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Paragon-Conventions

**To the Members of the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council and to Vytenis Andriukaitis, Member of the European Commission for Health and Food Safety**

*Monday, the 8<sup>th</sup> of July 2019*

Dear Ministers, dear Commissioner,

We, the European Academy of Paediatrics, the voice of children, families and paediatricians across 40 European countries, whose primary objective is to promote the health of children and young people, believe that meeting the health needs of migrant children in Europe should be a priority for EU governments and the European Commission in this legislature and the next. The European Union (EU) continues to face the challenges of the migration crisis, with an estimate of 1 million children and adolescents arriving between 2015 and 2017, representing up to 30% of all asylum seekers in Europe. It is imperative that all governments in Europe ensure the fundamental right of migrant children to optimal health and healthcare.

Indeed as signatories of the United Nations Convention on the Rights of the Child, all EU countries are required to perform a health assessment with a view to identifying individual health needs within the migrant population and preventing health risks for the resident population.

And yet, our research shows that only [seven EU countries](#) (Austria, Finland, Germany, Italy, Spain, the United Kingdom and the Netherlands) are reported to have in place national guidance for primary care for migrant (asylum seekers and refugees) children.

The EAP has therefore developed a series of [practical recommendations](#) for first and follow up appointments for primary care givers to use. The EAP's guidelines are a straightforward, easy to use tool for all who deal with children and young people on the move. We strongly urge all those EU government that do not have guidelines for care to implement our recommendations. The following 12 recommendations are grouped in three sections (i) general non-medical recommendations, (ii) general medical recommendations and (iii) recommendations concerning screening of infections and immunisations and presented as follows:

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1. Ensure the child is **accompanied** by at least one parent or a responsible caregiver.
2. Check that the parent/caregiver can **communicate** competently or provide access to interpretation services if needed.
3. Ask about potential **health problems** from both the parent/caregiver and the children.
4. Check the child's **growth and development** and perform a **physical examination**.
5. Specifically examine the **skin and oral cavities** and remain vigilant for signs of anaemia, scabies, impetigo, malnutrition, tooth decay and scars.
6. Perform a routine **vision and hearing** screen.
7. Check the child's **immunisation status** and if unknown or incomplete start catch up immunisation according to national recommendations as soon as possible.
8. Take a **blood sample** to measure haemoglobin (to check for anaemia and treat iron deficiency), HBV-antibodies (Hbs-Ag, anti-Hbs and anti-HBc). In addition, measure Vitamin D (if signs of risk factors or nutritional rickets), *Schistosomiasis* serology and CCA urine test (if from sub-Saharan Africa), HIV serology and PCR (if from sub-Saharan Africa or known risk), malaria screen (if febrile), *Strongyloides* serology (if at risk of immunosuppression), *Syphilis* serology (if sexually active or abused) and HCV antibodies (optional).
9. Perform a **tuberculosis screen** for latent infections followed by **chest x-ray** if positive on all migrant children under 5 years of age or those coming from high-endemic countries.
10. Start empirical treatment for **intestinal parasites** on children over 2 years of age and above 10 kg of weight
11. Schedule a **follow up appointment** for review.
12. Provide the partner/caregiver with a **document** that includes information regarding the **health assessment and interventions**, in addition to storing a copy in the medical centre's records.

We remain at your disposal should you wish to discuss any elements of this letter in further details.

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With our best wishes for a successful meeting,



Adamos Hadjipanayis  
President  
European Academy of Paediatrics

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