

## **Surveillance of COVID-19 in migrant reception centers: a call for action**

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**Short title:** Migrants and COVID-19

Word: 500

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**Teaser section:** The management of the COVID-19 pandemic in Reception Centers for migrants is burdened by significant critical issues mainly due to linguistic, cultural, and social differences related to the heterogeneity of the migrants hosted. Here we reported the field analysis of these critical issues and adopted solutions.

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Dear Editor,

We read the paper by Greenaway exploring the peculiarities of the COVID-19 management in migrant communities.<sup>1</sup> Italy, one of the Mediterranean countries most affected by migratory flows, was the first European area hit by the SARS-CoV-2 epidemic. The main critical issue of strategies adopted for epidemic control was the difficulty in making Italian population aware and actively involved in respect for quarantine, social distancing, and the use of facial masks to prevent transmission of the disease. The issue was particularly relevant in the management of the reception centers (RCs) due to the linguistic, cultural, and social differences linked to the heterogeneity of the migrants hosted.<sup>1</sup>

Here we reported an Italian experience in the management of COVID-19 emergency among migrants hosted in the RC "Mondo Migliore" of Rocca di Papa from February to July 2020.

The RC host an average of 300 migrants largely from North Africa, the Gulf of Gunea, the Horn of Africa, Syria, Pakistan and Bangladesh. Residents have no restriction for entry and exit. Duoble/Multiple rooms, outdoor/indoor common areas, canteen and a medical center are available.<sup>2</sup>

Due to the pandemic risk, the RC has developed a surveillance program with the aim of intercepting and managing an eventually SARS-CoV-2 outbreak.

The first critical issue was to assess the awareness on the risks related to the epidemic and on the prevention tools by semi-structured interviews.<sup>3</sup> Mainly among the African guests the danger of epidemic was poorly perceived. Although all migrants presented significant gaps in the knowledge of the basic procedures indicated to protect themselves from a respiratory transmissible disease, sub-Saharan migrants were those with the least knowledge.

Consequently, a health-promotion intervention was carried out to provide information on correct behaviours to avoid contagion. The division into small groups, homogeneous by cultural context, represented an effective resource to target the intervention. Cultural mediators reinforced the message in the next time.

Moreover, social distancing was imposed in the common areas and in the canteen, with the obligation to adopt face masks and facilitating the access to hydroalcoholic gel dispensers.

Since the screening of the asymptomatic host population with nasopharyngeal swabs (NFS) or serological tests (ST) was not available, the internal medical staff arranged an active surveillance based on the detection of body temperature and on the monitoring of influenza-like-syndromes

(ILI). Finally, immediate respiratory isolation and transfer to the COVID hospital for any symptomatic subjects was planned.<sup>4,5</sup>

From February to July 2020, no cases of COVID-19 were recorded in the RC. ST were not available, however none of the 24 migrants sent to the emergency room (6 with ILI and the others for non-infectious diseases) tested positive for SARS-CoV-2 NFS performed at hospital admission.

Despite these results and given the possibility of a second wave of COVID-19, we believe that key measures to reduce the risk of outbreak in RCs are 1)T0 and serial NFS (for all guests hosted and newcomers), 2)basal ST, 3)universal influenza-vaccination, 2)targeting health-promotion activities to improve containment measures compliance.<sup>4,5</sup>

**Conflict of interest:** No competing interest to declare

**Funding:** no funding was received for this study

**Author contribution:** GC wrote the manuscript, make substantial contribution to conception and design of the study; ML provided data; GdE(1), GdE(2), MC analysed data, critically revised and approved the manuscript

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