
Communicable Disease Service Mapping for Refugees and Asylum Seekers in Wales

An assessment of existing provision and identification of barriers to accessing services

**Prepared by Dr Sofia Vougioukalou, Research Fellow, Cardiff University
September 2023**

For the Communicable Disease Health Inclusion Programme, Public Health Wales



SUMMARY

This mapping exercise looked into the health protection needs of refugees and asylum seekers (RAS) in Wales, mapped out existing services and identified potential public health threats through communicable disease (CD) transmission.

It consisted of three data collection activities i) identification of services providing RAS with health care including screening for CDs (n=14) as well as organisations which support RAS psychosocially and whose staff come into direct contact with RAS with CDs (n=19), review of secondary data reports and articles available online (n=12) ii) dissemination of an online questionnaire to organisations in Wales supporting RAS to provide them with an opportunity to describe their work and address the sensitive area of CD transmission (n=9) iii) tailored online and/or face-to-face engagement with professionals to consolidate trends and outliers (n=14).

There was a paucity of systematically organised information on RAS CDs in the UK and Wales in particular. Four journal articles and five reports were identified. They highlighted HIV, active and latent TB, and hepatitis B and C as conditions of concern.

Nine participants completed the online questionnaire. Five participants worked in the public sector who were directly involved in CD screening. Four participants worked in the third sector who were involved in providing psychosocial support to RAS. The public sector workers were concerned about RAS access to services and CD monitoring. The third-sector participants were not aware of a health protection in relations to CDs and welcome the opportunity to learn more about CDs and draft plans.

There is limited literature on overlaps between RAS and other vulnerable groups such as the homeless, men who have sex with men, Roma and Gypsy travellers, and street workers, mainly due to the sensitive and often illegal nature of the activities involved and the reluctance to come forward and have one's experiences formally documented.

Five recommendations emerge as the result of this mapping exercise:

1. Increase the provision of CD awareness opportunities to RAS and people who work with them
2. Appraise health promotion messaging, particularly in light of low literacy, language interpretation and stigma
3. Provide assistance to third-sector organisations to develop health protection plans
4. Develop specialised plans to address CD management among vulnerable groups especially those not accessing mainstream services.
5. Fund research to engage RAS with CDs to better understand how they use services.

Table of contents

SUMMARY	2
ACTIVITY 1: LITERATURE REVIEW & GROUP DEFINITION	4
Refugees and asylum seekers in the UK	4
Mapping the population	4
Communicable diseases in the RAS population in the UK	4
RAS in Wales	5
RAS healthcare provision in Wales	6
RAS psychosocial provision support in Cardiff	7
The Welsh refugee policy framework.....	7
Health needs	8
Barriers to accessing services.....	8
Personal.....	8
Structural.....	9
Overlaps with other vulnerable groups	11
Trafficking and sex work.....	11
LGB asylum applications (includes men who have sex with men)	11
Roma and Gypsy Travellers	11
Homeless.....	12
Substance misuse.....	12
Policies related to Population Group	12
What policies (Wales/UK/wider) exist that are directed at the population group?.....	12
What policies impinge on the population group?	13
ACTIVITY 2: ONLINE QUESTIONNAIRE	14
Number of RAS with CDs encountered in the last two years.....	14
Key issues regarding the detection and management of CDs among RAS	15
Operational and unmet needs.....	16
ACTIVITY 3: TAILORED MEETINGS	17
CONCLUSION, LIMITATIONS AND RECOMMENDATIONS	17
ACKNOWLEDGEMENTS	18
APPENDIX	19
Organisations providing health care and cd screening to RAS across Wales	19
Third-sector organisations provide advice and psychosocial support to RAS in Cardiff	19
Questionnaire data	20
List of participants who provided feedback	24
List of neglected diseases	25

ACTIVITY 1: LITERATURE REVIEW & GROUP DEFINITION

The literature review is focused on reports, policy documents and academic literature that contains data on communicable diseases (CDs) among the refugee and asylum seeker populations (RAS) in the UK in the last decade (2012-2022) as well international reports where UK literature is missing. The following search criteria were used: Asylum seeker* OR refugee* AND infectious disease* OR communicable disease* AND UK OR United Kingdom OR England OR Scotland OR Wales OR Northern Ireland. Four journal articles and five reports were identified as well as numerous webpages which are hyperlinked in the text.

REFUGEES AND ASYLUM SEEKERS IN THE UK

MAPPING THE POPULATION

There were 78,768 asylum applications (main applicants only) in the UK in the year ending June 2023, 19% more than the number in the year ending June 2022 and this is the highest number of applications for two decades (1).

Between 2014 and 2022, 54,000 people were resettled or relocated to the UK through various schemes. Between 2014 and 2020, 20,000 Syrians were resettled under the Vulnerable Persons Resettlement Scheme. In 2021 and 2022, nearly 21,400 people from Afghanistan were resettled or relocated to the UK through various schemes (2).

Top ten countries of origin for asylum seekers: for 2022 the number one country was Albania followed by Afghanistan, Iran, Syria, Iraq, Sudan, Bangladesh, Eritrea, Turkey and India (3). In 2022, two new routes were introduced for Ukrainians. As of December 2022, around 154,500 people had arrived under these schemes. This flow was much larger in scale than any other single forced migration flow to the UK in recent history. The number of Ukrainian refugees who arrived in the UK in 2022 was equivalent to the number of people granted refuge in the UK from all origins, in total, between 2014 and 2021 (2). Since the introduction of two Ukraine Visa Schemes in March 2022 there have been 179,500 arrivals to the end of June 2023 (4).

In 2021, 42% of applicants were nationals of Middle Eastern countries, and 23% were nationals of African countries. This pattern shifted in 2022 with the largest nationality groups being Asian countries (31% of applicants) and European countries (24% of applicants) (2).

COMMUNICABLE DISEASES IN THE RAS POPULATION IN THE UK

Refugees are often described as facing a “triple burden” of infectious diseases, non-communicable diseases, and mental health issues. Some conditions “cluster,” owing to shared exposure to life threatening events, epidemiological burden in the country of origin, and risk factors related to the journey to the host country (examples might include diabetes, depression, and poverty, or diabetes, obesity, and lack of social network). Migrants’ health may deteriorate in the host country because of socioeconomic challenges, substandard accommodation, lack of digital access or digital literacy, and restricted access to healthcare, education, and labour opportunities (5).

Asylum-seekers and refugees have an increased burden of infections compared with the general population. Neglected tropical diseases (NTDs) is an umbrella term encompassing 20 communicable diseases (see Appendix for full list). They are described as being ‘neglected’ due to a paucity of research and treatment options (6).

In 2007, the prevalence of infectious diseases such as tuberculosis (TB), HIV and hepatitis B in the UK asylum seeker and refugee population was unknown. A systematic review of published and unpublished studies identified a total of five studies met the inclusion criteria. Three studies reported the prevalence of TB with rates ranging from 1.33 to 10.42 per 1000. The three studies reporting hepatitis B estimated rates from 57 to 118 per 1000. One study reported a prevalence rate for HIV of 38.19 per 1000 (7).

In 2018, Crawshaw and colleagues (8) reported on CD prevalence in a large cohort of UK bound refugees (n = 18,418) who underwent a comprehensive pre-entry health assessment between March 2013 and August 2017. They found that overall yields were notably high for hepatitis B, while yields were below 1% for active TB (9 cases; 92 per 100,000, 48–177), HIV (31 cases; 0.4%, 0.3–0.5%), syphilis (23 cases; 0.24%, 0.15–0.36%) and hepatitis C (38 cases; 0.41%, 0.30–0.57%), and varied widely by nationality. In multivariable analysis, sub-Saharan African nationality was a risk factor for several infections (HIV: OR 51.72, 20.67–129.39; syphilis: OR 4.24, 1.21–24.82; hepatitis B: OR 4.37, 2.91–6.41). Hepatitis B (OR 2.23, 1.05–4.76) and hepatitis C (OR 5.19, 1.70–15.88) were associated with history of blood transfusion. Syphilis (OR 3.27, 1.07–9.95) was associated with history of torture, whereas HIV (OR 1521.54, 342.76–6754.23) and hepatitis B (OR 7.65, 2.33–25.18) were associated with sexually transmitted infection. Syphilis was associated with HIV (OR 10.27, 1.30–81.40).

RAS IN WALES

In 2005 refugees and asylum seekers made up less than 0.5% of the Welsh population. The following countries are the top ten countries of origin for asylum seekers in Wales: Pakistan; Somalia; Iran; Iraq; Turkey; Sudan; the Democratic Republic of Congo; Algeria; Afghanistan; Israel/Palestine (9).

At the end of June 2018, Wales was home to 3148 asylum seekers dispersed among the four Welsh dispersal areas of Cardiff (1,458), Newport (571), Swansea (957) and Wrexham (162).

Since the inception of the Syrian Vulnerable Persons Resettlement Scheme in late 2015, Wales had also become home to 854 Syrian refugees, dispersed among every local authority. This number is broadly similar to historic levels of asylum seekers in Wales, following a period of lower numbers between 2008 and 2014 (10).

In April 2022, the Home Office announced plans to implement a ‘full dispersal’ model, which it said would enable a “move from hotels to less expensive and more suitable dispersed accommodation” (11). All local authority areas became asylum dispersal areas and were expected to agree to receive asylum seekers. Currently, there are 9 dispersal cities in the UK, Cardiff is the dispersal city for Wales. From Cardiff asylum seekers have been dispersed to different regions such as Burryport, Carmarthen, Llanelli, Ebbw Vale, Caerphilly, Tonypany, Merthyr Tydfil amongst others (Oasis, personal communication).

According to 2022 figures, Wales supports around 11,000 new Ukrainian arrivals and around 250 Afghans who arrived through specific relocation schemes ([Senedd Research 2022](#)).

RAS HEALTHCARE PROVISION IN WALES

Upon arriving in Wales, CAVHIS provides initial medical support and screening or if not dispersed in Cardiff, the support will be provided by the relevant nurses in dispersal areas. Once their asylum seeking claim has been processed, they will be registering with a GP and accessing primary and secondary for follow up as needed. Ortu (12) identified the following comprehensive list of organisations engaged directly or indirectly in RAS CD care:

1. Local Authority Engagement Team, Resettlement, Relocation and Reunion Services, Resettlement, Asylum Support & Integration (RASI) in Wales
2. Wales Strategic Migration Partnership (Home Office and the Department for Levelling Up, Housing and Communities (DLUHC) & Welsh Local Government Association (WLGA)
3. Welsh Refugee Council
4. Migration partnership department /Newport City Council
5. Cardiff and Vale Health Inclusion Service (CAVHIS)
6. NHS outreach nurses in the dispersal area of Newport: Primary Care & Community Services Division / Aneurin Bevan University Health Board
7. NHS outreach nurses in the dispersal area of Wrexham: Betsi Cadwallader University Health Board - Health Visiting department
8. NHS outreach nurses in the dispersal areas of Swansea: Swansea Bay UHB - Health Visiting department
9. University Hospital of Wales in Cardiff
10. Llandough Hospital in Cardiff
11. Other laboratories in Cardiff and in other dispersal areas
12. General practices in dispersal locations (and specifically those with the “Enhanced service”)
13. British Red Cross

14. Several NGOs linked to the NHS Outreach nurses, and to the Cardiff And Vale Health Integration Service (CAVHIS)

RAS PSYCHOSOCIAL PROVISION SUPPORT IN CARDIFF

The following third-sector organisations provide advice and psychosocial support to RAS in Cardiff. Their members come into contact with RAS with CDs and many staff members had never received any training about safe working practices with people with CDs (see questionnaire section at the end).

1. Oasis Cardiff
2. Oasis One World Choir
3. Trinity Centre – Space4U
4. Migrant Help Cardiff
5. Welsh Refugee Council
6. Migrant Legal Project
7. Asylum Justice
8. Legal Aid
9. Woman Seeking Sanctuary Advocacy Group (WSSAG)
10. Cardiff Women’s Aid
11. BAWSO Cardiff
12. Displaced People in Action
13. Tros Gynnal Plant Cymru
14. The Birth Partner Project
15. Displaced People in Action
16. Glitter Cymru
17. Hoops and Loops Cardiff
18. Women Connect First
19. Rainbow of Hope

THE WELSH REFUGEE POLICY FRAMEWORK

The Welsh Government has made a commitment to maintain free healthcare for refugees and asylum seekers, including those who have No Recourse to Public Funds. It also works with the UK Government to ensure asylum seekers in Initial Accommodation are encouraged to attend health screenings and receive support with registering for primary healthcare services when they are dispersed to other accommodation (10).

More specifically, Welsh Government is committed to:

» Work with Health Boards and Public Health Wales to ensure access to a range of accessible health promotion materials by 2019.

» Work with Health Boards to ensure the needs of refugees and asylum seekers are kept under review and services meet needs effectively by reviewing Welsh Government Healthcare policy guidance by December 2020.

There are plans to consider screening for communicable diseases (including active and latent TB, hepatitis B/C, HIV, and parasitic infections) dependent on country of origin, and offer catch up vaccinations for all newly arrived children, adolescents, and adults to align with the host nation's schedule

HEALTH NEEDS

BARRIERS TO ACCESSING SERVICES

The Welsh Government policy document for the health and wellbeing service provision for RAS (13) acknowledged that although accessing healthcare is difficult for many vulnerable groups, RAS face a number of specific barriers including:

PERSONAL

- lack of awareness of how to access the NHS
- Disruption in continuity of health care, often as a result on 'no choice' dispersal across the UK
- unfamiliarity with models of care provided by the NHS - depending on their country of origin RAS may have very different expectations and experiences of primary healthcare. For some, primary care may have a lack of credibility or be perceived as a second class service whilst for others it may be a completely unfamiliar concept
- lack of available information
- unrealistic expectations of the NHS
- difficulty in finding a GP with whom to register
- language and communication - language issues are a key issue with regard to access to services which includes access to healthcare. Language problems may be significant contributory factor to social isolation
- lack of documentation
- confidentiality - fear of authority and mistrust issues
- likely traumatic experiences, including potentially torture, rape or witnessing death
- stigma related to some health issues e.g. rape, sexually transmitted diseases, mental illness.

STRUCTURAL

- lack of understanding of issues and rights and entitlements by health professionals
- lack of available information
- poverty
- homelessness and temporary accommodation
- discrimination and inaccessible services
- lack of social networks
- language and communication issues
- difficulty in registering with a GP
- lack of training for NHS staff
- misconceived ideas and ignorance about the needs of this population.

It is important, however, to acknowledge that although the ultimate aim of providing NHS care to RAS is through mainstream service provision, a model of care to facilitate and support integration, or to ensure public health issues are addressed may initially be appropriate. Existing experience suggests the key factors for the development and implementation of successful models of services and interventions include:

- early and systematic health needs assessment - including appropriate screening and appropriate follow up (to include screening for TB with appropriate follow up)
- vaccination and immunisation catch-up programmes
- an appropriate model of care (e.g. consideration to dedicated interim primary care service)
- good access and support to primary care services
- health promotion for both physical and mental health
- culturally sensitive services
- access to appropriate language and translation facilities/services
- multi-agency working
- available training for all relevant NHS and related services.

Health literacy

Health literacy is a social determinant of health and is strongly linked with other social determinants such as poverty, unemployment and membership of minority ethnic groups. Where health literacy differs from these other social factors it is, potentially, open to change through improving health systems and building patient and public awareness and skills.

Health literacy can be defined as 'the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.' (WHO,2015)

Levels of functional health literacy are likely to be low for RAS, in addition to issues relating to English literacy levels, health information in current circulation is often too complex. Health literacy has real effects on health and illness. Older people with low

health literacy have higher mortality and research from the US and Europe shows people with low health literacy are more likely to have long-term health conditions which in turn are more likely to limit their activities. People with low health literacy rate their health as lower than people with higher health literacy levels; people with low health literacy and lower educational levels are more likely to have unhealthy lifestyles.

Information and awareness raising

As with the wider population the provision of health and well being information should be an important part of services offered to RAS.

The availability of translated materials on health may prove useful but other methods will be necessary where literacy, or other communication needs such as hearing or sight loss, is an issue. Ultimately, the provision of information, advice and assistance is best delivered face-to-face and those receiving health services should be encouraged to bring support with them to appointments if that enables a better patient experience.

Health promotion information should therefore be provided through a variety of methods. This may include individual sessions, group talks and workshops as well as written information (care should be taken when translating material to ensure overall accuracy and cultural appropriateness).

It may be useful to include information on services, their structure and delivery, together with information on Third Sector organisations operating in the locality within any local healthcare information and literature.

Section 17 of the Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to secure the provision of an information, advice and assistance service. The purpose is to provide people (including RAS) with information and advice relating to care and support, including support for carers, and to provide assistance to them in accessing it. Information, advice and assistance must be provided in a manner that makes it accessible to the individual for whom it is intended. Information and advice is to be made available to all people regardless of whether they have needs for care and support. Health boards are under a duty to facilitate the service by providing information about the care and support that they provide. Dewis Cymru³⁷ has been established as an online repository of information, advice and assistance to meet the requirements of the Act.

There is a need to provide accessible information to RAS which details:

- what they can expect from services (i.e. waiting times, access to services, dentistry, etc.)
- ways to reduce stigma and discrimination
- explanation of UK cultural expectations regarding child care, supervision, physical chastisement, Female Genital Mutilation, etc.

OVERLAPS WITH OTHER VULNERABLE GROUPS

TRAFFICKING AND SEX WORK

Some RAS are trafficked to the UK for the purposes of working in the sex industry, forced labour or domestic servitude. They may not have made an application for asylum but may have a case to apply for asylum and as such may require legal advice. They have a wide range of physical and psychological health needs but may be hard to reach, as they may be fearful of contact with statutory services (10).

In the US, refugees from nearly all subgroups were found to engage in sex work, including women, men, youth (ages 18-24), LGBTI persons, and persons with disabilities. They do this in cities where sex work is legal and in places where it is against the law. Engaging in sex work increases refugees' risks of GBV, as discussed in greater depth below; however, in cities where it is criminalized, refugee sex workers reported facing even higher risks of violence and exposure to HIV/STIs at the hands of both clients and police. Refugees reported engaging in sex work for a variety of reasons: they cannot find other work, or compared to other work they are able to find, the pay selling sex is better, more reliable, and requires less grueling hours. They reported that although sex work can be very dangerous in its own right; it is not always less safe than other informal sector jobs open to them, where employers are known to sexually assault, harass, and even rape refugee workers. They also reported that wage theft with sex work can be less, or as common as it is in other jobs, and that sex work offers more autonomy over work hours. Working mothers especially cited this as being beneficial to them, because it allows them to watch their children at home during the day (14).

LGB ASYLUM APPLICATIONS (INCLUDES MEN WHO HAVE SEX WITH MEN)

There were 415 asylum applications lodged in the UK in 2021, where sexual orientation formed part of the basis for the claim (LGB asylum applications), representing 1% of all asylum applications. This was 77% fewer than 2019. In contrast, total asylum applications increased (by 36%) between 2019 and 2021. The majority of claimants came from Pakistan, Bangladesh, Iran, Nigeria, Uganda and Iraq (15). The charity Rainbow Migration provides support [services for gay men](#) and has an extensive list of [publications](#), however they do not refer specifically to gay men. In Wales, [Glitter Cymru](#) provides advice and support to BAME LGBT+ community including refugees.

ROMA AND GYPSY TRAVELLERS

The [Roma Support Group](#) highlighted that Roma asylum-seekers from Eastern and Central Europe started arriving in the UK between in the 1990s with the fall of communism. Romania

and Bulgaria became a member of the EU in 2007 and since then some sources of housing support for the Roma were withdrawn.

HOMELESS

According to the [Immigration and Advice Service](#), a rejection means that asylum seekers lose their funding and accommodation rights. They are left to choose between returning to their country of origin or becoming homeless in the UK. Asylum seekers with failed claims can be 'in limbo' between destitution and homelessness

Last summer, asylum seekers who had their claims refused faced sudden eviction. The company responsible for housing refugees, Serco, stated its plans to end support to 'failed asylum seekers' through their Move on policy which was [contested](#). However, with little notice, changed the locks to their homes. Over a third had valid Leave to Remain in the UK when they were evicted.

SUBSTANCE MISUSE

The Greater London Alcohol and Drug Alliance published a report on [Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use](#)(16). The risk factors for problematic drug use related to employment are unemployment and/or working as a sex worker. Amongst young people who have legally or illegally entered the UK, there are those who are vulnerable to coercion into sex work, some of whom may have been trafficked into the country specifically for this purpose. UK policy prevents asylum seekers from accessing the labour market prior to a positive decision on their application. The extent and nature of drug use amongst all refugees and asylum seekers is difficult to ascertain because the groups are diverse and most have seldom been interviewed for research projects. Many asylum seekers are unwilling to disclose problematic drug or to seek help for it because they fear that this will negatively affect their asylum application, and, in any case, problematic use may not develop until several years after resettlement in another country.

POLICIES RELATED TO POPULATION GROUP

WHAT POLICIES (WALES/UK/WIDER) EXIST THAT ARE DIRECTED AT THE POPULATION GROUP?

[Welsh Government \(2018\) Policy Implementation Guidance: Health and wellbeing provision for refugees and asylum seekers.](#)

The new investment of specialist epidemiologists and Consultants in Communicable Disease/Consultants in Health Protection within Public Health Wales (PHW) was welcomed by the System and should strengthen the national, regional and local health protection system when posts have been filled. It was however also noted that local environmental health expertise needs to be retained and strengthened, given the expanding range of environmental concerns.

WHAT POLICIES IMPINGE ON THE POPULATION GROUP?

The Equality Act 2010 places a due regard duty on public authorities, including local health boards, to:

- Eliminate discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between those who share a protected characteristic and those who do not.

The Welsh Government's Strategic Equality Plan, reiterates the objective to put the needs, rights and contributions of people with protected characteristics at the heart of the design and delivery of public services, including health.

The Well-being of Future Generations (Wales) Act (2015) came into force in April 2016 and seeks to improve the social, economic, environmental and cultural well-being of Wales. It makes public bodies think more about the long-term; work better with people and communities and each other; look to prevent problems and take a more joined-up approach. The Act has 7 well-being goals, shown in figure 1, creating a vision to, amongst other things; make Wales healthier, more equal, globally responsible and more resilient.

Building on the UNCRC, the 'Rights of Children and Young Persons (Wales) Measure' 2011, was passed at the National Assembly for Wales in January 2011. The Measure strengthened and built on the rights based approach of the Welsh Government to making policy for children and young people in Wales. It placed a duty on all Welsh Ministers to have due regard to the substantive rights and obligations within the UNCRC and its optional protocols.

Prosperity for all – the national strategy was published on 19 September 2017. It contains the Welsh Government's twelve strategic objectives for 2017-2021 and the steps it proposes to take to meet them. The well-being objectives include:

- Deliver quality health and care services fit for the future.
- Promote good health and wellbeing for everyone.
- Build healthier communities and better environments.

Taking Wales Forward (2016-2021) is the Welsh Government's five year plan to drive improvement in the Welsh economy and public services, delivering a Wales which is

prosperous and secure, healthy and active, ambitious and learning, united and connected. It prioritises health treatment, support, prevention and de- escalation.

RAS in Wales are entitled to receive NHS treatment free of charge. Since July 2009, under the National Health Service (Charges to Overseas Visitors) (Amendment) (Wales) Regulations, refused asylum seekers have also been able to access free healthcare in Wales. RAS are entitled to the same equity of access to health services as the resident population. There are statutory NHS charges for some services (where qualification for exemption does not apply), and in common with the resident population RAS will use routine NHS waiting lists.

ACTIVITY 2: ONLINE QUESTIONNAIRE

An online questionnaire was developed to capture professionals' experiences across Wales. It was administered using Cardiff Online Surveys, a secure platform provided by Cardiff University. The survey was openly advertised during April and May through mailing lists and private email invitations.

It was completed by 9 people. Five of the participants worked in the public sector: Abertawe Medical Partnership (1), CAVHIS (2), BCUHB (1), CAVUHB (1). Four participants worked in the third-sector: Oasis (2), EYST (1) and Oasis One World Choir (1). One private sector organisation was contacted, Clear Spring, which provides accommodation to RAS and they refused to complete the questionnaire citing GDPR. Follow up questions were sent to individual participants by email where further qualifications were required.

Out of the 9 participants only 3 were aware of a policy regarding engaging with refugees and asylum seekers who have communicable diseases. This was followed up by email and all of the third-sector participants confirmed that they had not received training on communicable diseases and engaging with active cases and that their organisations did not have such a policy. They mentioned that they would be interested in developing one and welcomed potential guidance from PHW.

NUMBER OF RAS WITH CDS ENCOUNTERED IN THE LAST TWO YEARS

A list of indicative CDs was drawn from the UK Health Safety Authority guidelines. Collectively, in the last two years the participants had encountered the following number of RAS with CDs (some participants only indicated yes or no):

Communicable Disease	Number of people
Diphtheria	0
Shigella	Yes
Group A Streptococcus	Yes
MRSA	Yes

Varicella zoster virus	Yes
Scabies	1-5
Latent tuberculosis	5-40 BCUHB
Active tuberculosis	20-40 cases annually CAVUHB
HIV	2-3
Hepatitis B	2-5
Hepatitis C	Yes/0-3
Parasitic infections	Yes
Malaria	Yes
Thyphoid	No

KEY ISSUES REGARDING THE DETECTION AND MANAGEMENT OF CDS AMONG RAS

Participants were asked: what are the key issues regarding the detection and management of communicable diseases among refugees and asylum seekers? They mentioned concerns for effective access to screening and CD monitoring, especially for RAS with failed claims.

PUBLIC SECTOR

- *Following up of people after diagnosis due to changes of address particularly if they are destitute/have had a failed claim.*
- *Access to timely healthcare.*
- *Location of services.*
- *Translation services.*
- *Education of primary care colleagues around Infectious disease. GMS contract - where does a screening service belong?*
- *Service user views/attitudes on whether they need screening. Active pathways in place for if screening is positive - do they exist? Are there specialist ID teams in all health boards?*
- *Specialist laboratories outside of Wales for certain tests*
- *We have dedicated service which aims minimise patients being lost in follow up but I think this is the main issue or not being offered screening if not coming through dedicated service.*
- *I feel that in our area screening is completed and treatment given as needed I work closely with respiratory team in the Maelor.*
- *We need an inclusive service that offers all communicable disease screening in one appointment.*

THIRD-SECTOR

People working in the third sector and supporting RAS psychosocially were unsure about CDs and what to do when engaging with RAS clients with CDs.

- *A lack of awareness of symptoms that may present, a lack of access to GP and health services, language barriers.*
- *RAS are unaware they have CDs or unaware of treatment or what they shouldn't do.*

- *Most on our minds has been Covid. Now there don't seem to be any guidelines for safeguarding against contamination regarding that - issues of contamination have not really been on our minds though doing this survey makes me realise we may need a little more insight?*
- *Some clients have vaccinations in their country and do not want to have vaccinations here. Or they feel the NHS is too fussy, i suppose there is a communication issue.*

OPERATIONAL AND UNMET NEEDS

The final question of the survey as participants to name any operational and unmet needs. Unmet needs among workers in the public sector were centred around training and CD monitoring when RAS are not regularly accessing services.

PUBLIC SECTOR

- *Communication between government agencies and health in relation to ASR and FAS (in particular) are very poor. This impedes timely care and treatment of people.*
- *If an asylum seeker comes to Wales but does not come through CAVHIS then they may not have been screened.*
- *I am not aware of any training for inclusion health professionals.*
- *I am aware of the specific policies for the various communicable diseases but I am not aware of policies that relate specifically to care of RAS with communicable diseases.*
- *In my limited experience of RAS, but with a wide experience of other vulnerable adults, I do not believe that we have access to enough time and resources such as access interpreters and translated leaflets to communicate this advice. Imparting often complex health information takes a great deal of time when there is no language barrier. Helping people to fully understand disease transmission prevention advice and medication adherence advice often requires repeated consultations for review and reiteration.*

THIRD SECTOR

A key concern was about ways to engage with RAS with CDs in a respectful manner and knowing what to do.

- *Training by health practitioners about the advice we should provide to those with communicable diseases would be beneficial*
- *We try to take people at face value - those seeking asylum are under a lot of suspicion from the public and within trying to prove their cases so to ask people if they have communicable diseases seems to be an extra and potentially unnecessary stress and barrier allowing people to not trust each other and to judge. Is there a subtle way of dealing with this issue that wouldn't cause any negativity?*

These comments indicate that there is a gap in CD training for members of the third-sector who might come into contact with RAS who have CDs.

ACTIVITY 3: TAILORED MEETINGS

This phase will involve conversations and interviews with 5 PHW staff members working on communicable diseases, 4 from NHS Wales involved in CD screening and 5 from third-sector organisations who support RAS psychosocially and engaged with RAS with CDs as part of their work. The aim was to understand the state of affairs regarding screening for CDs, develop a questionnaire and consolidate findings from activity 1 and 2. Many of these conversations were held jointly with Dr Giusi Ortu, an epidemiologist from the Centre for Communicable Disease Surveillance Unit who prepared a protocol for the screening of RAS. Participants in the public sector explained their roles in CD monitoring and identified areas of concern such as RAS with failed claims going 'off the radar'. They were aware of specific CDs like TB being found in arrivals from Ukraine and Afghanistan and HIV being found in arrivals from Sub-Saharan Africa. People working in the third sector reported that they were aware of CDs among the people they engaged with but had not received any formal training on CDs, safe working and infection control. The Oasis reception did have a spills containment kit.

On the 2nd of May 2023, a public engagement session on CDs for RAS service users took place at Oasis, as part of the monthly Health Forum. It was attended by 15 RAS. Emma Cain from Public Health Wales presented information in a Power Point presentation using images and bullet points. The information was well-received and most attendees stayed until the end and asked questions. The aim of the session was two-fold: to provide information on CDs and also to better understand how RAS engage with information giving services. The Health Forum takes place straight after lunch so many RAS are in the building. Drinks and snacks provided a good incentive for people to attend the session. The sessions are usually delivered by medical students and this was the first-time that CDs were discussed in this forum. It is not clear whether the full extent of the information provided was taken in but the questions indicate that they were concerned about the symptoms.

A final meeting is planned to support professionals in understanding CDs and drafting a health protection plan for their organisation. The meeting will take place at Oasis.

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

Knowledge about CDs among RAS is quite specialised and is possessed by a small number of dedicated Wales NHS workers. It is considered an NHS issue and many third-sector employees do not have knowledge to safely engage with RAS with CDs.

The limitations of this mapping exercise are that interviewees were not protected by anonymity and therefore might not have been as truthful as they could have been. Also, RAS service users with CDs were not included as information providers as NHS ethical approval was not obtained.

Based on this mapping exercise, the following recommendations can be made:

1. Increase the provision of CD awareness opportunities to RAS and people who work with them

2. Appraise health promotion messaging, particularly in light of low literacy, language interpretation and stigma
3. Provide assistance to third-sector organisations to develop health protection plans
4. Develop specialised plans to address CD management among vulnerable groups especially those not accessing mainstream services
5. Fund research to engage RAS with CDs to better understand how they use services.

ACKNOWLEDGEMENTS

Special thanks for expert advice received from Emma Cain (Lead Nurse, Communicable Disease Health Inclusion Programme, PHW), Giusi Ortu (Senior Epidemiologist, PHW), Tomos Owen and Jaci Peach (Integration Officers at Oasis Cardiff), and Professor Sin Yi Cheung (Cardiff University).

APPENDIX

ORGANISATIONS PROVIDING HEALTH CARE AND CD SCREENING TO RAS ACROSS WALES

1. Local Authority Engagement Team, Resettlement, Relocation and Reunion Services, Resettlement, Asylum Support & Integration (RASI) in Wales
2. Wales Strategic Migration Partnership (Home Office and the Department for Levelling Up, Housing and Communities (DLUHC) & Welsh Local Government Association (WLGA)
3. Welsh Refugee Council
4. Migration partnership department /Newport City Council
5. Cardiff and Vale Health Inclusion Service (CAVHIS)
6. NHS outreach nurses in the dispersal area of Newport: Primary Care & Community Services Division / Aneurin Bevan University Health Board
7. NHS outreach nurses in the dispersal area of Wrexham: Betsi Cadwallader University Health Board - Health Visiting department
8. NHS outreach nurses in the dispersal areas of Swansea: Swansea Bay UHB - Health Visiting department
9. University Hospital of Wales in Cardiff
10. Llandough Hospital in Cardiff
11. Other laboratories in Cardiff and in other dispersal areas
12. General practices in dispersal locations (and specifically those with the “Enhanced service”)
13. British Red Cross
14. Several NGOs linked to the NHS Outreach nurses, and to the Cardiff And Vale Health Integration Service (CAVHIS)

THIRD-SECTOR ORGANISATIONS PROVIDE ADVICE AND PSYCHOSOCIAL SUPPORT TO RAS IN CARDIFF

1. Oasis Cardiff
2. Oasis One World Choir
3. Trinity Centre – Space4U
4. Migrant Help Cardiff
5. Welsh Refugee Council
6. Migrant Legal Project
7. Asylum Justice
8. Legal Aid
9. Woman Seeking Sanctuary Advocacy Group (WSSAG)
10. Cardiff Women’s Aid

11. BAWSO Cardiff
12. Displaced People in Action
13. Tros Gynnal Plant Cymru
14. The Birth Partner Project
15. Displaced People in Action
16. Glitter Cymru
17. Hoops and Loops Cardiff
18. Women Connect First
19. Rainbow of Hope

QUESTIONNAIRE DATA

1. Organisation

Healthcare of Homeless people, Abertawe Medical Partnership, Swansea
Oasis Cardiff
Eyst
CAVHIS
CAVHIS
BCUHB
Oasis Cardiff
Oasis One World Choir
Cardiff and Vale Hub

1.c. Type of organisation

Public - health board
Third-sector
Third-sector
Public - health board
Public - health board
Public - health board
Third-sector
Third-sector
Public - health board

1.d. Does your organisation have a policy regarding engaging with refugees and asylum seekers who have communicable diseases?

No
Unsure
Unsure

Unsure
Yes
Yes
No
No
Yes

1.e. Have you received training on communicable diseases and engaging with active cases?

Yes
No
No
No
Yes
Yes
No
No
No

1.f. Which Health Board covers your area?

Swansea Bay University Health Board
Cardiff and Vale University Health Board
Swansea Bay University Health Board
Cardiff and Vale University Health Board
Cardiff and Vale University Health Board
Betsi Cadwaladr University Health Board
Cardiff and Vale University Health Board
Cardiff and Vale University Health Board
Cardiff and Vale University Health Board

2. Type of services that you offer to refugees and asylum seekers (tick all that apply):

Health services (primary or secondary care)
Immigration advice, Mental health support, Education, Creative activities, Sports provision, Casework support
Immigration advice, Casework support
Health screening, Health services (primary or secondary care), Mental health support
Health screening, Health services (primary or secondary care), Mental health support
Health screening, Health services (primary or secondary care)
Immigration advice, Mental health support, Education, Befriending, Creative activities, Sports provision, Casework support
Mental health support, Creative activities

Health screening specifically for TB

3. What type of communicable diseases have you encountered in the last 2 years among the refugee and asylum seeking population? (tick all that apply and include the number of people you engaged with)

Communicable Disease	Number of people
Diphtheria	0
Shigella	Yes
Group A Streptococcus	Yes
MRSA	Yes
Varicella zoster virus	Yes
Scabies	1-5
Latent tuberculosis	5-40 BCUHB
Active tuberculosis	20-40 cases annually CAVUHB
HIV	2-3
Hepatitis B	2-5
Hepatitis C	Yes/0-3
Parasitic infections	Yes
Malaria	Yes
Thyphoid	No

4. How often did you engage with refugees and asylum seekers who have communicable diseases in the last year?

Every year
Every month
Every day
Other - usually refer from results so don't always see
Every week
Every year
Every month
Every day

5. How do people access your services? Please include information on referrals and eligibility

People can self refer to our service - this normally only occurs if the person becomes a failed asylum seeker and becomes homeless.
Drop in
they need to be asylum seekers and refugees.
Self referral or referred by other organisations or third parties
People come to the office and can also have remote (whatsapp) support
via home office accommodation provider process, via BRC, via homeless services, via walk in

invited for screening, contacted for positive test results by phone/text, can make own appointment
I visit all asylum seekers/syrians /afghans within 24hours of arriving in BCUEast and complete health assessment register GP, refer in to services TB GUM etc I am notified by Clearsprings /Ready homes the accom provider of all asylum arrivals and by LA of Syrians and Afghans, I also have word of mouth referrals into the service, or service users bring people theyve met in need of help
Drop-in service at 69B Splott Road, Cardiff, CF24 2BW.
Our sessions are mostly free for those seeking asylum to walk into. We don't screen anyone
Self referral, GP, secondary care, occupational health and CAVHIS referrals.

6. In your view what are the key issues regarding the detection and management of communicable diseases among refugees and asylum seekers?

Follow up of people after diagnosis due to changes of address
They are unaware they have it or unaware of treatment or what they should/n't do
Some clients have vaccinations in their country and do not want to have vaccinations here. Or they feel the NHS is too fussy, i suppose there is a communication issue.
Access to timely healthcare. Location of services. Translation services. education of primary care colleagues around Infectious disease. GMS contract - where does a screening service belong? service user views/attitudes on whether they need screening. Active pathways in place for if screening is positive - do they exist? Are there specialist ID teams in all health boards? Specialist laboratories outside of wales for certain tests
we ahve dedicated service which aims minimse patients being lost in follow up but I think this is the main issue or not being offered screening if not coming through dedicated service
I feel that in our area screening is completed and treatment given as needed I work closely with respiratory team in the Maelor
A lack of awareness of symptoms that may present, a lack of access to GP and health services, language barriers
Most on our minds has been Covid. Now there don't seem to be any guidelines for safeguarding against contamination regarding that - issues of contamination have not really been on our minds though doing this survey makes me realise we may need a little more insight?
need a inclusive service that offers all communicable disease screening in one appointment

7. What are your operational needs as a service? What would you like Public Health Wales to know?

Communication between government agencies and health in relation to ASR and FAS (in particular) are very poor. This impedes timely care and treatment of people.
--

if asylum seeker comes to wales but does not come through CAVHIS then they may not have been screened
Training by health practitioners about the advice we should provide to those with communicable diseases would be beneficial
We are a very small organisation running on a 2 day a week budget with freelancers. We don't have capacity to bring in extra health training currently with our budgets ...
Clinic space is a major problem for us as limited capacity in CAVHIS and within the hospitals. Alternative venue with shared clinic space with CAVHIS is needed.

8. Do you have any other comments? Is there anything about your experiences engaging with refugees and asylum with communicable diseases that I haven't asked you about?

There may be other RAS clients with diseases that I am not aware of that other staff may have met
No
We try to take people at face value - those seeking asylum are under a lot of suspicion from the public and within trying to prove their cases so to ask people if they have communicable diseases seems to be an extra and potentially unnecessary stress and barrier allowing people to not trust each other and to judge. Is there a subtle way of dealing with this issue that wouldn't cause any negativity?

LIST OF PARTICIPANTS WHO PROVIDED FEEDBACK

PHW

1. Daniel Thomas
2. Giuseppina Ortu
3. Emily Steggall
4. Josie Smith
5. Emma Cain

NHS

1. Jenna Lear, Aneurin Bevan University Health Board
2. Jackie Williams, Betsi Cadwalader Unidernity Health Board
3. Janet Kauffling, Abertawe Medical Partnership
4. Ayla Cosh, CAVHIS
5. Heledd Jones, CAVHIS
6. Yvonne Hester, Cardiff and Vale Hub

Third-sector

1. Kaveh Karimi, British Red Cross
2. Ruth Gwilym Rasool, British Red Cross
3. Laura Bradshaw, Oasis One World Choir
4. Tomos Owen, Oasis
5. Jacci Peach, Oasis
6. Catherine Plagne-Ismail, EYST
7. Amal Beyrouty, Women Connect First

LIST OF NEGLECTED DISEASES

Dengue

Chikungunya

Human African trypanosomiasis Rabies

Snakebite envenoming Leishmaniasis

Leprosy

Lymphatic filariasis Mycetoma, chromoblastomycosis and other deep mycoses

Onchocerciasis

Buruli ulcer

Echinococcosis

Foodborne trematodiasis

Yaws

Cysticercosis

Trachoma

Scabies and other ectoparasites Guinea worm disease

Strongyloidiasis Soil-transmitted helminthiasis Taeniasis

Schistosomiasis

Chagas disease

REFERENCES

1. UK Government. Immigration System Statistics -year ending June 2023. London 2023.
2. Sturge G. Asylum Statistics London: House of Commons Library; 2023 [Available from: <https://researchbriefings.files.parliament.uk/documents/SN01403/SN01403.pdf>].
3. Refugee Council. Refugee and Asylum Facts Barnsley 2023 [Available from: <https://www.refugeecouncil.org.uk/information/refugee-asylum-facts/>].
4. Home Office. Statistics on Ukrainians in UK 2023 [Available from: <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-june-2023/statistics-on-ukrainians-in-the-uk>].
5. Knights F, Munir S, Ahmed H, Hargreaves S. Initial health assessments for newly arrived migrants, refugees, and asylum seekers. *BMJ (Online)*. 2022;377:e068821-e.
6. Cinardo P, Farrant O, Gunn K, Ward A, Eisen S, Longley N. Screening for neglected tropical diseases and other infections in refugee and asylum-seeker populations in the United Kingdom. *Therapeutic Advances in Infectious Disease*. 2022;9:204993612211166.
7. Clark RC, Mytton J. Estimating infectious disease in UK asylum seekers and refugees: a systematic review of prevalence studies. *Journal of public health (Oxford, England)*. 2007;29(4):420-8.
8. Crawshaw AF, Pareek M, Were J, Schillinger S, Gorbacheva O, Wickramage KP, et al. Infectious disease testing of UK-bound refugees: A population-based, cross-sectional study. *BMC medicine*. 2018;16(1):143-.
9. Ci Research. Learning Insight: Refugees and Asylum Seekers: Welsh Government; 2005 [Available from: <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/050720-learning-insight-asylum-seekers-refugees-en.pdf>].
10. Welsh Government. Health and wellbeing provision for refugees and asylum seekers Cardiff, 2018.
11. Gower M. Asylum accommodation: hotels, vessels and large-scale sites, London; 2023.
12. Ortu G. Routine disease surveillance of newcomers in Wales: Situation analysis and proposal for a routine communicable disease surveillance report. Cardiff: Communicable Disease Surveillance Centre (CDSC); 2023.
13. Welsh Government. Health and wellbeing provision for refugees and asylum seekers. Cardiff 2018.
14. Women's Refugee Commission. Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence. Refugees Engaged in Sex Work. 2016 [Available from: <https://www.womensrefugeecommission.org/wp-content/uploads/2020/04/Mean-Streets-Urban-GBV-Sex-Workers.pdf>].
15. UK Government. Asylum claims on the basis of sexual orientation 2021 2022 [Available from: <https://www.gov.uk/government/statistics/immigration-statistics-year-ending-june-2022/asylum-claims-on-the-basis-of-sexual-orientation-2021--2>].
16. Greater London Authority. Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use 2004 [Available from: https://www.drugsandalcohol.ie/6035/1/London_Young_refugees_Greater_London.pdf].