

JSNA Health and Wellbeing Profile 2025/26

Migrant Health Needs

Summary points

- Nearly 1 in 5 (18.8%) of the population of Bristol was born outside the UK.
- The largest single country of birth for migrants in Bristol is Poland, followed by Somalia and India
- The health of migrants living locally is influenced by a wide range of individual and societal factors, including life experiences and exposures to disease. Vulnerable migrants are an inclusion health group.

Findings

The city of Bristol has an estimated population of 494,000 (mid-2024) and is increasingly diverse with at least 45 religions, 185 countries of birth, 287 different ethnic groups and 90 main languages. It is growing rapidly, experiencing an 11.4% increase in population between 2014-2024, the third largest increase of all Core Cities in England and Wales.

Net international migration was the largest component of population change in Bristol in the 12 months to mid-2024. For the third consecutive year since the Covid-19 pandemic, net international migration increased and is now more than 6 times higher than natural change (births minus deaths) and the highest levels of net international migration seen in more than two decades

More detailed data from the Census 2021 shows that 18.8% of the population of Bristol were born outside the UK, with the most common places of birth identified as Poland, Somalia, India and Romania (Figure 1).

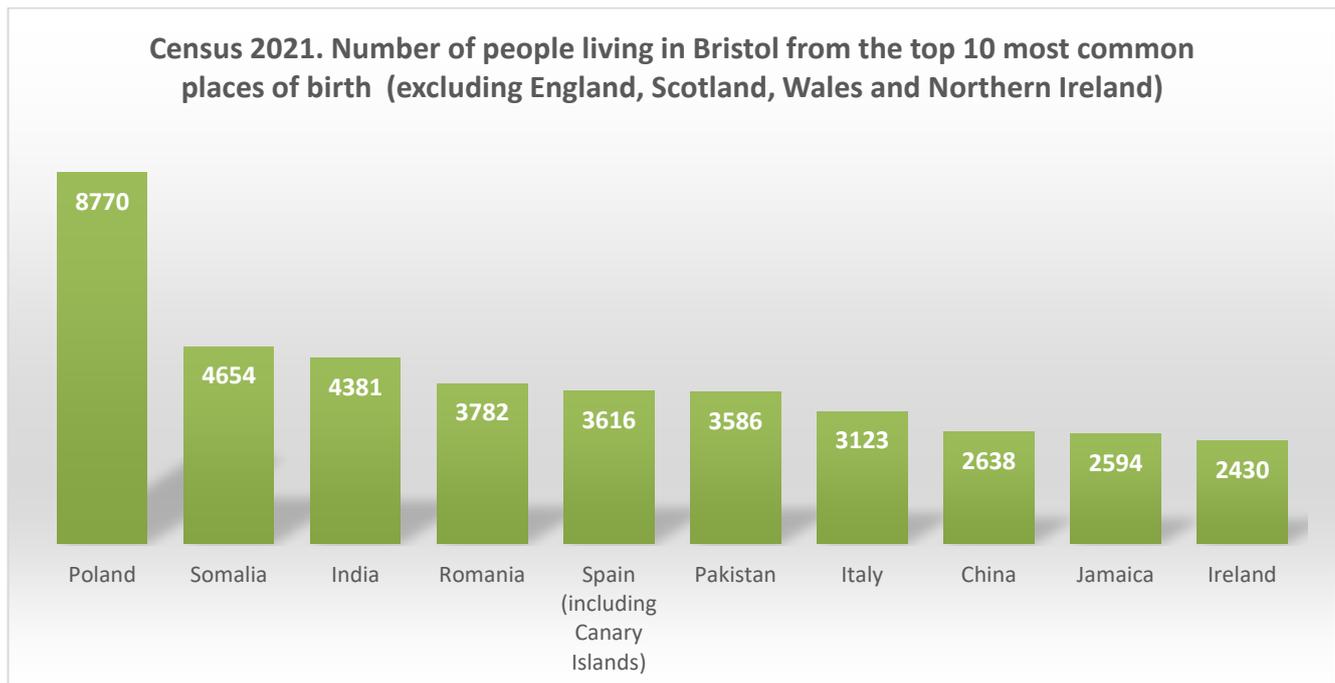


Figure 1: Number of people living in Bristol by country of birth. Source: Census 2021

The health of migrant people living locally is influenced by a wide range of individual and societal factors. These include life experiences and exposures to disease in the country of birth and during their journey to Bristol. Often, it is the younger members of a community who can travel for employment, family, or study and these migrants tend to have better health (on average) than people born in the UK. However, the age and health status of people who have fled violence and persecution in their country of birth is mixed and they may experience worse health outcomes than the UK average (The Migration Observatory , 2020).

‘Vulnerable migrants’ are recognised by the NHS as an Inclusion Health group. As such they may be “socially excluded, and typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma”.¹

Health considerations for people from Poland

- Screening for Hep C as there is a higher prevalence in Poland than in the UK
- Checking that the individual has been immunised against typhoid.

(Public Health England, 2016)

Various data sources suggest that smoking prevalence amongst people from Poland may be as high or higher than that of the Bristol population average.

Women in Bristol were less likely to report they smoke than men (13.3% vs.19.5%) in 2021 (Annual population survey data via local tobacco control profiles).

Similarly, levels of smoking in Poland surveyed in 2019 were reported as 14.1% for women and 20.8% for men (Statista, 2019). However, a cross sectional study of 1,090 individuals in Poland found higher smoking rates of 27% for women and 31% for men (Jankowski M, 2022).

Annual Population Survey data on smoking for the population of England is available by some countries of birth. Respondents living in England who were born in Poland were far more likely to report that they smoke (20.8%) than those born in England (12.8%) (Office For Health Improvement & Disparities, 2022).

Health considerations for people from Somalia

- Higher risk of having contracted TB, Hep B and Hep C so screening is advised.
- Pregnant women should be screened for Hep B and if positive their babies should be immunised.
- GPs are asked to be alert for symptoms of Polio, Malaria and helminth infection.

(Public Health England, 2019)

Consideration should be given to the health impacts of Female Genital Mutilation on women and girls from Somalia and local and national guidance followed.

¹ [NHS England: Inclusion health groups](#)

Health considerations for people from India

- Infectious disease:
 - higher risk of having contracted TB (which may be multi-drug resistant), so as well as initial TB screening GPs are asked to maintain long term vigilance for symptoms of TB even if the initial screening is negative.
 - The rate of Hep C is higher in India, so GPs are advised to screen for this.
 - Pregnant women should be screened for Hep B and if found positive their babies should be immunised.
 - Some parts of India harbour mosquitos that infect people with Malaria, so unwell patients should be tested if they have arrived in the last year from an infected region.
 - GPs should also be aware that there is a risk of helminth infection in India
- Nutritional and metabolic concerns
 - Anaemia
 - Vitamin d deficiency.
- Reproductive health – higher numbers of children born per woman over the course of her lifetime and lower levels of contraception use.

([Office for Health Improvement and Disparities, 2023](#))

Health considerations for all newly arrived migrants

Primary Care providers are asked to check new arrivals for illnesses and infections that are more common in the country of origin than in the UK, and for infections that they may have picked up during their journey. Consideration is also given to whether strains of disease found in the country of origin are resistant to antibiotics (Office for Health Improvement and Disparities , 2021). Some new arrivals are asylum seekers or refugees. Bristol City Council has produced two key reports that outline the health needs of asylum seekers and refugees – see links below.

Understanding the UK healthcare system

People who are new to the UK may need support to understand how UK healthcare systems work and how these compare to those they have been used to (Office for Health Improvement and Disparities , 2021).

Infectious disease

Health practitioners are expected to ensure that patients are up to date with the UK immunisation schedule ([Vaccination of individuals with uncertain or incomplete immunisation status: from 1 September 2025 - GOV.UK](#)).

Language support

Language support is important for providing good healthcare. Communication barriers may be overcome by using language interpreters and translators (Office for Health Improvement and Disparities , 2021).

Further reading

- Checklists for GP practices assessing new patients: [Checklist for assessing migrant patients](#)
- Doctors of the World: [Resources and training](#)
- [The Right to Care report](#)
- BNSSG ICB advice: [Asylum Seeker and Refugee Health \(Remedy BNSSG ICB\)](#)
- Bristol City Council, 2024 [Review of Health Needs of Asylum Seekers and Refugees in Bristol](#)
- BNSSG 2025 [Dynamic Resilience: A Strategic Needs Assessment of Asylum Seekers and Refugees in Bristol, North Somerset and South Gloucestershire \(BNSSG\)](#)

Date updated: October 2025**Next update due:** October 2026