PROMOVAX: Promote vaccinations among migrant populations in Europe

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Prolepsis Institute

Childhood Immunization, Progress, challenges & priorities for further action
Luxembourg, 16 & 17 October 2012
On behalf of the PROMOVAX Consortium

✓11 associated partners from 8 countries

✓12 collaborating partners from 11 countries

Project Coordinator: Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis
11 Associated Partners from 8 countries

- Technische Universität Dresden, TUD, Germany
- The Foundation for Scientific and Industrial Research, SINTEF, Norway
- University of Zagreb, Medical School; Andrija Stampar School of Public Health, AS, Croatia
- University of Pécs, UP, Hungary
- Nofer Institute of Occupational Medicine, NIOM, Poland
- Istituto Superiore di Sanità, ISS, Italy
- The University of Milan, Department of Occupational Health, UNIMI, Italy
- Università degli Studi di Sassari, UNISS, Italy
- The Cyprus International Institute (CII) for the Environment and Public Health, CII – CUT, Cyprus
- Research Unit in Behavior and Social Issues, RUBSI, Cyprus
12 Collaborating Partners from 11 countries

- WHO/Europe Occupation Health, Germany
- WHO/Europe Communicable Disease Unit, Denmark
- IOM-Migration & Health Division, Belgium
- European Center for Disease Prevention & Control, Sweden
- Alpert Medical School of Brown University, USA
- Public Health Institute, Albania
- Baskent University, Turkey
- Hospital de Sabadell. Universitat Autonoma de Barcelona, Spain
- Institute of Occupation Health, Serbia
- Institute of Epidemiology, Preventive Medicine & Public Health, Greece
- National School of Health, Spain
- National Center of Infectious & Parasitic Diseases, Bulgaria
Project Specifics

DG SANCO Public Health Program 2008- 2013

- Priority area: (3.2) Improve citizens’ health security. Action: (3.2.1) Protect citizens against health threats
- Grant agreement number: 2009 11 09
- Duration: 36 months
  - Starting date 22/5/2010
  - Ending date 21/5/2013
PROMOVAX background information

Why such a project?
PROMOVAX Background

- European health care services not equipped to respond to the influx of migrants - accessible, appropriate & good quality services for migrants

- Migrant populations from countries with a high prevalence of infectious diseases are disproportionately affected by TB, HIV, hepatitis A and hepatitis B.

- Lack of adequate resources and information about vaccination coverage in migrant populations is Europe
PROMOVAX Background

• Most of the non-immunized groups belong to hard-to-reach groups that lack access to vaccines and information about the importance of immunization
  - Immunization of migrants is a high priority issue for the EU health program within the context of reaching hard to reach populations.

• Immunizations could serve as a vehicle to provide primary care, other primary and secondary prevention services, including education
PROMOVAX: General Objective

- The general objective of the PROMOVAX project is to **promote immunizations** among migrant populations in Europe

- contributing to the elimination of vaccine preventable diseases in the region

- and reducing health inequalities
PROMOVAX: Specific Objectives

- To evaluate **migrant access** to primary health care, through the examination of immunization status and to record **existing migrant immunization policies, legislation and practices** in the participating countries
- To **identify & exchange best practices** on migrant immunizations
- To **enhance health care professionals’ knowledge** on immunization of migrants
- To **improve migrants knowledge** on immunizations
PROMOVAX Target Groups

PROMOVAX project targets 3 groups:

1. Documented working migrant population in the countries of the European Union.

2. Health care workers and other care givers providing for migrants in the European countries.

3. Policy makers & stakeholders
PROMOVAX: Methodology

- Recorded migrants’ access to primary Health Care – and immunization policies, legislation & practices in consortium countries

- Identified & evaluated best practices

- Developed recommendations

- Developed practical toolkits for the promotion of immunizations for migrants & for health care workers working with migrant populations
1st Step: Identification of migrant groups in consortium countries and report on existing situation
• Each partner country reviewed:
  ▫ **Country of origin & demographic data of dominant migrant populations**
  ▫ **Legislative context & existing policies on migrant immunizations**
Methodology for selection of migrant groups

1. **Number of migrant workers**

2. **Incidence rate for VPD in country of origin**

3. **Outbreaks of VPD in country of origin**

4. **Expert’s opinion**: based on criteria 1-3, a list of 52 countries was compiled. Experts from IOM ranked the selected countries in an ascending order of risk according to the challenge these countries may pose in the host country in terms of VPD.
10 Selected Migrant Ethnicities

<table>
<thead>
<tr>
<th>PARTNER COUNTRY</th>
<th>ALLOCATED MIGRANT ETHNICITY</th>
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<tbody>
<tr>
<td>Greece</td>
<td>Bulgaria</td>
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<tr>
<td>Cyprus</td>
<td>Romania, Nepal*, Somalia*</td>
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<tr>
<td>Norway</td>
<td>Iraq</td>
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<tr>
<td>Germany</td>
<td>Poland</td>
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<td>Italy</td>
<td>Albania</td>
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<td>Croatia</td>
<td>Bosnia and Herzegovina</td>
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<td>Poland</td>
<td>Ukraine</td>
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<td>Hungary</td>
<td>China</td>
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</tbody>
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Reviewed this 10 majority migrant groups in terms of:

- **Culture & attitudes towards immunizations**
- **Vaccination coverage** in respective countries of migrant origin
- **Incidence of vaccine preventable diseases** in respective countries of migrant origin
Host Country Information

- The demographic characteristics of the migratory populations (both EU and non EU) that arrived in the consortium countries in the past five years vary greatly.

- The burden of VPDs in migrant populations in the EU is unclear due to lack of surveillance systems.

http://www.promovax.eu/index.php/promovax/vaccination/vac1
Host Country Information

- Most of the partner countries have **no specific legislation and regulations concerning migrant immunizations nor specific immunization requirements for working migrants based on field of occupation**

- There is no national body assigned with the responsibility of monitoring and administering immunizations to migrants in particular
Migrant Country of Origin Information: example

<table>
<thead>
<tr>
<th>Somalia</th>
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<tbody>
<tr>
<td><strong>Factor</strong></td>
</tr>
<tr>
<td><strong>Socioeconomic position</strong></td>
</tr>
<tr>
<td><strong>Geographic regions</strong></td>
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<tr>
<td><strong>Limited access and movement the humanitarian community</strong></td>
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<tr>
<td><strong>No functional central government</strong></td>
</tr>
<tr>
<td><strong>Quality of healthcare provision</strong></td>
</tr>
<tr>
<td><strong>Insecurity and gaps in the infrastructure</strong></td>
</tr>
</tbody>
</table>

http://www.promovax.eu/index.php/promovax/vaccination/vac2
2nd Step: Identification & evaluation of best practices and development of recommendations
• Reviewed **best practices & missed opportunities** of providing immunizations in the participating European countries as well as traditional migrant receiving countries (USA, Canada, Australia etc)

Information Library: Index of good practices and recommendations.
Best Practice Evaluation Tool

1. Timing
2. Mobilization/way of motivation
3. Immunization profile
4. Training for caregivers
5. Financial coverage
6. Use of immunization informational system-record keeping
7. Program Evaluation and Research
# Final form of ‘Best Practice Evaluation Tool for Migrant Vaccination’

## Evaluation Tool for Migrant Vaccination Programs

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

### A. Timing

- If this practice is a continuous one?
  - Yes
  - No

- What is the duration of the intervention?
  - < 6 months
  - 6-12 months
  - > 12 months

### B. Mobilization way of motivation

- What cultural diversity was addressed?
  - Yes
  - No

- Was training for the care giver provided in order to improve their skills?
  - Yes
  - No

### C. Training for the care givers

- Was an individual training for the care giver offered as part of the program?
  - Yes
  - No

- Was there an opportunity for health care providers who work in the migrant community to be trained and keep track of the health status of the community?
  - Yes
  - No

- Were there actual trained health care providers who work in the migrant community?
  - Yes
  - No

### D. Financial coverage

- Was immunization provided for free?
  - Yes
  - No

- Was there any other barrier to administrative costs?

### E. Immunization Profile

- Were immunizations provided for all the groups?
  - Yes
  - No

- Was the immunization policy for the migrant population in the country?
  - Yes
  - No

### F. Program Evaluation and Research

- Was the program evaluated on its effectiveness (reaching target population, increasing awareness, promoting access to health care and immunization sites)?
  - Yes
  - No

- Did the target population (migrants) or the opportunity to evaluate the program?
  - Yes
  - No

### G. Use of Immunization Information System

- Was the data from the immunization program collected and reported?
  - Yes
  - No

## University of Pécs Medical School

**Migrant Health Programs**

[Logo: PROMOVAX, EU, Executive Agency for Health and Consumers]
1. An effective migrant immunization program should be continuous & sustainable & should take into account accessibility to the target group.

2. Language barriers can be addressed through interpreters.

3. Immunization programs should take cultural diversity into account & use cultural mediators.
   - Successful migrant immunization practices have trained cultural mediators to act as educators, health promoters, and health care system navigators for the migrant families. 

Promovax group recommendations for the immunization of migrants
Promovax group recommendations for the immunization of migrants

4. **Cost:** Access to immunizations & vaccines should be **free** for migrants. Successful immunization initiatives have secured funding from multiple resources.

5. A well-prepared program should adopt a **personalized approach** when dealing with individual migrants.

6. Successful immunization practices are **monitored & evaluated** in terms of the quality of activities and outcomes.
Promovax group recommendations for the immunization of migrants

7. **Data collection** and research concerning migrants’ health and socioeconomic status are essential to create a more detailed and realistic feedback on the situation of the target group.

8. **Use of a registry and immunization record card** recommended to facilitate monitoring and further evaluation of results, essential for creating a consistent migrant health data base.
Implementation Steps

Develop (WP6):

- **Health Worker Toolkit**: including step by step *guidance* and *tools* to be used when assessing & addressing immunization needs of migrant populations

- **Educational Material for Migrants**: providing general lay immunization information & addressing misconceptions in order to dispel common anti-vaccination myths

Development of tool-kits for health providers & migrants
3rd Step: Development of Toolkits and Educational Material
Reviewed and Identified:

1. Common misconceptions and barriers among migrant populations

   - Methodology: literature review and WP4 report analysis

2. Barriers among health professionals in providing migrant health care & immunizations in particular

   - Methodology: literature review, focus groups conducted in Greece and Hungary
Immunization Barriers among Migrant Populations - Migrant Level

1. **Socio-cultural issues** (marginalization, low level of integration into new community, difficulties in adaptation to new environment, acculturation, impact of family traditions, cultural & language differences)

2. **Education related issues** (low level of education of parents, especially mother, low level of health literacy, particularly in the field of vaccinations)
Immunization Barriers among Migrant Populations - Migrant Level

3. **Socioeconomic issues** (low income, low-status occupations, necessity to work making appointing vaccinations difficult or impossible)

4. **Health care utilization issues** (geographical and financial access, limited access due to the shortage of personnel, lack of trust in health care personnel)

5. **Migration-related issues** (continued migration, staying for short time in one place, fear of arrest)
Immunization Barriers among Migrant Populations - Health Provider Level

1. **Limitations of the host country’s health-care system**, such as lack of funding for undocumented migrants’ immunizations, limited availability of interpreters, inconvenient clinic hours, complicated process of obtaining appointments

2. **Health care personnel are frequently unaware of the health rights** of immigrants (i.e. free medical care when they are in the process of getting residence permit or available immunization referral sites).
3. Lack of training of health care providers on cultural diversity issues. Non appropriate behavior during visits and stereotypical attitudes towards ethnic minority patients can act as a barrier and have a detrimental effect.

4. Physicians are often ill-equipped to diagnose and treat diseases that appear in different geographic regions (i.e. malaria, dengue fever)

5. The lack of appropriate translated information and educative materials particularly where information and education is critical to the needs of adequate patient management.
Health Worker Toolkit
The Health Provider Toolkit **AIMS TO:**

- provide step-by-step **guidance & tools** for physicians/other primary care health professionals to use in assessing & addressing migrant immunization needs

- provide a compilation of **resources** for healthcare personnel who provide immunization services

- assist in more efficient and expeditious **care** for migrant patients
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Appendix (Pocket)

• **Migrants’ Risk of Exposure to Vaccine Preventable Diseases and Immunization Needs Assessment Form**

• **Immunization Record (for Adults)**

• **Immunization Record (for Children)**
Educational Material for Migrants
The Educational Material for Migrants AIMS TO:

- Provide general immunization information
- Address misconceptions in order to dispel common vaccination myths, e.g. you will not get the flu from the shot—it contains inactivated virus etc

✓ Health promotion material in a handbook format!
TABLE OF CONTENTS

A  Why and how should I use this educational material?
B  What are vaccinations?
C  What diseases do vaccines prevent?
D  Are vaccinations safe?
E  Who needs vaccinations?
F  Ask for an interpreter
G  MYTHS and FACTS
H  Where can I get immunized?
I  What if I have no health insurance and I cannot afford to get vaccinated or vaccinate my children?

Appendix
Thank you for your attention!

For more information please contact:
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www.promovax.eu