Is the World Prepared for the New Immigration Wave?

Edmond Puca*

Department of Infectious Diseases, University Hospital Center "Mother Teresa", Tirana, Albania

*Corresponding author: Edmond Puca, Department of Infectious Diseases, University Hospital Center "Mother Teresa", Tirana, Albania, Tel: 0672058624; E-mail: edmond_puca@yahoo.com

Received date: December 30, 2015; Accepted date: December 31, 2015; Published date: December 31, 2015

Copyright: © 2015 Puca E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

Immigration has become a major and even extremely multifaceted problem nowadays. It accounts of political, economic, social and ethnic problems, but in this article we want to draw the attention on the medical problems that it can present. Every human being has the right to choose how to live his/her life, but through this choice other problems can be raised. On this perspective poorly controlled movements or even worse, the uncontrolled ones, modify the prevalence of morbidity in general and in particular the prevalence of infectious diseases. Developed countries have been and continue to be under continuous pressure of immigrants from poor and unsafe country. About 230 million migrants have been registered at the end of 2013 [1].

Immigrants generally originate from regions where infectious diseases continue to pose a significant challenge for the national infectious diseases control. While developed countries have standardized the relations patient/infectious diseases/reporting cases. In this regard, we can say that the latter have eliminated or have a few standardized the relations patient/infectious diseases/reporting cases.

In these conditions it is impossible to say if an adequate vaccination for infectious diseases has been done. Thus raising the question: are we prepared for such a global crisis? Is our health system prepared with personnel, equipment or vaccine for such a large and immediate immigrants flow? During almost more than half a century, the vaccination programs in developed countries have shown to be effective. However, these successes have not been uniform and infectious diseases continue to remain the leading causes of mortality and morbidity in some regions of the world. Children with unclear immunization histories will need vaccination, while adults may already have immunity to measles, mumps, rubella, and other diseases. Current examples to illustrate this include malaria, which is historically linked with the return of visitors and tourists from areas of endemicity to non-endemic areas [4]. On the other hand there are our diagnostic and therapeutic management possibilities of immigrant patients. Doctors from developed countries are often unfamiliar with the infectious diseases that these patients present [5]. Thus to them the establishment of the diagnosis of infectious diseases will be a real challenge. Intestinal parasites such as strongyloidiasis and schistosoma are common infections in refugee populations from sub-Saharan Africa and South Asia and can lead to anemia as well as liver and urological complications. But immigration is not just a matter of health creating a crisis that will require immense resources to address [3]. In these conditions it is difficult to say if an adequate vaccination for infectious diseases has been done. Thus raising the question: are we prepared for such a global crisis? Is our health system prepared with personnel, equipment or vaccine for such a large and immediate immigrants flow? During almost more than half a century, the vaccination programs in developed countries have shown to be effective. However, these successes have not been uniform and infectious diseases continue to remain the leading causes of mortality and morbidity in some regions of the world. Children with unclear immunization histories will need vaccination, while adults may already have immunity to measles, mumps, rubella, and other diseases. Current examples to illustrate this include malaria, which is historically linked with the return of visitors and tourists from areas of endemicity to non-endemic areas [4]. On the other hand there are our diagnostic and therapeutic management possibilities of immigrant patients. Doctors from developed countries are often unfamiliar with the infectious diseases that these patients present [5]. Thus to them the establishment of the diagnosis of infectious diseases will be a real challenge. Intestinal parasites such as strongyloidiasis and schistosoma are common infections in refugee populations from sub-Saharan Africa and South Asia and can lead to anemia as well as liver and urological complications. But immigration is not just a matter of

References


*Corresponding author: Edmond Puca, Department of Infectious Diseases, University Hospital Center "Mother Teresa", Tirana, Albania, Tel: 0672058624; E-mail: edmond_puca@yahoo.com

Received date: December 30, 2015; Accepted date: December 31, 2015; Published date: December 31, 2015

Copyright: © 2015 Puca E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.