

Post-migration immunisation – the example of Australia's refugee intake

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Outline

- Australia's migration policies
- Australia's immunisation policies & program
 - Before and after major policy change
 - Resources available for immunisation providers to assist with catch-up




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Migration – the Australian context



Migration to Australia: a snapshot

Australian population

- 25M population: Indigenous 3.3%; 1st generation migrants: 28.4%; 2nd generation (at least 1 immigrant parent): 20.9%
- Top COB: UK, NZ, China, India, Philippines

<10% total permanent intake

Migration program	Humanitarian program	Temporary entrants	Asylum seekers
<ul style="list-style-type: none"> - 189,097 visas - 127,774 Skilled stream - 61,085 Family stream - 238 special stream - 44% to three countries: India, China, UK 	<ul style="list-style-type: none"> - 13,756 humanitarian visas - 11,009 off-shore - 2,747 onshore <p>Refugee program - UN intake</p> <p>Special Humanitarian program</p> <ul style="list-style-type: none"> - "compelling reason" - Proposer stream – pays for travel and settlement 	<ul style="list-style-type: none"> - 98,084 temporary work visas - 226,812 working holiday visas - 299,540 student visas 	<ul style="list-style-type: none"> - >2,000 people in offshore detention - "Lawful" arrivals (by plane) seeking asylum (2017-18): 18,290 applications, 1,711 PPV granted.

2014-15

Sources: Department of Immigration, and Border Protection, Australia's Migration Trends 2014-15 at a glance; Refugee Council of Australia, Statistics on people seeking asylum in the community



Australia's humanitarian resettlements by year and region of origin, 2004-2014¹

Humanitarian entrants*

2004-2018: ~175,000 humanitarian entrants
2004-2014: average 11,000 per year
1/7/2015-30/6/2017: 22,398 Syrian Iraqi refugees
2016-17 financial year: 13,760 + 8,208 Syrian/Iraqi. Of 13,760, 1,711 applied in Australia

2004-2014: 55% humanitarian entrants from 4 countries – Iraq, Sudan, Myanmar and Afghanistan. 2016-2018: majority Syrian/Iraqi cohorts

Onshore PPVs granted: Top countries = Iraq, Pakistan, Libya, Iran, China, Malaysia, Syria, Bangladesh, Lebanon, Egypt

Sources: Australian Bureau of Statistics, Humanitarian and Special Eligibility Visa Arrivals by Region of Birth, 2004-2014. Customised data request, 2016; Department of Home Affairs



Humanitarian entrants by age and source region, 2004-2014

Total:

- 0-19 years: 48%
- 20-39 years: 35%
- 40-59 years: 14%
- 60+ years: 3%

2018 Australian population: 19% 0-14 years

Sources: Australian Bureau of Statistics, Humanitarian and Special Eligibility Visa Arrivals by Region of Birth, 2004-2014. Customised data request, 2018



Health checks visa requirements for Australian migrants, refugees and asylum seekers

All permanent migrants	Humanitarian entrants	Asylum seekers
Immigration Medical Examination (IME) - 3-12m prior to visa issue - Full medical – assess health requirements - CXR (11y+) - IGRA or TST (2-10y+) - Urine analysis (5y+) - HIV test (15y+*, all unaccompanied minors, all HCV +ve) - HBsAg test (pregnant women, unaccompanied minors, 15y+ future clinical work, onshore protection visa applicants) - HCV Ab test (15y+ future clinical work, onshore protection visa applicants) - Syphilis testing (15y+ onshore/offshore protection visa applicants) - Others as clinically indicated - No vaccines given, no catch-up plan - Exemptions for humanitarian entrants ('health waiver')	Pre-Departure Health check (DHC) within 72h departure - Voluntary (uptake incomplete) - Not offered to all (visa sub-type, port of departure) - Physical examination - Malaria RDT (+ treatment) - Empirical treatment for intestinal helminths (6m+) - CXR – history of TB, LTBI, clinical suspicion of active TB - MMR vaccination (9m-54y) - YF – if relevant - IPV – if relevant - Recorded in 'health manifest' - Additional screening for 2017/2018 Syrian and Iraq cohorts: - Mental health review - DTPa (hexaxenta) (<10y)	Boat arrivals - Health assessment on arrival to immigration detention. Provided by detention health services. No published information. - Likely: IME + FBE, LFT, BSL, urinalysis, pregnancy test, + children ferritin, VID, strongyloides serology, and malaria testing and schistosoma serology - Off-shore detention limited information on vaccines provided Plane arrivals - Will not have had pre-departure IME - IME required at time of visa issuing (e.g. TPV)

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Medicare and other entitlements by visa type

Entitlements	Humanitarian entrants	Asylum seekers - Community detention (no visa)	Community (BV)	Temporary visa (work and study)
Medicare	Eligible	Not eligible	Eligible	Not eligible
Pharmaceutical Benefits Scheme	Eligible	Not eligible	Not eligible	Not eligible
NIP Vaccines	Full access	No access to NIP vaccines Provision of vaccines through some State-based initiatives	Full access	No access
Health Care Card	Eligible	Not eligible	Not eligible	Not eligible
Income support (Centrelink)	Eligible	Not eligible	Not eligible	Not eligible
Torture & trauma services	Eligible	Eligible	Not eligible	Not eligible
Work rights	Eligible	Not eligible	Eligible	Eligible (with restrictions)
English classes	Eligible* - via the Adult Migrant English Program (AMEP) and intensive English Language Schools (ELS)	Adults: part time, short term English classes; Children: English classes in mainstream or Second Language schools	Eligible	Not eligible
Interpreting & translating services (TIS)	Eligible. Document translation and interpreters services	Eligible for telephone interpreters only	Eligible for telephone interpreters only	Not eligible
Settlement support (TSS)	Eligible. Case management by the Humanitarian Settlement Support	Eligible after being granted PPV	Eligible after being granted PPV	Not eligible
Education	Eligible	Access varies between jurisdictions	Not eligible	International student rates

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Translating and interpreting services

Document Translations

- Permanent residents and select temporary visa holders: maximum 10 eligible documents translated into English, 2 year limit.
- Includes vaccination records

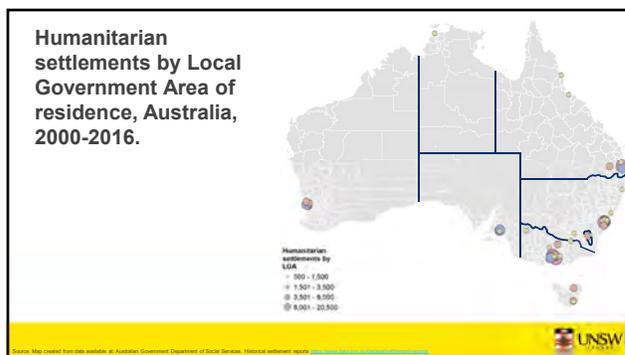
Immediate phone interpreting Free to:

- state and federal government departments
- local councils
- medical and health practitioners
- pharmacies
- utility companies
- telecommunication companies
- emergency services
- legal services
- settlement and community service providers
- real estate agencies.

Pre-booked phone interpreting

On-site interpreting

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What models of care are available?

Decentralised models	<ul style="list-style-type: none"> General practitioners in private practice with support from public health services e.g. Victoria, New South Wales (NSW)
Specialised family screening clinics in hospital or community settings	<ul style="list-style-type: none"> Migrant Health Unit, WA; Migrant Health Service, SA; NSW Refugee Health Service Clinics, NSW; Companion House, Australian Capital Territory (ACT); Hobart Hospital, Tasmania; Darwin Hospital, Northern Territory (NT);
Specialised paediatric screening and/or referral clinics in hospital settings	<ul style="list-style-type: none"> Royal Children's Hospital, Melbourne, Victoria; Health Assessment for Refugee Kids (HARK) Clinic, The Children's Hospital Westmead, NSW; Refugee Health Service, Princess Margaret Hospital for Children, Western Australia (WA); Refugee Child Health Clinic, Sydney Children's Hospital, NSW; Liverpool Paediatric Clinic, Liverpool Hospital, NSW

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Post-arrival health assessment

- Medical history and examination
 - Infectious diseases screening incl. TB, blood-borne viruses, parasitic infections, STIs, skin infections, *Helicobacter pylori* infection,
 - Based on the premise of equity – that all refugees should be immunized equivalent to an Australian-born person of the same age
 - Physical health, mental health, and growth (children/adolescents)
- Mental health and social and emotional well-being
 - Includes trauma screening, self-harm assessment and current functioning
- Check list

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Post-arrival health assessment

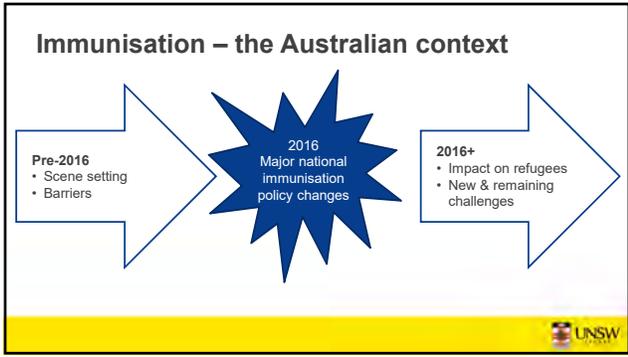
- Health waiver + lack of access to care due to circumstances of migration = complex health needs
 - ? No prior healthcare access
 - Low health system literacy, limited understanding of population screening
 - If low SES, low health literacy
- Immunisation often low on the list of priorities at first visit
- For GPs: time-based MBS health assessment billing items:
 - 707 (prolonged): 60 minutes

Source: Australasian Society for Infectious Diseases and Refugee Health Network of Australia

Serology for VPDs among refugees resettled in Australia

Study design and setting	Study population	Age (n)	Miscelae % (n)	Mumps % (n)	Rubella % (n)	Hep B % (n)	Hep A % (n)	Tetanus % (n)	Diphtheria % (n)	All tested % (n)
1 Retrospective chart review, 6 GP clinics in metropolitan Melbourne, Jan - June 2005.	258 African refugees: East Africa 66%, West Africa 23%, Central Africa 9%	>14 years	56% (36)	60% (37)	78% (54)	26% (23)	-	52% (50)	47% (42)	Not reported
2 Community survey, 2 clinics in Melbourne, June and July 00.	126 East African refugees	16-75 years	97% (119)	-	-	59% (73)	-	33% (41)	66% (81)	19% (23)
3 Retrospective chart review, 3 paediatric refugee clinics, NSW 05.	1,557 children Regions of origin >90% African, others Middle Eastern	<14 years	81%	-	81%	31%	-	-	-	Not reported
4 Retrospective chart review, 1 Community Health Centre, Melbourne, July 06-Oct 09. (48% of Victoria's intake)	1136 Karen refugees	<6 years: 6-11 years: >18 years: Overall	97.6% (411) 87.5% (63) 82.3% (34)	78.6% (33) 94.4% (68) 95.9% (489)	Not tested 94.4% (68) 62.3% (188)	69.7% (53) 39.1% (34) 48.9% (149)	22.7% (17) 83.9% (73) 98.9% (274)	-	-	Not reported
5 Health screening of refugees children, Brisbane, 03/07 - 12/09	168 Burmese & African children	<18 years	87.7% (143)	-	84.8% (139)	-	-	-	-	Not reported

* Immunity to hepatitis B includes the proportion of participants who were hepatitis B surface antibody positive.



Australia's National Immunisation Program schedule: 1 July 2018

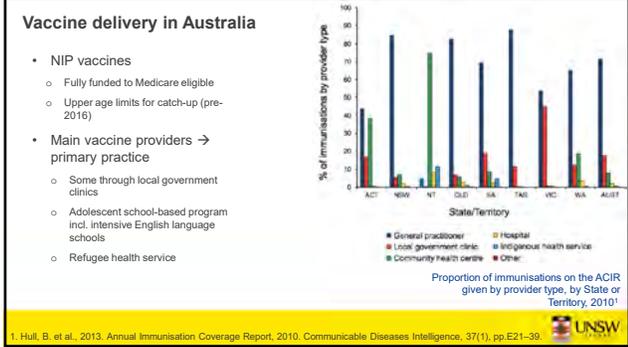
7 schedule points and 15 vaccines in childhood

Additional vaccines/doses for medically at risk and Aboriginal and Torres Strait Islanders

School-based program for adolescents

Frequent schedule changes

Vaccine Brand Name	0-2m	3-5m	6-18m	18-24m	5-6y	10-12y	15-17y	18-24y	25-64y	65-74y	75-84y	85-94y	95-104y
MM2 (MMR)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 2nd dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 3rd dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 4th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 5th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 6th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 7th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 8th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 9th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 10th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 11th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 12th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 13th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 14th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MM2 (MMR) - 15th dose	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓



Australian school-based program

High schools

Students in high schools in 2016 will be offered the following vaccines:

Vaccine	Year	Number of doses	Indications/Notes
Diphtheria Tetanus Pertussis (DTaP)	Year 7	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
Human Papillomavirus (HPV)	Year 7	2 doses	What is HPV? Information about HPV vaccination: Catch-up, HPV vaccination of 12-14 year olds, HPV vaccination of 15-17 year olds
Meningococcal ACWY	Year 10-11	1 dose	What is meningococcal disease? Information about meningococcal ACWY vaccination

Intensive English Centres (IECs)

Students in IECs will be offered the following vaccines:

Vaccine	Year	Number of doses	Indications/Notes
MM2 (MMR)	Year 7	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
MM2 (MMR)	Year 8	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
MM2 (MMR)	Year 9	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
MM2 (MMR)	Year 10	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
MM2 (MMR)	Year 11	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination
MM2 (MMR)	Year 12	1 dose	What are DTPa, DTaP, Td, and Td/IPV? Information about C10 vaccination

1. Hull, B. et al., 2013. Annual Immunisation Coverage Report, 2010. Communicable Diseases Intelligence, 37(1), pp.E21-39.

Immunisation registers (pre-2016)

- Australian Childhood Immunisation register (ACIR)**
 - National register for recording vaccines given to children aged <7 years
 - Administered by Medicare; immunisation providers can add children not on Medicare.
 - Electronic transfer of vaccines provided from practice software to ACIR (majority)
 - Overdue reminders sent to parents by Medicare
 - Provider-endorsed overseas vaccinations can be entered (GP only)
 - Provider-endorsed medical and conscientious objection can be recorded
 - General Practice Immunisation Incentives: completing individual child's vaccines; provider-level coverage >90%
 - Parent incentives: maternity allowance, child care benefits
 - Records Indigenous status and postcode but no other demographic information.
- National HPV Vaccination Program Register**
- Separate School-based vaccine register**

1. Hull, B. et al., 2013. Annual Immunisation Coverage Report, 2010. Communicable Diseases Intelligence, 37(1), pp.E21-39.

Trends in 'fully immunised' vaccination coverage, Australia, 2006 to 2016, by 3 month age cohort

- High sustained coverage of childhood vaccines
- Australian National Immunisation Program coverage, 2017:
 - @12mths = 94.0%
 - @24mths = 90.5%
 - @60mths = 94.0%

Fully vaccinated: assessed at 12 mo - vaccines due at 6 mo, 24 mo vaccines due at 12 mo, 60 mo for vaccines due at 48 months.

Trends in 'fully immunised' vaccination coverage, Indigenous compared to non-Indigenous children, Australia, 2006 to 2016.

Fully vaccinated: assessed at 12 mo - vaccines due at 6 mo, 24 mo vaccines due at 12 mo, 60 mo for vaccines due at 48 months.

Proportion of total objectors to immunisation for the cohort born January 2010 to December 2010, Australia, 2012

SOURCE: Australian Childhood Immunisation Register

Immunisation coverage – migrant children

Ecological study ¹	Routine follow-up of overdue ²	Data-linkage studies ³
<p>Population: ACIR records and postcode level 1996 census data, 1997/98 cohort on ACIR</p> <p>Measures: Census data on proportion of residents who speak a language other than English + overseas-born by postcode</p> <p>Results: Postcodes with higher proportion of overseas born residents; and higher proportion NESB = lower DTP3 and MMR1 coverage</p>	<p>Population: Sample of WA children aged <7 years with no vaccines recorded on ACIR (3% pop) in Perth, 2013</p> <p>Measures: Telephone follow-up by WA Health, postcode-level audit, comparison postcodes</p> <p>Results: 44% (105/240) - family had moved from overseas and their vaccination history had not been added to the ACIR. Only 1% of children from overseas were fully immunised for age according to the Australian NIP schedule.</p>	<p>Population: ACIR records linked to birth records Perinatal Data Collection Unit (excludes migrant children), Victorian children born 1998</p> <p>Measures: Predictors of incomplete immunisation at 12 and 24 months of age</p> <p>Results: Overseas-born mother aOR 1.20 (1.10-1.30) significant predictor consistent across all the world regions examined.</p> <p><small>* Currently no study that uses Medicare record linked ACIR (i.e. includes migrant kids)</small></p>

1. Hull et al. Factors associated with the uptake of measles, mumps and rubella vaccines - an ecological study based on the ACIR. *MMWR* 2001;50(45):10
 2. Hull et al. Children with no vaccinations recorded on the Australian Childhood Immunisation Register. *MMWR* 2013;62(10):191
 3. Thomas and Pebody. Predictors of incomplete immunisation in Victorian children. *MMWR* 2001;50(2):27-32

Vaccine coverage - refugees

- Population-level data on coverage post-arrival unavailable
- 2003 study¹ – 165 students at Western Sydney IEC high school; average settlement period 7 mths;
 - 60% (99/165) no GP visit since arrival,
 - 54% who had seen a GP needed MMR/HBV.
- 2011 study² – 136 recently arrived East African children and adolescents, RCH Victoria:
 - 97% had incomplete or unknown immunisation status;
 - 21/136 (15%) serologically immune to all (measles, rubella, tetanus, diphtheria and hepatitis B), despite a total of 395 visits to vaccine providers since migration

1. Thomas et al. Refugee youth immunisation status and GP attendance. *AFP*, 2007;36(7):568-570
 2. Pebody et al. East African immigrant children in Australia have poor immunisation coverage. *BMJ* 2011;343:1188

2015 Stakeholder workshop: improving access to immunisation for migrants and refugees

Table 1: Key recommendations for addressing the gap in immunisation.

1. A whole-of-life immunisation register in Australia with the capacity to identify at risk groups such as migrants and refugees.
2. Address gaps in immunisation policy for refugee and migrants through a national approach to the implementation of the National Immunisation Strategy for Australia 2013-2018.
3. Fund vaccines for catch-up immunisation for recently arrived migrants and refugees for all age groups.
4. Inform targeted health education and health care delivery through improvements in the identification of risk groups for under-immunisation in routinely collected data.
5. Improve refugee service coordination and support for immunisation delivery in the primary care sector.
6. Improve community engagement and education to support immunisation program initiatives.

Australian Immunisation Register Minimum dataset:

- Country of birth
- Individual's and parent's
- Year of arrival

NHMRC CENTRE OF RESEARCH EXCELLENCE in POPULATION HEALTH RESEARCH
Immunisation in Under Studied and Special Risk Populations:
Closing the Gap in Knowledge through a Multidisciplinary Approach

1. Koozebrouk et al Improving access to immunisation for migrants and refugees: recommendations from a stakeholder workshop. *ANZJGIM* 2017

Advocacy... Some migrants and refugees 'under-immunised'

Refugees a blind spot

'A public health issue': Calls for national refugee immunisation strategy

Gaps in government funding are creating pockets of under-immunisation in refugee and migrant communities around Australia.

Public Health

Improving access to immunisation for migrants and refugees: recommendations from a stakeholder workshop

Elizabeth Koozebrouk, Aulia E. Hapsari, Margaret Kay, Mochot Smiti, Prakash Parikh, Mohammed Shalh, C. Rana Macpherson

20 November 2016 | <https://doi.org/10.1111/1753-6488.13002>

NO JOB, NO PLAY, NO JAB, NO PAY.

theTelegraph
We are demanding:
• The state government amend the Public Health Act 2010 to allow (no) job parents to have unvaccinated children.
• The federal government stop paying 40,000 welfare dollars and family tax benefit to parents who claim they are "scientific objections".
#NoJobNoPlay

Anti-vaccination parents face \$15,000 welfare hit under 'No Job' reforms

FROM 1 JAN 2016, CHILDREN AND FAMILY PAYMENTS WILL BE DENIED TO PARENTS WHO DON'T VACCINATE THEIR CHILDREN.

From 1 January 2016:

- Removal of conscientious objection clause
- Linking "fully vaccinated for age" to benefits eligibility <20 years
- Requirements for early childhood care

Australian Government Department of Health

UPDATE: Expansion of Australia's Immunisation Registers

This update provides information on the work being undertaken to expand the scope of Australia's two existing immunisation registers, the Australian Childhood Immunisation Register and the National Human Papillomavirus (HPV) Vaccination Program Register, to improve vaccination coverage rates across the entire Australian community.

- Major new development announced in May 2015
- ACIR expanded to age <20 years by 1 January 2016
- Facilitate 'no-job no-pay'
- Expanded to all ages November 2016
- HPV vaccine register → School register (add varicella, DTP)

Funded vaccines for catch-up immunisation

National Immunisation Program: Free catch-up vaccines for all individuals aged 10 to 19 years (ongoing)

VACCINATION PROVIDER FACT SHEET

ELIGIBILITY

From 1 July 2017 all individuals (including migrants and humanitarian entrants) 10 to 19 years of age are eligible for free catch-up vaccines through the National Immunisation Program (NIP).

Vaccine	Number of doses
Diphtheria, tetanus and pertussis	3 doses
Poliovirus	3 doses
Meningitis, tetanus and rubella	2 doses
Hepatitis B (Aged 10-19 years)	3 separate doses
Hepatitis B - Aged 10-15 years only	2 adult doses
Meningococcal (MenCCV)	1 dose
Varicella**	20 based 1 dose if aged 10 years
Human papillomavirus	2 doses if aged 10-14 years, 1 dose if 15-19 years

National Immunisation Program: Free catch-up vaccines for refugees and other humanitarian entrants aged 20 years and over (ongoing)

VACCINATION PROVIDER FACT SHEET

ELIGIBILITY

From 1 July 2017 refugees and other humanitarian entrants are eligible for free catch-up vaccines on an ongoing basis through the National Immunisation Program (NIP).

Vaccine	Number of doses
Diphtheria, tetanus and pertussis	3 doses
Poliovirus	3 doses
Meningitis, tetanus and rubella	2 doses
Hepatitis B - Aged 20 years	3 separate doses
Hepatitis B - Aged 20-29 years	2 adult doses
Varicella**	20 based 1 dose if aged 20 years

Source: AusGov, Dept of Health

Success?

No job, no pay: thousands immunise children to avoid family payment cuts

Government's policy sees 5,700 immunise children and another 148,000 register on database to avoid cuts of up to \$10,000 a year.

Coercion a vaxxed question for rally

Parents for more vaccine choice

WINNERS TAKE ALL RISK HEALTH CHOICE

14,262 likes

"No job no pay"

Perspective

Georgie A Paxton¹
Lauren Tyrrell²
Sophie B Oulaf³
Karen Klare⁴
Nerige H Dewhurst⁵

No Job, No Pay — no planning for migrant children

Migration should be considered by immunisation policy

The Social Services Legislation Amendment (No Job, No Pay Act 2018) (C/18) was passed in November 2018, changing the circumstances for objective exemption to immunisation requirements for family assistance payments. The intention was to reinforce the importance of immunisation and protect public health, especially for children. Whilst these measures are sound, there are far-reaching, previously unanticipated consequences for migrant and refugee children.

Family assistance payments affected by the No Job, No Pay measures:

- Family Tax Benefit Part A (FTBA) is a non-past payment supporting disadvantaged families with dependent children or secondary students younger than 20 years of age, consisting of an adult base rate and a supplement of up to \$200.25 per child at the end of the financial year. The maximum available benefit (adult base rate for FTBA) is over \$100,000, and a 4.5% most vulnerable background families will be eligible for this payment.
- The Child Care Health supports costs of registered approved childcare and suitable school fees care, with current rates of \$6.7 per hour or \$208 for one week (9hrs for school aged children), which is unencumbered and subsidised for family use, service use and hours attended.
- The Child Care Health Incentive (CCHI) covers 100% of out-of-pocket expenses for children to an annual limit for each child, in addition to other childcare assistance.
- Together, these benefits are a substantial support for families with children for further education, go to <http://www.families.gov.au> for further information.



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- Significant workforce pressure on GPs and practice nurses
 - Entering vaccines
 - Signing medical exemptions
- Delays in updating AIR → delays in payments due to complex catch-up
- Likely migrant children <20 receiving financial support are now fully vaccinated.

Translated catch-up information



Catch-up vaccinations for refugees and asylum seekers in Victoria

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Barriers to immunisation – refugees (2018)

Health system	Health provider	Refugees
<p>Barriers /Challenges</p> <p>→ Access-variability-to-vaccines-by-jurisdiction</p> <ul style="list-style-type: none"> • No national refugee catch-up policy • Unclear roles and responsibilities for catch-up among providers • No immunisation register for adolescents and adults • Difficulties in obtaining health manifest (vaccines given in pre-departure health check or in detention) • Training gaps for GPs on complex catch-up immunisation • Lack of healthcare trained interpreters • Unable to evaluate screening in general practice with removal of Medicare item <p>Facilitators:</p> <ul style="list-style-type: none"> • Strong commitment from State/Territory DOHs 	<p>Barriers /Challenges</p> <ul style="list-style-type: none"> • Multiple models of care/fragmented service delivery for catch-up immunisation • Communication barriers between service providers, settlement agencies, and clients • Lack of continuity of care between refugee and mainstream services leading to incomplete catch-up <p>Facilitators:</p> <ul style="list-style-type: none"> • Commitment of service providers: <ul style="list-style-type: none"> • updating skills, training medical students; developing resources e.g. local guidelines, catch-up immunisation tool • Championing community education on immunisation • Collaborations between specialised services and case workers 	<p>Barriers /Challenges</p> <ul style="list-style-type: none"> • Language barriers • High mobility and changes in services providers early in settlement period. • Lack of familiarity with the Australian health care system • Lack of awareness of need for immunisation • Low health literacy • Logistical difficulties: finances and transport • May not respond to reminders/recall prompts <p>Facilitators:</p> <ul style="list-style-type: none"> • High vaccine acceptance

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Challenges with delivering and completing catch-up vaccinations for refugees in Australia

Pre-arrival factors	Post-arrival factors
<ul style="list-style-type: none"> • Differences in schedules – numerous additional vaccines on Australian NIP • Disruption of health services, including immunisation in countries of origin, and poor access to healthcare due to forced migration. • Likely vaccine quality issues such as disruption to cold chain. 	<ul style="list-style-type: none"> • Who are our refugees? Lack of identifiers in routine data collections. • Complex catch-up schedules – time and resource intensive, multiple providers. • Provider expertise/experience in providing catch-up vaccinations, including immunisation records including overseas, during processing and other Australian providers – written records and inefficient information management. • Challenges in providing informed consent – difficulties in accessing language services and translated immunisation information.

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Example catch-up for a family of 6

- 3-4 visits for each family member – aim to minimize visits and needles required
- Different paediatric and adult formulations
- Different multivalent vaccine options e.g. Infanrixhexa® (DTPa-IPV/Hib-HBV) or Infanrixpentax® (DTPa-IPV-HBV)
- Schedule changes (e.g. Men ACYW replaces Men C from 2017)

Age group	2 year visit	3 year visit	4.5 year visit	6.5 year visit	9.5 year visit	12.5 year visit	15 year visit
Diphtheria	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose
Tetanus	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose
Poliovirus (IPV)	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose	1 dose
Polio	IPV in household vaccine	IPV x 3	IPV x 3	IPV x 3	IPV x 3	IPV x 3	IPV x 3
Measles, mumps, rubella, varicella	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later	MMV1 x 1 then MMV2 x 1 12 months later
Other	MenACWIP x 1, not same time as household 13a/PCV x 1	MenACWIP x 1, not same time as household	Not funded or licensed for MenACWIP, no time of entry available at high school	IPV x 3 – not funded			
WV	3 or 4, plus 1 six months later and 1 at age 4 years	3 or 4, plus 1 six months after primary	3 then high school	3 (per 4 depending on HPV schedule)	3	3	3

UNSW

Specialist vs. integrated healthcare

Refugee health services	Mainstream primary care services
<p>Pros:</p> <ul style="list-style-type: none"> • High-level expertise and experience in refugee health • Integrated into referral pathways for refugees <p>Cons:</p> <ul style="list-style-type: none"> • Only available for a limited time/limited time to establish trust • May miss sponsored refugees not linked into refugee services 	<p>Pros:</p> <ul style="list-style-type: none"> • Important for long-term healthcare access • Sponsored refugees may attend <p>Cons:</p> <ul style="list-style-type: none"> • Limited provider expertise/experience in providing care to refugees, including immunisation. • Complex catch-up schedules – time and resource intensive. • May not be aware of free services available for humanitarian entrants – health and other services • Lack of experience/reliance to use TIS

UNSW

Clinical tools, assistance and training

- NCIRS – Australian Immunisation Handbook
- Refugee network affiliated groups – State and Territories
- Access to advice – Primary Health Networks
- SA Immunisation calculator (<8 years of age)
- Immunisation worksheets
- CPD accredited training



Government guidelines for catch-up immunisation

- Worksheets
 - Catch-up worksheet for children <10 years of age for National Immunisation Program vaccines
- Tables:
 - Number of vaccine doses the child should have received by their current age
 - Minimum acceptable dose intervals for children <10 years of age
 - Catch-up schedule for Haemophilus influenzae type b (Hib) vaccination for children <5 years of age
 - Recommended doses and intervals between doses for human papillomavirus (HPV) vaccines, by age group at the start of the course
 - Catch-up schedule for people ≥10 years of age (for vaccines recommended on a population level)



<https://www.health.gov.au/healthcare-providers/immunisation/catch-up>




Refugee-specific resources

Catch-up immunisation for refugees and asylum seekers
Information sheet - developed May 2016, updated July 2017
For immunisation providers



REFUGEE HEALTH NETWORK QUEENSLAND

Development of an online educational program for GPs

Module 1: Understanding under-immunisation among refugees	Module 2: Delivering culturally-appropriate immunisation services	Module 3: The immunisation encounter	Module 4: electronic reporting and reminder systems
<ul style="list-style-type: none"> • Who are Australia's refugees? • What is the burden of vaccine-preventable disease among our refugee population? • What data do we have on vaccine history of refugees? • Why are refugees at risk of under-immunisation in Australia? 	<ul style="list-style-type: none"> • What are the attributes of a culturally competent service provider? • What are the barriers to health service access for immigrants and how can they be alleviated at a practice level? • What are the best practice strategies for obtaining informed consent? • What are the best practice strategies for utilising trained interpreters in your practice? 	<ul style="list-style-type: none"> • What are the principles of catch-up immunisation? • What are the steps in assessing immunisation needs, planning and providing catch-up for refugees across all age groups? 	<ul style="list-style-type: none"> • How do I record catch-up vaccines on the Australian Immunisation Register? • How do I utilise best practice patient recall and reminder systems effectively?



Case study: CPD program: Suzie

- Suzie comes to see Dr Margaret Kay on recommendation from her sister. The siblings arrived in Australia more than 10 years ago, as children from Myanmar. Her sibling had attended the clinic and during consultation Dr Kay identified that she was from a refugee background.
- Suzie is now 21 years of age. She has no vaccination records but would have been age-eligible for the adolescent school-based hepatitis B catch-up program.
- When Suzie came to Dr Kay's practice, she discovered that Suzie had never undergone a post-arrival health assessment.
- What (VPD) screening tests should Dr Kay perform?



Discussion questions

- **What are the advantages and disadvantages of pre and post-migration immunisation for refugees in these settings?**
- **Who is best placed to provide immunisation services to refugees?**
- **Which has the greatest impact – system-wide policies vs. refugee-specific policies?**
 - What system-wide policy changes have impacted on immunisation access for refugees in other countries?
- **Who is missing out on immunisation?**
 - How does this compare to other countries?
 - What are the barriers – system, provider, refugee level – to accessing immunisation services in other countries?

