Challenges and options to address vaccination needs of irregular migrants, refugees or asylum seekers in the EU

Karam ADEL ALI, ECDC on behalf of
ECDC Vaccine-Preventable Diseases Programme

ProVacMed Network Meeting, 17 June 2016 – Rome, Italy

Star-marked (*) slides featured are courtesy of Teymur Noori, ECDC

High profile on EU political agenda

- “Migrants health” gaining new political momentum, following inc
  influx of refugees & asylum seekers

  - EU Commission President Juncker’s **European Agenda for Mi**
    - EU Civil Protection Mechanism in support of countries at higher expo
    - Increasingly targeted financial aid mechanisms, e.g. Asylum Migratio
      Integration Fund; EU Emergency Assistance Instrument
    - → 700 M EUR 2016-2018 (implemented through partner organisation
    - → +60 M EUR announced at end 2015 to support **‘health needs’**

- ECDC work on migrants started in 2007 → EU Council Conclus
  “Health and Migration in the EU” calling inter alia for

ECDC to produce a series of reports on migration and infectious d
the EU, including HIV, tuberculosis and vaccine preventable di

#For more information, please visit: http://ecdc.europa.eu/en/healthtopics/migrant-health/Pages/migrant-health-series.aspx

Long-standing migrant health challenges from a healthcare system perspective (1/2)

Challenge of definitions

- Broad definition of who constitutes a migrant

Challenge of data scarcity

- How many migrants are there in any given country
- High-quality data on
  - Health determinants
  - Health status
  - Challenge of carried vs. acquired health problems
  - Healthcare service utilisation not available in most EU

Long-standing migrant health challenges from a healthcare system perspective (2/2)

Challenge of horizontal & vertical health equity

- Legal restrictions on entitlements to health services
- User fees and impeded access to health insurance
- Language and underdeveloped health literacy
- Unfamiliarity with own rights
- Social exclusion and discrimination (direct & indirect)
- Discrepancies between policy and practice

- *Non-homogeneous group*
- *Diverse health needs*

Need for reinforced capability in countries?

Key role of pro-active public health and healthcare systems with capability to identify, assess, address needs

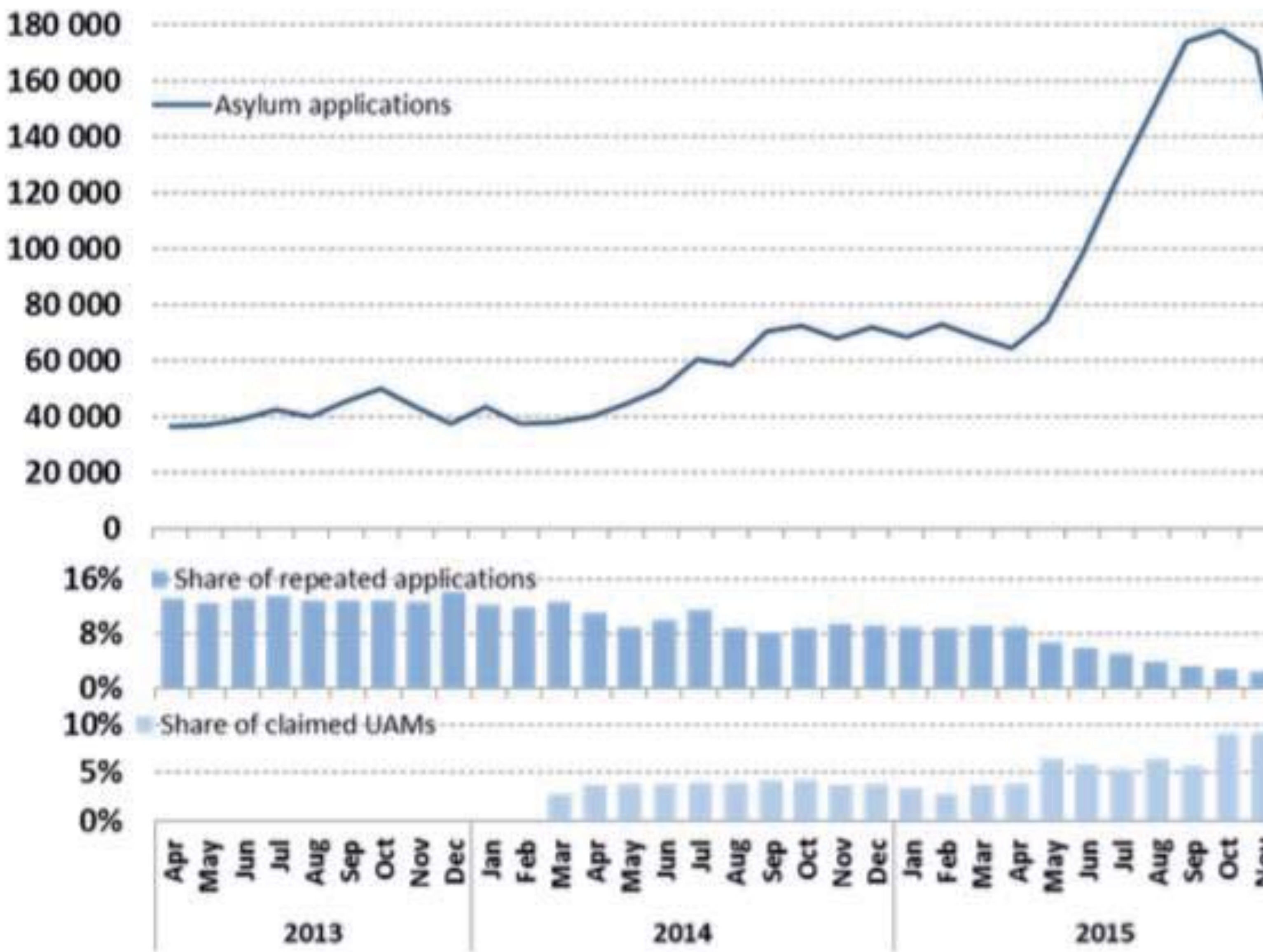
Significantly increased flow of ‘irregular’ migrants, refugees, and asylum seekers

SHARP INCREASE IN INFLUX

Despite ‘healthy migrant effect’, there is potentially higher vulnerability to communicable diseases, poor mental health, maternal-child health problems*

Factors spanning
- **Social**
- **Economic**
- **Cultural**
- **Legal**

Rechel et al (2011), Migration and Health in the European Union, EU Observatory on Health Systems and Policies.



UAMS = 2.4 % (lowest since start); Afghanistan = 45% of UAMs followed by Somalia, The G

*LATEST TRENDS AVAILABLE FROM https://www.easo.europa.eu/sites/default/files/public/Latest%20Asylum%20Trends%
.

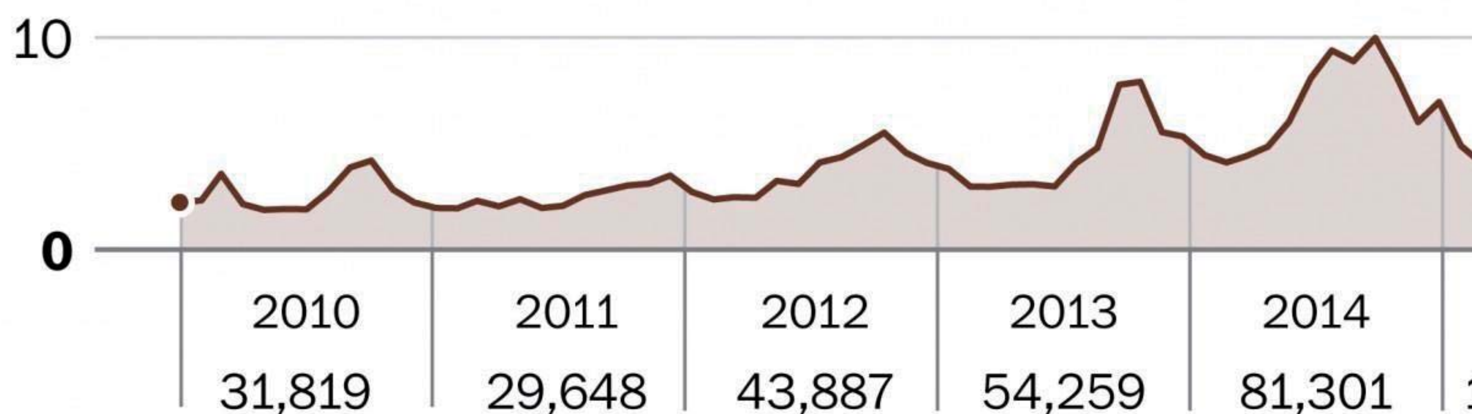
Applications for asylum received by Sweden

(In thousands)

30

In the four-month period from August to November, Sweden received **112,000** asylum applications. The amount is larger than Sweden's previous annual record.

20



Note: 2015 data is up to November.

Source: Swedish Migration Agency

LAZARO GAMIO/THE WASH

ECDC Risk assessments and technical reports, 2011

World Health Organization
REGIONAL OFFICE FOR Europe

MISSION REPORT

Increased influx of migrants at the Greek–Turkish border

April 2011

www.ecdc.europa.eu

ECDC RISK ASSESS

Situation in northern Africa/Libyan Arab Jam
and the influx of migrants* to

12 A

EXECUTIVE SUMMARY

Currently there are no major outbreaks related to infectious diseases reported in Libyan Arab Jamahiriya, t
the borders with Egypt, Tunisia and Niger or the reception and detention camps in EU countries (Italy, Mal
Greece). The risk of importation of infectious diseases from North Africa to the EU is therefore considered t

From a public health perspective, the most urgent concern is related to the living conditions of the migrant
reception and detention centres, such as overcrowding and poor sanitation, as these are important risk fac
infectious disease outbreaks.

Outbreak-prone infectious diseases in crowded conditions as may exist in the reception and detention cent
measles, diphtheria, influenza, pertussis and acute respiratory infections. The risk for vaccine-preventable
largely depends on the susceptibility of the population. In addition, poor sanitary conditions may increase t
diarrhoeal diseases.

Public health measures that may be taken in order to mitigate the risk of infectious disease outbreaks are:

- An appropriately adapted surveillance system for early warning purposes, including entry health assess
  proper referral systems.
- Dedicated mother-and-child services as well as mental healthcare facilities at the reception and detenti
- Specific vaccination strategies in order to 1) protect both children and adults against those diseases wh
  more vulnerable to, due to the emergency conditions they are experiencing; and to 2) assure children
  their immunisation history. In addition, specific attention should be paid to healthcare workers' immuni
  in the specific situation.

The majority of the current migrants are healthy adult males, for whom the infectious disease risk is consi
limited. The International Organization for Migration (IOM) has a view that the situation may get more com
second wave of migrants is anticipated to include more vulnerable persons, e.g. women and children or pe
pre-existing medical conditions.

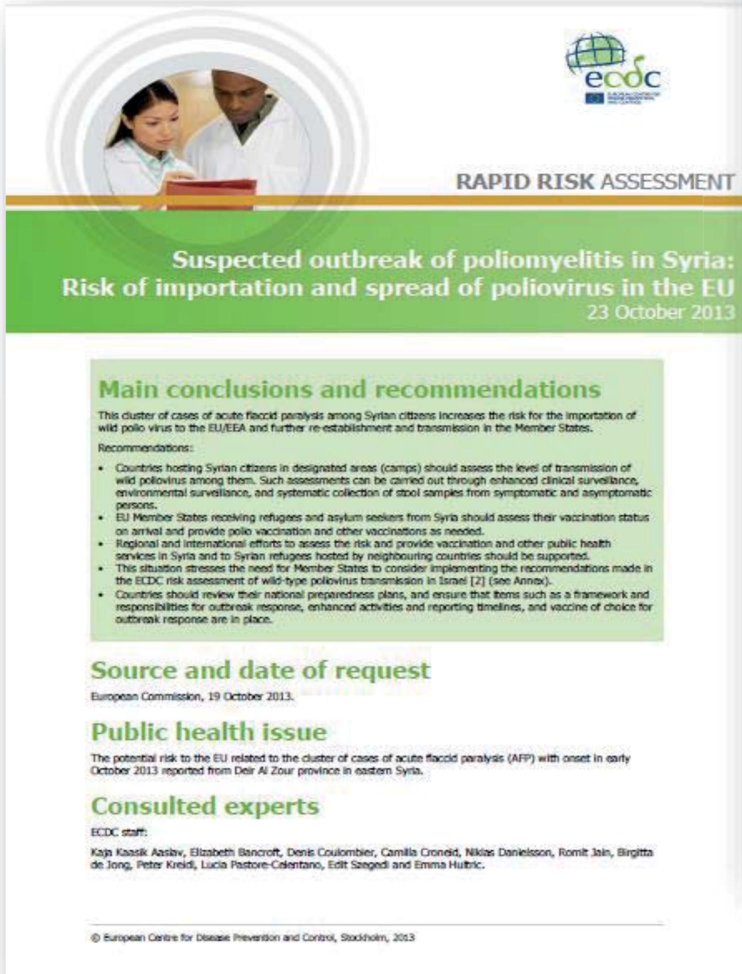
ECDC, in collaboration with the Member States, the European Commission and international organisations,
to closely monitor the situation in order to rapidly identify and assess potential communicable disease thre

* For the purpose of this risk assessment, 'migrants' is defined as including refugees, asylum seekers, displaced popu
migrants and in some cases labour migrants, as defined by IOM in the Glossary on Migration, 200
http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/published_docs/serial_publications/Glossary_

Stockholm, April 2011
© European Centre for Disease Prevention and Control, 2011. Reproduction is authorised, provided the source is ackno

* http://ecdc.europa.eu/en/publications/Publications/1105_MIR_Joint_WHO_Greece.pdf

ECDC Risk assessments and technical repo
2012-2014


RAPID RISK ASSESSMENT

Suspected outbreak of poliomyelitis in Syria: Risk of importation and spread of poliovirus in the EU
23 October 2013

Main conclusions and recommendations

This cluster of cases of acute flaccid paralysis among Syrian citizens increases the risk for the importation of wild polio virus to the EU/EEA and further re-establishment and transmission in the Member States.

Recommendations:

- Countries hosting Syrian citizens in designated areas (camps) should assess the level of transmission of wild poliovirus among them. Such assessments can be carried out through enhanced clinical surveillance, environmental surveillance, and systematic collection of stool samples from symptomatic and asymptomatic persons.
- EU Member States receiving refugees and asylum seekers from Syria should assess their vaccination status on arrival and provide polio vaccination and other vaccinations as needed.
- Regional and international efforts to assess the risk and provide vaccination and other public health services in Syria and to Syrian refugees hosted by neighbouring countries should be supported.
- This situation stresses the need for Member States to consider implementing the recommendations made in the ECDC risk assessment of wild-type poliovirus transmission in Israel [2] (see Annex).
- Countries should review their national preparedness plans, and ensure that items such as a framework and responsibilities for outbreak response, enhanced activities and reporting timelines, and vaccine of choice for outbreak response are in place.

Source and date of request

European Commission, 19 October 2013.

Public health issue

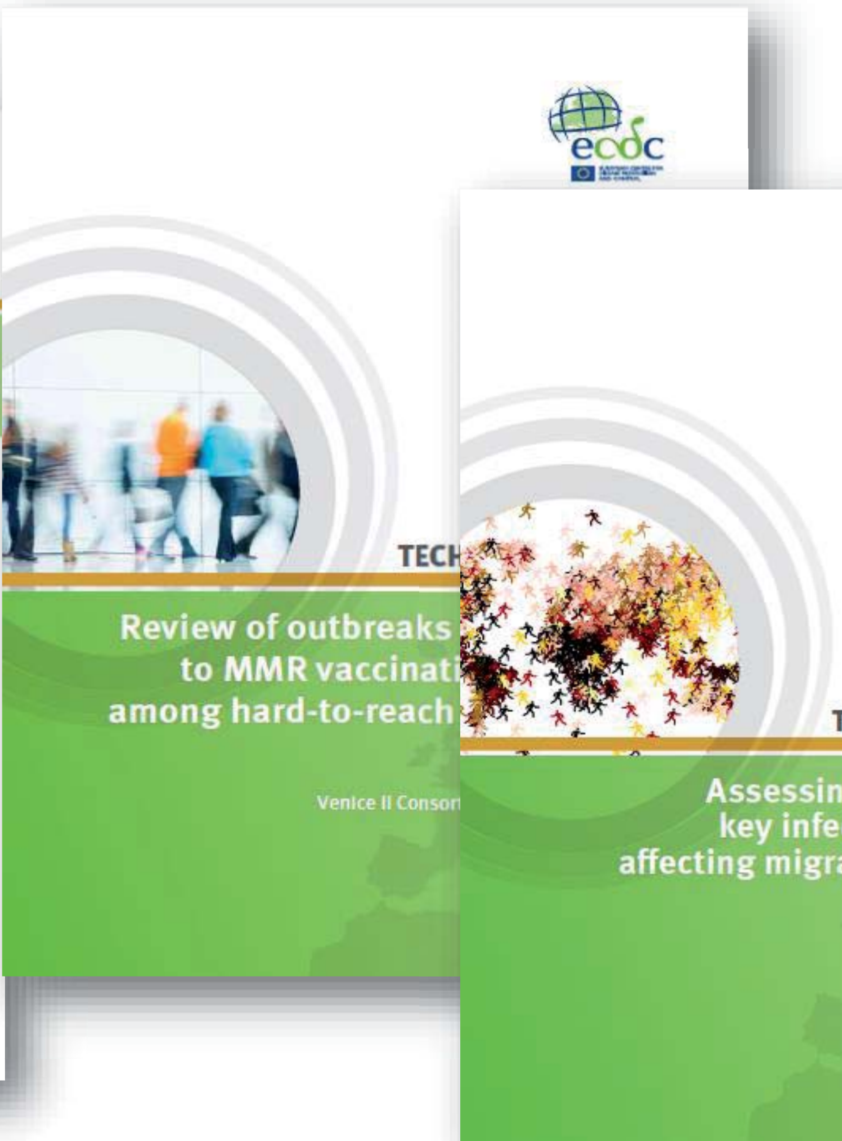
The potential risk to the EU related to the cluster of cases of acute flaccid paralysis (AFP) with onset in early October 2013 reported from Deir Al Zour province in eastern Syria.

Consulted experts

ECDC staff:

Kaja Kaasik Aaslav, Elizabeth Bancroft, Denis Coulombier, Camilla Croneid, Niklas Danielsson, Romit Jain, Birgitta de Jong, Peter Kreidl, Lucia Pastore-Celentano, Edit Szegedi and Emma Hutric.

© European Centre for Disease Prevention and Control, Stockholm, 2013



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http://ecdc.europa.eu/en/publications/Publications/RRA%20poliomyelitis%20Syria%2021%2010%202013.pdf
http://ecdc.europa.eu/en/publications/Publications/MMR-vaccination-hard-to-reach-population-review-2013.pdf
http://ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations-summary.pdf

ECDC Risk assessments and technical rep

2015

Cutaneous diphtheria a
refugees and as

Main conclusions and option

ECDC threat assessment for the EU

Conclusions and options for response

1. Infectious disease risks among newly-arriv the EU/EEA

2. Infectious diseases to consider according t origin

*
http://ecdc.europa.eu/en/publications/Publications/Diphtheria-cutaneous-EU-July-2015.pdf
http://ecdc.europa.eu/en/publications/Publications/refugee-migrant-health-in-european-winter-rapid-risk-assessment.pdf
http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.pdf

ECDC Expert opinion on the public health needs of irregular migrants, refugees or asylum seekers

Objectives

- To produce scientific advice on the main health needs of migrant populations in relation to communicable diseases
- Provide options for addressing these needs

Methods

- ECDC conducted interviews with 14 senior experts
- Non-systematic review of available evidence

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European Journal of Public Health, 1–2
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Viewpoint (only commissioned)

Public health needs of migrants, refugees and a
Infectious disease aspects

In the first 10 months of 2015 the total number of asylum applications to the European Asylum Support Office (EASO) recorded by European Union (EU) countries exceeded the 1 million mark, an unprecedented level since the establishment of the EU. Syria has been the most common country of origin of asylum applications, followed by Afghanistan and Iraq.[1] However, these figures do not take unregistered migrants into account; in the same time period

Screening for

Screening can be def
ination, involving la
for and identify ca
population. Althou
expert consultations

* ECDC. Expert Opinion on the public health needs of irregular migrants, refugees or asylum seekers across the EU's southern and south-east
ECDC; 2015. http://ecdc.europa.eu/en/publications/Publications/Expert-opinion-irregular-migrants-public-health-needs-Sept-2015.pdf

Public health needs identified:

- **Reception centres/ systems** to assure health assessments immediately upon arrival
- **Adequate shelter** to avoid crowding and ensuring good sani hygienic conditions
- **Health education and health promotion** emphasizing the b of screening, immunisation, and other measures (i.e. languag specific information and cultural mediators)
- **Guidance on screening** for communicable diseases
- **Vaccination services** should be reinforced (what and when t vaccinate, stock-outs)
- **Syndromic surveillance guidance** to generate alerts to initi timely public health responses

* ECDC. Expert Opinion on the public health needs of irregular migrants, refugees or asylum seekers across the EU's southern and south-east ECDC; 2015. http://ecdc.europa.eu/en/publications/Publications/Expert-opinion-irregular-migrants-public-health-needs-Sept-2015.pdf

Examples of infectious diseases to be aware of based on country of origin

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea
Diphtheria	Cases reported to WHO in 2012, 2013, 2014	0, 0, and NA	0, 0, 0	3, 4, and 5	8, 0 and NA
Hepatitis B	Prevalence of chronic Hep B	Intermediate: 5.6%	High: 10.5%	Low: 1.3%	High: 15.5%
Measles	Incidence per 100 000 in 2013, 2014	1.84 and 2.68	1.41 and 1.75	2.09 and 3.02	0.77 and 0.02
Polio	Cases reported to WHO in 2012, 2013, 2014	0, 35 and NA	46, 17, and 28	0, 0, and 2	0, 0, and 0
Tuberculosis	Incidence/ 100 000	Low: 17	High: 189	Low: 25	High: 40 to 499
Rabies	Risk level for humans to contract	High	High	High	High

http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.

Risk assessments

2015

ECDC threat assessment:

- Newly arrived migrants and refugees do not represent a threat to Europe with respect to communicable diseases
- Risk of outbreaks as a consequence of current influx of migrants is low, however it should still be considered to ensure these are recognised or prevented timely
- The risk to refugees has increased due to overcrowding reception facilities, resulting in poor hygiene and sanitat arrangements, … and <u>potential risk of contracting the disease in arrival or hosting country</u>

- Healthcare providers in EU/EEA countries should be made aware that vaccinated individuals can still be infected by *Corynebacterium diphtheriae* and can become asymptomatic carriers of toxin-producing strains.

Suggested citation: European Centre for Disease Prevention and Control. Cutaneous diphtheria among recently arrived refugees and asylum seekers in the EU, 30 July 2015. Stockholm: ECDC; 2015.

© European Centre for Disease Prevention and Control, Stockholm, 2015

Some key challenges to protect migrants against VPDs

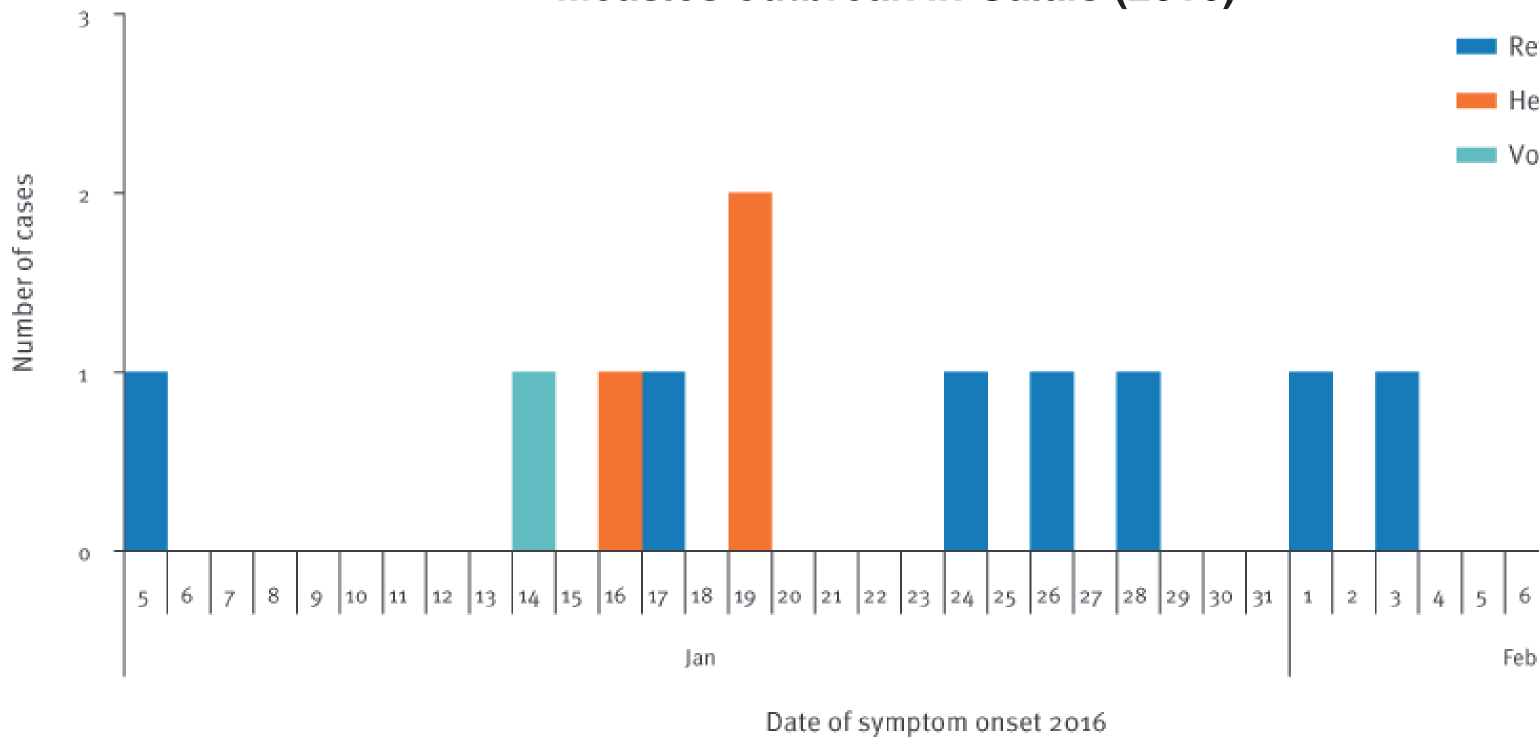
- Vaccinating immigrants “in transit” or at final destinat
- What to do in absence of vaccination record?
- How to record vaccinations being performed?
- How to address the issue of unaccompanied minors
- Which vaccines to prioritise?
- Which schedule to follow? E.g. NIP?
- How to handle cases of shortages of vaccines in EU

At both national and sub-national levels:

- Capacity to vaccinate?
- Capacity for effective surveillance?
- Capacity for response to potential outbreaks?

Ensuring newly arrived migrants' adequate protection, particularly vulnerable children

Measles outbreak in Calais (2016)



Jones et al (2016), Measles outbreak in a refugee settlement in Calais, France: January to February 2016. Euro Surveill. 2016;21(11):pii=30167. DOI: http://dx.doi.org/10.2807/1560-7917.ES.2016.21.11.30167

Options for reviewing and acting upon vaccination status (1/3)

- Vaccination to be offered based on national guidelines of hosting coun
- Vaccination status to be assessed using available documentation
- If no or uncertain documentation exists, consider individual as unvacci administering first doses asap following entry or registration
- When possible combination vaccines to be used to facilitate vaccinatio
- In case of shortage, prioritise children but aim for at least one dose dT- containing vaccine in adults
- The timing needed for completing primary series to be taken into accou relation to logistics of potential transfers to other camps or settings

http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.

Vaccinations to be offered in the absence of documented evidence of prior vaccination (2/3)

Table 3. Vaccinations to be offered in the absence of documented evidence of prior vacci

Disease/age group	Children and adolescents (<18 years)	Adults (> 18 ye
Priority vaccinations		
Measles, mumps, rubella	Administer to individuals ≥ 9 months of age. Two doses of MMR* should be administered at least one month apart but preferably longer according to national guidelines. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months of age.	Administer one or two doses of individuals, according to nationa
Diphtheria, tetanus, pertussis, polio, Hib	Administer to individuals ≥ 2 months, three doses of DTaP-IPV-Hib (Hib-component only for children <6 years unless other country-specific recommendations) containing vaccines at least one month apart, followed by a booster dose according to national guidelines. Pentavalent- and hexavalent combination vaccines are authorised up to six years of age.	Administer to all adults, three d IPV- ** containing vaccines acc guidelines

Vaccinations to be offered in the absence of documented evidence of prior vaccination (3/3)

To be considered		
Hepatitis B	Administer to individuals ≥ 2 months, three doses according to national guidelines*** Administer to new-born infants of HBsAg-positive mothers within 24 hours of birth, according to national guidelines	Administer to all adults, with or screening, according to national
Meningococcal disease	National guidelines for meningococcal vaccines against serogroups A, B, C, W135 and Y should be followed, unless the epidemiological situation suggests otherwise.	
Pneumococcal disease	Administer to individuals ≥ 2 months with 1–3 doses of conjugate vaccine at least one month apart, according to national guidelines	Administer to individuals ≥ 65 y to national guidelines.
Varicella	National guidelines should be followed unless the epidemiological situation suggests otherwise. If used, administer to individuals ≥ 11 months of age, two doses of varicella at least one month apart, but preferably longer.	National guidelines should be fo epidemiological situation sugges Consider vaccinating non-immu women of childbearing age.
Influenza	National guidelines should be followed unless the epidemiological situation suggests otherwise. Consider vaccinating risk groups over six months of age ahead of and during influenza season.	National guidelines should be fo epidemiological situation sugges Consider vaccinating risk groups pregnant women, ahead of and season.
Tuberculosis	Administer BCG according to national guidelines. Re-vaccination with BCG is not recommended.	BCG is generally not recommen unless specific reasons suggest

http://ecdc.europa.eu/en/publications/Publications/Infectious-diseases-of-specific-relevance-to-newly-arrived-migrants-in-EU-EEA.

In context of aP-containing vaccine shortages…

- ECDC survey targeting NFPs for VPD including the following
  - Does your government/national vaccination programme currently offer vaccinations for irregular migrants and asy seekers?
  - Has the provision of vaccinations to irregular migrants an asylum seekers exacerbated the shortage of vaccines in country?
  - Do you expect that the provision of vaccinations to irregu migrants and asylum seekers will exacerbate the shortag vaccines in the coming 12 months?

ECDC. Rapid Risk Assessment, Shortage of acellular pertussis-containing vaccines and impact on immunisation pr
EU/EEA Stockholm: ECDC; 2015; http://ecdc.europa.eu/en/publications/Publications/RRA-shortage-of-aP-containin

In context of aP-containing vaccine shortages…

Table 3. Provision of vaccinations to irregular migrants and asylum seekers

Country	Vaccinations offered to irregular migrants/asylum seekers?			Exacerbated shorta provision of vaccination migrants/asylum s	
	Children	Adults	Volume	Present	Fu
Belgium	For all <18 years: according to the national vaccination programme	For asylum seekers: • from Afghanistan, Pakistan, Somalia and Nigeria: IPV • born after 1970: MMR • Tdap booster	Around 6 850 (January–August 2015)	Yes, for IPV	Yes, for IPV
Bulgaria	For asylum seekers <15 years: DTPa-IPV-Hib (pentavalent), MMR shortly after entry; then the schedule continues according to the national immunisation programme		Around 2 000, since November 2013	No	Yes, for DTPa (Pentavalent)
Croatia	For registered asylum seekers: According to the national vaccination program	For registered asylum seekers: Td, IPV, MMR	A few dozen	No	Maybe, depen of asylum see
Czech Republic	For those < 15 years: measles and polio			N/A	N/A
Estonia	No		N/A	No	No
Finland	For asylum seekers <18 years, according to the national vaccination program	For asylum seekers: • IPV for those coming from polio-risk countries or those who share accommodations with them. • MMR, Td	No data	No	Maybe, depen of asylum see
Germany	According to official recommendations†		No data	Unknown	Yes
Hungary	For registered individuals, age-		No data	No	Maybe

ECDC. Rapid Risk Assessment, Shortage of acellular pertussis-containing vaccines and impact on immunisation pr EU/EEA Stockholm: ECDC; 2015; http://ecdc.europa.eu/en/publications/Publications/RRA-shortage-of-aP-containin

Evidence-based guidance on prevention and assessment of communicable diseases among migrants in the EU/EEA

Objectives

- Collect and **synthesise the scientific evidence** on screening and preventio for infectious diseases among migrants;
- **Review national and international policies**, practices and guidelines on screening for ID among migrants;
- **Consult key experts** in countries working with prevention of infectious diseases among migrants;
- **Draft evidence-based guidance** on screening and prevention of infectious diseases among migrants;

Target audience

- National and sub-national policy makers in EU/EEA Member States
- Health practitioners
- NGOs and patient organisations working with migrant communities

ECDC foreseen objectives and outputs on migrant & VPD 2016-2017

Objective

- Provide MS and Commission with data and policy analysis concerning VPDs migrants population in order to support policy makers in EU;

Outputs

- Survey among MS on **current practices** on immunisation of migrants & asylum seekers entering the countries;
- Technical report **mapping policies and laws** on childhood and adult immunisation of migrants requiring health assistance in MS;
- Evidence-based guidance on prevention and assessment of communicable diseases among migrants in the EU/EEA (**VPD section**);

Thank You!

karam.adelali@ecdc.europa.eu
lucia.pastore.celentano@ecdc.europa.eu