

## Best practice guidelines for immunising a person from a refugee background in a primary care setting.

***“It might take time to explain vaccination to me, but if you take the time to explain, I’ll tell that to my community.” G11 Community Representative.***

### Purpose

The aim of this guideline is to provide clinical staff with standards for providing catch-up immunisations to refugees and asylum-seekers in a primary health care setting.

### Background Information

#### 1) Why vaccinate?

- To provide refugees and asylum seekers with the same level of protection as those of the equivalent age born in the settlement country.<sup>1, 2, 3, 4, 5</sup>
- War and civil unrest can interrupt vaccination programs leaving young children at most risk for vaccine-preventable diseases.<sup>6, 7</sup>
- Protection from immunisation wanes over time for some vaccines so even those who’ve previously been vaccinated can benefit from catch-up immunisation.<sup>2, 8, 9, 10, 11, 12</sup>

#### 2) Be opportunistic<sup>4, 13, 14</sup>

- Start the conversation about vaccination at first contact
- Commence catch-up schedule at earliest possible opportunity
- Immunisation is the responsibility of all health providers<sup>4</sup>
- Don’t assume others are completing the catch-up schedule<sup>4</sup>
- Consider asking any other family members who have accompanied the patient about their vaccination histories and commence schedules for them too.<sup>5</sup>
- Immunise all family members for all vaccines due in one visit wherever possible.<sup>13</sup>

#### 3) Documentation / Proof of previous Immunisation History

- Documentation of previously given vaccines can often be missing, incomplete or unclear.<sup>1, 13, 15</sup>

- Parental or self-recall of immunisation history may be inaccurate.<sup>14</sup>
- Only use a reliable vaccination history (defined as a written, dated record of each dose (e.g. personal, school, physician or immunisation registry)).<sup>4,16</sup>
- In the absence of documentation, a patient should be considered unimmunised.<sup>4,17</sup>
- If records are not in the settlement country's language, these should be translated, ideally by a qualified medical translator.
- If the patient is unable to provide documentation at the first consultation with the nurse, efforts should be taken to assist the patient to locate it, e.g. remind patient to bring to next appointment, call your usual agency who holds vaccination records.
- Persons whose records cannot be located should be considered susceptible and schedule started or continued on the age-appropriate schedule.<sup>4</sup>

## Ascertain immunisation status

1. Review any written/ electronic records provided. Ask patient about their vaccination history. Ask for any hand-held records.<sup>11,12,15,18,19</sup> This includes vaccines documented on:

### Pre-arrival vaccines

- Health manifest/ settlement report - this can be requested from Department of Immigration and Border Protection.<sup>2</sup>
- Detention health summary or health discharge assessment (individuals should have been given a copy to keep).<sup>13</sup> Do not assume that vaccines given in detention facilities have been recorded on Australian Immunisation Register (AIR). A vaccination history for those who have been immunised in community detention can be accessed by calling the Community Detention Assistance Desk (CDAD) on 1800 725 518. A vaccination history for those who have been in off-shore detention must be requested via a Freedom of Information request to the Department of Immigration and Border Protection (DIBP).
- If you wish to access the vaccination history of current detainees then you can complete a request for release of information form signed by the patient/ guardian and email it to [recordrequests@ihms.com.au](mailto:recordrequests@ihms.com.au). Consent forms are available at <http://www.ihms.com.au/medical-records-requests.php>
- If the names or components of a vaccine are difficult to decipher, even with the use of an interpreter, the WHO website could be used to assist.<sup>15</sup>

### Post-arrival vaccines

- Personal handheld records
  - Interstate documents
  - AIR/ Vaccination Information and Vaccination Administration System (VIVAS) (N.B. VIVAS only covers Queensland).
  - Previous primary health care providers
2. Record complete vaccine history in practice software: type of vaccine (using name as recorded), dose and date given, batch number. This is important for management of vaccine surveillance and adverse events following immunisation (AEFI).<sup>4,13</sup>
  3. Generate catch-up schedule based on age.<sup>13</sup>
    - If a schedule has been interrupted, continue from that point - do not repeat doses or restart the schedule.<sup>5,20</sup>
  4. Consider relevant factors:
    - Age/ licensing/ funding restrictions<sup>4</sup>
    - Recent/ pending schedule changes<sup>2,4</sup>
    - Which vaccines should be deferred until child reaches National Immunisation Program (NIP) schedule age<sup>2,4</sup>
    - How your schedule will interact with other vaccination episodes (e.g. school-based vaccination program)<sup>2,14</sup>
    - Use combination vaccines where possible to minimise number of needles and visits<sup>4</sup>
    - Prioritise vaccines to be given when many are due: consider local outbreaks, pregnant women, infants and elderly in family
  5. Catch up vaccines are funded for refugees and other humanitarian entrants on an ongoing basis under the expanded NIP.<sup>21</sup>

### Take into account any relevant pathology results and adjust schedule accordingly.<sup>13</sup>

1. Consider relevant clinical information and adjust schedule accordingly e.g. pregnancy, over 65 years, HIV, sickle cell<sup>14</sup>
2. ASID does **not** recommend routine serology against range of vaccine-preventable diseases (VPDs) to guide catch-up immunisation.<sup>4</sup>
3. The only VPDs the Australian Society for Infectious Diseases (ASID) recommends pathology screening for are:

- Hepatitis B for 1) refugees from countries where Hep B is intermediately or highly endemic (**most** countries of refugee origin) and 2) those at high risk of acquiring Hep B. <sup>4, 16</sup>
- Varicella - refugees > 14 years of age with no history of natural infection <sup>4</sup>
- Rubella - women of childbearing age. However, as MMR is part of the funded catch up schedule and single rubella vaccine is not, unless also checking measles and mumps serology (which is not recommended) then this result alone may not be particularly valuable.

## Compare any vaccines previously given with the recommended schedule, paying consideration to the intervals between vaccines.

1. Vaccines may need to be repeated for multiple reasons:

- Vaccine records where a documented dose is given before the official birth date of the child <sup>16</sup>. Check that the official date of birth (on Visa) is accurate.
- Vaccines which have not been adequately spaced in line with the NIP

## Australian Immunisation Handbook (AIH) makes specific recommendations on intervals required for optimal immunity

1. AIH is considered the “source of truth”. <sup>2, 11, 13</sup>
2. Live vaccines must be spaced by at least 4 weeks interval. <sup>2, 13, 14</sup>
3. Interval between Hep B doses strictly prescribed. <sup>14</sup>
4. Failure to space doses adequately means that they will not be accepted by AIR and will need to be repeated to avoid families missing out on Centrelink payments. <sup>13, 22</sup>
5. South Australian catch-up calculator may be a useful tool to check recommended intervals, although currently only covers birth - 19 years. There is a need for a whole of life calculator. <sup>2, 22</sup>

## Process

1. Always follow Australian Immunisation Handbook, Health Management Protocol, local policy/ procedures/ protocols
2. Always use professional interpreters, where needed, for obtaining history, obtaining informed consent, providing pre and post immunisation advice. Document language of patient and interpreter service job number or interpreter identification number. <sup>2</sup>
3. Be sensitive to the impact of cultural beliefs and health literacy on understanding and communication around the use of vaccines.

4. Discuss risks and benefits and potential side-effects of vaccination with patient/ family. Provide information relevant to language and literacy level - written and audio-visual resource available for minority languages. Discuss the catch-up schedule that has been developed, the need for multiple doses where relevant and importance of completing the schedule.<sup>2, 20</sup>
5. Use local protocols for identification and procedure matching, e.g. identify individual to be vaccinated by name, date of birth and address.
6. Provide patient with hand-held record of immunisation - ideally use standard format for the area in which you work, e.g. in Queensland Child Health Red Book. Encourage them to bring it to each vaccine visit.<sup>7, 14</sup>
7. Make appointment for next vaccine visit before the patient leaves. Where possible use telephone/ text reminders, consider transport options (e.g. volunteer transport for hospital, liaison with settlement agency). Try and align vaccine visits with GP reviews to minimise patient visits.<sup>24</sup> The [NSW translated appointment tool](#) is useful.
8. Ensure adequate time is booked for vaccine appointments. Even 2nd and 3rd vaccine visits can be time consuming, but can also be an excellent opportunity for health promotion.<sup>2</sup>
9. Encourage patients to return to the same surgery, where possible, for future vaccinations. This promotes continuity of care and ensures that patient vaccination history does not become fragmented.
10. Record **all** vaccines administered to both children and adults on AIR.<sup>4, 12, 14, 22</sup>
11. Provide a print-out of all vaccinations given after each episode and advise the patient to keep it safe with their important documents, e.g. passport. When the catch up schedule is completed, provide patient with a complete record and advise them that they can request a vaccine summary from the surgery at any time in the future if needed.
12. Transmit vaccine data for patients **of all ages** to AIR daily.
13. Remind patients that if they ever plan to travel in the future, to return to the surgery and discuss travel vaccines.<sup>4, 5</sup>

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