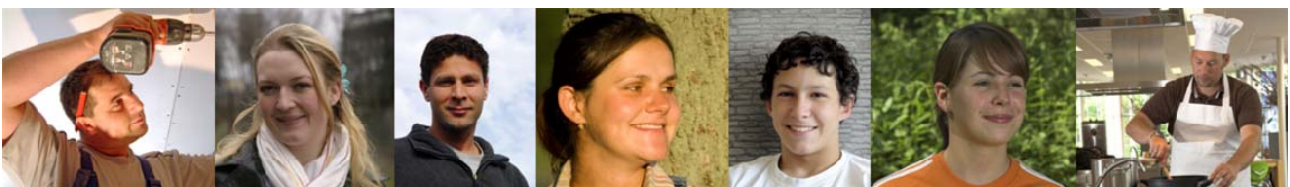




Migrant workers from the EU Accession countries

A demographic overview of those living and working in England and Wales and a comparison of infectious disease and immunisation rates in the Accession countries with those in the UK

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Key findings

- ✓ In 2004 the “A8” countries joined the EU: the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland and Slovakia, plus Cyprus & Malta, followed by the “A2” countries, Bulgaria and Romania, in 2007
- ✓ Since 2004 over 1,000,000 migrants from accession countries have arrived in the UK; approximately half are thought to have subsequently returned home
- ✓ Migrants from the accession countries are employed throughout the UK, often in areas that have not previously received large numbers of migrants
- ✓ Migrants work in a wide range of industries, ranging from low paid unskilled agricultural work to highly paid skilled finance and managerial roles
- ✓ Immunisation coverage rates in the accession countries are reported to be high, although some countries also report higher rates of infection than the UK
- ✓ TB rates are higher than the UK in 7 of the 12 accession countries
- ✓ Estonia has the highest rate of new HIV diagnoses; the only country with a higher rate than the UK. The principal routes of transmission vary between the countries

Recommendations for healthcare practitioners

- ✓ Migrants with an incomplete immunisation history should be immunised according to the HPA immunisation algorithm *Vaccination of Individuals with Uncertain or Incomplete Immunisation Status* www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156
- ✓ NICE guidelines recommend that new entrants from a country with a TB incidence of 40 cases/100,000 should be screened for active TB^[1] (currently includes Lithuania and Romania). Additionally, anyone with the following symptoms suggestive of TB should be tested appropriately and treated where necessary:
 - fever and night sweats
 - persistent cough
 - losing weight
 - blood in sputum (phlegm or spit) at any time
- ✓ BHIVA guidelines recommend that HIV testing should be offered to any individuals who live in a PCT with a high prevalence of HIV infection or who fall into one of the following groups:
 - pregnant women
 - patients who present with an indicator disease or another STI
 - men who have disclosed sexual contact with other men
 - patients who report a history of injecting drug use
 - patients who report sexual contact with someone at increased risk of HIV infection
- ✓ Health information leaflets in languages spoken in the accession countries can be downloaded from:
www.nhs.uk/Conditions/Pages/bodymap.aspx?r=1&rtile=Health+Encyclopaedia



Introduction

In May 2004, eight countries from Central and Eastern Europe joined the European Union (EU). The A8 countries included: the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland and Slovakia. In addition, the Mediterranean countries Cyprus and Malta joined at the same time (A10: A8 group plus Cyprus and Malta). Bulgaria and Romania (the A2 countries) subsequently joined the EU in January 2007.

Individuals from the accession countries have the same rights of free movement between countries as nationals of the pre-enlargement EU. EU nationals can enter any other member state without a visa for a period of 6 months and can reside in that country for a longer period if they are employed, self-employed, able to financially support themselves, a student, or a family member of an EU citizen meeting the criteria above.

This report describes the demography of both A8 and A2 migrants and compares the infectious disease rates in each of the accession countries with the UK population in general.

(1) Demography

Key points

- ✓ Approximately 1 million A8 workers arrived in the UK between May 2004 and December 2007; approximately half are thought to have subsequently returned home.
- ✓ Approximately 30,000 A2 migrants arrived in the UK in 2007.
- ✓ A8 workers frequently work as: factory workers, warehouse operatives, packers, or kitchen and catering assistants.
- ✓ Many A2 migrants are highly skilled and work in finance, managerial roles and engineering.
- ✓ A8 workers applied to work for employers based all over the UK; Anglia and the Midlands were the most common regions (15% and 13% respectively).
- ✓ The highest percentage of A2 workers were in London (18%) and the North West (15%) and Northern Ireland (15%).
- ✓ The vast majority of A8 workers registering since May 2004 were young: 82% aged between 18 and 34 years. A2 workers tended to be slightly older than the A8 workers; 70% were aged between 18 and 34 years.

Methods for estimating the number of migrants

Data on the number of A2 and A8 nationals registering to work in the UK are published quarterly by the Home Office in partnership with other government departments. The Worker Registration Scheme (WRS) is used to collate demographic and economic information on A8 nationals, and A2 nationals are recorded by Migrant Worker Cards and Registration Certificates. Additional information for both groups of migrants is available from the allocation of National Insurance numbers (NiNo).

Limitations of the data include:

- No data are available for A8 migrants prior to 2004, or 2007 for A2 migrants.
- Registration is voluntary and significant numbers of migrants, such as those who are self employed are exempt from registering.
- No data are collected on the number of students or dependants who do not apply for their own national insurance number.



Estimated number of migrants who have arrived in the UK from Accession countries

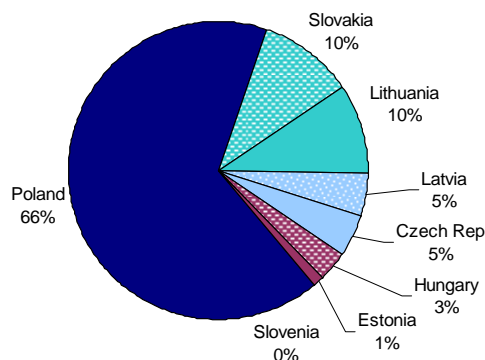
Data from the Worker Registration Scheme (WRS) and allocation of National Insurance numbers (NiNo) estimate that approximately 1 million A8 migrants have registered for work in the UK^[2]. A total of 796,000 applications were made to the WRS scheme between May 2005 and December 2007, 766,000 of which were approved. However, it has been estimated that registration misses up to 40% of A8 migrants and the Institute for Public Policy Research (ippr) estimate that the true number of A8 migrants is approximately 1,014,400^[2]. Similarly 807,115 NiNos were allocated to A8 migrants between May 2004 and December 2007. Since it has been suggested that 13% of workers do not have a NiNo, ippr estimate that approximately 912,000 migrants arrived between May 2004 and December 2007^[2]. However, approximately half the A8 migrants who arrived between 2004 and 2006, are believed to have returned home by the end of December 2007^[2]. Additionally the number of A8 migrants who arrived during quarter 2 in 2008 was 30% lower than the number who arrived during the same period in 2006^[3].

In 2007, 2,185 applications for accession Worker cards were received from Bulgarian nationals and 1,430 from Romanian nationals. Additionally 18,995 Romanians and 8,410 Bulgarians were issued with registration certificates. A total of 29,083 National Insurance numbers were issued to Bulgarians and Romanians^[2].

Nationality of workers from the Accession countries

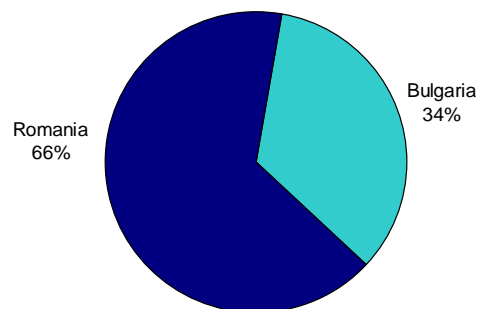
Between May 2004 and December 2007, the three largest groups of approved A8 applicants were Polish (66%), Lithuanian (10%) and Slovakian (10%)^[4]. Between January and December 2007, 34% of A2 migrants were Bulgarian and 66% Romanian^[5,6,7,8].

Nationality of A8 Worker Registration Scheme applicants:
May 2004 - December 2007
(n=765,680)



Source: Border Agency Worker Registration Scheme data

Nationality of A2 registrants:
January - December 2007
(n=31,020)



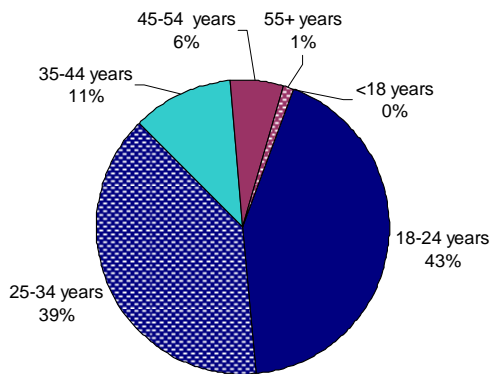
Source: Border Agency Worker Registration Scheme data

Age profile of A8 and A2 migrants

Of the A8 migrants registered between May 2004 and December 2007, 82% were aged 18-34 years; 43% were aged 18-24 years and 39% 25-34 years^[4]. The A2 migrants tended to be slightly older; 70% were aged between 18-34 years and of these 23% were aged 18-24 years and 47% were aged 25-34 years. 57% of both A8 and A2 applicants were male^[4,5,6,7,8].

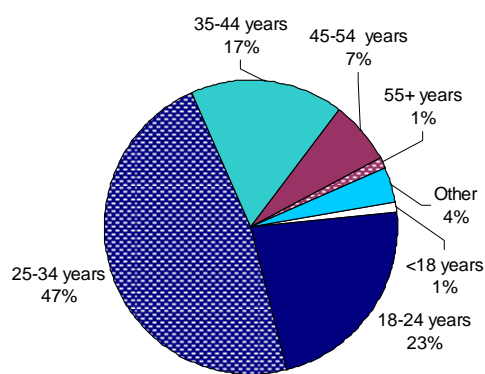


**Age profile of registered A8 workers:
May 2004 - December 2007**



Source: Border Agency Worker Registration Scheme data

**Age profile of registered A2 workers:
January - December 2007**



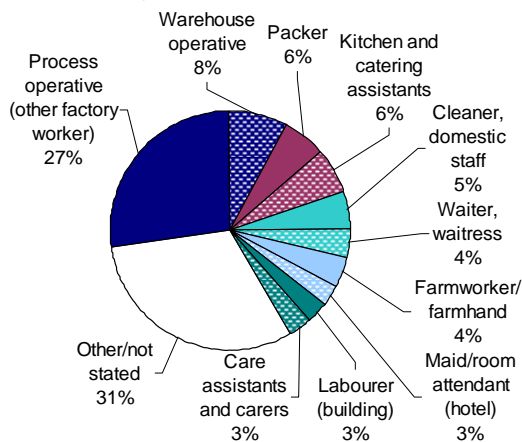
Source: Border Agency Worker Registration Scheme data

Only 7% of registered A8 workers declared that they had dependants living with them in the UK at the time they registered. Amongst those who did have dependants, the average number of dependants was 1.5; 55% were under 17 years of age^[4].

Employment profile of A8 and A2 migrants

Between May 2004 and September 2007, the five most frequently reported sectors employing A8 migrants were: administration, business and management (38%), hospitality and catering (19%), agriculture (10%), manufacturing (7%) and food, fish and meat processing (5%)^[4].

**Top 10 occupations for registered A8 workers:
July 2004 - December 2007**

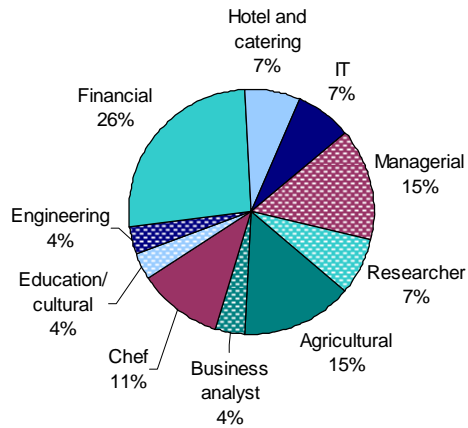


Source: Border Agency Worker Registration Scheme data

The most significant sectors for the employment of skilled Bulgarian and Romanian workers in 2007 were entertainment and leisure services (14%), administration, business and management (14%), hospitality and catering (13%) and financial services (12%). These data include only those seeking access to the labour market through the work permit arrangements where access to the labour market is considered against labour market criteria^[4,5,6,7,8].

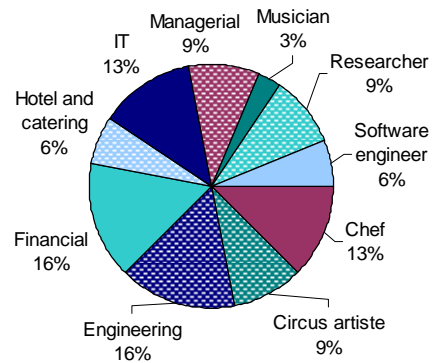


Top 10 occupations for registered Bulgarian workers: April - June 2007



Source: Border Agency Worker Registration Scheme data

Top 10 occupations for registered Romanian workers: April - June 2007



Source: Border Agency Worker Registration Scheme data

Fifty seven percent of registered A8 workers indicated on their application form that they intended to stay in the UK for less than three months. However, the actual length of stay may be significantly different to the intended length of stay^[4]. No equivalent data were available for the A2 migrants.

Intended length of stay of registered A8 workers: October 2006 - September 2007

Intended length of stay	Number of applicants	(%)
Less than 3 months	125,830	(57%)
3 to 5 months	3,455	(2%)
6 to 11 months	6,295	(3%)
1 to 2 years	9,145	(4%)
More than 2 years	18,550	(8%)
Do not know	56,090	(26%)
Total	219,365	

Source: Border and Immigration Agency Worker Registration Scheme data

Destination of A8 workers

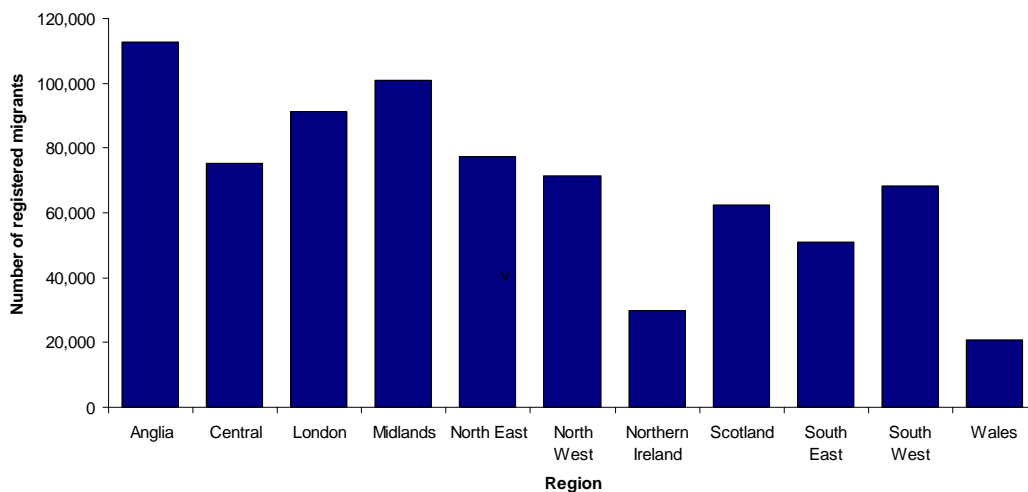
Information on the destination of the A8 workers is based on the applicant's employer's postcode. Regions are defined according to the Post Office's Postal Address Book. Between May 2004 and September 2007, the most frequently reported region was Anglia (15%). This was followed by the Midlands (13%) and London (12%). Northern Ireland and Wales had the fewest registrations between May 2004 and September 2006 (4% and 3% respectively)^[4].

Just over a quarter of those working in agriculture were working for employers in Anglia, a further 17% were in the South West. Over a quarter of all A8 migrants working in hospitality and catering were working for employers in London (27%), more than twice as many as in any other region. By contrast, A8 migrants working in administration, business and management were more evenly spread across the Midlands, Anglia and the North East^[4].

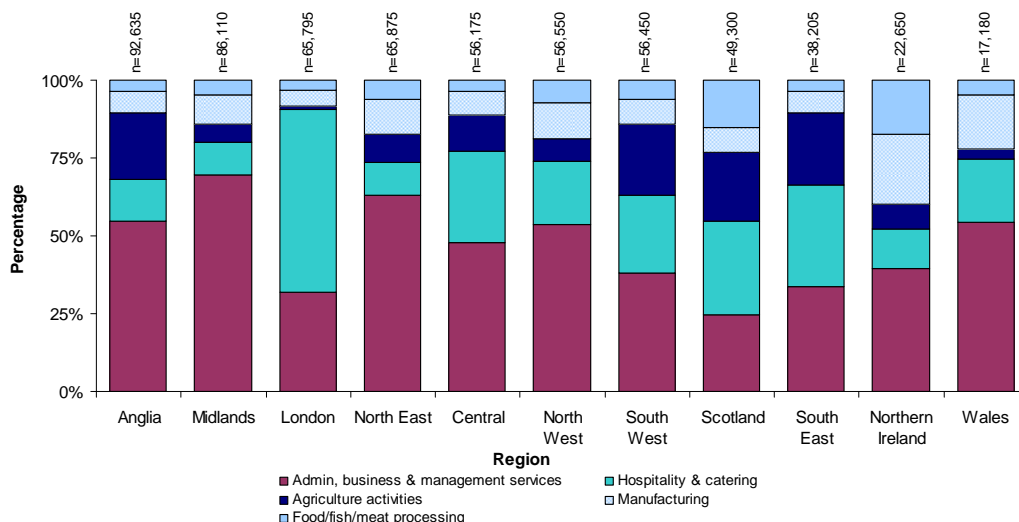


Almost half of the A8 migrants working for employers located in London were working in hospitality and catering. Over half those working for employers located in the Midlands and the North East were working in administration, business and management (including employment agencies) [4].

Region of employment for A8 migrants registered with the WRS:
May 2004 - December 2007



Geographical distribution of employers of registered A8 workers in top 5 employment sectors:
May 2004 - December 2007

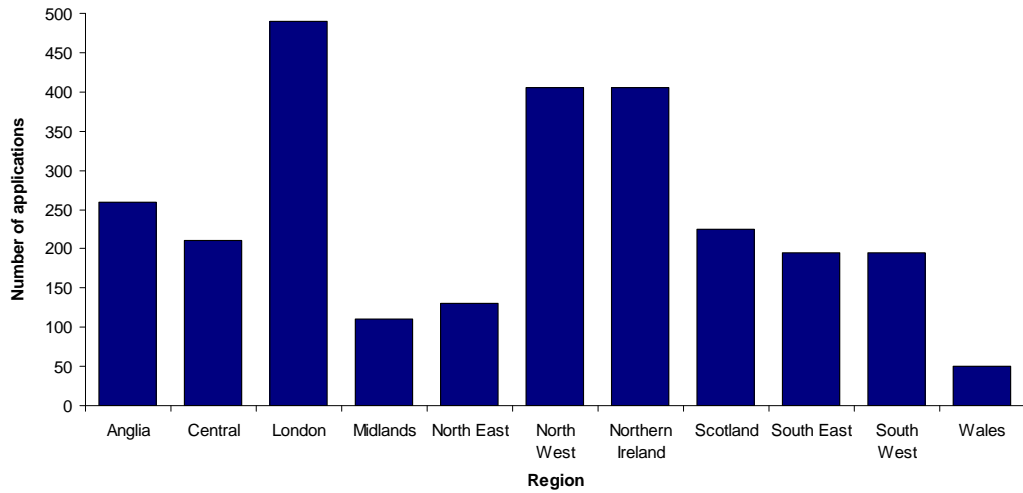


Destination and employment sector distribution of A2 workers

In 2007, the highest proportions of nationals of Bulgaria and Romania in the work permit and Sectors Based Scheme category were in London (18%), followed by the North West (15%) and Northern Ireland (15%). In London most applications by employers for Bulgarian and Romanian workers were for skilled employment, whereas in Northern Ireland and the North West most permits were issued for low-skilled work on the Sectors Based Scheme, particularly in the food-processing sector.

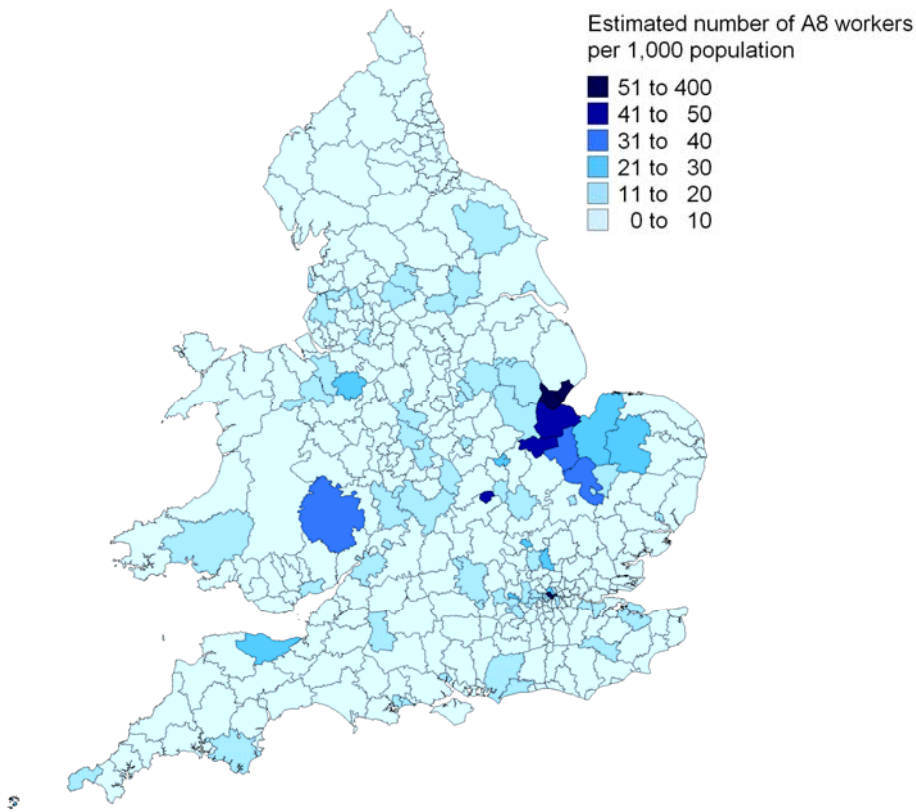


Geographical distribution of employers of A2 migrants: 2007



Distribution of A8 migrants across Local Authorities in England and Wales in 2008^[2]

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(2) Comparison of Infectious Disease rates in the Accession countries with the UK (2006)

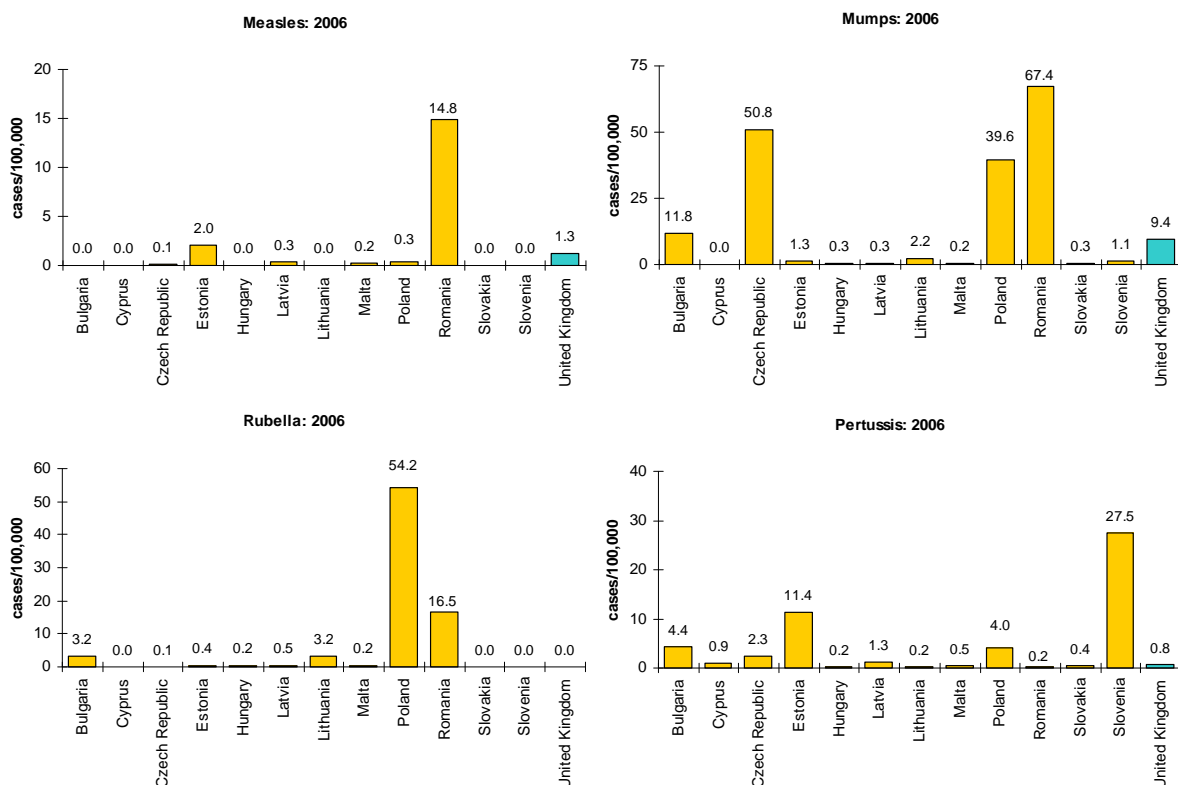
Infectious disease rates and immunisation coverage in the UK and each of the accession countries were compared to determine whether there were any important differences. Information on vaccine preventable diseases and immunisation rates were obtained from the country profiles published in the “Vaccine-preventable diseases: monitoring system 2008 global summary” by the World Health Organization^[9] (WHO) for each of the accession countries and the UK. Data on STI rates were obtained from the WHO European “Health for All database”^[10]. Tuberculosis rates, including drug resistance were obtained from EuroTB^[11,12] and data on HIV notifications and route of infection were obtained from EuroHIV reports^[13]. Comparable data were unavailable for other infectious diseases such as hepatitis B.

Results should be used as guide only as they are subject to constraints of the surveillance and reporting systems in each individual country. Furthermore, the risk of infection in the section of the population who migrate may not be identical to the population as a whole. Data from 2006 were compared as 2007 data were incomplete for some infections.

Vaccine preventable disease rates in the Accession countries and the UK

Key results

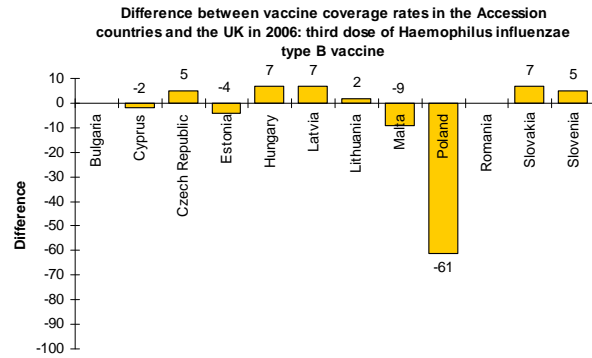
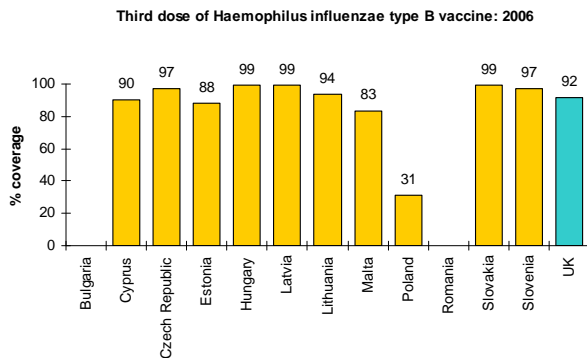
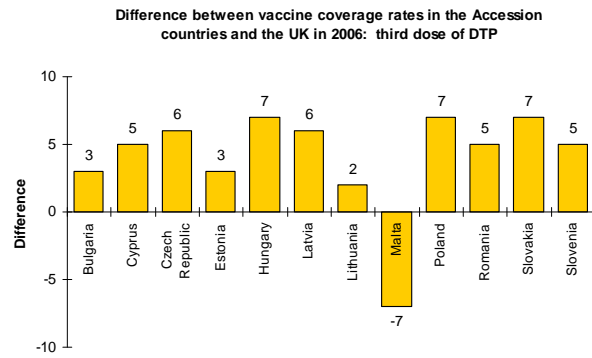
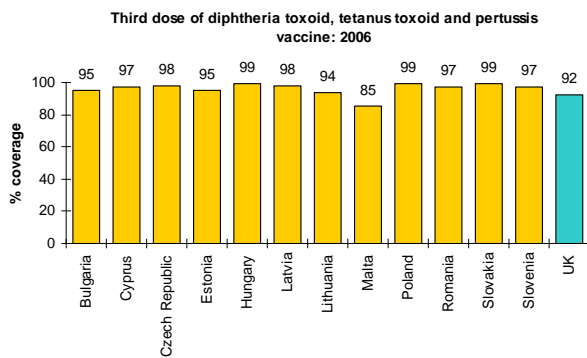
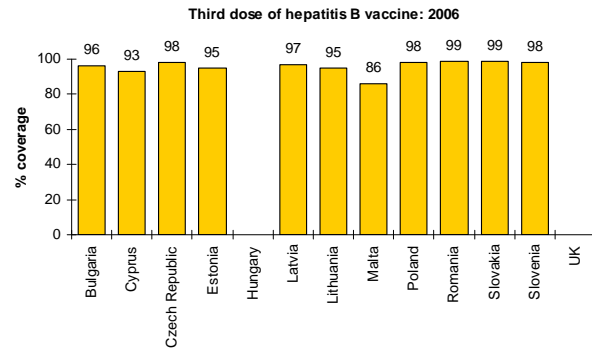
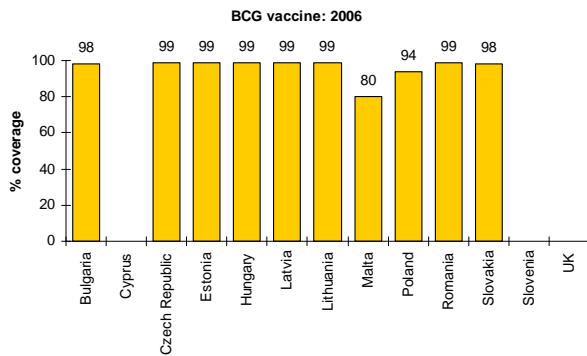
- ✓ Only Estonia and Romania had higher rates of measles than the UK.
- ✓ Bulgaria, Czech Republic, Poland and Romania all had higher rates of mumps than the UK.
- ✓ Poland and Romania had particularly high rates of Rubella.
- ✓ Slovenia and Estonia both had high rates of pertussis.
- ✓ Tetanus rates were low throughout all A8 and A2 countries.

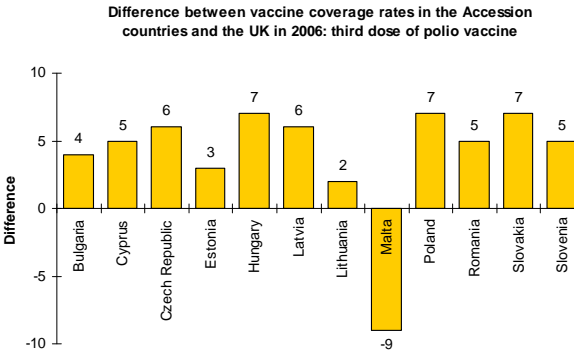
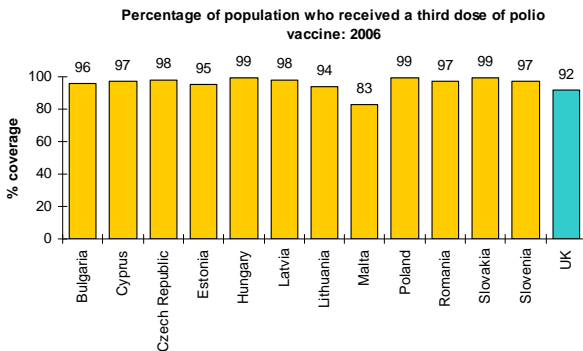
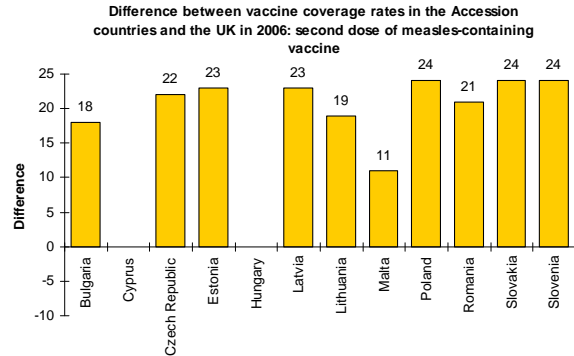
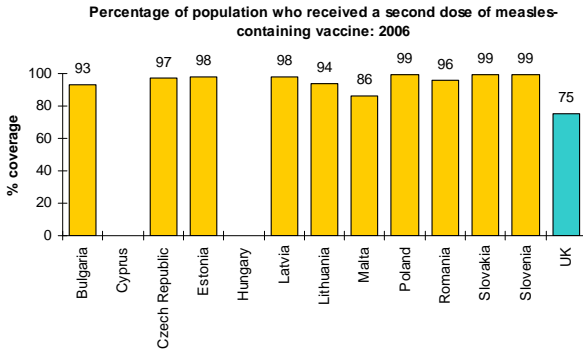
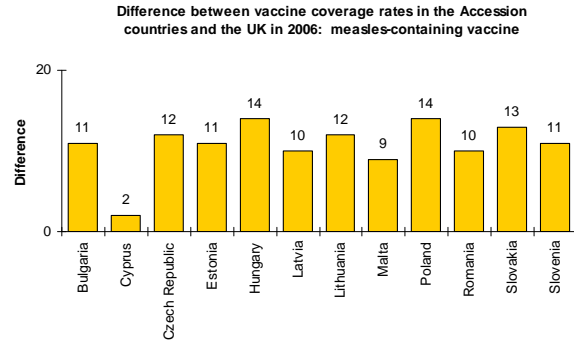
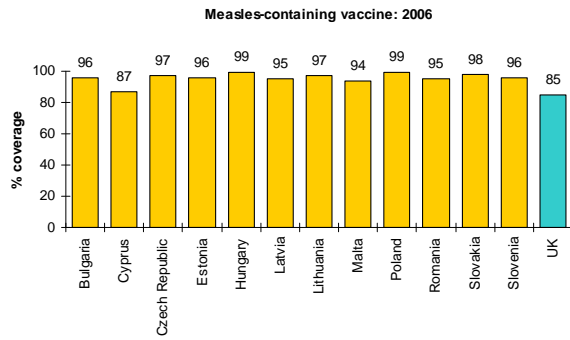


Immunisation coverage rates in the Accession countries and the UK^[9]

Key results

- ✓ BCG immunisation is offered only to infants at high risk in Cyprus, Slovenia and the UK; elsewhere it is offered universally to neonates (or to children at 12 years of age in Malta).
- ✓ Hepatitis B is part of the routine immunisation schedule all countries except the UK and Hungary.
- ✓ *Haemophilus influenzae* type b immunisation is not part of the routine immunisation schedule in Bulgaria and Romania.
- ✓ For most immunisations, reported coverage rates were higher in the accession countries than in the UK.





Tuberculosis in the Accession countries and the UK: disease rates and resistance^[11,12]

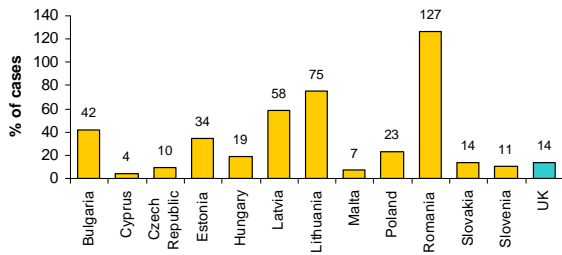
Key results

- ✓ Bulgaria, Estonia, Hungary, Latvia, Lithuania, Poland and Romania had higher rates of TB than the UK.
- ✓ In the UK, Malta and Cyprus most TB cases were foreign born.
- ✓ The UK had the highest proportion of extra-pulmonary TB cases¹.
- ✓ In Estonia, Malta, Latvia and Lithuania over 10% of cases were MDR TB, compared to 1% in the UK.
- ✓ The Czech Republic, Estonia, Latvia, Lithuania, Romania and Slovenia all reported cases of XDR TB between 2003 and 2006.

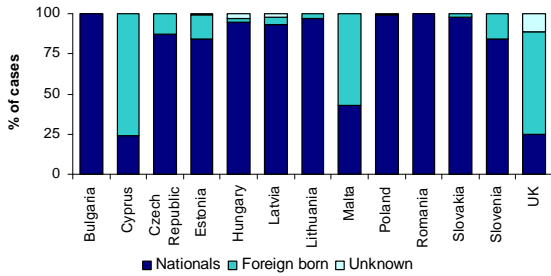
¹ Note that in the UK most TB occurs in the non-UK born and particularly in people who were born in the Indian subcontinent or Africa; extra-pulmonary TB forms a higher proportion of total cases in these groups than in the white UK born population.



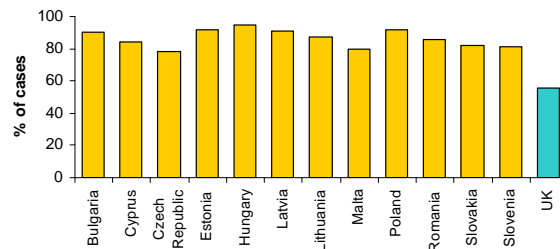
TB notification rate: 2006



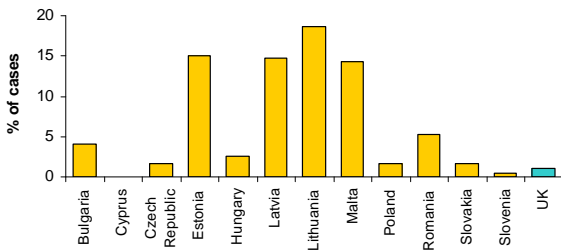
Nationality of TB cases: 2006



TB cases - % pulmonary TB: 2006

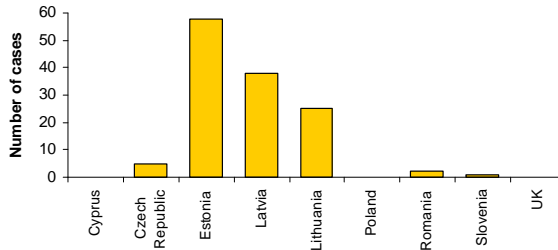


MDR TB: 2006

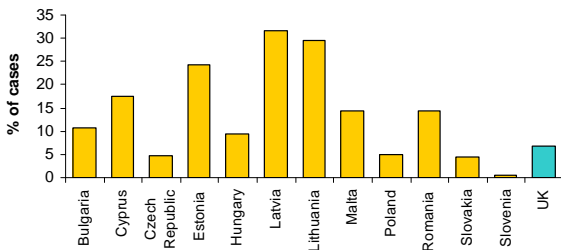


XDR TB: 2003-2006

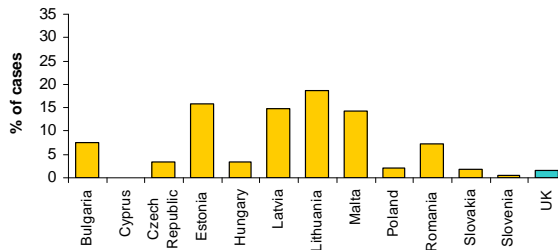
(in countries reporting data to EuroTB)



Isoniazid resistance: 2006



Rifampicin resistance: 2006



Newly diagnosed cases of HIV in the Accession countries and the UK^[13]

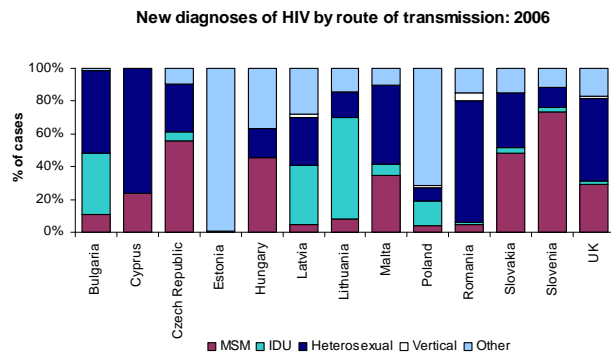
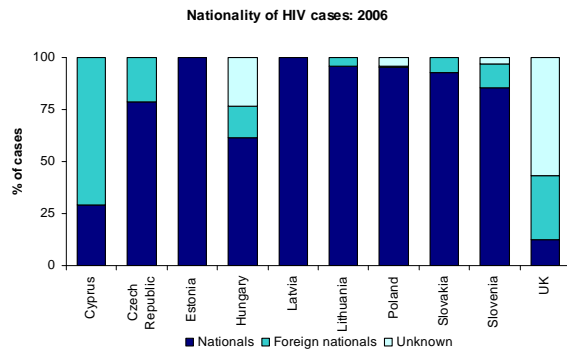
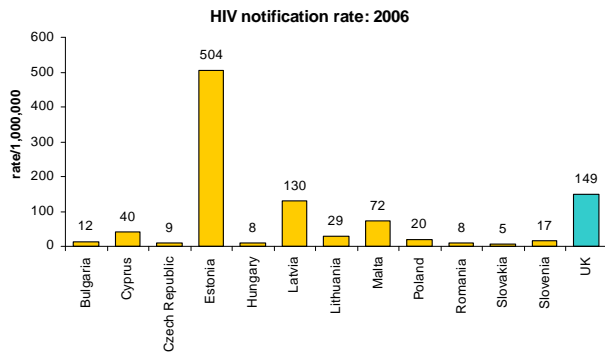
Key results

- ✓ Notification rates of newly diagnosed HIV cases were higher in the UK than in all accession countries except Estonia.
- ✓ In most accession countries, most HIV cases were nationals of that country.
- ✓ There were significant differences in the main routes of transmission between countries. In Lithuania approximately two thirds of cases were injecting drug users, in Slovenia three



quarters of cases were men who had sex with men (MSM) while a similar proportion of cases in Romania were heterosexually acquired.

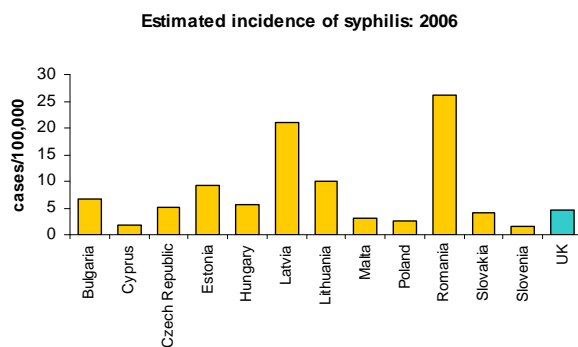
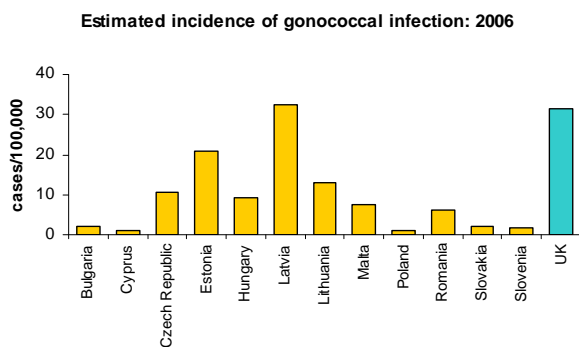
- ✓ Romania had the highest rate of mother to child transmission.



Sexually transmitted infections in the Accession countries and the UK^[10]

Key results

- ✓ Approximately half the accession countries had a higher incidence of syphilis than the UK; Latvia and Romania had the highest rates.
- ✓ The UK had the second highest incidence of gonococcal infection; Latvia had the highest.



Country Profiles

Bulgaria

- The rates of mumps, pertussis and rubella were slightly higher than in the UK.
- *Haemophilus influenzae* type b vaccine is not offered in Bulgaria; other reported immunisation coverage rates were higher than those in the UK.



- The TB notification rate in Bulgaria was three times higher than in the UK. Cases were more likely to have pulmonary disease and MDR rates were slightly higher than in the UK.
- The notification rate for newly diagnosed cases of HIV in Bulgaria was approximately 13 times lower than the rate in the UK. As in the UK, approximately half the cases were heterosexually acquired, however, a third were acquired through injecting drug use compared to only 2% in the UK.
- The rate of gonococcal infection in the UK was approximately 15 times higher than in Bulgaria. Syphilis rates were similar.

Cyprus

- Vaccine preventable disease rates were similar or lower than those in the UK.
- Reported immunisation coverage rates were similar or higher than those in the UK.
- The TB notification rate was very low. 84% of cases had pulmonary disease and there were no reports of multiple drug resistance.
- HIV notification rate was extremely low, most cases were heterosexually acquired.
- Both gonococcal and syphilis rates were lower than in the UK.

Czech Republic

- The rate of mumps infection was over five times higher than in the UK and the rate of pertussis was approximately three times higher. Rates of other vaccine preventable diseases were similar to UK.
- Reported immunisation coverage rates were higher than in the UK.
- The TB notification and antibiotic resistance rates were similar to the UK; cases were more likely to have pulmonary disease in the Czech Republic.
- The HIV notification rate was 16 times lower than in the UK; a higher proportion of cases were men who had sex with men (MSM).
- The rate of gonococcal infection was approximately a third of the rate in the UK; syphilis rates were similar.

Estonia

- The pertussis rate was 14 times higher than in the UK while the mumps rate was seven times lower; other rates were similar.
- The vaccine coverage rates were similar in both countries .
- The TB notification rate in Estonia was over twice as high as the rate in the UK; approximately 90% of cases had pulmonary TB. In Estonia 15% of cases were multidrug resistant compared with 1% in the UK. Estonia also had the highest number of XDR TB cases.
- The HIV notification rate in Estonia was over three times higher than the UK rate. Only limited data on the route of transmission were available.
- The rate of gonococcal infection was approximately two thirds of the rate in the UK; syphilis rates were twice as high in the UK.

Hungary

- All the reported vaccine preventable disease rates were either lower or equivalent to those in the UK.



- Immunisation coverage rates were higher than in the UK. Hepatitis B immunisation is not routinely offered.
- Tuberculosis notification rates and antibiotic resistance rates were similar in both countries; 95% of TB cases in Hungary had pulmonary disease.
- The HIV notification rate in Hungary was 16 times lower than in the UK. The route of infection was reported for less than two thirds of cases; 45% of cases were MSMs and 17% of infections were acquired heterosexually.
- The rate of gonococcal infection was approximately a third of the rate in the UK; syphilis rates were similar.

Latvia

- Vaccine preventable disease rates in Latvia were either lower or similar to those in the UK.
- Vaccine coverage rates in Latvia were 97% or above; higher than the UK rates.
- The TB notification rate was four times higher than in the UK; 90% of cases had pulmonary TB and almost 15% were MDR TB. Latvia also had the second highest number of XDR TB cases.
- The HIV notification rate was similar in both countries. In Latvia over a third of cases were acquired through injecting drug use and just under a third were acquired heterosexually; the route of infection was unknown in the remainder of cases.
- The rate of gonococcal infection was similar to the rate in the UK; the syphilis rate was five times higher in Latvia.

Lithuania

- Rubella rates were slightly higher than in the UK. Other vaccine preventable disease rates were either similar or lower than in the UK.
- Vaccine coverage rates were higher than in the UK.
- The TB notification rate was five times higher than in the UK; 88% of cases had pulmonary TB and almost a fifth of cases were MDR TB. Lithuania also had the third highest number of XDR TB cases.
- The HIV notification rate was five times lower than the HIV rate in the UK; over 60% of cases were acquired through injecting drug use.
- The rate of gonococcal infection was half that in the UK; syphilis rates were double.

Malta

- Vaccine preventable disease rates were similar or lower than those in the UK.
- DTP, *Haemophilus influenzae* type b and polio immunisation rates were lower than those in the UK.
- The TB notification rate was lower than in the UK; a higher proportion of cases had pulmonary TB and multidrug resistant.
- The HIV notification rate was approximately half those in the UK; routes of infection were similar, although a higher proportion of cases were IDUs.
- The gonococcal infection rate was approximately a quarter of the UK rate; the syphilis infection rate was approximately a third.

Poland

- The rates of mumps, rubella and pertussis were higher than in the UK.



- All immunisation coverage rates were higher, except *Haemophilus influenzae* type b (rates increased in 2007).
- The TB notification rate in Poland was 1.6 times higher than in the UK; 92% of cases had pulmonary TB. In both Poland and the UK <2% of cases were multidrug resistant.
- The HIV notification rate in Poland was almost eight times lower than in the UK. The route of infection was unknown in over 70% of cases.
- The gonococcal infection rate was very low in Poland; the syphilis rate was approximately half that in the UK.

Romania

- The rates of measles and mumps were the highest and rubella the second highest among the accession countries.
- Vaccine coverage rates were 95% or above; *Haemophilus influenzae* type b is not offered routinely.
- The TB notification rate was also the highest; 86% of cases had pulmonary TB and 5.3% were reported to be multidrug resistant.
- The HIV notification rate in Romania was reported to be below that in the UK; 74% of cases were acquired heterosexually and Romania had the highest rate of vertical transmission (5%).
- The gonococcal infection rate was five times lower and the syphilis rate was five times higher.

Slovakia

- The reported vaccine preventable disease rates were all lower than those in the UK.
- Vaccination coverage rates were 99% for all reported immunisations except BCG (98%).
- The TB notification rate was the same in both Slovakia and the UK. 82% of cases had pulmonary TB and the percentage of MDR cases was slightly higher.
- The HIV notification rate was 30 times lower than in the UK; almost half the HIV infections were in MSM and a third of infections were acquired heterosexually.
- The gonococcal infection rate was significantly lower and the syphilis infection rate was similar to the UK.

Slovenia

- The pertussis rate was higher than in the UK, all other vaccine preventable disease rates were similar or lower.
- Vaccine coverage rates in Slovakia were 97% or above, higher than those in the UK. BCG vaccine has not been offered universally since 2004, currently only neonates at high risk of infection receive BCG.
- The TB notification rate was slightly lower in Slovakia than in the UK; 81% of cases had pulmonary TB and less than 1% were multidrug resistant.
- The HIV notification rate in Slovakia was nine times lower than in the UK. Almost three quarters of HIV infections were in MSM, 10% were heterosexually acquired.
- Both the gonococcal and syphilis infection rates were lower than in the UK.



Conclusions and recommendations

Since the enlargement of the EU in both 2004 and 2007, over 1 million migrants from Eastern Europe have arrived in the UK. However, approximately half are thought to have subsequently returned home. Migrants from accession countries are typically young and healthy. They are employed in a range of employment sectors, from unskilled agricultural and factory work to highly skilled finance and managerial roles. They live and work throughout the UK, many having migrated to areas which have not previously received large numbers of migrants.

From a health perspective, immunisation coverage rates are reported to be very high in most of the accession countries although there are some differences in immunisation schedules between countries and some countries report higher rates of infection. Healthcare practitioners should ensure that anyone living or working in the UK is offered full immunisation according to the UK schedule using the HPA algorithm *Vaccination of Individuals with Uncertain or Incomplete Immunisation Status* http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156.

Seven of the 12 accession countries had a higher rate of TB notifications than the UK; Lithuania and Romania both have a TB incidence >40 cases per 100,000 population. Additionally most countries had a higher proportion of cases with pulmonary disease and multidrug resistance than the UK. The National Institute for Clinical Excellence (NICE) guidelines recommend that new entrants from a country with a TB incidence >40 cases/100,000 should be screened for active TB^[1]. Appropriate testing and treatment for TB should also be offered to any migrants with any of the following symptoms: persistent cough, fever and night sweats, or blood in their sputum, regardless of how long they have been living in the UK. Additionally, although most migrants are healthy on arrival, many live in overcrowded accommodation^[14,15,16], which may increase the risk of transmission of infections such as TB whilst living in the UK.

Estonia had the highest rate of new HIV diagnoses in 2006 and was the only accession country with a higher rate than the UK. Healthcare practitioners, however, should be aware that there are differences in the main routes of HIV transmission between the 12 countries and the UK. As the prevalence of HIV is less than 1% in all the accession countries, the BHIVA guidelines do not recommend that HIV testing is routinely offered and recommended to all migrants from the accession countries. However a test should be offered to any individuals who are at an increased risk of infection in line with the BHIVA guidelines^[17].

Finally, the HPA recommends that migrants from the accession countries should have access to culturally appropriate and language supported services, including primary and secondary care^[18]. Health information leaflets in languages spoken in the accession countries can be downloaded from www.nhs.uk/Conditions/Pages/bodymap.aspx?r=1&rtile=Health+Encyclopaedia

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