VACCINATING MIGRANTS

Screen for vaccination and controlling diseases

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- The health exam for migrants aims to prevent diseases through vaccination and prevent and treat contagious diseases through different health examinations. The migrated population should also receive all the necessary information about their health status and should know that health services are not linked to immigration processes to avoid non-access and continuity to be served when necessary.
- According to Article 13 of the Reception Conditions Directive “EU Member States may require health screenings for applicants for international protection on public health grounds”. Even if it is not obligated, it is very important to go on it preventing infections, morbidity and mortality” (FRA, 2016).
- The health risks of migrants can vary according to the exposures: to vectors of diseases such as mosquitoes, traumas caused by war, living conditions, access to water and sanitation, the abandonment of long periods in refugee camps, ethnic origin and migratory stress, social stratification (race, sex, income, education, occupation), access to preventive services, primary care before departure, vaccinations, and screening, and related to linguistic and cultural barriers (Pottie K. et al., 2011).

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- The health examination should be used to identify vulnerable people and possible exposures to contagious diseases. Health professionals should evaluate chronic diseases, other serious diseases, pregnancy, vaccination, victims of trauma, stress ... The examination should include questions about the immunization status of the person, exposure to infections, as well as any information that may be necessary to identify any health problem. The interview should be based on the epidemiological situation of the place of origin and countries visited during the trip, in addition to the traumatic experiences suffered (see an example in Annex A and B).
- It is important to follow the national rules of vaccination inside UE countries and the importance of giving a health record considering the mobility of the migrants inside of the same country or other countries of EU/EEA, because not all the countries in EU have the same vaccination schedules and not all the vaccines are mandatory.

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- Control of Vaccine Preventable Diseases (VPDs) is an important priority for the EU/EEA. It has been shown that migrants are not properly vaccinated against preventable diseases through vaccination, with outbreaks appearing in the migrant population living in the EU/EEA. Adults without vaccination records should follow the calendar of the host country and it is recommended to provide vaccination against mumps, diphtheria, pertussis, and tetanus.
- Children and adolescents should follow the age-appropriate vaccination schedule and prioritize vaccines against mumps and DTaP-IPV-Hib. Migrants face many barriers to access medical care that may influence low acceptance of vaccines. It has been shown that social mobilization and appropriate cultural and linguistic community outreach along with planned vaccination programmes increase the acceptance of the vaccine among migrants in all contexts. According to VPDs, studies show the necessity of more evaluation to identify effective implementation strategies in the EU/EEA (ECDC, 2018).

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Measles, Mumps, Rubella, Diphtheria, Pertussis, Tetanus, Polio...

- Migrant populations entering the EU / EEA and, children, may not only be more vulnerable but also have the same risk as EU populations of developing infectious diseases. Therefore, the migrant population must have access to the health system as well as the indigenous population through the treatment and prevention of infectious diseases and those that are preventable through vaccination (ECDC, 2015).
- Following (see table below) the technical document of the ECDC (2015: 4-5), all migrants who do not have a vaccination document and whenever there are doubts about their vaccination status should be vaccinated. Vaccination will follow the vaccination programme of the host country of the EU / EEA. ECDC recommends prioritize vaccination against measles, rubella, diphtheria, tetanus, pertussis, poliomyelitis (Hib). If a break occurs in the stock of vaccines, it is recommended to prioritize vaccination for children and administer one dose of dT-IPV to adults.

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Table 1. To whom and what vaccines to provide in absence of documented evidence of prior vaccination (1)

References: Adapted from ECDC, 2015.

	Minor than 18 years	Major than 18 years	Observation
Main vaccinations (as care priority)			
Diphtheria **Tetanus** **Pertussis** **Polio** **Hib**	**Minor than 2 months** three doses of DTaP-IPV-Hib **Minor than 6 years** (Hib component), if the country of origin does not have other recommendations) **Major than 6 years** Pentavalent and hexavalent combination vaccines are authorized	3 doses of TdaP- IPV according to national guidelines	**If there is a vaccine shortage administer at least one dose of vaccine containing acellular pertussis-component.**
Measles **Mumps** **Rubella**	**Major or equal than 9 months** Two doses of MMR at least one month apart (according to national guidelines). **Minor than 12 months** Measles provided and repeated after 12 months of age	1 or 2 doses of MMR according to national guidelines	**Mumps vaccine is contra-indicated in immunocompromised individuals and during pregnancy.** **Pregnancy should be avoided for one month after Mumps vaccination.**

Table 1. To whom and what vaccines to provide in absence of documented evidence of prior vaccination (2)

References: Adapted from ECDC, 2015.

	TO BE CONSIDERED		OBSERVATION
Hepatitis B	Major or equal than 2 months 3 doses according to national guidelines. New-born infants of HBsAg-positive mothers within 24 hours of birth (according to national guidelines).	All adults, with or without previous screening, according to national guidelines.	**Testing for hepatitis B virus infection (HBsAg) could be done before the vaccine is administered.**
Influenza	All risk groups over six months of age ahead of and during influenza season, according to national guidelines.	Risk groups (e.g., pregnant women, ahead of and during influenza season).	**The vaccine is included for all children and risk groups in some EU routine programmes and disease is common during influenza season and crowded settings.**
Meningococcal disease	Meningococcal vaccines against serogroups A, B, C, W135, according to national guidelines, and to the epidemiological situation suggests otherwise.		**Meningococcal vaccine is included in many EU routine programmes and disease occurs in crowded settings such as refugee camps or reception centres.**
Pneumococcal disease	Major or equal than 2 month 1–3 doses of conjugate vaccine at least one month apart, according to national guidelines.	Major or equal than 65 according to national guidelines	**Pneumococcal vaccine is included in many EU routine programmes.**
Tuberculosis	BCG according to national guidelines Re-vaccination is not recommended.	not recommended, unless specific clinical situation	
Varicella	**Major or equal than 11 month 2 doses of varicella at least one month apart, but preferably longer, according to national guidelines.**	**To vaccinating non-immune non-pregnant women of childbearing age. According with national guidelines, and epidemiological data.**	**Varicella vaccine is included in some EU programmes and disease is susceptible in crowded settings.**

Screening: TB, HIV, Hepatitis B, Hepatitis C, Schistosomiasis, Strongyloidiasis

- When we examine the newly arrived migrant population, we must not only consider the preventable diseases through vaccination, but also the need to offer a screening of infectious diseases susceptible to infection during the travel through different countries, as well as diseases that are prevalent in the country of origin (ECDC, 2015).

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Table 2. Risks of infectious diseases in relation to their country of origin and/or countries visited during the journey as migrants. (1)

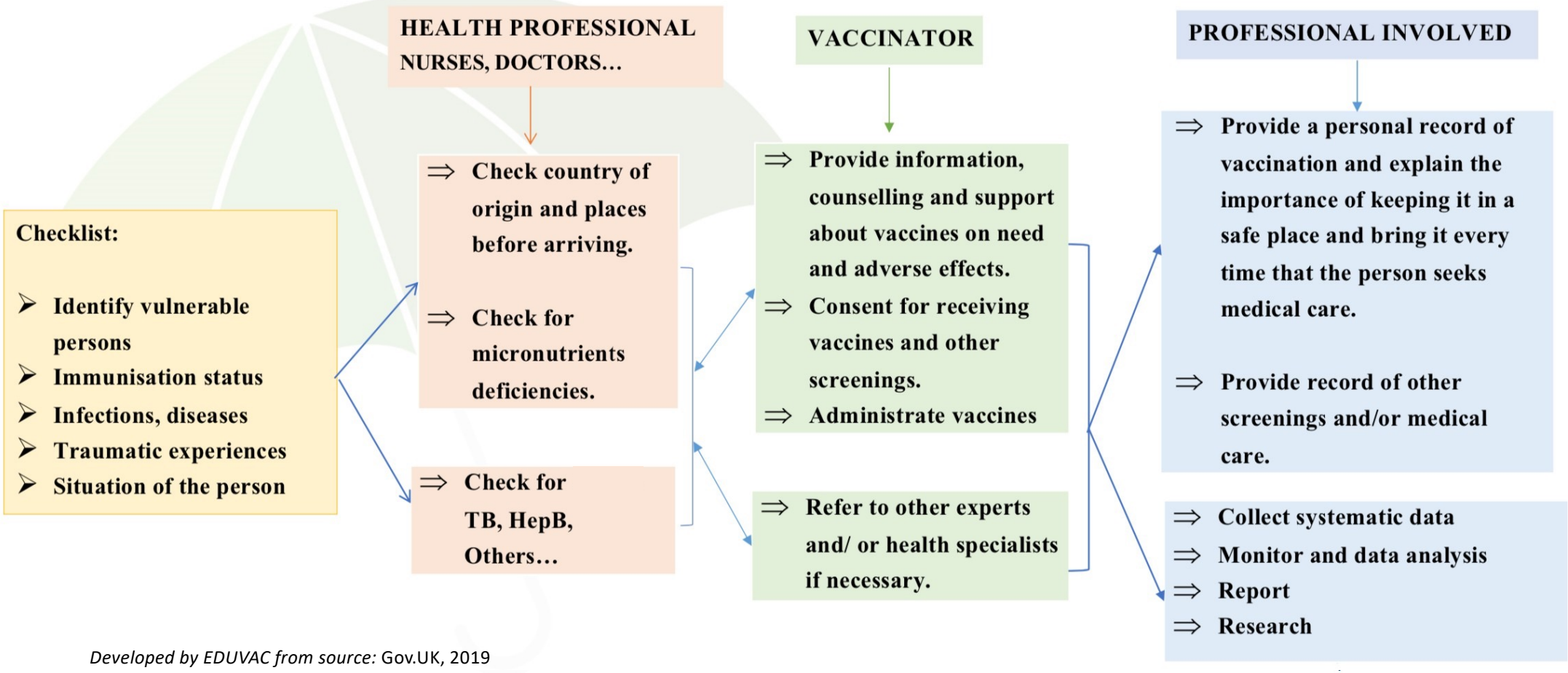
SCREENING	Evidence-based statement	WHO	WHO recommendations
TB	Provide screening using chest X-ray, in arrival for migrants from high incidence countries. If CXR is not normal, refer for assessment and sputum culture for Mycobacterium tuberculosis.	Children, adolescents and adults' migrants and refugees from countries /regions with high incidence of TB.	**The migrant groups targeted for screening and the location of screening are different for each country.**
HIV	1. Provide screening to migrants from places with high prevalence of HIV (≥ 1%). If HIV positive, care and treatment according to clinical guidelines. 2. Provide test to all adolescents and adult migrants if high risk of exposure. If HIV positive, care and treatment according clinical guidelines.	All adolescents and adults from countries / regions where HIV prevalence ≥ 1% (sub- Saharan Africa, parts of Caribbean, Thailand).	**Community-based HIV testing services and counselling linked to prevention, treatment and care services, for populations, including migrants, refugees and displaced populations.**
HEPATITIS B	1. Provide screening and treatment to migrants from moderate-high-prevalence countries (≥ 2% HBsAg). 2. Provide vaccination series to all children and adolescents migrants who do not have immunity or vaccination evidence from moderate-/high-prevalence countries (≥ 2% HBsAg).	Children and adolescents from countries / regions where hepatitis B is moderate or high. ≥ 2% (Africa, Asia, Eastern Europe). Vaccinate those who are susceptible.	*References: Adapted from ECDC, 2018 and Pottie K, et al., 2011.*

Table 2. Risks of infectious diseases in relation to their country of origin and/or countries visited during the journey as migrants. (2)

References: Adapted from ECDC, 2018 and Pottie K, et al., 2011.

HEPATITIS C	**Provide screening to migrant populations from HCV-endemic countries (≥ 2%) and RNA test to those found to have antibodies. Those found positive should receive care and treatment according clinical guidelines.**	**All migrants and refugees from countries / regions with prevalence ≥ 2%.**	**Chronic hepatitis C is an important public health problem in the EU/EEA. The disease leads to cirrhosis and liver cancer in a high proportion of people living with undetected and untreated CHC. To achieve the WHO goal of elimination of viral hepatitis as a public health concern by 2030, people affected should be diagnosed and receive care and treatment.**
SCHISTOSOMIASIS	Provide screening and treatment if positive to all migrants from countries of high endemicity.	All newly arriving from sub-Saharan Africa and focal areas of transmission in Asia, South America, and North Africa. In Asia, Africa, Middle East, Oceania and Latin America for Strongyloides.	**Screening for schistosomiasis and strongyloidiasis in migrant populations is an important control strategy as it allows for early detection and treatment, probably reduces individual morbidity, and prevents the risk of onward transmission.**
STRONGYLOIDIASIS	Provide screening and treatment if positive to all migrants from countries of high endemicity.		
Micronutrient's deficiencies	**Iron, Iode, Vit A, Zinc…**	**Manly: Children < 5 years old and Pregnant women.**	**Check nutritional intake, and country of origin.**

ANNEX A: Screen for vaccination and controlling diseases



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ANNEX B: Identifying vulnerable persons, immunization status, infection diseases, traumatic experiences, situation, health needs for migrants

MATTERS TO TAKE INTO ACCOUNT

Life experience (education, employment, family life, socio-economic and political situation), access to health care in their country of origin before migration.
Circumstances of the migration and current situation in the new community (social support, integration) are relevant for assessing possible health needs. Take into account, workers or students have different health needs than a refugee or an asylum seeker or a trafficked migrant.
Country of origin: it is important to know the origin and/or the journey until arriving. Then check the guide of migrant (ECDC, 2018) to knowing risks of infection and other possible health issues that could affect. Some diseases may not present clinically, and could have any disease that is not diagnosed (such as TB, HIV, Hepatitis B or C, Schistosomiasis, etc.).
Informations such as: the travel has been alone, with family or others. Has received vaccines (where, when, has card o registration). Has any disease diagnosed and in treatment / medication.
Has information about sexual health, is vulnerable to sexually transmitted infections, has contraceptive needs.
Has any specific nutritional or metabolic considerations, such as micronutrients deficiencies (ex.: iron, Vit A, zinc, iode deficiencies, etc.). (see country of origin).
Check any health problems that requires additional tests.

Note: Take time doing this kind of questions and explain very well the objective of asking the questions. Remember to inform that health services are no tied to immigration procedures.

Developed by EDUVAC from source: Gov.UK, 2019

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