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Centre universitaire de médecine générale
et santé publique · Lausanne

Prise en charge medico-sanitaire des requérant·e·s d'asile ukrainien·n·es dans le canton de Vaud

Département Vulnérabilités et Médecine Sociale (DVMS)

Département des Policliniques (DDP)

Direction des Soins (DSO)

DP et DFMER (CHUV)

Auditoire Charlotte Olivier - CHUV, Mardi 3 mai 2022

Organisation et adaptation du réseau sanitaire vaudois

- L'Ukraine et la santé
- Que disent les grands périodiques qu'il faut faire
- Ce que nous faisons
- Les incertitudes

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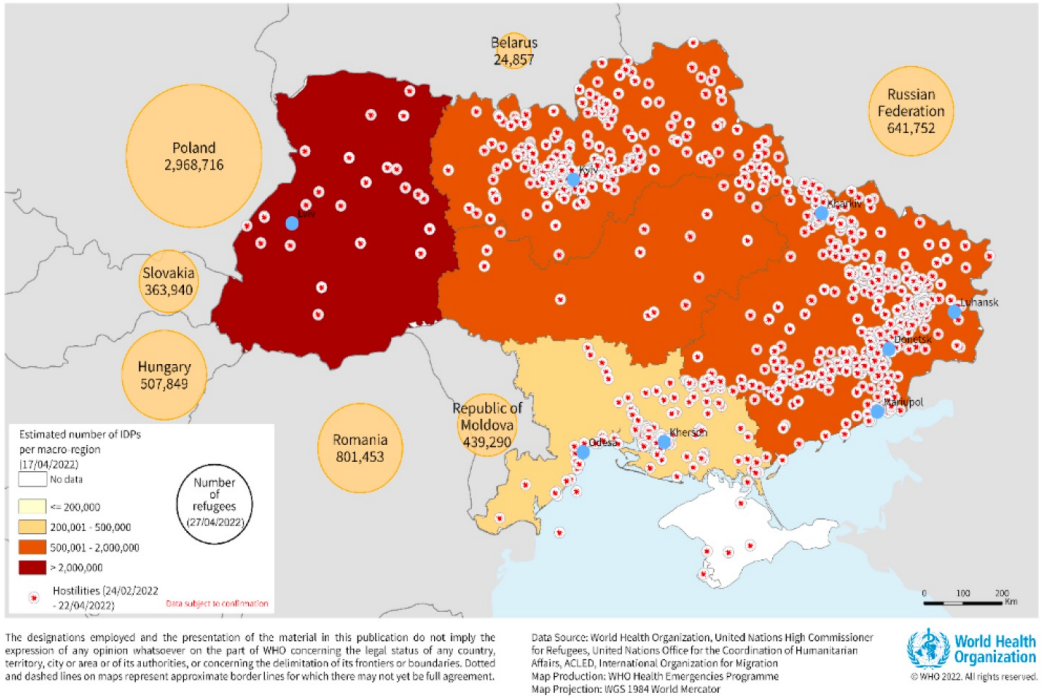
Contexte

Figure 1. Distribution of Internally Displaced Persons (IDPs) and refugees in Ukraine and in refugee-hosting countries as of 27 April 2022



World Health Organization 2022. Ukraine's Emergency– External Situation Report #9

Table 3: Key health risks for conflict-affected population in the course of the next three months.

Key health risks over the coming 3 months			
Public health risk	**Level of risk**		**Rationale**
Months starting now	**1**	**2 - 3**	
COVID-19			Decreasing trends, but from very high level of incidence and bed occupancy for ICU care. Limited oxygen supplies substantially impact capacity to treat severe patients. Unsanitary, crowded living conditions with poor ventilation; low vaccination coverage.
Other infectious respiratory diseases, including influenza			Poor hygiene and sanitation, overcrowding, poor shelter, cold. Low risk of influenza-associated morbidity given low levels of seasonal circulation, further reducing as season abates.
Diarrhoeal diseases			Poor hygiene and sanitation, overcrowding.
Measles			Increased risk of measles transmission given crowded living conditions with poor ventilation, prior endemicity, and reduced vaccine coverage in recent years.
Maternal and neonatal health			Caesarean deliveries accounted for roughly one quarter of all deliveries in 2019; access is likely to be limited. Substantial risk of unsafe deliveries in immediate term.
Polio			Ongoing outbreak of circulating vaccine-derived poliovirus type 2 (cVDVP2), and low uptake mass immunization campaign (22%). Risk of spread into surrounding countries.
Cholera			Last outbreak in 2011. Poor hygiene and sanitation, overcrowding, poor shelter and disruption to water and sanitation.
STIs			Poor hygiene and sanitation, social conditions, GBV
Cardiovascular disease (CVD) (e.g., heart attack, stroke)			Interruption in supply of medicines and limited access to health care; critical for people with uncontrolled blood pressure and/or people at higher risk of stroke; most mortality expected in immediate term.
Chronic respiratory diseases (e.g., COPD, asthma)			Reduction in chronic medical supplies, limited oxygen availability, and potential stressors from increased risk of respiratory infections due to the living conditions (overcrowding, cold, poor shelter); most mortality expected in immediate term.
Diabetes			Disruption to essential services and supplies of medicines, particularly insulin; most mortality expected in immediate term.
Cancer			Disruption of treatment and health care capacity leading to increased risk of negative outcome for oncology patients. Particularly high risk for individuals under immunosuppressive therapy given increased risk of infection in the context of the crisis.
Chronic infectious diseases (TB/HIV/HBV/HCV)			Interruption of treatment likely – impact on viral load and disease if treatment interrupted for a number of weeks. Limited access to health care for acute flare ups and opportunistic infections may result in excess deaths.
Mental health			Exacerbation of chronic mental health problems likely and high levels of PTSD, depression and anxiety among affected population of all ages.
Crisis-attributable injuries			Likely increase in injuries and trauma from violence.
Gender-based violence (GBV)			Trauma, limited access to protection/treatment/support, crowding.
Technological and environmental health risks			Chemical and radio-nuclear sites could represent major health risk if damaged during ongoing conflict. Low risk of accidental exposures to biological hazards, as country not known (not likely) to have collections of high consequence pathogens.

Red: **Very high risk**. Could result in high levels of excess mortality/morbidity.

Health Cluster Ukraine 2022

Problèmes de santé

- Somatique :
  - **Blessures** de guerre (y compris « oublis »)
  - Problèmes liés au **manque d'accès aux soins et médicaments**, principalement dans les **maladies chroniques** (y compris pathologies oncologiques)
  - **Maladies infectieuses**
    - **Vaccinations**: Rougeole (épidémie 2017-2019), Hépatites B/C, Poliomyélite, Varicelle
    - **VIH** : 2ème taux le plus élevé de HIV nouvellement diagnostiqué en Europe, en 2020
    - **TB** : la prévalence de la tuberculose et le taux de mortalité restent élevés dans le pays, a été la cause de 2927 décès en 2020. Également forte prévalence de DR-TB (parmis le top 20 des pays avec le plus haut taux en 2020)
    - **Covid-19** : taux de vaccination à 35 %
    - Gastro-entérites, diarrhées, etc
  - **Traite** des êtres humains, **violences** sexuelles, **exploitation** par le travail, …
  - **Grossesse**
- Santé mentale : 2 ans de pandémie + guerre actuelle → barrières; peu prise en compte en Urkaine, très stigmatisée, grande résistance aux psychothérapies
- Barrière de la langue (peu de traducteurs disponibles) et differences culturelles

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Health-care provision for displaced populations arriving from Ukraine

www.thelancet.com/infection **Published online April 8, 2022** **https://doi.org/10.1016/S1473-3099(22)00225-0**

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Panel: **Current key considerations for health systems in host countries**

- Universal access to health systems in host countries is paramount.
- Facilitate access to health-care professionals immediately on arrival to address interruptions in supply of medicines and avoid excess morbidity and mortality from cardiovascular diseases (ie, heart attack, stroke), chronic respiratory diseases, diabetes, mental health, and chronic infectious diseases (tuberculosis, HIV, hepatitis B and C).
- Ensure full access to vaccination systems in host countries as a key priority. Ukraine has historic and current low childhood vaccination coverage; therefore, consider offering routine and catch-up vaccinations (with a focus on measles, mumps, rubella; and tetanus, diphtheria, and polio) to all new arrivals (children, adolescents, and adults).
- Ensure access to COVID-19 vaccines given the current low coverage in Ukraine.
- The majority of people displaced will be women and children. Ensure access to appropriate services such as antenatal care, health visitors, and vaccination.
- Careful consideration should be given to mental distress and trauma, which are common during humanitarian crises, and the impact of the migration process on peoples' wider health.
- Health-care professionals will need to invest time and effort into building trust with displaced communities to design and deliver health and vaccine services.

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The BMJ

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Published: 14 March 2022

Ukraine war: GPs get updated guidance on treating refugees and returning citizens

Gareth Iacobucci

- Screen all new entrants, including children, for tuberculosis
- Ascertain any risk factors for hepatitis B infection that may indicate the need for screening (owing to its low prevalence in the UK)
- Consider screening for hepatitis C, because of a considerably higher prevalence in Ukraine than in the UK
- Ensure that travellers are offered typhoid immunisation and advice on preventing enteric fever
- Consider nutritional and metabolic concerns (anaemia, vitamin D, vitamin A, iodine)
- Work with a professional interpreter where language barriers are present
- Consider the effects of culture, religion, and gender on health
- Assess for mental health conditions, and
- Refer pregnant women to antenatal care.

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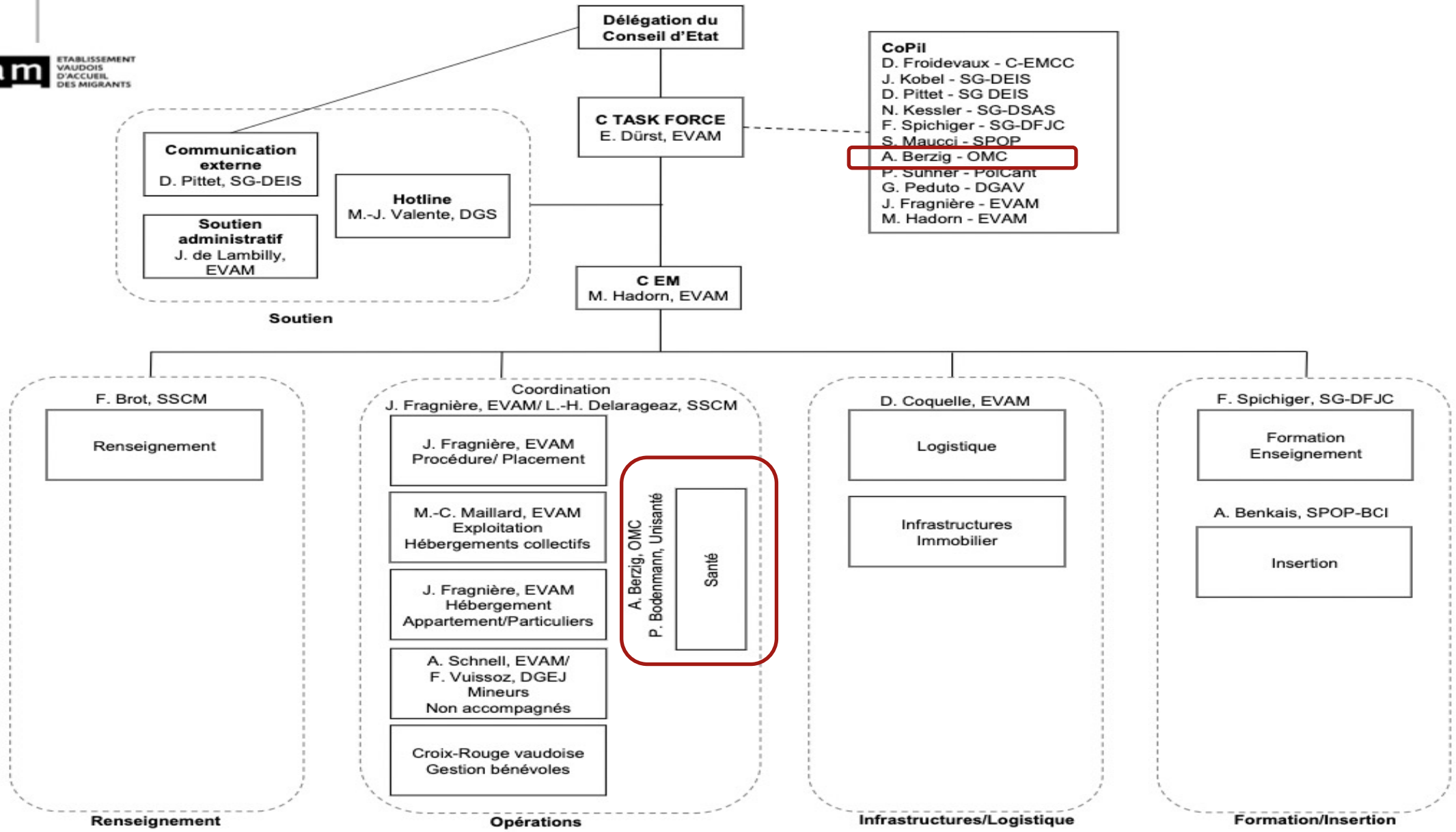
Permis S = assurance maladie

mais aussi :

- droit de séjour
- permis de travail ou activité indépendante
- accès au logement
- accès à l'aide sociale
- accès à l'éducation des mineurs
- sous certaines conditions, accès au regroupement familial
- possibilité de voyager à l'étranger puis de revenir en Suisse sans avoir à demander une autorisation

Task Force Accueil Ukraine



Afflux de migrants

TRIBUNE Point de vue 1881

Une responsabilité médicale et sanitaire

Afflux des migrants

Patrick Bodenmann[a], Françoise Ninane[b], Brigitte Pahud-Vermeulen[a], Elodie Dory[a], Martine Monnat[c], Jacques Cornuz[b], Eric Masserey[c]

[a] Centre des populations vulnérables, Policlinique médicale universitaire, Lausanne; [b] Policlinique médicale universitaire et Département Universitaire de Médecine et Santé Communautaire, Lausanne; [c] Service de Santé Publique du Canton de Vaud

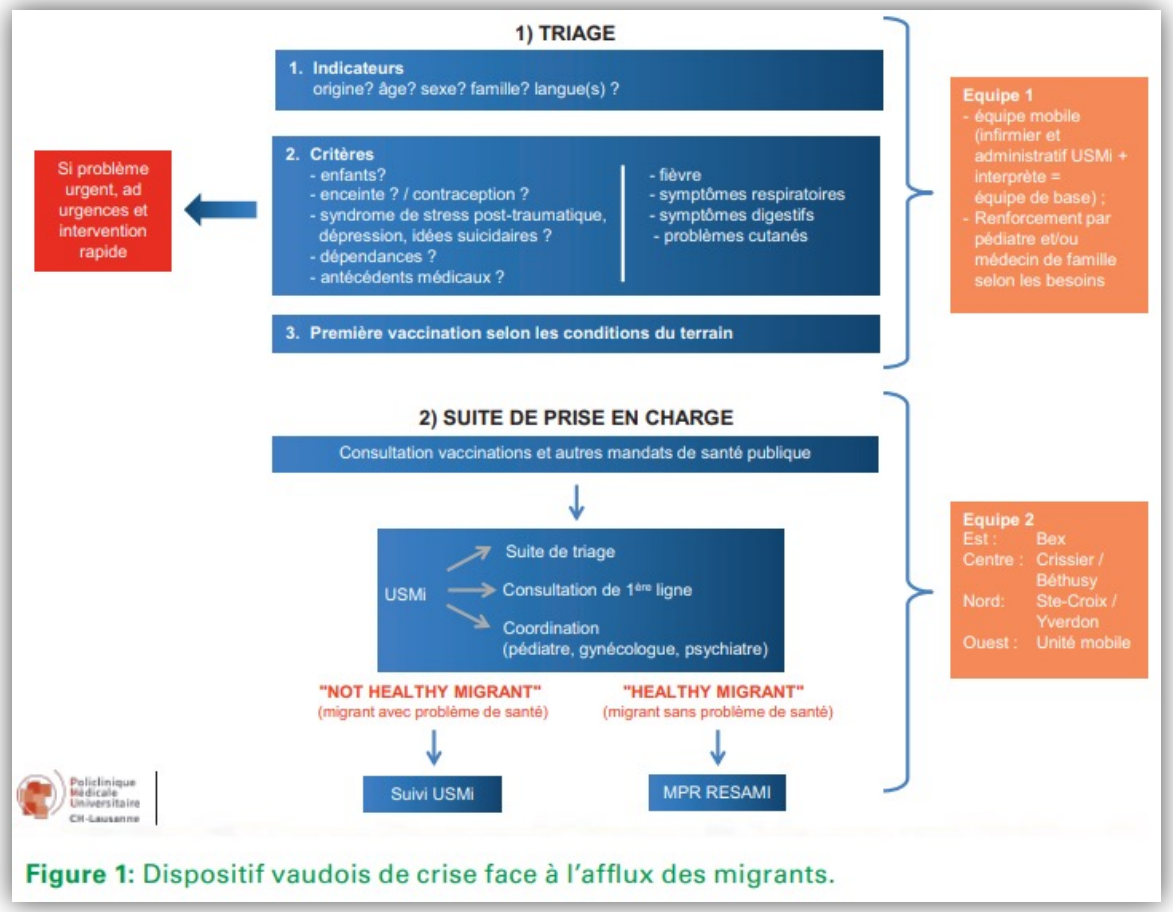
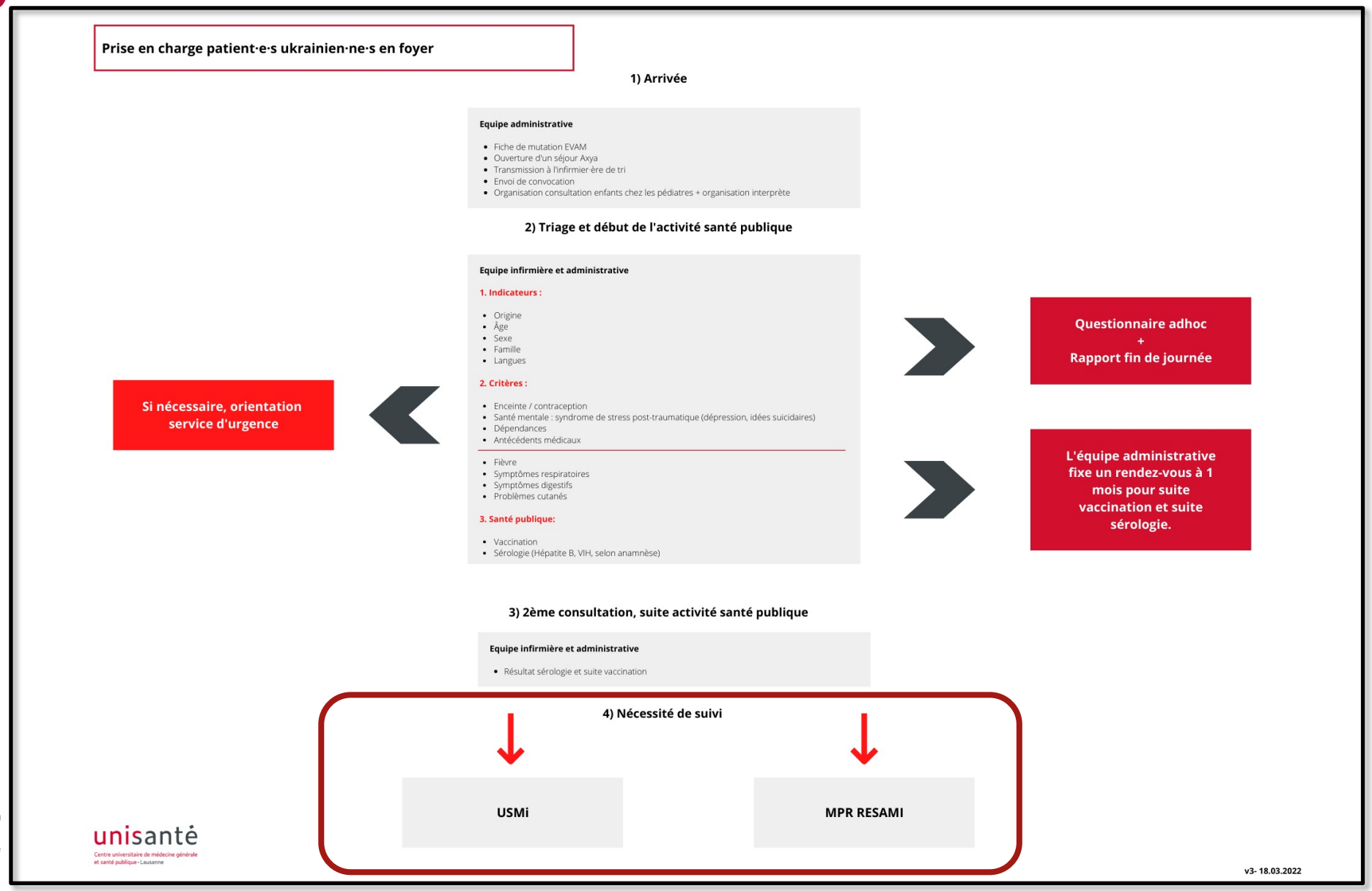


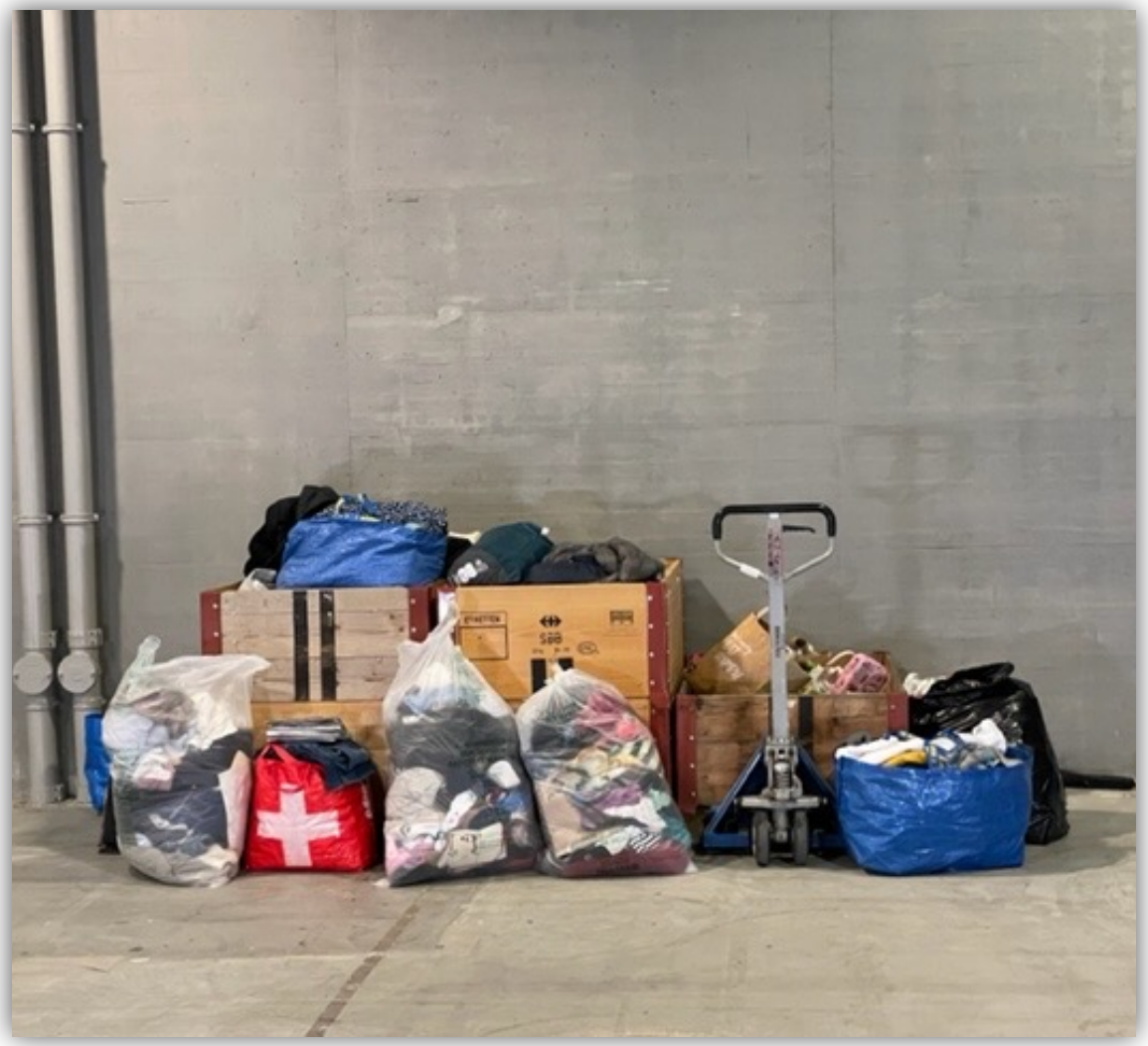
Figure 1: Dispositif vaudois de crise face à l'afflux des migrants.

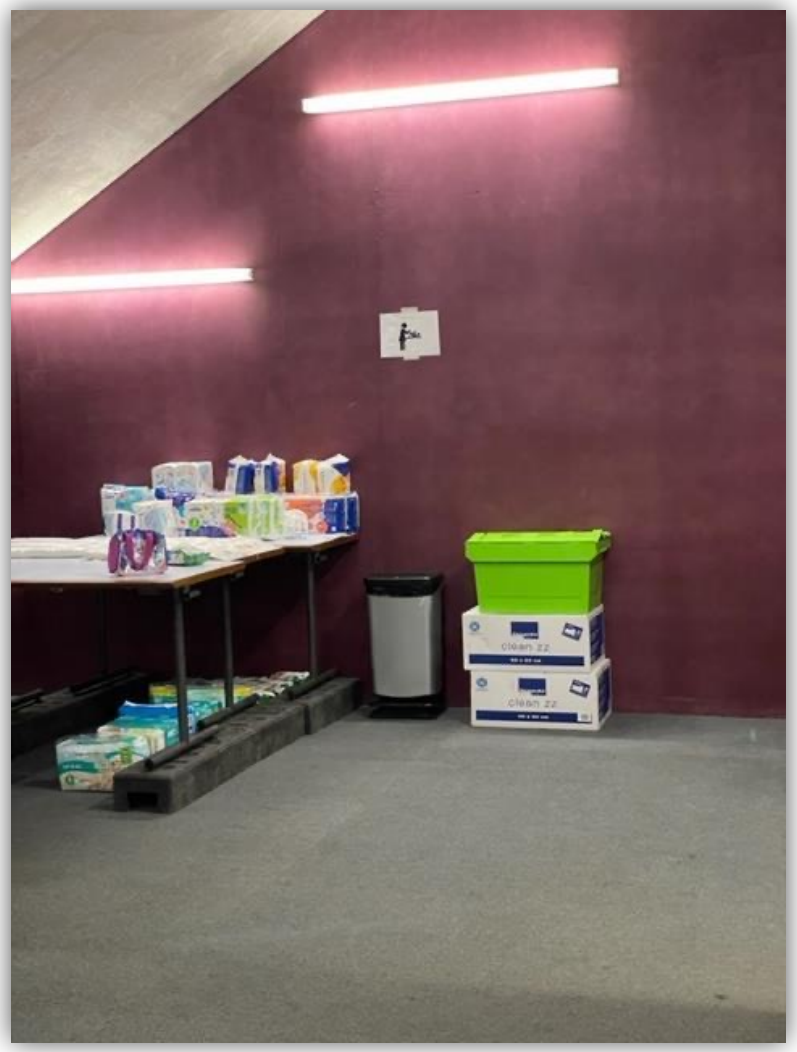
SCHWEIZERISCHE ÄRZTEZEITUNG – BULLETIN DES MÉDECINS SUISSES – BOLLETTINO DEI MEDICI SVIZZERI 2015;96(50–51):1881–1883

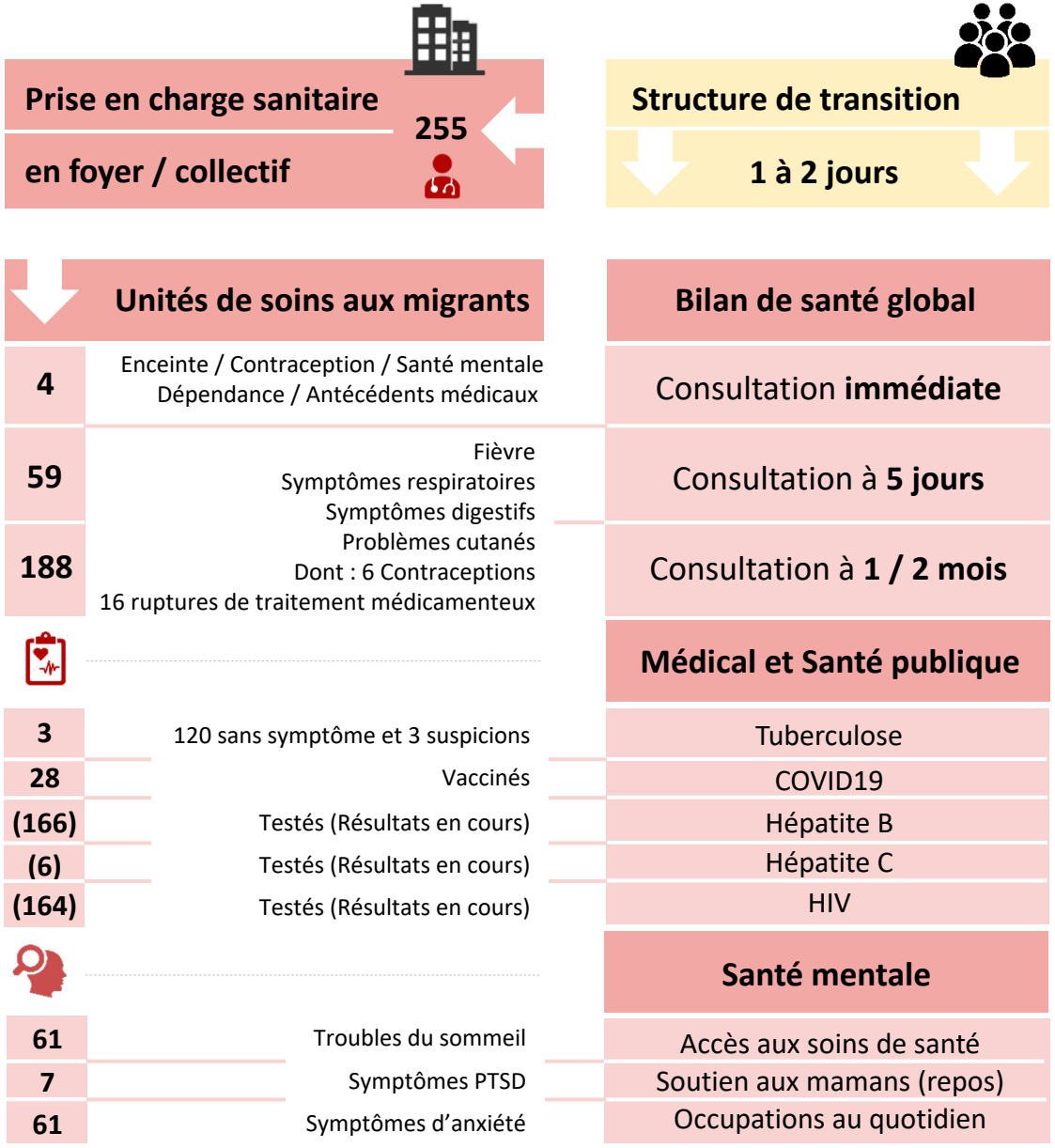
Prise en charge sanitaire des personnes en foyer/ structures de transition



Beaulieu 20.03.2022







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Le lien !

www.resami.ch

Prise en charge sanitaire des personnes en logement privé

Prise en charge patient·e·s ukrainien·ne·s en logement d'accueil privé

1) Arrivée (sans triage)

- Enregistrement dans les centres fédéraux
- Obtention du permis S
- Attribution dans le canton de Vaud
- Enregistrement à l'EVAM
- Obtention de la carte de contrôle d'accès aux soins - Resami (assurance maladie)

Cabinets privés et autres partenaires du réseau de soins

2) Prise en charge médicale

Principaux enjeux de santé

1) Somatique
- Blessures de guerre
- Maladies chroniques
- Maladies infectieuses (vaccination, VIH, Tuberculose, Covid-19, etc)
- Traite des êtres humains, violences sexuelles, exploitation
- Grossesse

2) Santé mentale
- Barrière culturelles (stigmatisation des maladies psychiatriques)

3) Barrière de la langue
- Accès à l'interprétariat

Pour plus d'information: www.resami.ch/ukraine

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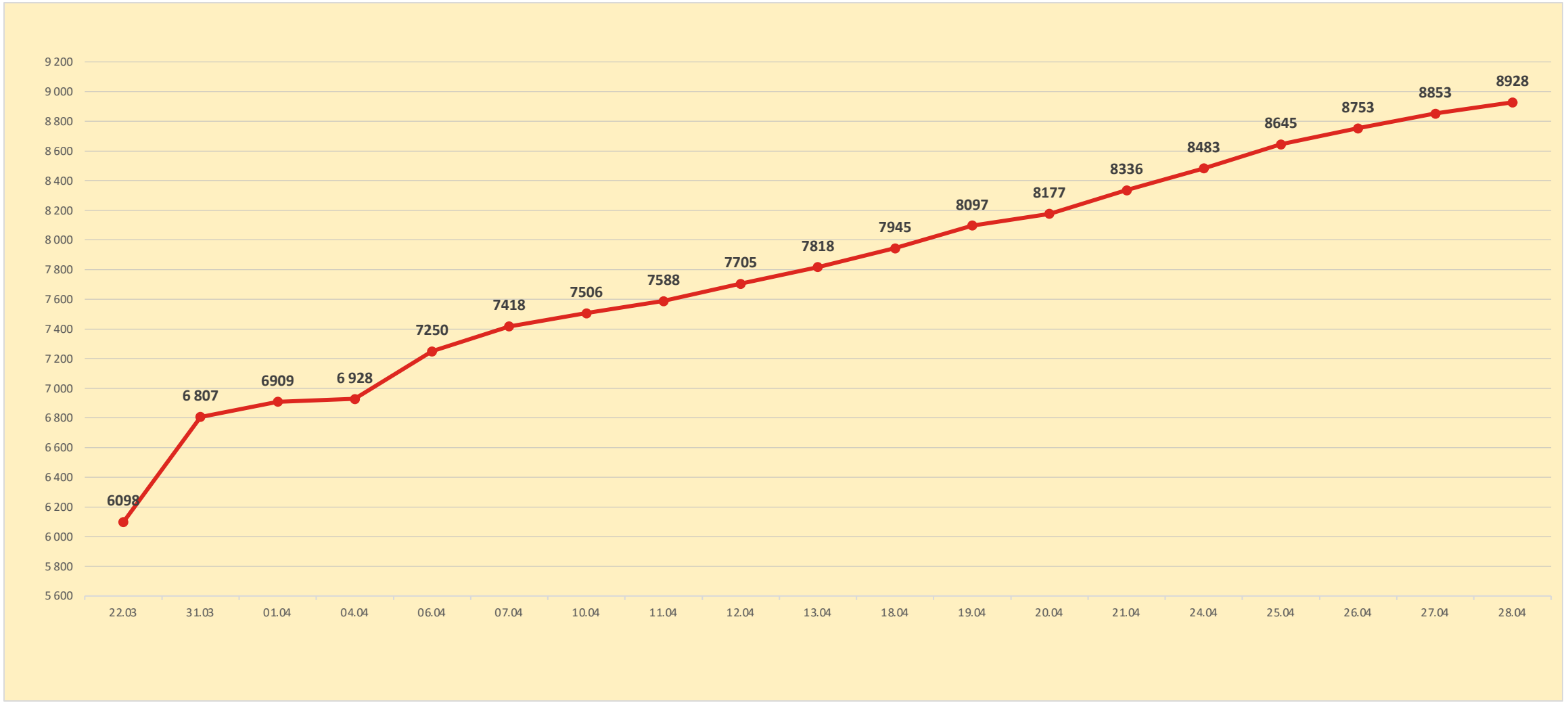
Progression des chiffres



Traduction

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Réseau de Santé et Migration
(RESAMI)

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info@resami.ch
www.resami.ch

A l'attention des Médecins installés sur le Canton de Vaud

Lausanne, le 4 avril 2022

Concerne : réfugiés ukrainiens dans le canton de Vaud

En cas de besoin, l'accès à un interprète communautaire est possible et financé pour autant que les prestations soient LAMal et que l'interprète fasse partie des équipes d'Appartenances ou Bhaasha. La réservation d'un interprète se fait via les plateformes de nos deux partenaires : https://interpretariat.appartenances.ch/ et https://www.bhaasha.ch.

Nous vous encourageons à visiter régulièrement la plateforme www.resami.ch qui a ouvert un onglet spécifique Ukraine et qui fournira de nombreuses informations, régulièrement complétées et mises à jour. En cas de besoin, le secrétariat RESAMI est à disposition au 021 314 96 97.

Aujourd'hui, nous faisons appel à chacun·e d'entre vous (même si vous ne faites pas partie du réseau RESAMI) pour contribuer à la prise en charge des réfugiés ukrainiens.

Image Chappatte, Le Temps

3 millions de réfugiés

15 mars 2022

© Chappatte dans Le Temps, Suisse

Wrap up

Time, March 28/April 4, 2022

- ✓ Pré migratoire : système de santé fragile
- ✓ Migratoire et post-migratoire : somatique, mental, femme, enfant
- ✓ Permis S
- ✓ Hébergement
- ✓ Volumes, traduction, autres personnes de l'asile

- ✓ www.resami.ch

Merci pour votre attention

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