

Author's reply: Is there a need for special treatment of refugees at hospital admission?

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To the editor: We would like to thank Walter and colleagues for their comment [1] on our respective investigations published in *Eurosurveillance* [2,3]. While we agree with many of the statements made, we would nevertheless like to clarify the following points:

The Robert Koch Institute published recommendations for multidrug-resistant organisms (MDRO) screening of refugees on hospital admission already in October 2015 [4]. This document stated that according to the recommendations of the German Commission of Hospital Hygiene and Infection Prevention screening for multidrug-resistant organisms (MDRO) on hospital admission is necessary for patients coming from regions with high prevalence rates for MDRO, with previous contact to the health system in their country of origin or on route. Furthermore it points out that screening should encompass meticillin-resistant *Staphylococcus aureus* (MRSA) and carbapenem-resistant bacteria, only [5].

Infection control measures always represent a trade-off between patient safety and best medical treatment. We have shown that (i) the prevalence of MRSA is significantly higher in refugees (REF) (5.6%) than in a comparison group of resident population not admitted from a refugee accommodation (NREF) (1.2%) which itself justifies pre-emptive isolation, (ii) the prevalence of extended spectrum beta-lactamase (ESBL)-producing bacteria is significantly higher in REF which indeed has no infection control relevance, (iii) the prevalence of MDRGN with additional resistance to fluoroquinolones (so called 3MRGN in Germany) is significantly higher in REF which implies clearly consequences for hospital hygiene measures at least in special settings, e.g., intensive care units and (iv) the prevalence of carbapenem-resistant MDRGN strains (so called 4MRGN in Germany) in REF also, even if only slightly higher.

MDRO prevalence varies between distinct groups of patients and appropriate risk assessment has been

established at Frankfurt University Hospital since five years e.g. for patients returning from high prevalence countries who have had contact with foreign health-care systems. Increased MRSA, and, possibly also increased 3MRGN rates justify screening procedures and isolation in certain risk groups. Identification of risk groups and introduction of adequate infection control measures are genuine duties of hospital infection control and are uncomfortable, may affect medical treatment and are certainly costly. However, we feel that our approach is necessary to ensure best medical practice and safety for all of our patients regardless of their country of origin and without stigmatisation.

Conflict of interest

None declared.

Authors' contributions

UH: literature work, writing. VK: literature work, writing.

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