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EDITORIAL

For the health protection of refugee children☆

Por la protección de la salud de los niños refugiados

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In recent months Europe has had to contend with the arrival of a large number of displaced persons, most of them from Syria. The United Nations Refugee Agency (UNHCR; in Spain, ACNUR) has warned of the vulnerability of this population and of the higher risk of health problems it presents.[1]

Some of us, as paediatricians, have had occasion to treat Syrian children in our consulting rooms recently, and have been able to observe their health needs. This situation is likely to become more common in the coming months. In a recent document, the Spanish Association of Paediatrics committed itself to taking an active part both in direct health care and in designing and implementing a reception programme for these refugees.[2]

The Spanish Society for Paediatric Infectious Diseases (SEIP: Sociedad Española de Infectología Pediátrica) has also felt moved to show its concern through this editorial. In the following paragraphs the members of the Tropical Infections, Tuberculosis and International Cooperation Working Groups, with the endorsement of the board of the SEIP, wish to put on record the magnitude of the problem and draw attention to the health needs most frequently observed in this population, concentrating primarily on infectious diseases.

In 2014, according to the estimates of the United Nations Refugee Agency (UNHCR), 13.9 million people became newly uprooted due to conflicts or persecution, which represents a substantial increase on previous years. This agency estimates that in 2014 there were already 59.5 million displaced persons worldwide.[1]

The armed conflict suffered by the Syrian Arab Republic in the last four years is a major cause of this global increase. It is estimated that at least 7.6 million Syrians had been internally displaced by the end of 2014. In addition, over 4 million people were forced to leave Syria, making it the country that is producing the largest number of refugees in the world, since one in every four new refugees in the world is of Syrian origin.[1]

Approximately half a million people have entered the European Union illegally since January this year, some 258,000 of whom are of Syrian origin. In 2014 714,000 asylum applications were received in Europe, an increase of 45% compared with 2013. According to UNICEF data a quarter of these asylum applications were for children, and the figure is expected to rise in 2015.

It is important to emphasise that in the analysis of the displaced population of Syrian origin living in the refugee camps in Iraq, Jordan and Lebanon in the first quarter of 2013, 76%

☆ Please cite this article as: Prieto LM, García López Hortelano M, M.J. Mellado Peña on behalf of Grupo de Infecciones Tropicales, Grupo de Tuberculosis, Grupo de Cooperación Internacional de la Sociedad Española de Infectología Pediátrica. Por la protección de la salud de los niños refugiados. An Pediatr (Barc). 2016;84:67–69.

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◊ The members of the Tropical Infections Group, the Tuberculosis Group and the International Cooperation Group of the Spanish Society for Paediatric Infectious Diseases are listed in Appendix 1.

were women and children.[3] Currently it is estimated that a third of Syrian displaced persons entering Europe through Greece are women and children.

As regards the most common health problems observed while treating approximately 90,000 displaced Syrians in Lebanon, 47% of patients were suffering from skin diseases: bacterial infections and parasitic infections such as lice, scabies and leishmaniasis, 27% had digestive system diseases, primarily diarrhoea, and 19% had respiratory infections.[4]

A UNHCR report also highlights the importance of chronic diseases, mainly in the adult population, such as hypertension and other cardiovascular diseases, diabetes and chronic obstructive pulmonary disease. Approximately 15% of patients were suffering from mental illnesses that have been linked to displacement.[3]

The studies carried out in Jordanian refugee camps show prevalences of severe acute malnutrition of less than 5%, although the prevalences of anaemia in women and children were close to 50%.[3]

In October 2013 the first cases of poliomyelitis were declared in Syria, 15 years after the eradication of the disease in that country. The low rates of vaccination coverage of around 45% observed in some regions following the outbreak of the conflict and the difficulties in achieving adequate treatment of drinking and washing water have been linked to the reappearance of poliovirus. In response, an immunisation campaign has been conducted with oral polio vaccine, which has enabled 2.7 million children to be vaccinated in the country and 23 million in neighbouring regions. In spite of this, international agencies recognise that polio is a threat in the region.[5] In addition, an increase has been observed in cases of other vaccine-preventable diseases, such as measles, not only in Syria but also in the refugee camps in adjoining countries.[5]

A greater prevalence of tuberculosis, as much as 40% higher, has also been observed in displaced Syrians compared with the prevalence observed in the host population.

Cutaneous leishmaniasis caused by *Leishmania tropica* and also by *Leishmania major* has been endemic in Syria for decades, mainly in Aleppo. In the last few years the incidence of this disease has increased in the country, and also in neighbouring regions.[5]

In addition, outbreaks of other diseases such as typhoid and hepatitis A have been described in the last few years in people of Syrian origin.

For all these reasons, we in the SEIP associate ourselves with the wish expressed by the AEP to ensure protection and health care for all refugee children, and particularly at the present time for Syrian children, whose right to be protected is enshrined in Article 22 of the Convention of the Rights of the Child adopted by the General Assembly of the United Nations in 1989.[6]

Appendix 1. Membership of the Working Groups

A.1. SEIP Tropical Infections Working Group

Daniel Blázquez Gomero (Hospital Universitario 12 de Octubre, Madrid), Cristina Calvo Rey (Hospital Universitario La Paz, Madrid), María José Cilleruelo Ortega (Hospital Universitario Puerta de Hierro Majadahonda, Madrid), Álvaro Díaz Conrado (Hospital del Nem, Gerona), Victoria Fumadó (Hospital San Juan de Dèu, Barcelona), Raúl González (Panamerican Health Association), José Tomás Ramos Amador (Hospital Universitario Clínico San Carlos, Madrid), Ignacio González (Hospital Universitario 12 de Octubre, Madrid), Maria Isabel González Tomé (Hospital Universitario 12 de Octubre, Madrid), Sara Guillén (Hospital Universitario de Getafe, Madrid), Andrea Martín (Hospital Vall d'Hebrón, Barcelona), Leticia Martínez Campos (Hospital La Inmaculada, Huercal-Overa, Almeria), Antonio Medina Claros (Hospital de la Axarquía de Vélez-Málaga, Malaga), María José Mellado Peña (Hospital Universitario La Paz-Carlos III, Madrid), María Jesús Méndez Hernández (Hospital Germans Trias i Pujol, Barcelona), Esmeralda Núñez Cuadros (Hospital Carlos Haya, Malaga), Roi Piñeiro Pérez (Hospital General de Villalba), Mercedes Rivera (Area de Gestión Sanitaria Este Málaga-Axarquía, Malaga), Pablo Rojo Conejo (Hospital Universitario 12 de Octubre, Madrid), Maria Del Mar Santos Sebastián (Hospital General Universitario Gregorio Marañón, Madrid), Raquel Angulo González de Lara (Hospital de Poniente, Almeria), Maria José Muñoz Vilches (Hospital Infanta Luisa, Seville), Milagros García López Hortelano (Hospital Universitario La Paz-Carlos III, Madrid).

A.2. SEIP International Cooperation Working Group

Katie Badillo Navarro (Hospital de Torrejón, Madrid), María Espiau Guarner (Hospital Vall d'Hebron, Barcelona), Marta García Ascaso (Hospital Puerta de Hierro Majadahonda, Madrid), Andrea Martín Nalda (Hospital Vall d'Hebron, Barcelona), Antonio Medina Claros (Hospital de la Axarquía de Vélez-Málaga, Malaga), María Montero Martín (Hospital Comarcal de Melilla, Melilla), María José Muñoz Vilches (Hospital Infanta Luisa, Seville), Mercedes Rivera Cuello (Hospital de la Axarquía de Vélez-Málaga, Malaga), Pascual Caballero (Médecins Sans Frontières, India), Helena Navarro González (Pablo Horstmann Hospital, Lamu, Kenya), Pablo Rojo Conejo (Hospital Universitario 12 de Octubre, Madrid) y Luis Manuel Prieto Tato (Hospital Universitario de Getafe, Madrid).

A.3. SEIP Tuberculosis and Other Mycobacterial Infections Working Group

María José Mellado Peña (Hospital Carlos III, Madrid), Fernando Álvez González (Hospital Clínico de Santiago de Compostela, A Coruña), Fernando Baquero-Artigao (Hospital Universitario La Paz, Madrid), Teresa Hernández-Sampelayo Matos (Hospital General Universitario Gregorio Marañón, Madrid), Leticia Martínez Campos (Hospital La Inmaculada de Huercal Overa, Almeria), David Moreno Pérez (Hospital Materno-Infantil Carlos Haya, Malaga), Esmeralda Núñez Cuadros (Hospital Materno-Infantil Carlos Haya, Malaga), Carlos Rodrigo Gonzalo de Liria (Hospital Germans Trias i Pujol, Barcelona), Antoni Noguera de Julián (Hospital San Joan de Deu, Barcelona), Ana Méndez Echevarría (Hospital Universitario La Paz, Madrid), Roi Piñeiro Pérez (Hospital General de Villalba), Begoña Santiago García (Hospital General Universitario Gregorio Marañón, Madrid), María Luisa

Navarro (Hospital General Universitario Gregorio Marañón, Madrid).

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