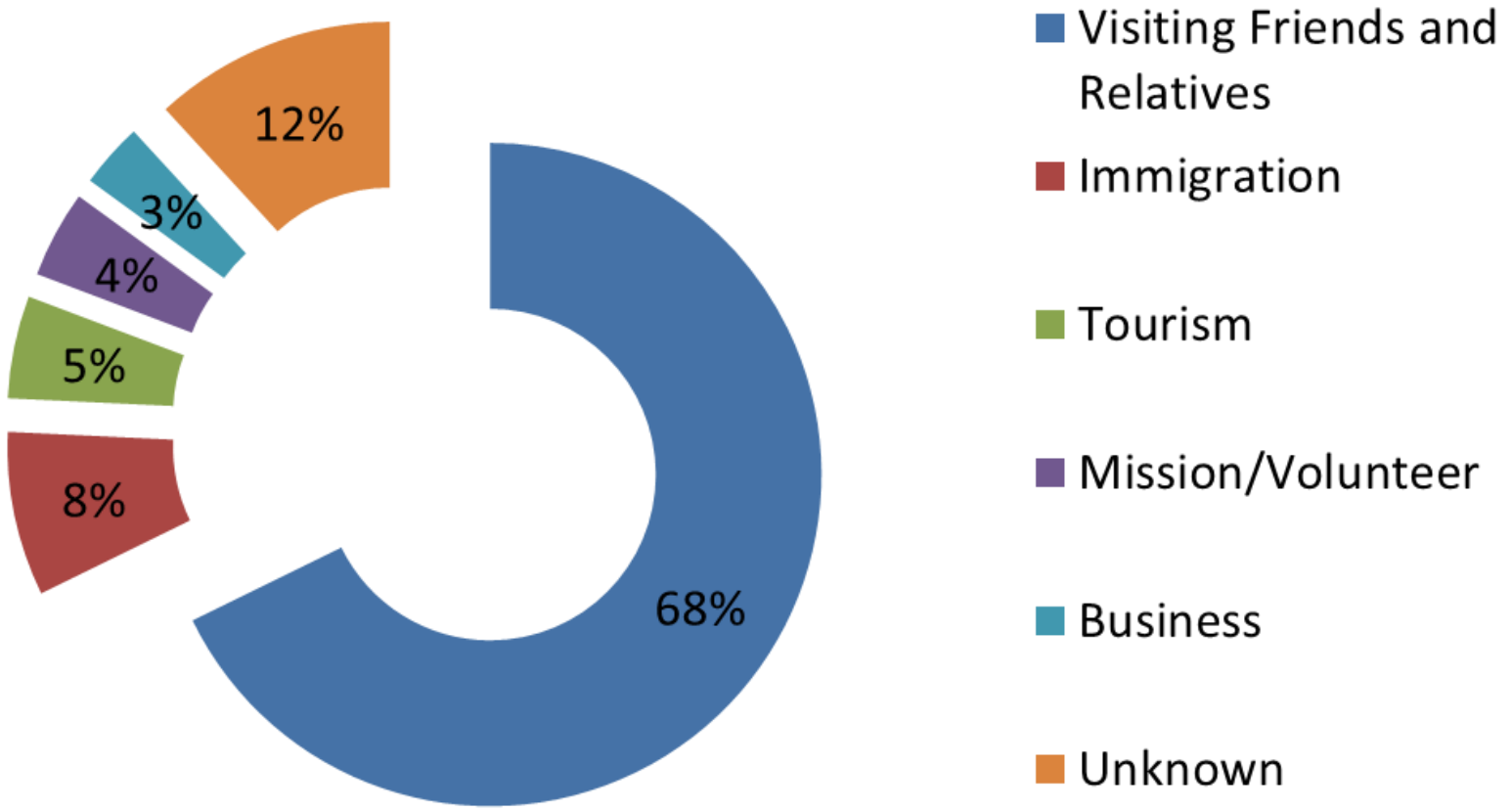
Sofia morta di malaria a 4 anni: indagato un dipendente dell'ospedale

PER APPROFONDIRE: bibione, bimba, indagato, malaria, ospedale, sofia zago, trento

TRENTO - Risulta esserci un indagato per la morte della piccola **Sofia Zago**, la bimba di 4 anni di Trento (figlia di una famiglia trevigiana) uccisa dalla malaria il 4 settembre scorso dopo una vacanza a Bibione.
Il procuratore trentino Marco Gallina ha aperto un fascicolo per **omicidio colposo a carico di un dipendente dell'ospedale Santa Chiara**, dove la piccola era stata ricoverata. Non è noto il nome dell'uomo indagato.

Le perizie della Procura, del ministero della salute e dell'Azienda sanitaria erano state concordi nell'affermare che il contagio fosse avvenuto in ambiente ospedaliero.
La Procura ha ricostruito la "storia" del ricovero della bimba, soprattutto tramite la documentazione medico-infermieristica raccolta, nella ricerca di prove che portassero ad individuare un possibile responsabile del contagio.

Malaria in Brescia: reason for travel



Odolini S, unpublished data

Anopheles in Europe

- In Europa sono presenti 4 specie di zanzare Anopheles * :
  - *Anopheles atroparvus*
  - *Anopheles labranchiae* (Sicilia, Sardegna & aree costiere italiane)
  - *Anopheles plumbeus* (Sicilia & Sardegna)
  - ***Anopheles sacharovi***

- La presenza di individui portatori di gametociti di *P. vivax* nel sangue, la presenza del vettore e le condizioni climatiche adatte al completamento del ciclo sessuato (schizogonico) nella zanzara vettore hanno permesso l'instaurarsi della epidemia

* N.B.: Sono riportate soltanto le aree di diffusione delle zanzare Anopheles in Italia

http://ecdc.europa.eu/en/healthtopics/vectors/mosquitoes/Pages/anopheles-sacharovi-factsheet.aspx#C4

RAPID COMMUNICATIONS

Autochthonous *Plasmodium vivax* malaria in Greece, 2011

K Danis (daniscostas@yahoo.com)[1], A Baka[1], A Lenglet[2], W Van Bortel[2], I Terzaki[3], M Tseroni[1], M Detsis[3], E Papanikolaou[1], A Balaska[4], S Gewehr[3], G Dougas[1], T Sideroglou[1], A Economopoulou[1], N Vakalis[4], S Tsiodras[1], S Bonovas[1], J Kremastinou[1]

1. Hellenic Centre for Disease Control and Prevention, Athens, Greece
2. European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden
3. Ecodevelopment S.A., Thessaloniki, Greece
4. National School of Public Health, Athens, Greece

Citation style for this article:
Danis K, Baka A, Lenglet A, Van Bortel W, Terzaki I, Tseroni M, Detsis M, Papanikolaou E, Balaska A, Gewehr S, Dougas G, Sideroglou T, Economopoulou A, Vakalis N, Tsiodras S, Bonovas S, Kremastinou J. Autochthonous Plasmodium vivax malaria in Greece, 2011.
Euro Surveill. 2011;16(42):pii=19993. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19993

Article published on 20 October 2011

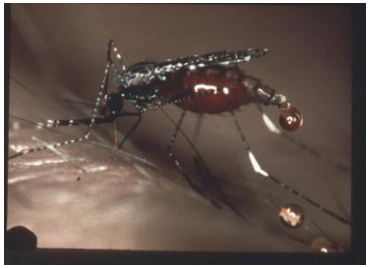


FIGURE 1

Place of residence of reported malaria cases, Greece, May–September 2011 (n=36)

Malaria Journal

BioMed Central
The Open Access Publisher

Autochthonous plasmodium vivax malaria in a Greek schoolgirl of the Attica region

Malaria Journal 2012, **11**:52 doi:10.1186/1475-2875-11-52

In non-endemic countries, malaria cases are mostly imported (from travelers or immigrants), but blood transfusion malaria, or malaria in transplant recipients, or even cases of "airport malaria" can occasionally be seen [1]. Greece has been malaria free since 1974. However, rare cases of autochthonous malaria are occasionally reported. Recently, in August 2011, an announcement was posted by European Centres for Disease Prevention and Control (ECDC) and American Centers for Disease Control and Prevention (CDC) that six autochthonous malaria cases were reported in southern Greece [2,3]. An autochthonous case in a schoolgirl in the Attica region in 2009 is hereby described.

Event background information

Since May 2017, France, Italy, Greece and the United Kingdom have reported malaria cases infected within the EU, as set out in the table below.

Table 1. Number of cases of locally acquired malaria in the EU, by country of report, May-September 2017

Country of report	No.	*Plasmodium* species	Date of onset	Suspected mode of transmission, place of infection	Date of report
France	2	*P. falciparum*	26 August	Mosquito-borne, Allier, France.	7 September
Greece	5	*P. vivax*	2 May–22 July	Mosquito-borne, regions of Dytiki Ellada and Sterea Ellada, Greece.	18 May, 21 July, 17 August
	1	*P. falciparum*	17–23 July	Mosquito-borne or nosocomial, region of Ipeiros, Greece.	17 August
Italy	1	*P. falciparum*	29 August	Mosquito-borne or nosocomial, Trento l, Italy.	5 September
United Kingdom	3	*P. vivax*	29 August	Mosquito-borne, the northern part of Cyprus.	8 September

Multiple reports of locally-acquired malaria infections in the EU

20 September 2017

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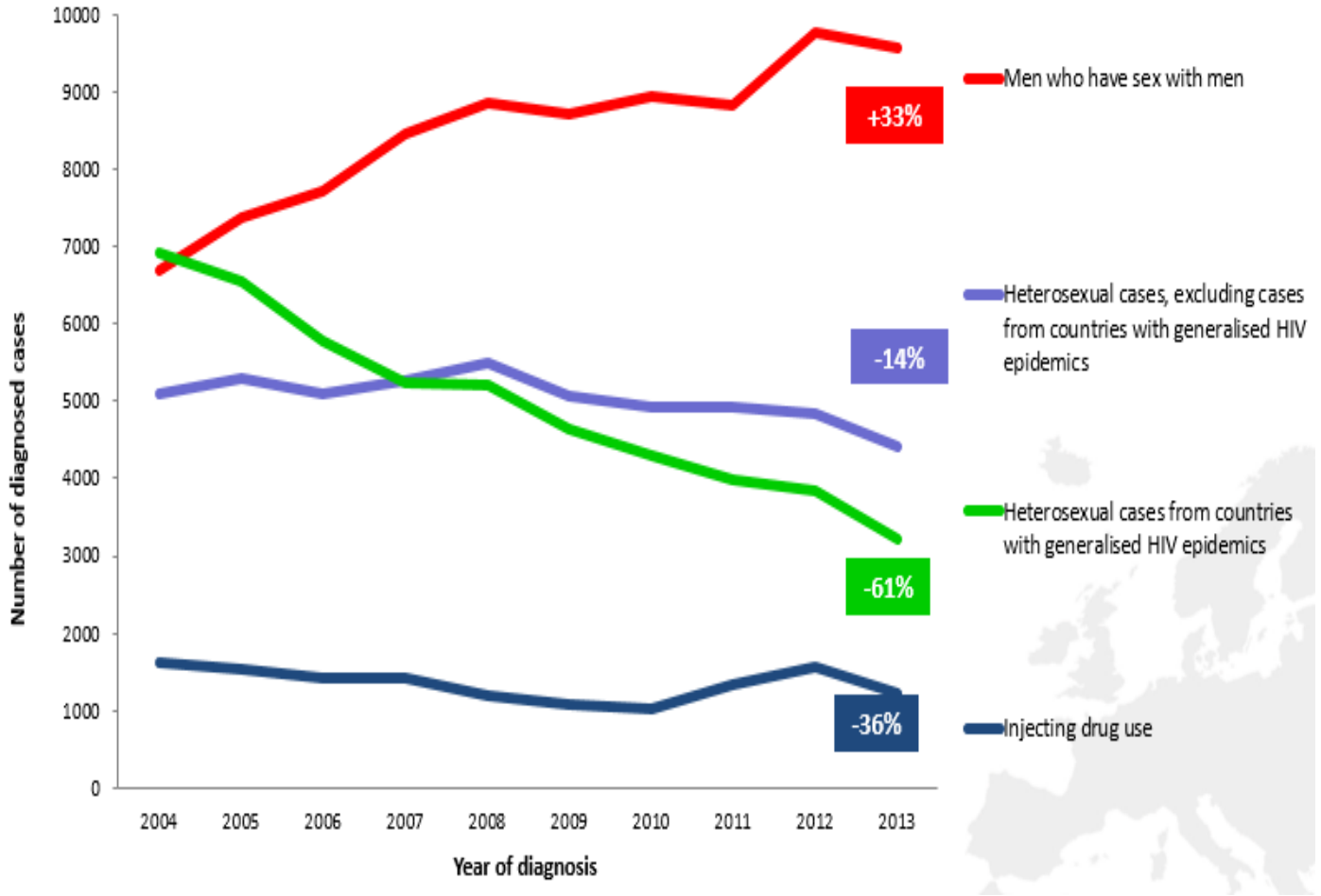
Economic migrants, refugees, asylum seekers… whom are we speaking about?

Migration patterns over time

Outline spectrum of health needs and variation by migrant group

HIV infections diagnosed, EU/EEA 2004-2013, transmission mode and origin



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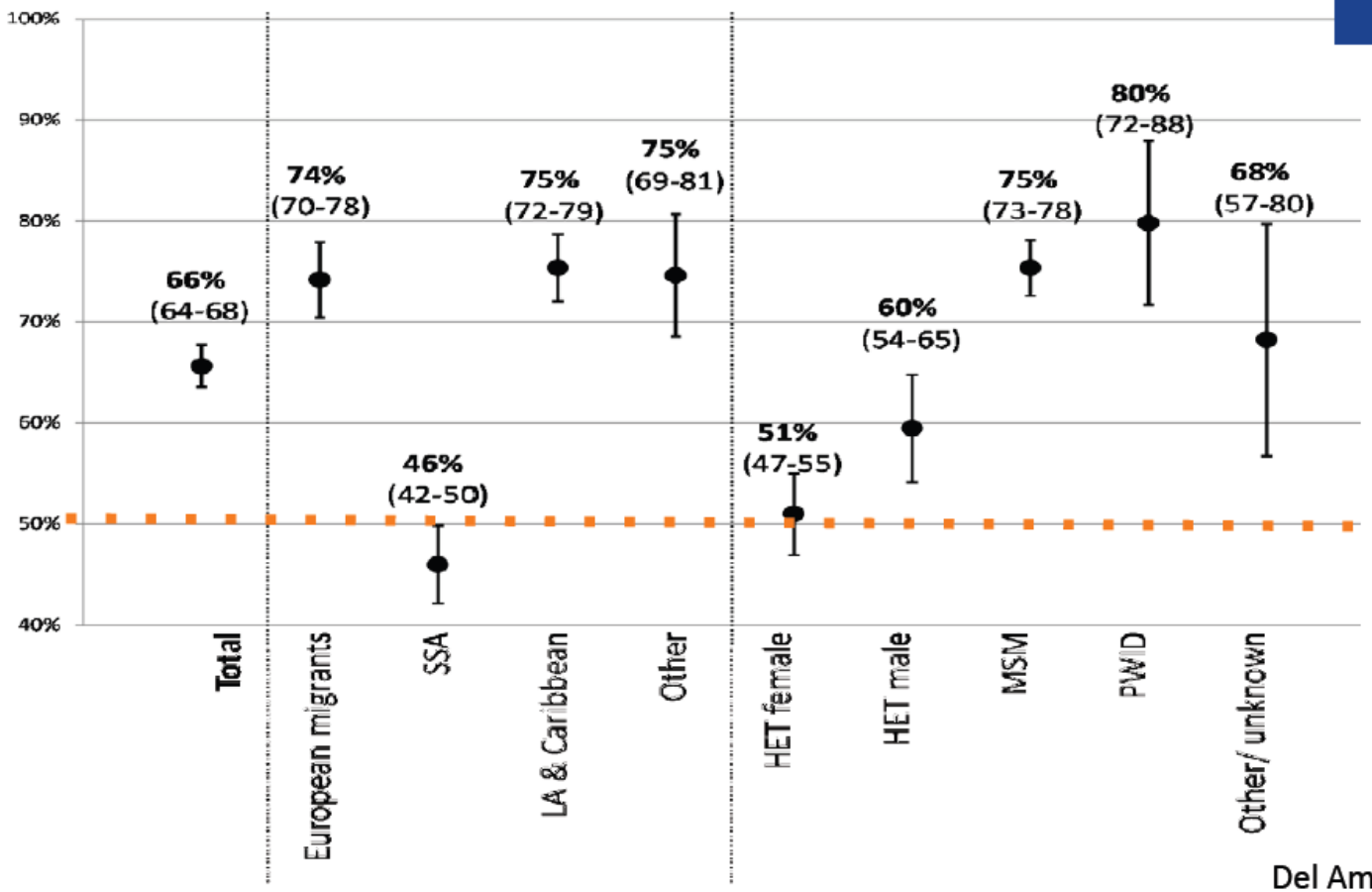
A significant share of HIV-positive migrants living in Europe acquired HIV infection after migration

Percentage of Migrants who acquired HIV infection after migration by Area of Origin and Risk Factor



Del Amo J, 2017

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GRAM NEGATIVE BACILLI, MULTIDRUG RESISTANT - CHILE: ex ITALY KPC, NOSOCOMIAL
****

A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases
<http://www.isid.org>

Date: Sun 18 Mar 2012
From: Marcela Cifuentes <marcelacifuentesdiaz@gmail.com> [edited]

We report the 1st isolation in our country [Chile] of _Klebsiella pneumoniae_ carbapenemase (KPC)-producing [microorganism] in a patient admitted from Italy. The patient has non-Hodgkin lymphoma treatment and renal failure on hemodialysis, and he was hospitalized several times in Italy. On 28 Feb [2012, he was] admitted to a hospital in Santiago [Chile] to continue treatment. During hospitalization, he developed fever and microbiological studies were performed. _K. pneumoniae_ was isolated from urine. The antibiogram showed resistance to quinolones, aminoglycosides, cephalosporins, and carbapenems and susceptible only to tigecycline and colistin.

The presence of this bacterium in urine was interpreted as asymptomatic bacteriuria, as central venous catheter-associated blood stream infection due to another organism (_Achromobacter denitrificans_) was demonstrated.

Migration and chronic noncommunicable diseases: is the paradigm shifting?

Francesco Castelli[a,b], Lina R. Tomasoni[c] and Issa El Hamad[d]

J Cardiovasc Med 2014, **15**:693–695

[a]Department of Clinical and Experimental Sciences, University of Brescia, [b]University Division of Infectious Diseases, University of Brescia and Brescia Spedali Civili General Hospital, [c]Unit for Imported and Tropical Diseases and [d]Division of Infectious Diseases, Spedali Civili General Hospital, Brescia, Italy

Correspondence to Francesco Castelli, MD, University Division of Infectious and Tropical Diseases, University of Brescia and Brescia Spedali Civili General Hospital, Piazza Spedali Civili, I-25123, Brescia, Italy
E-mail: castelli@med.unibs.it

Received 22 January 2014 **Accepted** 22 February 2014

exception and virtually all nationalities are represented among the 5 186 000 documented (and about 500 000 undocumented) migrants who were estimated to live in Italy at the end of 2012, even if more than one-third (35%) of migrants come from three countries: Romania, Albania and Morocco.[5]

The Global Burden of Disease Study[6] offers some interesting information on the evolving pattern of disabilities and deaths [disability adjusted life years (DALYs)] worldwide, showing a general shift towards noncommunicable

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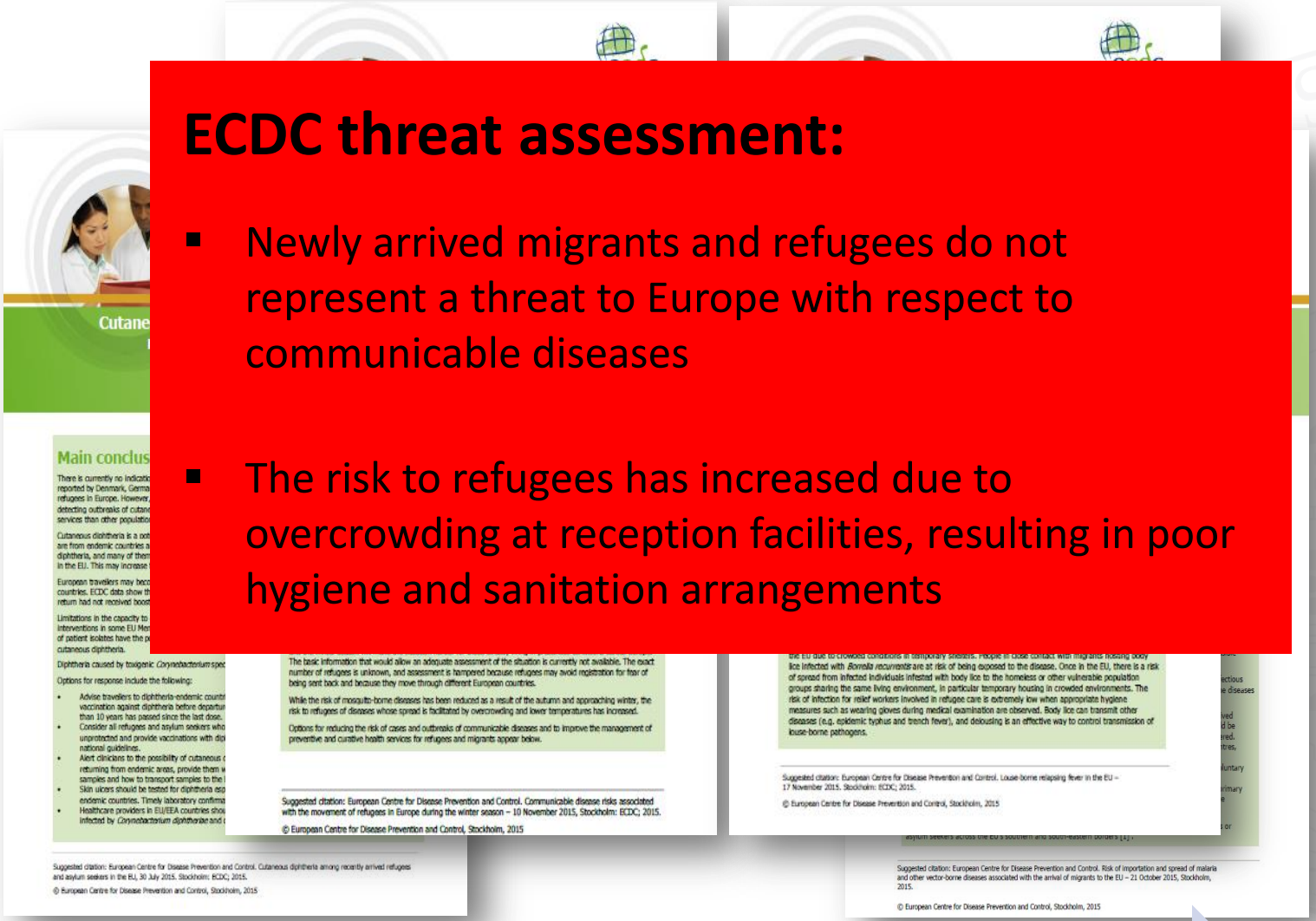
ECDC Risk assessments, 2015



ECDC threat assessment:

- Newly arrived migrants and refugees do not represent a threat to Europe with respect to communicable diseases
- The risk to refugees has increased due to overcrowding at reception facilities, resulting in poor hygiene and sanitation arrangements

Economic migrants, refugees, asylum seekers… whom are we speaking about?

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Outline spectrum of health needs and variation by migrant group

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Priority conditions in ECDC guidance

Active TB

Latent TB

HIV

Hepatitis B

Hepatitis C

Intestinal parasites

- Schistosomiasis
- Strongyloidiasis

Childhood vaccinations

- Measles
- Mumps
- Rubella
- Hib
- Diphtheria
- Polio
- Tetanus

Economic migrants, refugees, asylum seekers… whom are we speaking about?

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Indicatori demografici. Stime per l'anno 2017

Istat | Istituto Nazionale di Statistica

464 mila -2,0%

un calo di nascite costante

1,34 figli per donna | 31,8 anni l'età media al parto

45,2 anni

una popolazione sempre più vecchia

0-14 anni: 13,4% | 15-39 anni: 27,0% | 40-64 anni: 37,1% | 65-84 anni: 19,1% | 85+ anni: 3,5%

337 mila +12,0%

il più elevato numero di ingressi dell'ultimo quinquennio

gli italiani sono 45mila (+19,9%) | gli stranieri sono 292mila (+10,9%)

5,6 media italia

le regioni del Centro-Nord quelle più attrattive

Nord: 6,4 | Centro: 6,1 | Mezzogiorno: 4,2

neocittadini ogni 1.000 residenti

153 mila -2,6%

un alto numero di italiani verso l'estero, ma in calo

gli italiani sono 112mila (-1,8%) | gli stranieri sono 40mila (-5,0%)

un gap di genere ormai di soli 4,3 anni

per gli uomini 80,6 anni | per le donne 84,9 anni

647 mila + 5,1%

la mortalità generale in aumento in tutte le regioni

Nord: 8,1 | Centro: 8,2 | Mezzogiorno: 9,1

deceduti su 1.000 abitanti (tasso standardizzato)

-183 mila

una decrescita naturale ininterrotta

Nord: -89mila | Centro: -45mila | Mezzogiorno: -49mila

*differenza fra il numero di iscritti per nascita e il numero di cancellati per decesso dai registri anagrafici dei residenti

dove non indicato diversamente, i dati sono riferiti al 2017 e le variazioni sono sul 2016

https://www.google.it/search?q=migranti+e+malattie+infettive&espv=2&biw=1440&bih=849&site=webhp&source=lnms&tbm=isch&sa=X&ved=0ahUKEwjJgarBy4vKAhVFhg8KHf9OAmoQ_AUIBygC#tbm=isch&tbs=rimg%3ACXBA5doFYmkEIjhYRGtggWRvwJnnjHeO0n01wXWny-7QamaOeVJ-Pv1tyVailZccgpS8vT-cAaS7VadA8mTH9_1vGCCoSCVhEa2CBZG_1AEeyb7V0Tb3MSKhIJmeeMd47SfTURpP3xWFi6ySoqEgnBdafL7tBqZhGJTcah4bxe5SoSCY55Un4-_1W3JETDc44fMsslpKhIJVqKVlxyClLwRyFcOW7UfYXMqEgm9P5wBpLtVpxFt24lgRErFTioSCUDyZMf3-8YIEc6Sej8hJ1p4&q=migranti%20e%20malattie%20infettive&imgrc=hbn1bVomMjcZxM%3A

LA STORIA

Cantù, il dottor Nganso e i pregiudizi dei pazienti: «*Non mi faccio visitare da un medico nero*»

Gli insulti alla guardia medica della cittadina brianzola. «*Mi sono laureato in Italia. Ho trovato tante persone accoglienti, ma ora per noi immigrati il clima è peggiorato*»

Cantù, 25 gennaio 2018

UNIVERSITÀ DEGLI STUDI DI BRESCIA