The health of first-generation migrants in 2006

Study based on "given week" surveys
Data based on 7,938 records

Data show a slight male predominance (4,076 vs 3,862)
1,299 records out of 7,938 showed at least ONE disease.

The total number of diseases identified was 1,555

NB: these were established diseases and not risk factors
Gender ratio of the 1,339 cases reported

Data show a slight female predominance (694 vs 645)
The 1,339 cases presenting at least one disease break down as follows:

- 1 dis/record: 1,163/1,163
- 2 dis/record: 163/326
- 3 dis/record: 22/66
- +3 dis/record: 11/59

resulting in 1,555 different diseases.
Morbidity in the first-generation migrant population varied between 12.8 and 16.4% over the past 5 years.
• The slight imbalance is in fact based on two major but self-cancelling imbalances
• More women aged between 0 to 30, more men aged over 30
The Maghreb remain the most significant point of origin, followed by Asia.

For the Maghreb, the gender ratio is highly biased towards men, only slightly so for sub-Saharan Africa.

The gender ratio for Asia is heavily biased towards women, and to a lesser degree for the Americas.

It is evenly balanced in Europe.
The 3 Ile-de-France units together accounted for 45.3% of records.
The ten smallest departmental units accounted for 17.4% of the total population
Average records acquired: 7938/23 = 345.1
The correlation between the medical examination activity and morbidity is only partial...
The morbidity rate is not correlated to unit size: 9 units are above the average, 13 below.
Excess morbidity amongst women is more marked in sub-Saharan Africa and Asia. Only the Maghreb shows excess morbidity in men.
Morbidity rate by geographic zone and gender

All zones are below the average except for sub-Saharan Africa. The rate is highest amongst women everywhere except Americas and Others + Australia.
Morbidity by age-group

- High excess morbidity in women between 20 and 29
- Excess morbidity in men less marked in the 30-39 age-group.
The morbidity rate rises with age.

It is systematically higher among women in every age-group and the gap widens with age.
Breakdown by entry mode

- FAMILY
- WORK
- STUDIES
- REF
- OTHERS

Legend:
- VPF
- spouse F
- family F
- child F
- visitor
- season + apt
- perm
- other
- fam alg
- students
- stat refugee
- fam Ref
- autres
• Numbers tested for BMI: 7,316 (of 7,938, 92.2%)
• BMI < 29 : 6,765
• BMI > 29 : 551
• Not given + unknown: 622 (!)

*For info*: 651 over-45s of whom 113 with BMI > 29. Number of individuals screened is therefore 551 + (651-113)

\[= 1,089 \text{ or } 13.7\% \text{ of the population (excl. not given and unknown)}\]
Type 2 diabetes test

- 1,329 individuals tested out of a theoretical population of 1,089
- But some units and particularly checkpoints carried out NO TEST (no BMI)
- $\approx 10\%$ tests were positive
90% of individuals (7,221/7,938) had their eyesight tested. The test identified vision problems in 1,568 cases (19.8% of the total population and 21.8% of those tested).
Marked disparities by age, gender and geographic origin serve to target the most exposed populations.

Problems collecting data abroad (Poland, Tunisia, Turkey) but also in some departmental and regional units (Metz, Marseille)
Only the departmental units in Nantes, Nice, Orléans and Dijon reported BMI for all patients. The rate of unknowns is below 2% in most. Biggest problems: Tunisia, Cayenne, Metz, Marseilles...
BCG & IDR

- 3,312 BCG vaccination statuses known and correct - 373 IDR known as done
- 771 BCG known and incorrect - 1,745 IDR known as not done
- 1,114 BCG unknown, not completed, etc. - same for 1,191 IDR
IDR prescribed and/or done (N = 797)
BCG status known
\( (N = 3,312 + 2,050 = 5,362) \)

BCG status not known
\( (N = 7,938 - 5,362 = 2,576) \)
Chest X-rays
N = 7,447 (93.8% of records)

- Normal: 7,297
- TB + : 60
- TB - : 98
- NG + unknown: 427
**PREGNANCIES**

\[ N = 281/1,875 \]

- 15% of women of child-bearing age were pregnant at the time of the medical examination.
- 49% 1st trim/32.3% 2nd trim/18.7% 3rd trim.
- 44.8% from the Maghreb, 23.3% from sub-Saharan Africa, 16% from Asia, 5.9% from the Americas, 9% from Europe.
- NB: 7 pregnancies among the 253 women aged 15 to 19.
Despite considerable under-reporting, alcoholism was mentioned in 2.5% of cases and smoking in 18.5%
DISEASES - OVERALL

Diabetes: 126 / Malaria 1: 120 / Malaria 2: 498 / CVD: 70
HYP: 163 / DIS: 48 / THYR: 60 / TB: 60 / RESP: 84
There is a fairly strong correlation between screening activity and the number of cases of TB identified except for two atypical examples (Toulouse + Bordeaux) and Paris Centre (no doubt linked to students).
While the Maghreb is the zone worst affected in quantitative terms, the situation of sub-Saharan Africa is the most serious in relation to its demographic size.
Maximum frequency is seen in the 30-39 age-group, followed by the 20-29 age-group. Frequency then diminishes with age.
The vaccination status most widely known is DTP. The case of yellow fever may be atypical, but the hepatitis B vaccination situation poses a real problem in view of exposure (young population, from zones where the disease is pandemic).
Disabilities

Strong predominance of sensory disabilities (Maghreb and sub-Saharan Africa) and motor disabilities (Asia, Maghreb, sub-Saharan Africa).
No referral: 4,374 (55.1%)

Referred

3,564 (44.9%), including 722 men and 725 women

- vaccination centres: 2,153 (27.1%)
- GP: 1,041 (13.1%)
- Ind. Spec: 288 (3.6%)
- disp (TB): 57 (0.7%)
- hospital: 25 (0.3%)