



EMN Ad-Hoc Query on Ad-hoc query on infectious diseases during the international protection procedure

Requested by LU EMN NCP on 28th April 2017

Protection

Responses from [Austria](#), [Belgium](#), [Croatia](#), [Cyprus](#), [Czech Republic](#), [Estonia](#), [Finland](#), [France](#), [Germany](#), [Hungary](#), [Ireland](#), [Italy](#), [Latvia](#), [Lithuania](#), [Luxembourg](#), [Malta](#), [Netherlands](#), [Slovak Republic](#), [Slovenia](#), [Sweden](#), [United Kingdom](#), [Norway](#) (22 in total)

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

Background information:

In Luxembourg, each international protection application has the obligation to undergo a medical examination in order to assure the protection of public health not only of the applicants but also of the resident population.


These health controls have permitted to detect since their introduction many health issues, often related to an infectious and contagious disease. However, the competent services have determined that a significant number of the international protection applicants who have been summoned to these controls did not show up, despite of the reminders sent to them. In view of this situation, the competent authorities consider that these absences posed a threat to public health and a safety risk for the entire population. The Luxembourgish legislation does not foresee any consequence nor sanction in case the relevant legal dispositions are not respected.


The Luxembourgish authorities will like to ask the following questions:

Questions


1. 1. Are the international protection applicants/asylum seekers obliged to undergo a compulsory medical examination in your Member State? Yes/No
2. 2. If yes: 2.1 What type of infectious and/or contagious diseases are screened (i.e. TB, meningitis, ...)? 2.2 Is there a period foreseen by your national legislation to carry out the medical examination from the filing of the application? If not, is there any delay established by administrative practice? 2.3 Is your Member State confronted with the issue that international protection applicants do not show up to schedule medical controls without a valid reason? Yes/No. Please explain.
3. 3. In case the international protection applicant a. does not show up to a scheduled medical examination, despite of the reminder sent to him and without a valid excuse or b. s/he presents himself/herself but refuses to undergo the medical examination, are there any consequences foreseen in your legislation in regards to the international protection application (i.e. suspension of the procedure, rejection of the application, ...)?
4. 4. In your Member State are there any administrative sanctions (i.e. quarantine,) or criminal sanctions foreseen by the law against the applicants who skip or refuse to undergo the medical examination?




Responses


	Country	Wider Dissemination	Response
	Austria	Yes	1. Yes, all asylum seekers undergo a medical examination at the reception center in Austria. Provisions set by the Federal Ministry for Health and Women have to be met (Art. 6 para 1 subpara 4 of the Basic Welfare Support Agreement - Art 15a of the Constitution). Source: Federal Ministry of the Interior.


			<p>2. 2.1 A general medical anamnesis and a symptom-based physical examination are carried out. If no symptoms are mentioned at the health information, a short clinical status (head, throat, hands) is sufficient. If symptoms are mentioned at the health information, a symptom-based physical examination is to be carried out. All asylum seekers above the age of 6 years undergo pulmonary x-ray, as younger persons do not play a relevant role as source of tuberculosis infection. In case there is a clinical suspicion of tuberculosis infection or indication of exposition concerning this matter, of course children under the age of 6 are to be examined as well, including x-ray examination. Children should be treated in specialized children's hospitals. 2.2 The medical examination is carried out as soon as possible after the filing of the application. Medical examinations have to be carried out at the beginning of the admission procedure without undue delay (Art. 29 para 6 subpara 8 Asylum Act). 2.3 Within the area of competence, this is not known. Source: Federal Ministry of the Interior.</p> <p>3. This is unknown as well. Source: Federal Ministry of the Interior.</p> <p>4. In Austria, no criminal sanctions are foreseen in case applicants refuse to undergo medical examination. Art. 24 of the Act on Tuberculosis provides for the possibility of compulsory attendance. According to Art. 48 of the Act on Tuberculosis it is an administrative offense not to participate in mass screenings based on Art. 23 and 24 of the Act on Tuberculosis. Source: Federal Ministry of the Interior.</p>
	<p>Belgium</p>	<p>Yes</p>	<p>1. The reception act of 12 January 2007 states in Article 29 that the beneficiary of reception may be subject to compulsory medical examination for reasons of public health. In practice the screening on TB at arrival is systematic, though not compulsory. The Belgian law also applies to asylum seekers: every person has the right to refuse a diagnostic or therapeutic medical act, after having been thoroughly informed of the possible consequences thereof. The only exception is the polio vaccination for children, this vaccination is the only legally requirement.</p> <p>2. 2.1. A. Tuberculosis Immediately after arrival in Belgium, each asylum seeker older than five years is systematically screened for tuberculosis for the first time using a lung photograph (Rx thorax) to detect any active pulmonary tuberculosis (TB). This happens immediately after the registration of the asylum application by the Immigration Office, before leaving for a reception facility in Belgium. Except for pregnant women and wheelchair users. Children younger than five years old, pregnant women and wheelchair users receive a tuberculin skin test screening later on. This first entry screening is the responsibility of Fedasil (Federal Agency for the Reception of Asylum Seekers). Everyone who has received an RX is given a form stating that he or she has had an RX. If someone arrives in a reception facility without this form, the person concerned will be referred to a nearby hospital as soon as possible to undergo a TB screening. People who apply for</p>



			<p>asylum in Belgium are the most screened and best-monitored population in Belgium (screening at entry with a coverage rate of 95%). Every asylum seeker will receive a thorough intake anamnesis. Suspected persons for tuberculosis are thus identified and referred for further follow-up. Deviant lung photographs are passed on to the Flemish Association for Respiratory Health and Tuberculosis Control (VRGT) or the Fund for Respiratory Diseases (FARES) in Wallonia via a diagnostic card. To the deviation shown on the RX, a certain category is given. Depending on the category, the VRGT or FARES will inform the medical service of the reception facility that the person concerned, should be sent to a pulmonologist for further diagnosis. And this as soon as possible for categories I, II and III. If this diagnosis is positive for tuberculosis, there is a duty to report to the physician of the infectious disease control who will take the necessary steps. The medical coordination of Fedasil should also be informed in any case of tuberculosis.</p> <p>B. Vaccinations:</p> <ul style="list-style-type: none">*Polio Because wild poliovirus is still circulating in Afghanistan, Pakistan and Nigeria, people from these countries must receive an additional polio vaccination before leaving the country. Because this may not have happened in the case of refugees, this vaccination will be offered as soon as possible after arrival. As far as the vaccines are available (due to increased demand internationally) this is done at the moment of arrival in the Dispatching Service of Fedasil since 15 February 2016 for everyone from the age of 6 years and older. Target group: asylum seekers from Afghanistan, Pakistan and NigeriaVaccination schedule:<ul style="list-style-type: none">• Adults: 1 rapel Imovax Polio® within 3 months of arrival in Belgium• Children and adolescents (-18 years): 1 rape Imovax Polio® within 3 months after arrival in Belgium + complete vaccination schedule up to 3 doses in total (with interval of min.1 month to 6 months).*Measles – mumps - rubella Measles are a highly contagious disease and many asylum seekers are from countries with insufficient vaccination rates to prevent spread of the disease. Therefore, as a priority, a vaccination against measles, mumps and rubella is proposed to all adults who are not pregnant (or women who want to become pregnant) and children from 6 years old, on arrival. Target group: asylum seekers from all countries of the world born after 1970 and without proven immunity (measles passed on childhood or evidence of complete vaccination)Vaccination schedule:<ul style="list-style-type: none">• M-M-R VaxPro®: Complete up to 2 doses with interval of at least 4 weeks• NOT: pregnant women or women with pregnancy wishes within the month*Diphtheria, tetanus, whooping cough Target audience:<ul style="list-style-type: none">• any adult asylum seeker who has no evidence of vaccination over the past 10 years• All pregnant women between 24 and 32 weeks of pregnancyVaccination schedule:<ul style="list-style-type: none">• Boostrix®: one single dose is sufficient• pregnant women are vaccinated again during each pregnancyFollow-up vaccinations:<ul style="list-style-type: none">• The Child and Family Agencies offer follow-up vaccinations to children who are under the age of 6 and who are not yet in school, in consultation with local health workers.• The Centres for Student Counseling (CLBs) and the Psycho-medico-social Centers are asked to offer, to the extent possible, follow-up vaccinations when the children attend school, with special attention to measles, mumps and rubella vaccinations. <p>2.2. See also question 2.1. A tuberculosis screening takes place within 48 hours after arrival. Note that children under five 5 years old, pregnant women</p>
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			<p>and wheelchair users will not receive a RX in Brussels after lodging their asylum application. They need to undergo a tuberculin skin test (THT) or IntraDermo test (ID test), with the lecture taking place 3 to 5 days after tuberculin injection. This THT should be organized by the reception facility within two weeks of arrival in the reception structure, either by the medical service of the reception structure, either through the regional healthcare center of the VRGT (www.vrgt.be) or the FARES regional antenna (www.fares.be) or via the curative sector. The polio vaccination will be administered within 3 months after arrival. 2.3. Yes, for follow-up vaccination.</p> <p>3. No. Medical examination / screening and vaccination are not compulsory.</p> <p>4. No, the Belgian law also applies to asylum seekers: every person has the right to refuse a diagnostic or therapeutic medical act, after having been thoroughly informed of the possible consequences thereof. Note: The only exception is the polio vaccination for children. This vaccination is the only legally required. Please have a look at the information attached (Isolation unit for multidrug-resistant tuberculosis patients in a low endemic country, a step towards the World Health Organization End TB Strategy; Tuberculosis transmission between foreign- and native-born populations in the EU/EEA: a systematic review and Tuberculosis screening yield of asylum seekers in Europe), provided by Flemish Association for Respiratory Health and Tuberculosis Fighting Association (http://www.vrgt.be/).</p>
	<p>Croatia</p>	<p>Yes</p>	<p>1. 1. Yes, according to the Article 52 of the Act on International and Temporary Protection, applicants are obliged to undergo a medical examination.</p> <p>2. 2. 2.1 Contagious diseases which are screened during compulsory medical examinations are the following: scabies, HEP C and HIV. 2.2. No, a period is not defined in the national legislation as such, but in practice the medical examinations are done within 5 days from the day of the application submission 2.3 There has not been case like this.</p> <p>3. 3. There has not been case like this, and national legislation does not foresee any consequences. However, as the medical examination is obligatory, in practice this would have a negative effect on the approval of the application.</p>




			<p>4. 4. Yes. According to the Article 18 of the Criminal Code the person with contagious disease that may be danger to others, and he/she skips or declines to undergo medical examination, will be convicted under the criminal code with a sentence of 3 years.</p>
	Cyprus	Yes	<p>1. Yes according to the article 9Z of the Cyprus' Refugee Law, applicants are obliged to undergo free of charge medical examinations.</p> <p>2. 2.1. Contagious diseases which are screened during compulsory medical examinations are the following: SYPH Syphilis TP, HIV, HEPC and HBSAG. 2.2. The applicant should undergo the medical examinations within three days from the day of submission of the application for international protection. 2.3. Yes, in Cyprus a small number of applicants do not undergo medical examinations. The Refugee Law doesn't foresee any sanctions for these applicants. Nevertheless, according to a circular of the Head of the Asylum Service, for reasons of public health, if the applicants do not undergo the compulsory medical examinations, the asylum procedure does not continue. More specifically, the officers in the Asylum Service do not conduct personal interviews if the applicant didn't undergo his/her medical examinations. Every effort is made in order all applicants to undergo the compulsory medical examinations. Please note, that a confirmation letter is issued to the applicants who do not undergo medical examinations.</p> <p>3. Please see previous answers.</p> <p>4. Please see previous answers.</p>
	Czech Republic	No	<p>This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.</p>
	Estonia	Yes	<p>1. Yes. According to law an applicant for international protection is required to co-operate in every way in the clarification of the circumstances of the application for international protection, among others: to enable the examination of his or her state of health for public health considerations.</p> <p>2. 2.1 1) Tuberculine or IGRA-test for children under the age of 7 in case they do not have BCG scar on the shoulder; 2) HIV-AgAb for HIV; 3) HBs-Ag for hepatitis B; 4) TPHA aka Trpa-Ab; 5) An Enteropathogen test for children under the age on 16 (taken on two separate days from faeces) 2.2 The practice is that medical examination is done no later than one month after arrival, usually earlier. In case of any signs of illnesses,</p>


			<p>immediately. 2.3 No. They are living at the accommodation centres and therefore their visit to a doctor is scheduled and supervised by the centre workers. Resettled and relocated person's visit to a doctor is scheduled and supervised by support persons.</p> <p>3. There has not been such an occasion. There is an obligation to cooperate and if an applicant refuses to do so and carry out his or her duties, it may affect the decision of international protection.</p> <p>4. If there are signs or doubts about person's health situation that may be also dangerous to others, he or she may be hospitalized with a court order. Also it is a criminal offence to distribute an infectious disease and a person may be convicted under the criminal code.</p>
	<p>Finland</p>	<p>Yes</p>	<p>1. No, medical examinations are not compulsory. Basic health care of the asylum seeker is taken care of in the reception centres. After registration, all asylum seekers are directed to an initial interview with a public health nurse. The interview covers current symptoms, vaccination history, prior illnesses and treatments, possible exposure to infectious diseases and current medications. The nurse will ask questions regarding where the individual has stayed and conditions there prior to entering Finland, e.g. country of origin, refugee camp. If needed, the persons are referred to a chest radiograph and laboratory tests, as well as the necessary vaccinations. Consent for screening is required from the person. Anyone needing emergency care is treated immediately, e.g. for acute infections. Health authorities must initiate the necessary procedures if there is any danger of a communicable disease constituting a public health threat spreading. The National Institute for Health and Welfare (THL) together with the Finnish Immigration Service are currently working on a project that will provide national recommendations for the initial medical examination of asylum seekers.</p> <p>2. 2.1 Special attention is paid to the symptoms of those who arrive from countries with high occurrence incidence of tuberculosis. The National Institute for Health and Welfare has a list of countries with high tuberculosis incidence and of diseases to screen for in asylum seekers or refugees from certain countries. In addition to tuberculosis, depending on the country, applicants may be screened for HIV, Hepatitis B, Treponema pallidum antibodies (syphilis). Also stool screening for parasites for persons below 16 years of age. If a person has symptoms of meningitis, they will be treated immediately. More information: https://www.thl.fi/en/web/infectious-diseases/what-s-new/information-to-special-groups/infection-prevention-and-vaccinations-for-asylum-seekers 2.2 There is no legislation regarding the issue. According to THL guidelines, the initial interview with a public health nurse is organized within two weeks of entering the country and laboratory tests and necessary vaccinations within about 3 months of entering the country. 2.3 It</p>

			<p>may happen occasionally that an applicant does not show up for their appointment, but it is not a general phenomenon.</p> <p>3. a. If the person does not show up for the scheduled appointment, the reception centre will attempt to contact him/her and if necessary, a new appointment will be made. b. According to Finnish legislation, a person has to right to refuse to undergo a medical examination. These incidents are rare in Finland. If an asylum seeker has not had a medical examination upon arrival in the country, this information will be registered and available to his/her next place or residence (another reception centre or municipality).</p> <p>4. No. According to Finnish legislation, a person has to right to refuse to undergo a medical examination. According to Communicable Diseases Act (1227/2016), the Regional State Administrative Agency may decide that it is compulsory to undergo medical examination only if it is necessary to prevent the spread of a generally hazardous communicable disease. If the spreading of such a disease is evident and there is no other way of preventing it, quarantine may be ordered.</p>
	<p>France</p>	<p>Yes</p>	<p>1. No. However, the French Office for the Protection of Refugees and Stateless Persons (OFPRA), which is competent to examine the application for asylum, can ask the applicant to undergo a medical examination. If the applicant does not show up to the medical examination, the French Office for the Protection of Refugees and Stateless Persons cannot refuse to consider his application for asylum. Beside, an officer from the French Office for Immigration and Integration (OFII) must assess the vulnerability of the applicant for international protection according to the Article L744-6 of the Code on Entry and Residence of Foreigners and Right of Asylum (CESEDA). This vulnerability assessment aims at determine specific needs of the applicant within the reception process (i.e people with disabilities, people suffering from serious diseases, ...) and adapt the reception conditions if necessary. Furthermore, medical follow-up of international protection applicants is done within reception centres for asylum seekers (CADA). According to a decision of the Ministry of Interior dated 29 October 2015 and establishing the mission statement of reception centres for asylum seekers, a medical examination must be organized within 15 days following the applicant's arrival in the centre. The reception centre for asylum seekers must provide a health monitoring, in link with maternity and child care services and community medicines. This medical examination leads to an orientation proposal for healthcare and medical services (prevention, care, etc.) No sanction is foreseen in the legislation if an applicant refuses to undergo this medical examination. Concerning asylum seekers non hosted in centres, the monitoring done by first line reception officers includes information an help to fill the application for universal health cover, references for treating doctors, screening centres, psychological support facilities or health check-up.</p>




			<p>2. NA</p> <p>3. NA</p> <p>4. NA</p>
	Germany	Yes	<p>1. Yes.</p> <p>2. Section 62 of the Asylum Act (Asylgesetz) stipulates that foreigners who are required to stay in a reception centre or in collective accommodation shall be required to undergo a medical examination for communicable diseases including an x-ray of the respiratory organs. The supreme health authorities of the Federal Länder or an agency commissioned by them determines the scope of the medical examination and which physician is to carry it out. However, there is no comprehensive overview indicating what medical examinations are carried out in what Federal Länder nor are there any general findings available from the practical experience gained.</p> <p>3. If the asylum seeker refuses to undergo the required medical examination, enforcement is based on the enforcement regulations set forth in the legislation of the Federal Länder. Enforcement measures may include penalty payments and direct force. Penalty payments imposed on asylum seekers are generally unlikely to be paid. The use of direct force on foreigners required to undergo medical examinations is also based on provisions set forth in the legislation of the Federal Länder. As a rule, only law enforcement officers are permitted to use direct force. Asylum seekers can be forced to undergo medical examinations.</p> <p>4. See answer question 3.</p>
	Hungary	Yes	<p>1. Yes.</p> <p>2. 1. Tuberculosis (tbc), HIV infection, syphilis, typhoid fever, paratyphoid fever, hepatitis B and other infectious diseases. 2. No. 3. Before the establishment of the transit zones, the medical authorities had the right to fine the applicant, but the asylum procedure could not be suspended and the application could not be rejected on the basis of not showing up for examination. Currently in Hungary the asylum procedures take place in the transit zones of Röszke and Tompa on the Serbian-Hungarian border, therefore all applicants have to undergo medical examination in order to proceed with the application procedure. If they do not want to undergo the examination they cannot enter the territory of Hungary.</p>


			<p>3. See the answer to question 2. part 3.</p> <p>4. See the answer to question 2. part 3.</p>
	Ireland	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	Italy	Yes	<p>1. Yes, but medical screening is compulsory at the arriving of migrants rescued at sea and it is not related to the application for asylum. The AMIF authority and the Ministry of Health are strengthening their first health care assistance during sea rescue operations in order to assist migrants landed on national territory. These measures are implemented in close synergy with the Coast Guard, the Financial Police and the Italian Navy, guaranteeing the presence of medical and paramedical personnel on board.</p> <p>2. 2.1 Migrants are subjected to medical triage: TB, other infectious diseases, general medical examination. The staff on board carries out a first medical assessments of the immigrant's health and provides, when deemed necessary, first-aid medicines. 2.2 NO because medical screening is compulsory at the arriving but it is not related to the application for asylum. 2.3 NO. The applicants are not forced to undergo themselves to medical controls if it is not necessary</p> <p>3. NO. Medical controls are not related to the application but only to the applicant's health condition</p> <p>4. NO, medical examinations are conducted only if the person agrees</p>
	Latvia	Yes	<p>1. Yes</p> <p>2. 2.1. In accordance with the national legislation asylum seekers are obliged to undergo TB screening. 2.2. Exact time for medical examination is not foreseen in legislation. Since approximately 95% of asylum seekers during the asylum procedure are accommodated in the reception centre or in the detention centre the initial medical examination and TB screening is carried out in some days after their arrival. The TB screening is organized by the staff of the centre. 2.3. No. As the TB screenings are organised by the staff of the centre and also the transportation is proved to and from the hospital where the procedures takes place we do not have situations when applicants do not show up to scheduled medical controls.</p>

			<p>3. Please, see the answer on question 2.3.</p> <p>4. Fine as an administrative sanction can be applied against applicant who has refused to undergo the medical examination.</p>
	Lithuania	Yes	<p>1. No, not all asylum seekers are obliged to undergo medical examination. However, if an asylum seeker is accommodated at Foreigners Registration Centre (detention center), then at first the person is accommodated in quarantine facilities. A person is transferred to common living premises after receiving the results of medical examination and verifying that he/ she does not carry lungs tuberculosis, sexually transmitted diseases or any other infectious diseases.</p> <p>2. N/a</p> <p>3. n/a</p> <p>4. n/a</p>
	Luxembourg	Yes	<p>1. Yes.</p> <p>2. 2.1.TB using X-Rays Hepatitis, syphilis and HIV using blood tests. 2.2 : The examinations takes place during the 6 months after the applicant enters the territory (art.4 of the law of 18 December 2015 on the reception of applicants for international protection and temporary protection.</p> <p>3. No consequence at all.</p> <p>4. No criminal nor administrative sanction.</p>
	Malta	Yes	<p>1. Yes.</p> <p>2. 2.priority tuberculosis and contagious skin conditions. For a number of infectious diseases, they are asked if have any symptoms (Syndromic surveillance). 2.2 No. once they apply for asylum status they are referred for their health screen and given an appointment to attend the clinic which is usually given within a week.</p>

			<p>The application is not processed before they are given clearance by the Public health department. Also to be able to stay at open centre they require clearance of health screen. 2.3 They do attend.</p> <p>3. we never had persons who did not turn up or refused the medical examination as they know their application is not processed until they do the health screen but we have the public health act that gives us the power to enforce the health screen on public health grounds.</p> <p>4. if required we can use the public health act and through a magistrate take them up to court if do not cooperate with us in the interest of public health. so far we have never had such a problem.</p>
	<p>Netherlands</p>	<p>Yes</p>	<p>1. Yes TBC-screening is obliged.</p> <p>2. Yes TBC-screening is obliged.</p> <p>3. 2.1 Asylum seekers are medically screened upon arrival in the Netherlands. First there is a test for tuberculosis. A member of the Medical Service staff asks the asylum seeker a number of questions about TBC. If there is any suspicion that the asylum seeker has TBC he/she has to undergo a full TB examination and treatment if necessary. The asylum procedure will only begin once any medical treatment has started.. Asylum seekers from certain countries are not tested for TB (because TB does not occur in these countries or is less than 50 at 100.000 persons such as Syria). Also there is screening on scabiës Second there is a medical intake. This is not a compulsory medical examination. This medical intake starts before the asylum procedure starts. The purpose for the medical check is to examine whether the asylum seeker has limitations that can influence his/her reporting interview. For instance if the asylum seeker might be vulnerable, elderly, incoherent, deaf or confused. 2.2 The medical checks/intake are done during the ‘rest and preparation period’ of six days before the 8-day General Asylum Procedure starts (AA), so before the asylum procedure officially starts. No delay by administrative practice. 2.3 It is possible that there is no-show, but then the asylum seeker will be invited again for the medical intake.</p> <p>4. 2.1 Asylum seekers are medically screened upon arrival in the Netherlands. First there is a test for tuberculosis. A member of the Medical Service staff asks the asylum seeker a number of questions about TBC. If there is any suspicion that the asylum seeker has TBC he/she has to undergo a full TB examination and treatment if necessary. The asylum procedure will only begin once any medical treatment has started.. Asylum seekers from certain countries are not tested for TB (because TB does not occur in these countries or is less than 50 at 100.000 persons such as Syria). Also there is screening on scabiës Second there is a medical intake.</p>

			<p>This is not a compulsory medical examination. This medical intake starts before the asylum procedure starts. The purpose for the medical check is to examine whether the asylum seeker has limitations that can influence his/her reporting interview. For instance if the asylum seeker might be vulnerable, elderly, incoherent, deaf or confused. 2.2 The medical checks/intake are done during the 'rest and preparation period' of six days before the 8-day General Asylum Procedure starts (AA), so before the asylum procedure officially starts. No delay by administrative practice. 2.3 It is possible that there is no-show, but then the asylum seeker will be invited again for the medical intake.</p> <p>5. No, In the asylum procedure there is no sanction according to the Alien Law. According to the Law on Public Health a refugee can be forced to go into isolation or quarantine.</p> <p>6. No, In the asylum procedure there is no sanction according to the Alien Law. According to the Law on Public Health a refugee can be forced to go into isolation or quarantine.</p> <p>7. No, In the asylum procedure there is no sanction according to the Alien Law. According to the Law on Public Health a refugee can be forced to go into isolation or quarantine.</p> <p>8. No, In the asylum procedure there is no sanction according to the Alien Law. According to the Law on Public Health a refugee can be forced to go into isolation or quarantine.</p>
	<p>Slovak Republic</p>	<p>Yes</p>	<p>1. Yes.</p> <p>2. 2.1 Applicants for international protection/asylum seekers are tested for infectious diseases such as TBC, hepatitis type B, C syphilis, HIV and parasitological diseases. 2.2 According to the Act on asylum, the applicant is obliged to undergo a medical examination, which should be ensured by the Ministry of Health without delay after his/her arrival to the reception centre. 2.3 Yes, there are cases when the applicants refuse to undergo the medical control.</p> <p>3. Not showing up or refusing to undergo the medical examination is not a reason for suspension of the procedure for granting the international protection but it influences the assessment of the application for international protection. As mentioned above, according to the Act on asylum, the applicants are obliged to undergo a medical examination.</p>

			<p>4. The current Slovak legislation does not foresee criminal sanctions against applicants who skip or refuse to undergo the medical examination.</p>
	Slovenia	Yes	<p>1. Yes, applicant of intent is obliged to undergo a compulsory medical examination in Slovenia.</p> <p>2. Sanitary-disinfection and preventive-medical examination are part of the preliminary procedure – the procedure before acceptance of the application for international protection. The person at this stage is known as applicant of intent. According to the Rules on the procedure for aliens who wish to apply for international protection in the Republic of Slovenia and on the procedure for accepting applications for international protection, applicant of intent prior to the lodging of the application undergo a sanitary-disinfection and preventive-medical examination.</p> <p>3. N/A</p> <p>4. No</p>
	Sweden	Yes	<p>1. No. All asylum seekers are offered a health assessment. The asylum seeker will be offered an appointment to undergo a free health assessment as soon as possible after he/she has applied for asylum.</p> <p>2. NA</p> <p>3. NA</p> <p>4. NA</p>
	United Kingdom	Yes	<p>1. No. Asylum applicants in the UK are not required to undertake a compulsory medical examination.</p> <p>2. N/A</p> <p>3. N/A</p> <p>4. N/A</p>

	Norway	Yes	<p>1. No. Asylum seekers are not obliged to undergo any medical examinations in Norway. However, all persons asking for international protection in Norway must be tested for tuberculosis. This is mandatory for all immigrants from their country of origin. This test is not considered to be a health examination, as the test consists solely of an x-ray of the lungs and a blood test (IGRA). The relevant regulations state that the test must be carried out within 14 days of arrival in the country, which for asylum seekers mean immediately following the lodging of the application.</p> <p>2. 2.1 and 2.2: See answer to the previous question. 2.3: Yes, we have experienced that an applicant does not come to the tuberculosis test. The reason for this has been a belief that by not showing up for the test would improve the chance of staying in the Oslo area, which is the location of the reception centre where applicants are staying for conducting this test, as the general rule is that we do not send applicants to other centres before the presence of contagious tuberculosis can be excluded. So the reasoning behind not showing up for the test was to delay or hoping to avoid being moved out of Oslo altogether.</p> <p>3. No. There is no direct link between the refusal of being tested for tuberculosis and how the merits of the asylum application is being considered.</p> <p>4. No. The situations described above have never resulted in a necessity to instigate any administrative or criminal sanctions against the applicant. However, as the test is mandatory we do have provisions in the Infection Act to use force if that should become necessary.</p>
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