

Chemotherapy Mass Campaigns and Migratory Flows: An Unexpected Connection

TO THE EDITOR—Chami and colleagues describe in their recent interesting work the shortcomings of current mass drug administration (MDA) for identification and targeting of individuals who escape to treatment and the characteristics of those who are not reached by MDA in Uganda [1]. Indeed, this work points out how untreated individuals were also more likely to belong to households that did not purify drinking water, had no home latrine, and had no members who were part of the village government. These characteristics could also describe individuals with increased likelihood to become migrants looking for better life conditions.

According to United Nations High Commissioner for Refugees data among the top 10 nationalities of sea migrants in the current migratory flow to Italy and North Mediterranean countries [2] at least 4 (Nigeria, Mali, Sudan, Senegal) are in high endemicity areas. Accumulating evidence reports the occurrence of urinary Schistosomiasis among migrants [3, 4]. In view of the asymptomatic carriage period, however, the real prevalence and future incidence is underestimated [5]. Indeed, recently we observed a sharp surge in schistosomiasis diagnosis in our area Genova, Liguria,

Italy (from 5/year to 15/6 months) where a minor number of migrants to Italy has been relocated.

Renewed efforts on MDA in all areas of high endemicity and migration represent a tool to prevent morbidity and distress also for the most vulnerable individuals undergoing the weight of migration. Improved targeting of this neglected disease would thus improve health also for would-be migrant populations and reduce the burden of treating migrants once arrived or transiting in a hosting nation, where schistosomiasis could be unexpected.

In conclusion, the path to a more efficient hospitality is based on two different pillars, the first being updating Italian protocols for diagnosis and treatment of Tropical Diseases and the second being improving World Health Organization recommendations for MDA in endemic areas [6, 7] to include more desperate individuals and less advanced households that are more likely to enter migration.

Note

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