PROMOVAX

Promote Vaccinations among Migrant Populations in Europe

EU Workshop

Report

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Contents

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The EU Workshop

A. Objective

The EU workshop was the central event of the 6th WP, which is dedicated in the development of the educational materials for health professionals and migrants. The workshop took place in Brussels, on June 28-29th, 2012.

The main objectives for this event were the following:
- review and evaluate the health professional toolkit that was developed during prior stages of this project. The health professional toolkit was evaluated mainly by health professionals caring for migrants.
- review and evaluate the educational material for migrants that were developed during prior stages of this project. The educational material for migrants was reviewed and evaluated by cultural mediators and migrant representatives**.**

B. Participants

Associated Partners

Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis, Greece
Dina Zota, Afroditi Veloudaki

Technische Universität Dresden, Germany
Ursula Dietrich

Università degli Studi di Sassari, Italy
Dolores Forgione

The SINTEF Foundation, Norway
Oyvind Hope, Roland Mandal

University of Zagreb, Medical School, Croatia
Jadranka Mustajbegović

University of Pécs, Hungary
Istvan Szilard, Erika Marek

Research Unit in Behaviour& Social Issues, Cyprus
Christina Loizou

Cyprus International Institute for the Environment & Public Health in Association with Harvard School of Public Health, Cyprus University of Technology, Cyprus
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Università degli Studi di Milano, Italy
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Maria Grazia Dente

The Nofer Institute of Occupational Medicine, Poland
Piotr Sakowski, Maciek Dobras

Collaborating Partners

ECDC
Andrea Würz, Niklas Danielsson

WHO-Europe
Santino Severoni

National School of Health, Ministry of Science and Innovation, Spain
Sanz Barbero Maria Belen

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Lewis Carol

Baskent University, Turkey
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Invited Participants

Ethno-Medical Center, Germany
Ramazan Salman

Medecins Du Monde, Greece
Aspasia Michalakis

Hungarian Public Health & Medical Officer Service, Hungary
Ágnes Simek

PRAKSIS, Greece
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Belosevic Ljiljana

Maishae.V., Germany
Virginia Wangare Greiner

Association of Bridge, Italy
Wang Fang

NSPH, Greece
Abdelrasoul Mahmoud

Ethno-Medical Center, Germany
Roukiatou Maas

HCDCP, Greece
Agoritsa Baka, Androula Pavli, Katerina Kourea

EuroHealthNet, Belgium
Karen Vandeweghe, Chen Sheng Wei

Cultural mediators – migrant representatives: Khalid Mortaga, Zahra Omar, Svitlana Kovalska, Marinisa Shkurti, Arda Kahraman

C. Meeting Agenda (annex)

D. Meeting Outcomes

1. EU Workshop Preparation Proceedings Methodology followed for the development of the Migrant Educational Material and the Health Worker Toolkit

In order to produce an effective and relevant to the target group's needs material, the PROMOVAX consortium researched reasons of under-immunization among migrant groups at the migrant and at the provider level (annex).

The main sources used for this work were the analysis of the PROMOVAX WP4 report as well as other published literature. Additionally, similar material that has been used in other projects, particularly projects included in the best practices identified during the PROMOVAX WP5, were identified and reviewed.

In March 2012, in the experts' and partners' meeting that took place in Athens, Greece, the PROMOVAX consortium along with the invited experts, after having

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reviewed the results of the above described research (included in the annex-2, 3) decided on the content of the educational material for migrants and the health worker toolkit. The invited experts in the meeting were (in alphabetical order)
Rebecca Cordery (Health Protection Agency, UK)
Jennie A. McLaurin (Migrant Clinicians Network, USA)
Mariya Samuilova (IOM)
Ramazan Salman (Ethno-Medical Center, Germany)
Santino Severoni (WHO-Europe)
Andrea Würz (ECDC)

The **migrant educational material topic outline** was decided during this meeting as follows:

A. Why and how should you use this booklet?
B. What are vaccinations?
C. How do vaccinations work?
D. What diseases do vaccines prevent?
E. Who needs vaccinations?
F. Are vaccinations safe?
G. Ask for an interpreter
H. Where can I get immunized?
I. I have no health insurance, I cannot afford to get vaccinated or vaccinate my children. Is there anything that can be done?
J. Myths and Facts about vaccinations
K. Immunization Record
L. Which diseases do vaccinations prevent from?

The **health worker toolkit topic outline** was decided as follows:

A. Why and how should you use this booklet?
B. How do I assess a migrant's risk of exposure to vaccine preventable diseases and immunization needs
C. How do I deal with missing or incomplete vaccination records?
D. Where can I find the most recent schedules for pediatric and adult vaccinations?
E. Who should be offered vaccinations?
F. How should I approach migrants?
G. Working with interpreters
H. How can I increase vaccination rates among my migrant patients?
I. Case presentations (2)
J. Useful Links

Subsequently, the PROMOVAX associated partners were divided in two working groups. Prolepsis (Greece), TUD (Germany), SINTEF (Norway), NIOM (Poland) and CII

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(Cyprus) contributed in the Migrant Educational Material working group. AS (Croatia), ISS (Italy) and UP (Hungary) contributed in the Health Worker Toolkit. Each partner was assigned with specific topics (1-3 per partner). The leader partner (Prolepsis) was ultimately responsible for the final content, language and graphics development. The developed (draft) material was shared with all partners and experts that participated in the Athens meeting for feedback, prior to the EU workshop.

Finally, during the EU workshop that took place on June 27-28th in Brussels, the draft material was presented to experts in the field of health communication, migrant health, public health and vaccinations, in addition to health workers providing for migrant, cultural mediators and migrant representatives.

2. EU workshop outcomes

2.1 Migrant Educational Material

During the EU workshop meeting the migrant educational material was presented to the meeting participants (project partners, experts, cultural mediators and migrant representatives) and subsequently the assembly divided in two working groups. The objective of the session was to provide the project team with participants' expert opinion and comments on the content, structure and design of the Migrant Educational Material.

Participants in the migrant educational material working group:

Afroditi Veloudaki, Dina Zota, Roland Mandal, Oyvind Hope, Piotr Sakowski, Maciek Dobras, Ursula Dietrich, Martha Paisi, Erika Marek, Andrea Wurz, Sanz Barbero Maria Belen, Agnes Simek, Virginia Greiner, Wang Fang, Mahmud Abdelrassoul, Chen Sheng Wei, Khalid Mortaga, Arda Kahraman

This session was coordinated by Afroditi Veloudaki who presented the drafted migrant educational material (included in the Annex) and the following comments/suggestions were made:

1. The **target population** of the migrant educational material was discussed.

The initial objective of the PROMOVAX project was to develop educational material that will target migrants. However, during the Brussels meeting, experts had suggested that cultural mediators should be targeted and they could pass the information included in the material on to the migrant groups they serve. Cultural mediators could facilitate the immunization promotion process by for example passing the information on to illiterate migrant groups (such as Roma), adjusting the educational material content to the needs and health literacy level of the migrant etc. If this was the case, then a shorter version only for migrants with core information should be prepared.

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On the other hand, concerns were raised by the unavailability of cultural mediators in several countries or situations, which would limit the use of the developed material.

Recommendations to simplify the material's language include many images and format and keep the length of the material short were also made.

2. The **selection of languages** in which the migrant educational material will be translated was debated. This issue was considered of outmost importance by the experts participating in the meeting, as it will affect the degree of dissemination and the applicability of the material.

According to the PROMOVAX project's proposal, the produced material will be **translated** in 10 migrant spoken languages, based on the ethnicities that were analyzed during WP4. The methodology followed for the selection of the 10 migrant ethnicities, during WP4, included a set of four criteria:

- Number of migrant workers in the project's partner country (10 ethnicities were identified by each partner based on the total number of migrants from that ethnicity)
- Incidence rate for VPD in migrants' countries of origin (for each of the 10 countries identified by each member as described above)
- Outbreaks of VPD in migrants countries of origin (for each of the 10 countries identified by each member as described above)
- Expert's opinion (for each of the 10 countries identified by each member as described above)*-IOM

The above four mentioned criteria were weighted as outlined in Table below and a score was finally derived on which the selection of migrants' countries of origin for the scope of the PROMOVAX project was based upon.

CRITERIA	WEIGHTING
Number of Migrant workers	0.4
Incidence rates for VPD	0.3
Outbreaks of VPD	0.2
Expert's opinion	0.1

Thus, each partner country ranked their 10 specific selected migrant countries from 10 to 1, according to the score that was computed for each country and a migrant country was finally chosen for each partner country.

For the final selection of ethnicities, the first country that came up after the application of all criteria was allocated to each partner. In cases where there was a

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tie (e.g. Cyprus and Greece having Romania with the highest rank), then the host country that had the highest score for that ethnicity was given priority.

The table below displays the migrant ethnicities allocated to each partner followed by the individual results for each country of origin.

PARTNER COUNTRY	ALLOCATED MIGRANT ETHNICITY
Greece	Bulgaria
Cyprus	Romania, Nepal*, Somalia*
Norway	Iraq
Germany	Poland
Italy	Albania
Croatia	Bosnia and Herzegovina
Poland	Ukraine
Hungary	China

During the EU workshop suggestions were made, such as substituting Ukrainian for Russian, as Russian are more widely spoken but also understood by Ukrainians. However, in email communication among the PROMOVAX consortium, that took place after the conclusion of the EU workshop, the Polish partner raised concerns that the Ukranian migrants, due to national pride reasons may consider the Russian translation unacceptable for their use.

Another recommendation was to include Arabic in the translated languages, as they are spoken by a large number of migrants to the EU.

Experts also pointed out that every effort should be made to have the translated material reviewed by native speakers prior to finalizing it.

As far as the immunization record is concerned, the group recommended including both host and migrant country of origin translation, in order to make the material usable by both the migrant as well as the health providers.

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Additionally it was suggested to make the material more personal, in order to motivate the targeted group by using YOU, instead of referring to migrants as a general group.

3. **Pilot testing** of the educational material for migrants has not been provisioned by the project's plan. However, this was strongly encouraged by the participating experts. The fact such pilot testing has not been budgeted for could be bypassed by sharing the material with migrant's organizations and asking for their feedback or organizing focus groups in some of the participating countries.

4. Experts suggested that producing immunization educational material targeting only migrants may be considered **discriminatory.** It was recommended to emphasize on the importance of immunizations for the general population, not only migrants and to explain the reason why this material was developed having migrants as a target group (cultural diversity, barriers in access to health care etc). Furthermore specific comments regarding phraseology that may be considered as potentially offensive for migrants were made. For example, it was recommended to change the title of the education material to *"Do you know all about* vaccinations" or "You could benefit too". In general, it was stressed that a more positive key message would help "promote" the material and motivate the reader to use.

5. The addition of specific facts regarding **cultural background** was discussed. Some experts recommended producing different materials that would target the 10 selected migrant ethnicities and would address the immunization misconceptions of these particular groups. Many of these misconceptions have already been identified during previous stages of the Promovax project and are made available to health care providers through the projects' website.

6. It was suggested to include the **immunization schedules** to the educational material for migrants. However, the working group decided that the interpretation of the immunization schedule would be very complicated for migrants as it is for lay people in general and would rather confuse them, instead of expediting a visit to the doctor.

7. The **sustainability** of the educational material was an issue that was extensively discussed during the workshop. The workshop participants felt that specific information per hosting country should be included, such as updated immunization center contact information (address, website etc). However, including specific information would require frequent revisions of the material and would limit its sustainability. A proposal was made to leave an empty space for health care providers to insert this time of information or use a sticker to cover information that to does not apply anymore. Another suggestion was to include electronic resources where migrant could refer to in order to find the as updated immunization center contact information.

8. Specific comments were made regarding the **design of the educational material**.

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- The material's length was in general considered too long. It was proposed to remove the "how do vaccinations work" section as the information included was considered too complicated. Another suggestion was to make this section shorter and try to visualize it with the use of comics or images.

- The use of images was encouraged by the participating migrants as well as experts. It was specifically suggested to add images of the targeted migrant groups with phrases/quotes or short sketches, so that the user of the material can relate to what he or she reads. The image of a passport should be avoided, given that this is a rather sensitive issue

- It was recommended to make the material available as an "open file" including guidelines on how to use it, in order for health care providers, professionals or organizations to adapt it to their needs when reproducing it.

- As for the order of the sections, based on the low literacy skills of the end-users, it was suggested not to start with the section on what vaccinations are, rather with how these can benefit you and your family

9. As far as **content** is concerned, the following specific (by section) suggestions were made:

- Regarding the section "What do vaccines prevent from" the following were discussed:
  - The pictures included in the section were considered very powerful, especially for diseases with visual symptoms, such as rashes.
  - The participants suggested to keep consistency in the included pictures (if possible have the same person in all pictures or by including drawings instead of actual pictures)
  - The addition of epidemiological information such as incidence and transmission was recommended.
- Regarding "Myths/facts" section:
  - The participants suggested that the section in autism may be confusing and does not convey the right message, so it should be reviewed and changed accordingly.
- Regarding "Ask for an interpreter" section it was suggested to make this section more flexible and realistic. Since interpreters and cultural mediators may often not be available in many countries, it was proposed to add advise, such as "find someone you feel safe with and make sure you get the information you need"

2.2 Health Worker Toolkit

During the EU workshop meeting the health care worker toolkit was presented to the meeting participants (project partners, experts, cultural mediators and migrant representatives) and subsequently the assembly divided in two working groups. The

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objective of the session was to provide the project team with participants' expert opinion and comments on the content, structure and design of the Health Care Worker Toolkit.

Participants in health worker toolkit working group:

Cristina Loizou, Dolores Forgione, Maria Grazia Dente, Chiara Somaruga, Costas Cristophi, Istvan Szilard, Jadranka Mustajbegović, Niklas Danielsson, Santino Severoni, Lewis Carol, Seval AKGÜN, Ramazan Salman, Alexandros Kefallinos, Eszter Újhelyi, Aspasia Michalakis, Belosevic Ljiljana

This session was coordinated by Agoritsa Baka, who presented the drafted health care worker toolkit (included in the Annex) and encouraged participants to focus their comments on whether valid information is provided, if there is any missing information or guidance, the suitability of the language used and the resources and the links included. The following suggestions/comments were made:

1. As far as **content** is concerned, the following specific section by section suggestions were made:

   A: Why and how should I use this toolkit?

   - The participants recommended including more focused phrases on the aims of the handbook and stressing the fact that the health provider is considered the best and most valid source of information for migrants

   B: Assessing a migrant's risk of exposure to vaccine preventable diseases and immunization needs

   - The participating experts thought that providing examples is useful and recommended to provide a list of diseases and conditions.

   C. How do I deal with missing or incomplete vaccination records?

   - Experts suggested adding a comment on the importance of not focusing on the missing immunization information and therefore miss opportunities to vaccinate patients

   D: Where can I find the most recent schedules for pediatric and adult vaccinations?

   - The participating experts suggested including national immunization schedules, in a simplified form (not including travel immunization recommendations for example) for each hosting country, rather than using the WHO immunization schedule. They also recommended providing respective links to more detailed national schedules.

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E: Who should be offered vaccinations?

- Adding an additional category: migrants visiting friends and relatives (VFRs).VFR is defined as an immigrant, ethnically and racially distinct from the majority population of the country of residence (a higher-income country), who returns to his or her home country (lower-income country) to visit friends or relatives. Included in the VFR category are family members, such as the spouse or children, who were born in the country of residence. VFRs experience a higher incidence of travel-related infectious diseases, such as malaria, typhoid fever, tuberculosis, hepatitis A, and sexually transmitted diseases, than do other groups of international travelers.

F: How to approach migrants?

- It was suggested placing the use of trained cultural mediators at the top of the provided list.
- Experts recommended that the confidentiality binding both physician and interpreter should be emphasized more.
- They also recommended adding information on the fact that the physician's gender may be a barrier in building a doctor-patient relationship.

G: Working with interpreters

- The addition of guidance on handling sensitive questions was suggested. Again the experts recommended stressing the issue of confidentiality.

H: How to increase vaccination uptake in migrant populations?

- Participants recommended adding a comment on the fact that minor pediatric illnesses (such as a common cold or a low grade fever) should not hinder immunizations. They also suggested informing the physician about common misconceptions among migrants regarding vaccinations (similar to the section included in the migrant toolkit).

I: Case Presentations

- The case presentations were considered of great importance for the health care worker toolkit, as they summarize all the information provided in earlier parts of the toolkit, in a practical manner. It was suggested adding a 3rd case on another common migrant scenario such as an inner city migrant or a Roma migrant.

G: Links/Resources:

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- The participants suggested considering including a prototype of an informed consent. However, the discussion that followed revealed that it is not a common practice in the EU to ask for a signed informed consent before providing a vaccine like in the USA.

K: Vaccination recommendations for specific groups

- The experts recommended adding vaccination recommendations for the following groups were suggested: domestic helpers, sanitation workers, agricultural workers with animal handlers. Moreover, they advised to include all vaccines recommended (as opposed to only vaccines related to occupational risks) to avoid confusion. The addition of a 3rd column for comments was recommended.

2. As far as **structure** is concerned, the following suggestions were made:
   - The structure of the document is considered user-friendly and its length is also considered acceptable.
   - Suggestions were made regarding the order of chapters. Specifically:
     - Move information on PROMOVAX project to the back/end of toolkit
     - Put chapter E (Who should be offered vaccinations) as 2nd
     - Place misconceptions before the case presentations
3. The following suggestions were made on the **design** of the toolkit:
   - Make text formatting as big as possible
   - Keep colors as simple as possible in order to make photocopying easier
   - The use of side colors for identification of chapters was recommended
4. As far as **Immunization Records** are concerned (ADULT & CHILD)
   - For requested information, it was suggested to add tick boxes for every field.
   - It was discussed to add an informed consent form. However, participants from the EU countries mentioned that signing an informed consent is not a common practice in most EU countries.
   - As for shape and size: Booklet format was suggested.

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E. EU workshop evaluation

Meeting evaluation of Workshop in Brussels – 28-29 June 2012

1. Background and purpose

The evaluation of the workshop in Brussels was a part of the evaluation of the project. This evaluation focused on meeting preparation and execution of the meeting and reflected the participants' impression and reflections. The participants were a mixture of project partners, external experts and other stakeholders in the project. The survey consisted of the following eight questions, with this ranking system:

	1 (no)	2	3 (maybe)	4	5 (yes)	Not answered
1. The pre-materials were sent in sufficient time before the meeting date.						
2. The pre-materials provided sufficient information.						
3. The content of the meeting corresponded to my expectations.						
4. The meeting offered me the opportunity to ask questions.						
5. The quality of the presentations met my expectations.						
6. The length of the meeting was sufficient.						
7. The room was comfortable and conducive for the meeting.						

In addition, the question "*How could we improve?",* was asked as an open question, in order to help the project coordinator and WP-leaders in improving the quality of the meetings and the process of the project .

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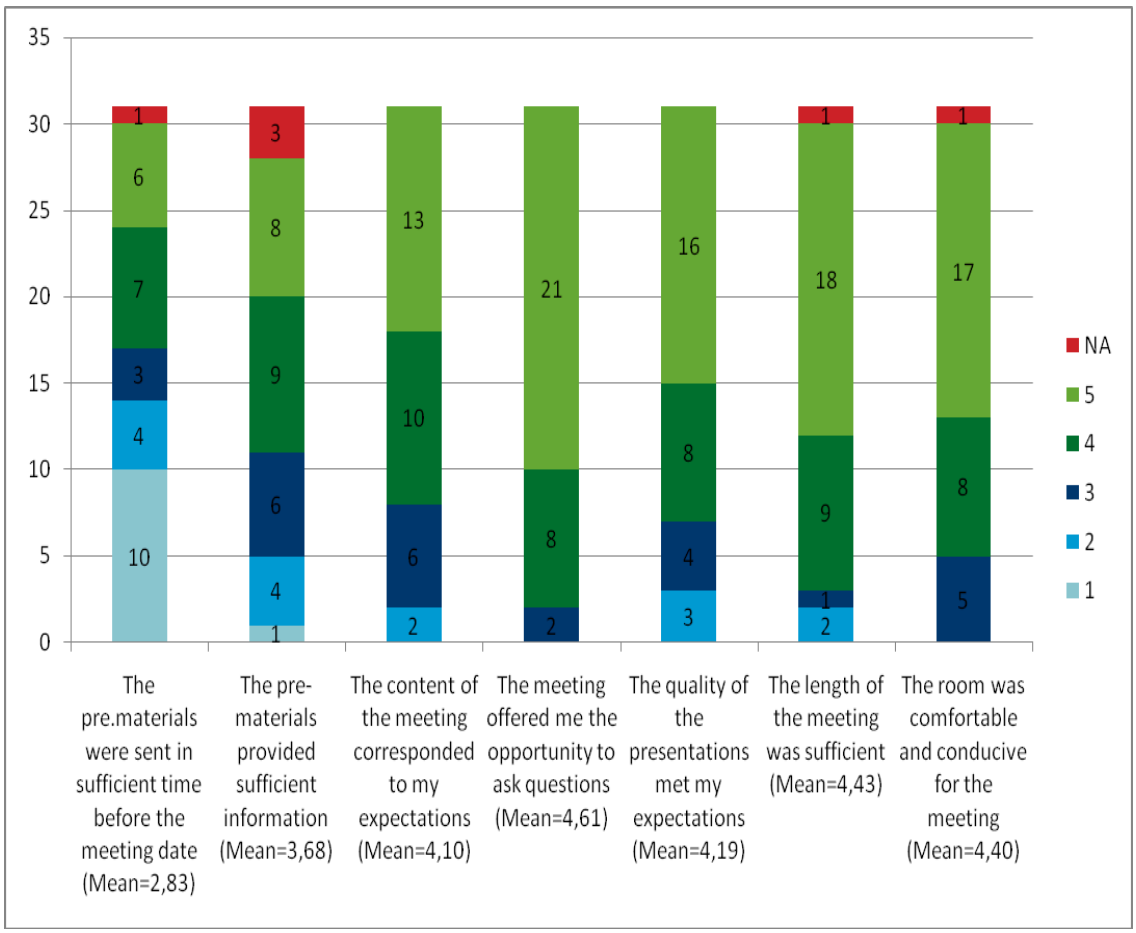
The questionnaire were distributed to all participants at the meeting in Brussels and answered the same time.

2. Results

The table below shows the results from the survey.



Each column is based on the number who answered that particular question. In total 31 participants returned the survey. In parentheses the average values are provided.

The results could be summarized in the following way:

- Some of the participants were not pleased with the pre-meeting information. This was attributed to the fact that some of the participants did not receive the material in sufficient time before the meeting. This conclusion is supported by the fact that many are very happy with these questions (1 and 2).

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- For the other five questions the scoring is considerably higher. The participants were pleased with the execution of the meeting although there were some problems with the visual equipment in one of the groups at the start of the second day. However, this was a mistake from the Hotel and had nothing to do with the meeting execution from the project management.
- When it comes to the practicalities surrounding the meeting, the feedback is largely positive see questions 4, 6 and 7. Based on these responses the *practical* and *administrative* implementation of the meeting in Brussels was successful.

Question 8 (How could we improve?) was open in nature, with the intent that the participants here would have the opportunity to comment on whatever they wanted, concerning the meeting in Brussels. The following feedback was registered:

- To improve the work we should study the migrant background better. Should build relations with the migrant associations, improve communications skills while presenting to them.
- Did not receive pre-materials, but it would have been helpful in order to review the materials before discussions.
- To collaborate with migration associations in manner to know better their needs and to promote the project. Integrate the project in the national health institutions, like the ministry of health etc.
- Immigrant associations should be more involved in the project.
- Short time for preparing; confusion with accommodation possibilities. There were a lot of repetitions and too little time for discussions. Perhaps the problem was the preparation/information of our guests (stakeholders/experts). The rooms were too cold; no good preparation from the hotel personnel (and too expensive for the quality of service).
- Communication: be clearer in the objectives of the project, target groups etc. Especially important when external experts are invited.
- The toolkits (final version) following the comments of partners/experts, should be sent to everyone after end of the first day.
- I did not know the toolkit before the meeting. I think that the sessions are short. We can work harder! The hotel is very luxury. Perhaps we don't need so expensive hotel. Also round tables are not useful for watching each other.
- I'm for the first time at PROMOVAX meeting and everything is beyond my expectations. Thank you all very much; you have done a great job.
- All speakers should have received a template for presentations, or a strict number of slides. Be in time please.
- Focusing on migrants who are not documented, such as illegal migrants. Also to travel related vaccine preventable diseases for migrants.
- Have the material sent earlier.

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ANNEX

1. BRUSSELS MEETING AGENDA

EU workshop
Brussels, 28 & 29 June 2012

Thursday, June 28th, 2012	
12:45 – 13:00	*Registration & Coffee*
13:00 – 13:15	Welcome & Overview of the agenda Eleni Patrozou, Project manager
Promovax Project Overview	
13:15 – 13:35	PROMOVAX Project: Aims, Objectives & Deliverables Eleni Patrozou, Project manager
13:35 – 13:55	Migrant Vaccination Practices in Europe Costas Christophi, WP4 Leader
13:55 – 14:15	Index of Best Practices & Recommendations on Migrant Immunizations Istvan Szilard, WP5 leader
14:15 – 14:35	Common problems encountered in migrant immunizations, needs and challenges in daily practice ▪ Health Professionals' Perspective - Aspasia Michalakis, Medecins Du Monde, Greece ▪ Cultural Mediators' Perspective - Wang Fang, Associazione il Ponte, Italy ▪ Migrants' Perspective, Zahra Omar
14:35 – 14:55	
14:55 – 15:15	

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	- Zahra Omar, Associazione Cooperazione Sviluppo Africa, Somalia
15:15 – 15:45	*Coffee break*
Presentation of Draft Toolkit & Material	
15:45 – 16:30	Presentation of draft health professional toolkit Eleni Patrozou, Project manager
16:30 – 17:15	Presentation of draft migrant educational material Eleni Patrozou, Project manager
Wrap up –Aims for next day	
19:30	*Group Dinner*

Friday, June 29th, 2012	
08:45 – 09:00	*Registration & Coffee*
Presentation & Discussion of Draft Toolkit & Material in 2 parallel sessions	
09:00 – 11:00	Group 1: Review of the health professional toolkit and recommendations Coordinated by Eleni Patrozou
	Group 2: Review of the migrant educational material and final recommendations Coordinated by Afroditi Veloudaki
11:00 – 11:30	*Coffee break*
11:30 – 12:15	Feedback and suggested changes to the health professionals' toolkit
12:15 – 13:00	Feedback and suggested changes to the migrant educational material
13:00 – 13:30	Sum up of workshop results and recommendations
13:30 – 14:30	*Lunch Break*

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Promovax Managerial Issues	
14:30 – 15:00	Promovax Evaluation Issues Øyvind Hope, WP3 Leader
15:00 – 15:30	Dissemination Issues Dina Zota, WP2 Leader
15:30 – 16:00	Interim Reporting Issues – review of timeline and upcoming deliverables
Wrap up	
End of meeting	

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2. MIGRANT EDUCATION MATERIAL-BACKGROUND INFORMATION: IMMUNIZATION BARRIERS AND MISCONCEPTIONS AMONG MIGRANT POPULATIONS

2.1 Migrants' culture and attitudes towards immunization

(source: Promovax project, WP 4 report analysis: http://www.promovax.eu/pdfs/COUNTRIESofORIGIN.pdf)

Below are the factors that may influence immunization acceptance in each country of origin that were identified during WP4 and migrants' attitude/culture towards immunizations.
From the analysis it appears that the most important factors influencing immunization acceptance in the ten countries of migrant origin that were researched include:

- **Education** - stands out as a very important factor. Higher education seems to be associated with a more positive attitude to vaccination and immunization.
- **Dependence on doctor's advice** - the physician / family doctor / general practitioner stands out as an important source of information and confidence towards the health system.
- **Degree of urbanity** - seems to be important in explaining geographical variations in vaccination coverage – i.e. that people in more urban areas are more open to both health care in general and immunization more specifically (e.g. Poland). However, the urban/rural dimension is closely related to other factors that vary geographically, such as education level, income and social networks, etc. Controlling for such factors may remove the relationship between the urban / rural dimension and vaccination coverage…

- **The importance of the family** - in several of the countries, the family represents an important source to knowledge and "decision-making". In countries where knowledge about vaccination and health care in general is low, this "family dependency" will obviously represent a challenge, in terms of how to reach out to different groups in society with information on the importance of vaccination and immunization.
- Understanding of **the importance of vaccination** is another factor in having a complete childhood immunization. If parents do not perceive vaccine-preventable diseases as severe enough to warrant preventive action or if they do not perceive any particular benefit to their child's health from vaccination, then they will be more likely not to comply with the vaccination schedule, will skip doses and will oppose any law or policy that mandates such behavior.
- Turning now **to religious and cultural** barriers, the findings are less clear. Moreover, there is little evidence that either religion or culture per se seems very important to people's attitudes and confidence in vaccination.

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2.2 Barriers and reasons for incomplete vaccination

Below, a list of barriers impeding immunization of migrants is provided. These were identified through literature review, which focused on different countries rather than those included in WP4 report.

The most important barriers in immunization that are identified are:

1. **Sociocultural issues** (marginalization, low level of integration into new community, difficulties in adaptation to new environment, acculturation, impact of family traditions)
    a. Low uptake of immunization may be attributed to migrants' vulnerability, marginalization and alienation in the new sociocultural environment. According to Kusuma et al. "Recent migrants' children were less adequately vaccinated than settled migrants' children. Immunization status probably reflects the level of integration into the new community"
    b. According to Barreto and Rodrigues "High birth order and year of birth of the child, mother's migration into Santo Andre, age of mothers, and health center of registration were significantly associated with incomplete immunization ($p < 0\text{-}05$)".Older mother's age is probably associated with greater maturity, awareness and social networking with older mothers, which results in better odds of a child being fully immunized.
    c. **Cultural and language differences**: Language barriers pose problems where health systems lack the resources, knowledge, or institutional priority to provide interpretation services. Cultural differences also limit communication. Many migrants could be reluctant to visit health facilities where they know they cannot effectively communicate. When physicians and patients cannot exchange information, they cannot share health decision making.
    d. In some societies with cultural discrimination against female children, boys have a greater chance to be vaccinated.
    e. Already experienced frustrations due to high expectations of Western medicine.
2. **Education-related issues** (low level of education of parents, especially mother, low level of health literacy, particularly in the field of vaccinations).
    a. Education of the parents, particularly the mother, and better socioeconomic status influence the health-seeking behavior of individuals.
    b. Education can contribute to vaccine skepticism because people with higher education will not relax until they know the answer to "everything". Highly educated people are searching for detailed knowledge before they are satisfied. While low level of education in many countries is a problem for campaigns and information activities, etc., we cannot exclude the possibility that education could potentially have other effects in some countries, with

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respect to attitudes towards vaccination. The relationship between educational level and vaccination inclination thus need not be as clear-cut as it might first seem.

http://pdf.tidsskriftet.no/tsPdf.php?pdf=pdf2006%7C2933.pdf

c. Objection, disagreement or concern, particularly in regards to vaccine safety, could be a major parent reason for incomplete immunization. Parents' beliefs about immunization risks and benefits are an important reason for partial immunization. According to the recent information, there is an alarming trend in Ukraine – parents choose not to vaccinate their children. The numbers were very high – up to 40% in the first half of 2009. It all started from death of teenager caused by the measles vaccine in 2008. In addition there were observed more than 200 cases of complications. As a result a nationwide campaign of vaccinations failed and was interrupted. Those incidents weakened social trust in vaccinations which will have to be rebuilt. In relation to the vaccine death incident and decrease of social trust, there were some cases of fabricating vaccination certificates (maybe not literally fabricating, but paying a bribe for issuing a certificate without vaccination). "UNICEF says it believes only up to 30 percent of Ukrainians who need revaccination for measles and rubella would turn up if the campaign were restarted today."
d. Lack of awareness that adult vaccines are available and necessary.
e. Lack of specific knowledge about the immunizations that are needed and how often to get them.
f. Doubts that vaccines are effective in preventing illness.

3. **Socioeconomic issues** (low income, low-status occupations, necessity to work making appointing vaccinations difficult or impossible)
    a. Family income has been associated with immunization coverage levels, with low family income being associated with lower vaccine uptake. Parents with a lower and lack of money are more likely to experience barriers, such as transportation or access to health facilities that make staying up-to-date on immunizations difficult. In addition, when the mother/household is experiencing food and resource shortages, participating in an immunization exercise becomes a matter of lesser priority. Finally, when applicable, the cost of immunization is a particular barrier for those living in poverty, who see other needs as more important.
4. **Health care utilization issues** (geographical and financial access, limited access due to the shortage of personnel, lack of trust in health care personnel)
    a. Low level of knowledge of the hosting country's health system (uncertainties concerning institutions, services, financing)
    b. Lack of health insurance
    c. Public and private managed care and other medical insurance programs usually do not provide coverage for routinely recommended adolescent and adult immunizations.

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d. Long waiting time at the health facility
e. The quality of health services and poor staff attitude could be an important cause of missed opportunities for vaccination. For example, experiences with discrimination, misunderstanding or undesirability.

5. **Migration-related issues** (continued migration, staying for short time in one place, fear of arrest)
   a. In a Norwegian, TB treatment study , patients with a "nomadic" life changed frequently their contacts with primary care, and this complicated the follow-up.
   b. In the study of Canavati et al. the main barriers were: “continued migration, distance to immunization services, fear of side-effects (particularly fever), fear of arrest, not remembering immunization appointments, and the necessity of work.” Also “access – both geographical and financial – was a considerable issue”. Canavati et al. stress that „fear of arrest was a finding unique to this context. Some parents said they did not have their children immunized because they were afraid of getting arrested on the way to the clinic or at the clinic by the Thai police”.

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3. HEALTH CARE WORKER TOOLKIT-BACKGROUND INFORMATION: Barriers among Health Professionals in Providing Migrant Health Care and Immunizations in particular

3.1 Focus Group Findings Hungary and Greece

Important sample characteristics

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Concerning the characteristics of the participants in both countries, Greece and Hungary there were some crucial differences. The particular differentiations concerning the sample constitute the frame of the focus group research and indicate its strengths and limitations. These are the following:

- Participants in Greece were working with undocumented immigrants from Arab countries mostly, while participants in Hungary seem to work both with immigrants who have residence permit and undocumented immigrants. Hungarian respondents cope with European immigrants mostly.

- In Greece, the participants provide medical services but not vaccines. Respondents / health care professional inform immigrants about vaccinations and refer them to public hospitals in order to be vaccinated. In Hungary, the participants perform vaccinations on migrants.

- Critical thought on the average number of immigrants who are served by the respondents daily - 15- and the average number of immigrants who are informed about vaccinations and referred to hospitals in order to be vaccinated monthly - 15 - indicates that immigrant's information about vaccinations is not part of respondents' everyday routine. The situation is different in Hungary, where the average number of immigrants, who are served by the respondents daily - 2-3 – is analog to the average number of immigrants who are informed about vaccinations and are vaccinated by the respondents monthly.

- Respondents in Greece connect immigrants' immunizations to specific illnesses such as Tetanus, Tuberculosis, and Hepatitis A & B, whose vaccines constitute a rather basic preventive method. In Hungary respondents go "by the book" as far immigrants' vaccinations is concerned, since in Hungary there is an official vaccination protocol well known to health care professionals. In the case of Greece there were no references to such protocol concerning immigrants' vaccinations.

Findings

Introduction

There was a rather crucial finding concerning undocumented immigrants' immunizations in both countries, Greece and Hungary:

- A great barrier towards immigrants' immunizations is the gap of the official / public health care system concerning free immunizations for undocumented immigrants.

- In Greece the particular fact is rather crucial, since it influences a lot the feelings and the attitudes of health care workers. Even if they inform undocumented immigrants about the need of vaccinations they cannot perform them freely. One can conclude to the fact that the existed official frame does not encourage health care professionals to promote immigrants' immunizations.

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Health care issues of immigrants

As far as the obstacles towards immigrants' health care of the hosting country are concerned, the issues that have been mentioned by the participants in both countries were addressing to the following aspects:

1. Difficulties concerning the immigrants
2. Difficulties concerning the health care system and personnel

Difficulties concerning immigrants

- language barriers
- cultural barriers
    - Different attitudes and beliefs towards diseases
        - Different nations may have differences in pain-tolerance
    - Different attitudes and expectations towards health care services
        - They might have different relationships and experiences related to the health care system of their countries of origin
    - Due to different cultural backgrounds migrants of different nations need to be treated differently. The situation is rather crucial concerning migrants of Muslim origin. To be more specific concerning Muslim populations:
        - There is great prejudice regarding gynecological problems. The health care providers pictured the situation as follows:
            - *"Muslim women always come with their husbands in case of gynecological problems. They just want to take doctor's opinion. They refuse to be examined. After the third visit and if the gynecological problem remains they are convinced to be further examined by the gynecologists."*
        - They refuse to take medicines during the period of Ramadan:
            - *"Even if they have serious health problem or even they have terrible pains they refuse to take their medication during Ramadan."*
- economic barriers
    - Financing their health care is a great concern of immigrants until they get their residence permit in host country.

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- lack of proper health documentations
    - insufficient personal health and immunization records
- immigrants' difficulties in accessing health care services due to their residence status
    - Immigrants are afraid to visit hospitals or other public health care services due to their residence status. Many of them are undocumented or they are in the process of getting residence permit.
    - Due to the same fear immigrants are not consistent in their follow-up appointments. The particular fact influences their compliances' level.

Difficulties concerning the health care system and personnel

- difficulties concerning health services of the host country
    - unfriendly health-care system
        - Lack of cultural mediators, who can help both physicians' diagnosis and migrants. Consequently, the conditions of immigrants' health care services become unfavorable.
- difficulties concerning health care personnel of the host country
        - In Greece there is also lack of information among health care personnel of public hospitals about immigrants' health rights (i.e. free medical care when they are in the process of getting residence permit). This fact constitutes an extra obstacle related to immigrants' access to health care services.
        - In Hungary there is lack of knowledge concerning the diseases that appear in tropical regions as well as the symptoms that appear in patients from Africa.

A rather crucial barrier has been revealed in the focus group research in Greece concerning the undocumented immigrants and their general stance towards their personal health and immunizations. Greek respondents argued on the inconsistent behavior of immigrants concerning their health and the connection of the particular fact with general feelings of "resignation". According to their narrations, *"immigrants do not come to follow up visits. You call them and you ask them why they haven't come and they tell you that they were sleeping… or that they have forgot it. No, it's not that they are working hard and they do not have time. Usually they don't have work…. that's the main problem… but whatever… They have feelings of resignation… They do not really pay attention to something… they believe that even health is in vain…".*

Conclusions

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The main barriers that have been mentioned by the respondents in both countries were:

- immigrants' language and cultural barriers
- difficulties accessing health care services due to their residence status
- lack of proper personal health and immunization documentation

The role of health care personnel should not be underestimated; evidence of uninformed health care professionals about immigrants' health rights and benefits as well as immigrants' specific diseases due to their country of origin shows that they could generate further setbacks to immigrants' health.

Immunizations

Immigrants' vaccinations

Participants in both countries describe immigrants' vaccinations as a rather controversial issue. The main obstacles of immigrants' immunizations had been mentioned as follows:

- language barriers
- cultural barriers
    - In Greece the participants described that most of the undocumented immigrants' from Arab countries do not even know what immunizations are and whether they have made specific vaccines, *"sometimes… when I'm discussing with them about the immunizations that they have made I think that they might believe that whatever includes syringe is a vaccine".*
- lack of immunization records
    - *"they do not hold health documents from their countries of origin, they do not know whether they have been vaccinated… it's difficult for me to find it out…"*.
- lack of immigrants' immunization protocol that would function as a formal regulation in order for migrants to get residence permit

Consequently, health care professionals' work when it comes to immigrants' immunizations becomes rather difficult.

Yet, how do the particular health care professionals behave as regards to immigrants' immunizations?

Participants in both countries stated that they perceive immigrants' vaccinations as a rather crucial issue, since they consider vaccinations as an effective way of

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prevention not only concerning personal health condition but also concerning the wider health of a society and a region-state. When it comes to immigrants' immunizations the matter at hand becomes much more essential, since the specific population is considered of higher risk.

In Greece, although participants realize and stress the importance of immigrants' immunization, their behavior seems to be inconsistent to their belief. This means that they do not inform immigrant patient about vaccinations during their normal visits. The situation is different in Hungary where brief information about immunizations provided to immigrants by health care professionals during patients' visits. Moreover, health care professionals in Hungary provide migrants who do not face economic difficulties with the WHO vaccination protocol. However, in Hungary health care professionals deal with European migrants' mostly whether in Greece with undocumented immigrants.

Generally what has been observed in both countries is that health care professionals are much more sensitive towards childhood immunizations of immigrants. Besides, childhood immunizations are obligatory in both countries in order for migrant children to attend school. Respondents inform and educate immigrants concerning childhood immunizations, since *"immigrants are sensitive about their children's' immunizations. They ask about it but even they do not… we inform them. It's rather important for their small children to have a good start. Yes… in that case they pay attention. They visit hospitals in order to do the immunizations. But it is also the fact that the immigrants who behave in such way they send their children to school. And it is obligatory for small children to be vaccinated. So… they come and ask… or they listen when we inform them."*

Some other interesting findings regarding the health care professionals' practical aspects towards immigrants' immunizations are the following:

- Concerning the information that they get on the issue:
- In Greece they stated that it is based on their personal interest and research in the internet. Neither special informative materials nor seminar had been mentioned. According to their narrations, *"no we had never special education on the issue. We are searching on our own… in the internet mostly."*.
- In Hungary professional recommendations are provided to health care professionals. However, respondents mentioned the need for further information on the issue of migrants' immunization.
- Both in Greece and Hungary they are informed about the safety of providing multiple vaccinations at the same visit. They realize the need and the importance of the particular technique as regards to immigrants due to the specific obstacles that

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they have concerning immunizations, i.e. lack of patients' compliance, inconsistency towards their follow-up visits and appointments.

- In Greece the attitude of the respondents differentiated concerning Hepatitis B, since they see a lot of immigrants who are prostituted and they provide to them sexual and reproductive education. They inform them about using condoms as well as doing preventive Hepatitis B vaccinations. Consequently, as far as the sexual and reproductive health of immigrants health care professionals realize and take an educative role clearly.

- In Hungary respondents schedule specific appointments for immigrants' immunizations although they mentioned low level of immigrants' attendance to scheduled visits and follow-up appointments.

- In Hungary respondents use the argument of obligatory vaccinations in every European state in order to convince immigrants about the importance and the benefits of vaccinations.

Conclusions

In both countries the obstacles in relation to migrants' health and immunizations reference to cultural, language, economic and migrant status difficulties. Moreover, participants mentioned the lack of immigrants' immunization records.

Health care professionals realize the importance of migrants' vaccinations as a crucial issue of social health. However, in Greece their attitudes towards the matter at hand are rather controversial, since they do not inform and educate immigrants concerning the benefits and the need of vaccinations. The situation is much more different in Hungary where information about vaccinations is provided to immigrants yet in a rather typical and not detailed and educative way.

Health care professionals in both countries seem to be more sensitive towards childhood immunizations. Respondents argued on the receptive attitude of immigrants concerning their children's vaccinations. Moreover, they stressed the obligatory school framework regarding childhood immunizations that exists in both countries and which in turn, influence immigrants' attitude.

In Greece it has been observed that the arguments about the difficulties faced up by adult immigrants concerning their immunizations although they were quite realistic serve as an excuse for health care professionals' loose attitude towards adult immigrants' immunization. Consequently, one can conclude to the fact that there is need for the health care professionals to realize in a clear way their educative role concerning adult immigrants' immunizations. The particular stance is not unknown to them. On the contrary, they already practice it as far as childhood migrants' immunizations and Hepatitis B vaccines are concerned.

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In Hungary health care professionals already practice their informative role concerning immunizations of immigrants' patients. However, they stressed their need for further medical training programs in order to increase their knowledge of immigrants' patients' specific treatment. Moreover, this kind of education would help them to overcome further language and cultural barriers that they face when it comes to immigrant patients. Furthermore, they argued on training programs for immigrants in order to improve their health literacy as well as their knowledge concerning immunizations.

The immigrant's immunization toolkit that will be designed would cover the particular educative gaps of both health care professionals and immigrants concerning immunizations. As far as health care professionals are concerned the particular tool-kit should stress their essential role. Moreover, it should provide information concerning the cultural differences among immigrants' populations. Practical guidelines to overcome the obstacles of immigrants' immunizations should be included as well

3.2 The EUGATE project http://www.eugate.org.uk/

A multi-center study funded by the EU DG SANCO (Directorate General for Health and Consumer Affairs) and coordinated by the Unit for Social and Community Psychiatry, Barts and The London School of Medicine, Queen Mary College, University of London, UK.

The Eugate project, which reviewed existing legislation and policy, obtained the opinions of experts on factors constituting best practice, and **assessed the views and experiences of health professionals in different types of health services**. The study was conducted in 16 EU countries: Austria, Belgium, Denmark, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, Netherlands, Poland, Portugal, Spain, Sweden and the United Kingdom. The majority of respondents (74%) asserted that, in general, treatment for migrants after the initial contact would not differ from that for non-migrant patients. When specifically asked in case vignettes about different further pathways depending on the immigration status, for the labour migrant vignette over two-thirds (147 participants) explicitly said that there would be no difference in further treatment pathways. However, for refugees and undocumented migrants only one or two participants respectively reported no difference in further treatment pathways.

This is the summary of common finding across the participating countries:

Problem Areas

1) Language barrier

Language and communication problems were most commonly reported, with frequent references made to a 'language barrier' between practitioners and patients. Concerns were expressed for migrants' inability to communicate their problems due to language difficulties, with the risk of being misunderstood and,

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ultimately, misdiagnosed. Respondents described how extensive physical examinations and diagnostic tests were sometimes required to compensate for the inability to communicate verbally. Administrative procedures were also prolonged and complicated through poor communication.

Some interviewees outlined associated problems with no or restricted access to interpreting services, which often resulted in the use of the patient's child, or another family member translating during consultations. This was especially problematic in sensitive cases.

"There is often a significant language barrier. If everything has to be translated, you lose half the time. Often a child or grandchild is translating, but then you can't ask personal intimate things anymore. A ten year old girl can't translate the menstruation problems of her mother. That's really a problem." (Netherlands, ID 212, Primary Care)

Family members may also choose to be selective in what they translate, summarizing or even censoring the communication between the patient and the doctor.

"When it is a family member who comes to translate, he translates what he wants, it's only interpretation..." (Belgium, ID 27, Primary Care)

Involving a professional interpreter however may also come with problems. Concerns were expressed for how involving a third party would impact on the patient-practitioner relationship. Third party involvement also led some participants to be concerned over confidentiality issues, especially when the interpreter was from the patient's own community.

) Difficulties in arranging care for immigrants without health care coverage

Respondents discussed the difficulties in providing care for undocumented immigrants, who had no entitlements to mainstream health care services. Some professionals reported that the entitlements of different patient groups required clarification. Others mentioned that they had sufficient information to know what treatments they could offer, where the patient could seek further help, or how the treatment should be funded. Awareness of the legal situation may put practitioners into a dilemma.

"Unfortunately, sometimes even legal immigrants are not covered by general health care insurance. This is a big problem for doctors, because in theory, uninsured patients should cover the costs of their treatment by themselves. But for most immigrants it is impossible... And doctors are in a situation with no good solution - from an ethic point of view they should provide treatment, from a legal point of view - they shouldn't." (Poland, ID 234, Primary Care).

Most interviewees said that they would always provide emergency care if required. They described restricted access to laboratorial tests, scanning and other specialist pathways for migrants without coverage. Some interviewees attempted to circumnavigate the coverage problems by submitting laboratory samples in their own name, prescribing the patient with a cheaper medicine they could afford, or choosing to register the patient in an alternative manner. Some interviewees expressed concern that they would not be able to contact the patient again if tests

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raised abnormal results, or that migrants fearful of deportation would risk using fake identification or someone else's documents to receive care.

3) Social deprivation and traumatic experiences

Over two-thirds of the interviewees reported problems arising from stressful experiences for migrants. Recent migrant patients were viewed as being more socially marginalized, from poorer backgrounds, unemployed, struggling to learn a new language, or to integrate, and possibly traumatized from experiences of war and conflict.

"...that lady from the Congo had her foot sawn off as a form of torture. Other things like that, multiple rape, people who have had their lips cut off, or their whole family murdered in front of them..." (UK, ID 305, Primary Care)

Some of these specific socioeconomic stressors had a direct impact on treatment.

"...the difference is, that there is more [treatment] and less prevention. That I just can't put her on sick-leave, that I can't advise her to change her job - how should she attend a training, and let her children starve, that is not possible and that is the difference." (Austria, ID 2, Primary Care).

Some respondents held the view that resolving socioeconomic and legality issues were of more importance to many patients than resolving health problems.

4) Lack of familiarity with the health care system

A lack of familiarity with the health care system was regarded as common among recent immigrants.

"A&E services are often the only care access many migrants have - because they don't know how the system works." (France, ID 806, A&E).

Not fully understanding the health care system affects the treatment available. Interviewees reported cases where available resources and services were underused by migrants, because they were not aware of their existence. Furthermore, respondents discussed that previous experience in other health care systems often led migrants to have different expectations of the roles of doctors and patients. Different understandings of the patient-clinician relationship may result in uncertainty and mistrust, if experiences differ greatly from expectation. Interviewees regarded the role of doctors as given greater precedence amongst certain migrant patients, who may have unrealistic expectations about the capacity of doctors to sort various physical and social problems within short consultations.

5) Different understandings of illness and treatment

Participants reported problems linked specifically to different understandings of the given illness of a migrant patient and the treatment options. Expressions of

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aetiology, symptoms, and pain made a diagnosis difficult to establish, especially when understandings of these concepts greatly differed between the patient and practitioner.

Respondents discussed the challenges in treating migrant patients with different understandings of the human body, which occasionally resulted in patients deciding not to follow the recommended treatment, or agreeing after some resistance.

"I had this woman from Somalia who said her back was hurting and her understanding of the pain was that she had some air which was moving from one side of the back to the other [...] she wanted me to perforate the shoulder so that the air could get out. It was very difficult to explain why I just gave her tablets because her perception of her body is completely different. [...] Even with an interpreter it was very difficult to explain so we had to find my anatomy book and show [...] her problem with the back was with muscles and that there was no air here. She kind of understood though she did not look completely convinced, but she took the pills and it helped." (Denmark, ID 49, Primary Care)

6) Cultural differences

Whilst the previous problem was specifically linked to the understanding of the given illness and its treatment, interviewees reported also more general differences in cultural norms, religious practices and customs as potential complications to direct examination and treatment. Interviewees reported concerns regarding appropriate engagement in physical examinations, preserving and respecting religious restrictions on physical contact and cultural taboos.

"...members of Muslim religious communities, there are shame barriers that we do not have: the husband expects to attend the treatment session. In certain treatment- the areas of sex, anal region are taboo." (Germany, ID 101, A&E)

While most services were able to offer treatment from either gender if requested, others were not. According to the respondents, this had on occasion resulted in patients refusing care or unwilling to disclose sensitive information.

Interviewees noted that some European treatments and traditions may be difficult for migrants to embrace, particularly when they involve therapies and treatments outside of medication.

"Different cultural values and beliefs make it difficult for the doctor to use psychotherapeutic procedures" (Greece, ID 122, Mental Health).

Respondents also discussed cultural differences in terms of practical issues such as not attending appointments, turning-up late, or seeking consultation outside of opening hours. Often this was discussed as leading to disappointment and frustration, as patients would be asked to make another appointment. There were

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also concerns for the impact this would have on the service, with delays to other appointments, and a general strain on time and resources.

7) Negative attitudes among staff and patients

Interviewees reported a lack of trust of some migrant patients towards staff. Distrust towards practitioners and interpreters originating from countries where patients previously experienced political or religious conflict were reported in this context. Certain patients were reported as being explicit in their requests to be seen by another member of staff, or withholding information, based on these grounds. Negative attitudes towards staff and sometimes hostile behaviour were largely attributed to cultural differences, misunderstandings, or the feeling of the patients that they were not being taken seriously.

Fears of discrimination were mentioned in explanations of patient reticence, often based on current and previous societal experiences, or opinions reported in the media. However, staff behaviour towards migrant patients may also perpetuate this fear of discrimination.

"Many migrants experience discrimination and rejection within the healthcare system; being sent away, being treated unkindly, treated as if they are stupid, while they do not understand the language. These experiences are taken along in the doctor-patient relationship. I can notice the distrust of new clients at their first consultation with me." (Netherlands, ID 214, Primary Care).

8) Lack of access to medical history

Finally, lack of access to a medical history was reported as problematic, especially for undocumented migrants. If such information was available, it was usually in a foreign language. Respondents further discussed the complications associated with not knowing whether patients had allergies, vaccinations, or previous health problems. They were concerned that lack of contact details and nationality made decisions regarding consent and next of kin problematic.

MC Public Health. 2011 Mar 25;11:187

4. Draft Migrant Educational Material

PROMOVAX
Promote Vaccinations among Migrant Populations in Europe

You need vaccination too -
Ask your doctor!

Educational Material on Vaccinations

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with answers to:

- ✓ What is a vaccine?
- ✓ Are vaccines safe?
- ✓ Do I need to get vaccinated?
- ✓ Where and how can I get vaccinated?

EU, EAHC logo

TABLE OF CONTENTS

A. Why and how should I use this educational material?

This material is designed to help you get informed and understand more about vaccinations.

It aims to help you:

- understand what vaccinations are
- learn more about why they are important and how they can protect you
- find out which diseases vaccinations can protect you from

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- find useful information on where and how you can get vaccinated
- have a vaccination record

How can you use this material?

- Read the educational material and ask your doctor any questions that you may have.
- Share this educational material with your friends and family.
- Take the immunization record included in this educational material to your doctor. Ask your doctor to record your vaccinations. Carry the immunization record with you every time you have a doctor's appointment.

If you have questions or feedback about the toolkit, please visit www.promovax.eu or contact info@prolepsis.gr.

B. What are vaccinations?

➢ Why are vaccinations important?

Vaccinations protect from specific infectious diseases that can make people very sick, disable or even lead them to death. Around the world, millions of people die every year from diseases that can be prevented by vaccination.
Over the years, vaccines have prevented many cases of illness and saved millions of lives. Also, some diseases that killed or disabled people in the past have today disappeared.
For example, smallpox vaccination eliminated smallpox worldwide. This was a very dangerous disease that does not exist anymore! So, your children today do not need to have smallpox vaccines.
If we continue to vaccinate now, some diseases of today will no longer be around to harm children in the future!

➢ How do vaccinations work?

·Most infections are caused by a germ, usually a bacteria or virus.
· Vaccinations contain small parts of the germ that causes a specific infection. These parts are safe and cannot make you sick.
· Vaccinations follow a natural process: Your body's defense system reacts to vaccinations by forming antibodies, without becoming ill. Antibodies will protect you from getting sick from this specific illness, if the real germ ever enters your body.
· Often, your body's defense system needs to be reminded in order to maintain enough antibodies to protect you from getting sick. This is why most vaccines are given in more than one shot and sometimes you need to be vaccinated again

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(reminder shots) as an adult. It is important that you don't forget the reminder shots!

· Most vaccines are given by injection under your skin (shot). There are also some vaccines available in a drinkable form.

· Vaccines are safe. Most vaccines cause only minor side effects, such as pain, where the injection was done or a low fever. Serious reactions are very rare.

C. What diseases do vaccines prevent?

Vaccines can keep you and your children safe. They can protect you from many serious and sometimes life-threatening infections. Without them, you or your family members could get very sick.

Vaccines do not prevent minor illnesses like colds.

Because of vaccines many infectious diseases that were once common,can now be controlled: for example, poliomyelitis, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, *Haemophilusinfluenzae* type b (Hib), hepatitis B and A and others.

Please read on the next page a list of diseases that can be prevented by vaccinations.

Some vaccinations are necessary for most children and adults. Others are only needed for certain people (it depends for example on your current job, your age or your state of health). It can be that in the country you now live, different vaccination regulations apply than in your home country.

To decide which vaccinations are necessary for you, please ask your doctor.

❖ Which are the diseases vaccinations can protect you from?

Vaccinations can help you avoid diseases that can be very serious for you and your children. You can find a short description of some of these diseases in the table below.

Transmittable diseases and their symptoms and complications

Transmittable disease	Symptoms	Complications
Diphtheria	The disease starts with cold symptoms, such as runny nose and cough. hen, it causes a thick coating, like a membrane, at the back of the throat. This makes it difficult to breathe or swallow.	Diphtheria is a serious disease: 5%–10% of all people with diphtheria die. - The thick membrane that is created on the back of the throat can cause sufoccation (not breathing). - The illness may affect the heart and cause abnormal rythm.

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		Even though there is no treatment for diphtheria, the DTP (diphtheria, tetanus, pertussis) vaccine can prevent it.
Tetanus	Tetanus causes mucle spasm. The first sign is usually spasm of the jaw. This is followed by stiffness of the neck, difficulty in swallowing and stiffness of the abdominal muscles. The illness also causes fever, sweating and high blood pressure. It also makes your heart go very fast.	10% of people who get tetanus die. - The illness can cause spasm of the vocal cords (which helps us speak) and stop breathing. - It may also make your heart not beat normally, make your spine break, or cause high blood pressure, etc. Even though there is no treatment for tetanus, the DTP (diphtheria, tetanus, pertussis) vaccine can prevent it.
Pertussis	Pertussis causes serious cough. The disease usually starts as a cold. Severe cough develops one week later. The cough can persist for weeks, comes in attacks and sometimes can cause babies to stop breathing.	Pertussis can be dangerous for young children, especially infants (babies younger than 1 year old); 50% of infants with pertussis need to be admitted in the hospital. They suffer from lung infection (pneumonia), spasms (seizures) or brain damage (encephalitis). They may also stop breathing during the cough attacks. Even though there is no treatment for tetanus, the DTP (diphtheria, tetanus, pertussis)

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		vaccine can prevent it.
Mumps	Mumps is an infection caused by a virus. It causes fever and swelling of the glands in front of the ears and above the jaw.	Mumps can: - Cause brain infection (encephalitis), from which the patient usually gets well without damage for life - Lead to hear loss (deafness), for a period of time or for life - Lead boys to reduced fertility and rarely sterility, which means not being able to have children. This happens if a boy catches mumps after puberty.
Rubella	Rubella is caused by a virus. It initially presents symptoms like a flu. Later on a rash develops.	Rubella is usually mild. The biggest danger is if a pregnant woman gets rubella in the first 20 weeks (5 months) of pregnancy: - She may lose the baby, or - The virus can cause serious problems to the unborn baby, like deafness, damage to the heart and eye. Even though there is no treatment for Rubella, the MMR (measles, mumps, rubella) vaccine can prevent it.

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	Measles	Measles is a highly infectious illness caused by a virus. Symptoms are high fever and rash. The rash starts on the face and upper neck and slowly spreads downwards.	Measles is one of the first causes of death of young children, even though there is a safe vaccine to protect them. - Measles can result in complications, such as lung infection or ear infection. - Serious complications, such as brain inflammation (encephalitis) and/or permanent brain damage and death can occur. Even though there is no treatment for Measles, the MMR (measles, mumps, rubella) vaccine can prevent it.
	Rotavirus	The disease causes: ✓ diarrhea ✓ Vomiting, and ✓ fever. The symptoms usually last a week.	- If someone suffers from this illness for a long time it can cause dehydration. - It may also cause serious illness in young children. Even though there is no effective treatment for Rotavirus,Rotavirus vaccine can prevent it.
	Hepatitis A	Hepatitis A causes: ✓ dark urine ✓ fever	Serious illness is rare with hepatitis A infection. The illness can be unpleasant and

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	✓ vomiting, and ✓ stomach pain Often, especially in children below the age of six, the disease has no symptoms.	make you feel quite ill, but most people fully recover. However, there is a small chance of developing severe hepatitis and liver failure.
Pneumo coccus	Pneumococcus is a germ that causes: ✓ ear infections ✓ sinus infections ✓ lung infections (pneumonia), and ✓ tissue covering the brain and the spinal cord infections (meningitis)	Infections caused by pneumococcus can be very serious in young children and adults with medical problems, such as diabetes, heart disease or lung disease. 5% of children with meningitis caused by Pneumococcus die.
Mening ococcus	Meningococcus is a germ that causes infection of the tissue covering the brain and the spinal cord (meningitis). The symptoms include high fever, stiff neck, vomiting and confusion.	Meningococcal meningitis is very serious and can cause death very rapidly, within hours. But even if it doesn't lead to death, disability for life can happen, such as amputated fingers or limbs.

D. Are vaccinations safe?

Vaccines are safe.

- ➢ It takes years of testing for a vaccine to be licensed and used.
- ➢ Once in use, vaccines are checked continuously for safety.

What about side effects?

Just like many medications, vaccinations can sometimes cause side effects. The most common are:

- ✓ irritation

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- ✓ swelling or pain in the place of injection
- ✓ low fever
- ✓ pains in the muscles
- ✓ loss of appetite

If they happen, these effects are usually mild and go away very quickly.
More serious side effects are rare reactions to the vaccination. You can read them in the leaflet that comes with the vaccine. Your nurse or doctor should inform you about those side effects. If they don't, ask them.
Keep in mind, that the medical staff that does vaccinations is well trained and knows how to react to these cases.
It is important to remember:
If you or your children and family are not vaccinated, the risks of serious disease are much higher than the risks of serious health reactions to a vaccination.

E. Who needs vaccinations?

➢ Vaccinations can save your child's life!

Children in Europe still get diseases that could have been avoided if they had been vaccinated. In fact, some diseases appear more often over the past few years, even though vaccinations could have prevented them.
Especially, babies and infants are very sensitive. They need help to fight some infectious diseases.

- ✓ You can protect them with vaccinations at an early stage.
- ✓ It is very important that your children are vaccinated at the right age.
- ✓ Remember that most immunizations have to be given more than once to make your child's defense system stronger.

Discuss with your doctor when you child should receive vaccinations.

➢ Adults also need vaccines

Many adults become ill, are disabled and die each year from diseases that could easily have been prevented by vaccines.

- ✓ Everyone, from babies to young adults to senior citizens, can benefit from vaccinations.
- ✓ To be protected against some diseases for all your life, you need to be vaccinated as an adult more than once.

Here are some of the vaccines recommended for adults: influenza, tetanus, diphtheria, pertussis, pneumococcal disease, meningococcal disease, zoster (shingles), hepatitis A, hepatitis B.

➢ Vaccinations not only protect you, but people around you as well

Keep in mind that vaccinations not only protect the person who received the vaccine. They help to protect the whole population by "breaking the infection chain": they don't let the disease transmit from one person to the other. The more

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people are vaccinated, the less possible it is for germs to get transmitted in the population.
Remember! It is never too late for you and your family to get immunized.
Did you or your child miss a vaccination? Is your child older than the recommended ages for vaccination?
Please ask your doctor what you need to do

F. Ask for an interpreter

Discussing and understanding health issues and vaccinations can be difficult. It can be even more difficult when you are not speaking in your own language.

If you are more comfortable communicating with your doctor or nurse in your own language, you can ask for an interpreter.

Interpreters will help you better understand what the doctor is saying. They will also help the doctor better understand your situation and questions.

→ You can ask for an interpreter when you book your appointment.

→ You can ask for an interpreter when you are at the medical office or the hospital.

→ It is better to use an interpreter instead of your family members, especially children.

Make sure you ask all your questions to the doctor before you leave the office.
To make sure you don't forget anything, write all your questions down before your appointment.

G. MYTHS and FACTS

Myth 1:
"Vaccinations do not work"
Facts:
Vaccines are one of the best ways to prevent disease:

- ✓ Vaccination saves more than 3 million lives in the world each year.
- ✓ Vaccination saves millions more from suffering illness or lifelong disability (WHO estimate 2009).
- ✓ Before routine vaccinations of children, infectious diseases were the first cause of child death in the world.
- ✓ Smallpox was the first infectious disease that was eliminated in 1977, because of vaccinations.
- ✓ In countries with successful immunization programs, diseases that can be prevented by vaccines have decreased.

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- ✓ On the other hand, in countries where immunization is lower, vaccine preventable diseases have gone up.

Myth 2:

"Vaccines are not safe. They cause many harmful side effects and even death"

Facts:

Although vaccines can have side effects, none of them are as serious or dangerous as the diseases they protect you from.

- ✓ Vaccines are tested for many years before they can be given to you.
- ✓ As all medications, vaccines can sometimes have minor side effects, such as low fever, rash (your skin itches) or pain at the place of the injection.
- ✓ Serious side effects rarely take place.
- ✓ The doctor always asks questions to make sure that the vaccine given to you is safe and to minimize any side effects.

It is important to remember! The risks of serious disease from not getting vaccinated are far greater than the risks of serious side effects of a vaccination.

Myth 3:

"I was reading on the internet that the vaccine against mumps-measles-rubella causes autism."

Facts:

Research shows that this vaccine (MMR vaccine) does not cause autism.

Autism is a problem for many families and people want answers. Often autism starts at the same time with the vaccine. However, the vaccine does not create autism.

Well designed and conducted studies show that MMR vaccine is not a cause for autism.

Myth 4:

"Since vaccine-preventable diseases almost do not exist in Europe, vaccinations are no longer necessary"

Facts:

Even though it is true that many vaccine preventable diseases have been eliminated from Europe, we still need vaccines to keep diseases under control.

Think of what happened with measles because people stopped getting vaccinations: In 2011, France, Ukraine, Italy, Romania, Spain and Germany reported outbreaks of measles. Children and adults suffering from measles increased dramatically (4-fold) and some of them died.

Measles:

Is an illness that spreads very easily from one person to the other and can become very dangerous.

Most people only have a low fever with rash. However, 1 in 15 patients will have more serious health problems, like ear infections, pneumonia (lung infection) and seizures (spasms), and more rarely, encephalitis (swelling of the brain), which can cause brain damage and even death.

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Myth 5:
"I am too old to be vaccinated. Vaccines are only for children."
Facts:
Adults also need to be vaccinated.

- ✓ Some vaccines you received as a child need a "booster" dose when you are older: This dose increases the protection of the vaccine and helps your defense system to avoid diseases.
- ✓ In fact, some vaccinations are as important for older people as they are for younger. For example, the vaccine against Pneumococcal disease protects you from a disease that can cause severe pneumonia (lung infection) and even death.
- ✓ Some vaccinations protect you from illnesses that appear every year. An example is the flu.
- ✓ You should get vaccinated for Tetanus and Diphtheria every ten years throughout your life.

We are never too old to be vaccinated.

Myth 5
"Getting many vaccinations for different diseases at the same time is not good. You can have more harmful side effects and can overload your defense system"
Facts:
Vaccines do not weaken your defense system. They actually make it stronger.

- ✓ Scientific data show that =having more than one vaccine during the same office visit is not harmful.
- ✓ The use of combination vaccines (two or more separate vaccines that have been combined in one single shot) reduces the number of shots.
- ✓ Even babies' defense system is strong enough to respond to many vaccinations given at the same time.

Vaccinations do not harm your defense system. They make it stronger to protect against specific diseases of children and adults

H. Where can I get immunized?

Cyprus

- ✓ You can get vaccinations for free at Public Immunization Sites: public hospitals, health/vaccination centers.
- ✓ Children can get immunized for free at schools.
- ✓ You can also get vaccinations at the private health centers and offices (i.e. General Practitioners), but with charge.

Norway

- ✓ Local public health centers and school health services provide vaccinations to children and young people.

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The public health center is an office in each municipality and often in every town. It has one or more public health nurses. There is also a doctor at the clinic fora few hours a week.

Germany

- ✓ Ask yourdoctor (general practitioner) or any licensed doctorto help youfind where you can get vaccinated.

Hungary

- ✓ Ask your doctor (general practitioner) or any licensed doctor to help you find where you can get vaccinated.

Poland

- ✓ Ask your doctor (general practitioner) or any licensed doctor to help you find where you can get vaccinated.

Croatia

- ✓ Adults and migrant workers can receive vaccinations at the Croatian National Institute of Public Health (department of epidemiology).
- ✓ For your children visit family medicine doctors and pediatricians.

Italy

- ✓ To access vaccinations you need to be registered at the National Health System.

Registration can be done at the local health agency of the municipality where you live. The vaccinations provided free of charge are reported in the 2012-2014 Italian immunization schedule: http://www.salute.gov.it/dettaglio/pdPrimoPianoNew.jsp?id=339&sub=3&lang=it). For vaccinations that are not for free, a fee can be requested according to regional fees.

Greece

- ✓ Ask your doctor (general practitioner) or any licensed doctor to help you find where you can get vaccinated.

I. What if I have no health insurance and I cannot afford to get vaccinated or vaccinate my children?

Cyprus

- ❖ The Public Sector offers free of charge vaccination to all children and adults(regardless of their nationality or social status).

The free of charge vaccinations are for:Diphteria, Tetanus, Pertussis, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B and HeamophilusInfluenzae type b.

Norway

- ❖ Children are vaccinated for free.
- ❖ Adults need to pay a fee for other vaccinations.
- ❖ If you have questions about vaccinations (rights, costs, etc.), contact your doctor (general practitioner) or the public health center in your municipality.

Germany

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- If you are a documented migrant, you have equal access to health services and vaccinations like non-migrants.
- The German Standing Committee on Vaccination at the Robert-Koch-Institute (STIKO) publishes the recommended vaccinations every year. Your insurance covers the costs for the recommended vaccianations. For the standard vaccinations no extra payment must be paid.
- If you are an asylum seeker you are eligible for vaccinations and limited other services.
- For more information on vaccinations, please contact your general practitioner, pediatrician or any licensed physician.

Hungary

- In case of special conditions (for example, epidemic outbreak prevention, like measles, hepatitis A, etc.), you can visit the health services of all the reception centers to get free vaccination.
- Minors staying more than 3 months in Hungary can get free vaccinations at all the primary health care physicians.
- Ask your doctor (general practitioner) or any licensed health physician for more informationand whether you can get free vaccinations.

Poland

- Ask your doctor (general practitioner) or any licensed health physician for more information and whether you can get free vaccinations.

Croatia

- Ask your doctor (general practitioner) or any licensed physician where you can get free vaccinations.

Italy

- The general practitioner and the family pediatrician offer general care and vaccination free of charge (only compulsoryvaccinations arefree of charge).
- Ask your doctor (general practitioner) or any licensed physician if and where you can get free vaccinations.

Greece

- Ask your doctor (general practitioner) or any licensed physician if and where you can get free vaccinations.

APPENDIX

Immunization Record

Ask your doctor to give you or your children a personal immunization record (card). You need to have the immunization record with you during every visit to the doctor. A doctor or nurse will complete it every time you have a vaccination.

If your doctor does not have an immunization card for you or your children, remove and ask your doctor to use the cards below:

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Immunization Record for Adults					
Last Name **First Name** **Date of Birth**					
Medical Notes (allergies, vaccine reactions)					
Vaccine	**Type of Vaccine (LOT #& manufacturer)**	**Date (dd/mm/yyyy)**	**Physician's Signature**	**Date next dose is due**	
Hepatitis B					
Diphtheria-Tetanus-Pertussis					
Measles-Mumps-Rubella					
Pneumococcal					
Influenza					

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Other				

Immunization Record for Children				
Last Name **First Name** **Date of Birth**				
Medical Notes (allergies, vaccine reactions)				
Vaccine	**Type of Vaccine (LOT # & manufacturer)**	**Date** **(dd/mm/yyyy)**	**Physician's Signature**	**Date next dose is due**
Diphtheria-Tetanus-Pertussis				

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OPV/IPV				
Measles-Mumps-Rubella				
Varicella				
Haemophilus influenzae type b				
Hepatitis B				
Pneumococcal				
Other				

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A few words about this Educational Material
This Educational Material was developed as part of the "Promote Vaccinations among Migrant Populations in Europe – PROMOVAX" project.

PROMOVAX is a 3-year project, funded by the DG SANCO Public Health Program 2008 – 2013 and implemented by a consortium of 11 associated partners from 8 countries and 12 collaborating partners from 11 countries.

The project's general goal is to promote vaccinations among migrant populations in Europe, thus contributing to the elimination of vaccine preventable diseases in the region and reducing social inequality in population's health. More specifically, PROMOVAX aims to complement EU policies on reaching hard-to-reach populations by adding to the knowledge of barriers among migrants concerning vaccinations, developing vaccination educational material for both health professionals and migrants and developing recommendations for policy-makers and stakeholders.

For more information about the PROMOVAX project, please refer to the website www.promovax.eu.

Project partners
Main Partner:
Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis – Greece

Associated Partners:

- Technische Universität Dresden (TUD) – Germany
- Universita degli Studi di Sassari (UNISS) – Italy
- The SINTEF Foundation (SINTEF) – Norway
- Nofer institute of Occupational Medicine (NIOM) – Poland
- University of Zagreb, Medical School (AS) – Croatia
- Research Unit in Behaviour and Social Issues (RUBSI) – Cyprus
- University o fPecs – Hungary
- Universita degli Studi di Milano (UNIMI) – Italy
- Instituto Superiore di Sanita (ISS) – Italy
- Cyprus University of Technology (CII) – Cyprus

CollaboratingPartners:

- Public Health Institute – Albania

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- Baskent University – Turkey
- Hospital De Sabadell. Consorci Hospitalari ParcTauli'. Universitat Autonoma De Barcelona - Spain
- Institute of Occupational Health – Serbia
- WHO/Europe Occupational health, Bonn, Germany
- WHO/Europe Communicable Disease Units, Copenhagen, Denmark
- Alpert Medical School of Brown University – USA
- Health and Migration IOM Rome – Italy
- Institute of Epidemiology, Preventive Medicine and Public Health – Greece
- National School of health. Instituto de Salud Carlos III. Ministry of Science and Innovation – Spain
- European Center for Disease Prevention and Control (ECDC) – Sweden
- National centre of Infectious and Parasitic Diseases (NCIPD) – Bulgaria

DISCLAIMER

The findings and conclusions in this toolkit are those of the authors, who are responsible for its contents.

ACKNOWLEDGEMENTS

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5. Draft Health Care Worker Toolkit

[COVER PAGE]

PROMOVAX
Promote Vaccinations among Migrant Populations in Europe

A Toolkit for the Health Care Worker

EU, EACH logo

PREFACE

The Toolkit for the Health Care Worker was developed as part of the "Promote Vaccinations among Migrant Populations in Europe – PROMOVAX" project.

PROMOVAX is a 3-year project, funded by the DG SANCO Public Health Program 2008 – 2013 and implemented by a consortium of 11 associated partners from 8 countries and 12 collaborating partners from 11 countries.

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The project's general goal is to promote vaccinations among migrant populations in Europe, thus contributing to the elimination of vaccine preventable diseases in the region and reducing social inequality in population's health.

More specifically, PROMOVAX aims to complement EU policies on reaching hard-to-reach populations by adding to the knowledge of barriers among migrants concerning vaccinations, developing vaccination educational material for both health professionals and migrants and developing recommendations for policy-makers and stakeholders.

For more information about the Promovax project, please refer to the website www.promovax.eu.

Project partners
Main Partner:

Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis – Greece

Associated Partners:

- Technische Universität Dresden (TUD) – Germany
- Universita degli Studi di Sassari (UNISS) – Italy
- The SINTEF Foundation (SINTEF) – Norway
- Nofer institute of Occupational Medicine (NIOM) – Poland
- University of Zagreb, Medical School (AS) – Croatia
- Research Unit in Behaviour and Social Issues (RUBSI) – Cyprus
- University of Pecs – Hungary
- Universita degli Studi di Milano (UNIMI) – Italy
- Instituto Superiore di Sanita (ISS) – Italy
- Cyprus University of Technology (CII) – Cyprus

Collaborating Partners:

- Public Health Institute – Albania
- Baskent University – Turkey
- Hospital De Sabadell. Consorci Hospitalari Parc Tauli'. Universitat Autonoma De Barcelona - Spain
- Institute of Occupational Health – Serbia
- WHO/Europe Occupational Health, Bonn, Germany
- WHO/Europe Communicable Disease Units, Copenhagen, Denmark
- Alpert Medical School of Brown University – USA
- Health and Migration IOM Rome – Italy
- Institute of Epidemiology, Preventive Medicine and Public Health – Greece
- National School of health. Instituto de Salud Carlos III. Ministry of Science and Innovation – Spain
- European Center for Disease Prevention and Control (ECDC) – Sweden

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- National Centre of Infectious and Parasitic Diseases (NCIPD) – Bulgaria

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A. Why and how should I use this toolkit?

This toolkit is designed to be used by all levels of staff in a practice providing primary care for migrant adults and/or pediatric patients.

It aims to facilitate the assessment of the immunization needs of migrant patients, provide easy-to-use reference guides and user-friendly materials.

Since most of the issues included cannot be extensively discussed, useful resources are also provided.

How to Use this Toolkit

- Read the toolkit to gain insight and knowledge about migrant immunization needs and to learn how to deal with incomplete or missing vaccination records as well as how to increase vaccination rates in your practice.

- Cross-cultural communication can be challenging. This toolkit provides you with information on how to approach migrants, show cultural sensitivity and overcome cultural and language barriers. It also helps you to work more effectively with interpreters and cultural mediators.

- Make use of the resources provided in the toolkit:

    - Have copies of documents on hand for bedside use during your patient encounter (i.e. the immunization schedules, as issued by World Health Organization and the assessment form of a migrant's risk of exposure to vaccine preventable diseases and immunization needs). *See pages … and …*

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- Use the personal Immunization Record provided on page … in order to document the administered vaccines and when the next vaccine doses are due. Keep one copy for your files and give a copy to your patient.

- Read the Case Presentation on page … as a practical example of dealing with similar cases.

- Useful links and resources are provided for your further information on page...

This toolkit is also available online at the project's website www.promovax.eu, where you can also find educational material for migrants.
If you have questions or feedback about the toolkit, contact Eleni Patrozou M.D. at e.patrozou@prolepsis.gr.

B. Assessing a migrant's risk of exposure to vaccine preventable diseases and immunization needs

When assessing a migrant's risk of exposure to vaccine preventable diseases and immunization needs, the following should be taken into consideration:

- Age

- Sex

- Available vaccination records

- Past Medical History
  - Risk factors

(i.e. immunosuppression, diabetes, lung disease)

  - Physiologic Conditions

(i.e. pregnancy)

- Assessment of contraindications and precautions
  - Absolute contraindications

(i.e. severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component or encephalopathy after previous pertussis vaccination or severe immunodeficiency for live vaccines)

  - Relative contraindications

(i.e. temperature> 38.5 °C)

- Country of origin
  Certain countries have an increased incidence of certain Vaccine Preventable Diseases-VPDs.

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(e.g. The Philippines have a high prevalence of hepatitis B: Screen for hepatitis B, particularly among those who have recently arrived for prior immunity to hepatitis B virus. Vaccinate those found to be susceptible as they are at risk of acquiring the disease while visiting their home country in the future.)

- Route of travel (residence in refugee camps, possible exposures), time of possible exposures (duration), periods of residence in different locations, duration of different travel stages.

- Type of occupation in the hosting country
  Work activities rather than job title should be considered on an individual basis to ensure an appropriate level of protection is afforded to each worker.
  - Vaccinations are indicated in certain instances because of increased likelihood of exposure associated with the individual's occupation (e.g. tetanus vaccination should be provided to construction and farm workers).
  - The type of occupation may indicate an increased risk for disease spreading (e.g. food handlers should be vaccinated against hepatitis A in order to reduce the danger of spreading this infection).

  Please refer to the Appendix of this toolkit for a non exhaustive list of recommended vaccinations for those at risk of occupationally acquired vaccine preventable diseases.

- Family situation – Living Conditions
  Migrants in detention centers, prisons and long-term care facilities are at increased risk for influenza, hepatitis B or meningococcal meningitis acquisition.

- Risk behavior
  (i.e. intravenous drug use, travel, MSM activities)

- Cultural diversity
  (i.e. in some societies it will not be socially acceptable for a woman to see a male doctor and vice versa)

Find a ready-to-use **"Migrant's Risk of Exposure to Vaccine Preventable Diseases and Immunization Needs Assessment Form"** in the Appendix of this Toolkit. You can make copies to have on hand for bedside use during your patient encounter.

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C. How do I deal with missing or incomplete vaccination records?

Obtaining vaccination records may be challenging. However, it is important that you repeatedly try to obtain all the relevant medical documentations, as in written proof of vaccination records.

➢ When vaccination documentation is available

The documentation/record ideally should list:

- each dose of each vaccine the patient has been administered
- the date (month, day, year)
- who administered the vaccine

Keep in mind:

- Notes from the migrant's physician, such as "Vaccinations up to date" or "Does not require additional vaccines", should not be acceptable.
- Translations of records should be done by those familiar with medical terminology.

Below you can find useful resources (links) when evaluating these records:

- a list of translations of vaccine preventable disease terms into other languages http://www.immunize.org/catg.d/p5122.pdf
- a list of trade names of vaccines used wordwide http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf
- entering the name of an unfamiliar vaccine into an internet search engine often yields helpful information as well

➢ When vaccination documentation is NOT available

If no vaccination documentation is available, there are two suggested approaches:

1. Assume that the migrant has not received any vaccinations and administer all medically appropriate vaccinations according to your country's schedule (catch up shedule).

2. Judiciously use serotesting to assess antibody titers to selected vaccine preventable diseases and based on these results decide on what vaccines to administer.

Health providers determining the best approach to completing patient's immunizations need to consider several factors, such as the availability and cost for serologic tests, the barriers to childcare, school or job initiation while awaiting test results and the risk of contacting the vaccine preventable diseases while awaiting serologic results.

A combined approach, based on cost effectiveness, may be prefered.

For example, perform serotesting for certain vaccine preventable diseases (such as hepatitis B, hepatitis A) to populations where high prevalence of infection and

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immunity is expected and provide age appropriate immunization for others (such as Measles-Mumps-Rubella, Tetanus-Diphtheria)

- Providing vaccination documentation

  Documentation of vaccinations and providing a durable and permanent record of vaccines to the recipient is critical.

  Following the vaccination provide the migrant with the adequately filled out International Certificate of Vaccination or Prophylaxis (issued by WHO) or with the vaccination card of your country.

  The International Certificate of Vaccination or Prophylaxis, issued by WHO can be ordered using the following link:
  http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=0&codcol=68&codcch=01000

  Alternatively, you can use the Immunization Record Card provided in the Appendix of this toolkit.

D. Where can I find the most recent schedules for pediatric and adult vaccinations?
In accordance with its mandate to provide guidance to Member States on health policy matters, WHO publishes vaccine position papers providing global vaccine and immunization recommendations for diseases that have an international public health impact.
The papers summarize essential background information on the respective diseases and vaccines, and conclude with the current WHO position concerning their use in the global context.
These papers can be found at:
http://www.who.int/immunization/position_papers/en/

WHO Tables 1,2,3

E. Who should be offered vaccinations?
Although the risk of most vaccine preventable diseases has dropped dramatically in Europe as a result of high uptake of effective vaccines, they have not disappeared. As an example, measles is still endemic in many European countries, due to low uptake of vaccinations.
The average immunization coverage for childhood diseases is higher than 90% in the WHO European Region, which consists of 53 Member States and over 885 million people. However, full protection can only be achieved by 95% coverage rates, and regional country averages mask inequities both within and between countries. Most of the non-immunized belong to hard-to-reach groups, such as migrants and Roma

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population, that lack access to vaccines and balanced information about the importance of immunization. Furthermore, immunization of migrants is a high priority issue with an important role in achieving measles and congenital rubella infection elimination, maintaining polio-free status of the European Region and control of other vaccine-preventable diseases.

When immunizing migrants it is important to remember the following:

- Infants are at increased risk of contracting vaccine preventable diseases compared to older children and adults and should receive their vaccinations as close to the recommended age as possible. The timing of childhood vaccination is therefore critical for vaccine effectiveness.
- Adults are not being immunized routinely for vaccine-preventable diseases, as it is often incorrectly assumed that the vaccines adults received as children protect them for the rest of their lives. However:

• Immunity produced by vaccines weans over time and booster doses are needed
  - *For example, the Tetanus-Diphtheria vaccine needs to be repeated every 10 years (http://www.who.int/wer/2006/wer8120.pdf)*

• Adults with certain chronic conditions are at increased risk for vaccine preventable diseases
  - *For example patients with chronic obstructive lung disease,asthma or diabetes should receive influenza vaccine annually as well as pneumococcal vaccine every 5 years.*

For a comprehensive list of indications for influenza and pneumococcal vaccine please refer to WHO's position papers:
http://www.who.int/immunization/sage/meetings/2012/april/1_Influenza_Vaccines_WHO_Position_paper_205.pdf
http://www.who.int/wer/2012/wer8714.pdf

• Older people, like young children, are more susceptible to serious vaccine preventable infections
  - *For example pneumococcal and influenza vaccinesare indicated for all healthy adults aged >65 years (http://www.who.int/wer/2012/wer8714.pdf)*

✓ Migrant adults in particular may have needs related to immunization additional to those experienced by the native born population.
  - Migrants may arrive without having received vaccines in the routine immunization schedules, such as *Haemophilus influenza* type b and meningococcal vaccines.

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- Their living conditions (crowded living conditions, detention centers, prisons and long-term care facilities) often place them at increased risk of exposure to vaccine preventable diseases.

The national immunization schedules, for EU countries are available at: http://ecdc.europa.eu/en/activities/surveillance/euvac/schedules/Pages/schedules.aspx

F. How should I approach migrants?

Below you can find some useful advice when communicating with your patient. Even though many of them can be applied while carrying for all your patients (irrespectively of cultural or racial background), particular advice for approaching migrants is included.

- Greet the patient with a kind, welcoming and helpful attitude.
- Be respectful, positive, heartening and empowering.
- Maintain appropriate eye-contact while speaking with migrants.
- Explain to them briefly what is wrong, what to do and why.
- Provide them with age-tailored, clear and meaningful information.
- Limit the information to 3-5 key points.
- Give specific and concrete explanations and instructions, instead of general.
- Slow down: do not talk too fast, but speak clearly at a moderate pace.
- Explain things using plain, non-medical language (e.g. instead of diabetes: elevated sugar in blood, arthritis: pain in joints, dermatologist: skin doctors)
- Demonstrate: use simple visual aids (models, pictures, diagrams etc.) and draw pictures to promote better understanding. Use them in conjunction with spoken instructions.
- Use clearly written educational materials. Using them alone may not adequately inform patients, since they prefer key messages from clinicians with accompanying

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pamphlets (in different languages if available).
- Encourage the patient to voice his / her concerns throughout the visit.
- Involve the patient in the conversations, encourage them to ask questions and be cooperative and proactive in their health care.
- Invite questions using body language: sit at the same level as the patient, look at the patient when talking and listening, show that you have enough time and you listen to their questions, try not to interrupt.
- Do not ask 'yes' or 'no' questions: For example, avoid asking "Do you have any questions?" and instead ask: "What questions do you have?"
- Repeat, summarize and clarify the key points.
- Use the "Teach Back Method" to ensure patients' agreement and check their understanding about the care plan and instructions you gave them. Ask them to explain back in their own words what they are going to do. Clarify the information if needed.
- Demonstrate knowledge and sensitivity to patients' cultural beliefs and customs. Learn about patients' health beliefs and customs (e.g. by asking them). Avoid stereotyping.
- Assist patients to find affordable medications and to fill out applications as needed.
- Emphasize the benefits of care (and particular of immunization) for migrants.
- Focus on 'need-to-know' and 'need-to-do': e.g. when they leave the exam room, about filling the forms, taking medicines, self-care, referrals and follow-ups.
- Encourage migrants to bring a family member to the appointment to help them to remember the information.
- Use a trained interpreter or language services.

G. Working with interpreters

Good communication is essential to effective practice of medicine. Meeting migrant patients' language and communication needs in particular should be a priority, especially since language can be a significant limiting factor when discussing health

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matters. Interpreters or cultural mediators, if available, can facilitate the interview and conversation with your patient and ensure that the information you exchange is accurately and appropriately transferred.

To ensure accuracy and confidentiality:

- Use the help of a professional interpreter rather than family, friends, another patient or non-qualified hospital support staff. It is particularly inappropriate to use children as interpreters for adults.

- Do not ask the patients to bring their own interpreter.

➢ Before Seeing the Patient

You can use an interpreter more effectively and achieve better communication by ensuring you and your patients understand the role of the interpreter, which is to accurately and appropriately transfer the whole message from one language to another.

- ✓ Offer background information to the interpreter and set objectives before entering the room.
- ✓ Encourage clarifications.

➢ The Conversation

When using the interpreter, your role is to conduct the interview and manage the discussion.

- ✓ Introduce yourself and brief the interpreter.
- ✓ Allow the interpreter to introduce themselves to the patient.
- ✓ Keep a comfortable speed that will allow time for interpretation.
- ✓ Avoid medical terms to make the meeting less complicated.
- ✓ Listen before redirecting. Use short sentences and pause often. Be patient with the interpretation process.
- ✓ Give full information on diagnosis, tests and treatment.
- ✓ Confirm understanding and agreement with patient to guarantee compliance.
- ✓ Encourage the interpreter to clarify terms with you. Feel free to ask the interpreter to interpret back to you whenever you are concerned about the accuracy and completeness of the interpretation.

➢ Manners

Throughout your meeting with the patient, try to remember:

✓ to address the patient, not the interpreter, and maintain eye contact primary with your patient

✓ that patients wonder what is not being interpreted and may understand more than they can speak.

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✓ that cultural differences in body language can affect communication.

➢ Debriefing
  ✓ Speak privately with the interpreter who may perceive cultural and emotional issues more clearly.

H. How can I increase vaccination rates among my migrant patients?

○ Know your local migrant population and their entitlements to care.

○ Educate patients on your country's medical system.

○ Be prepared to evaluate foreign vaccination documents and provide migrant families with information about your country's immunization recommendations, including requirements for enrolling in childcare programs, school entry and certain occupations.

○ When you are recommending vaccinations to your migrant patients, provide them with all the information needed. In case of linguistic barriers, if you don't have an interpreter or a cultural and linguistic mediator at your disposal, you should be able to give them a sort of *memorandum* with some practical information.
Avoid suggesting "call at this telephone number and they will explain everything to you".
The patients need to clearly know:

- WHAT ARE THE VACCINATIONS?
  ✓ Make sure that your patients understand what you are advising them to do.
  ✓ When a child is due to receive vaccines, nothing is more important than making the time to assess parents' information needs and to address possible concerns.
  ✓ Adults, migrant or not, may not be aware of the fact that vaccinations are indicated for them as well. Take advantage of every opportunity to initiate a dialogue about vaccines and provide them with take-home materials, in their language.
  ✓ Always be aware that your patients, even when they are adults may not be able to make decisions about their own health. Ask your patients: *who helps you make health decisions?*
- WHERE, WHEN and HOW?
  Provide your patients with practical information, to facilitate their decision and process:
  ✓ WHERE CAN THEY GET VACCINATED?

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Provide updated addresses of the vaccination offices, with a map and guidelines on how to get there by public transportation

- ✓ WHEN?
  Provide opening days and consulting hours
- ✓ IS AN APPOINTMENT NEEDED?
  If yes, provide the patient with the correct telephone number.
- ✓ IS A FEE REQUESTED?
  Refer to the national health legislation and to regional and local practices; keep an *updated* list of vaccinations fees applied in your country.
- ✓ WHICH DOCUMENTS ARE NEEDED?
  Properly explain which documents the patient needs to bring at the vaccination day (e.g. I.D. card, Health Care Insurance card, National Health Service card, vaccination card, International Vaccination Certificate)
- ✓ IS FASTING NEEDED?
  Clearly explain that fasting is not needed for vaccinations.
- ✓ WHAT TO DO IN CASE OF ILLNESS AT THE SCHEDULED DAY OF VACCINATION

Look for updated information and preferably refer to Official National Health Institutes websites, linked to the Ministry of Health, for epidemiological data and forecast/alert of epidemics. In addition, you can find some suggestion and tools at the following URLs:
http://www.cdc.gov/vaccines/pubs/vis/default.htm
http://ecdc.europa.eu/en/activities/diseaseprogrammes/vpd/Pages/index.aspx

I. Case presentations

CASE PRESENTATION 1
VACCINATION FOR A 24 YEAR OLD CHINESE NURSE
A young Chinese nurse visits the General Practitioner (GP) in order to obtain a certification of her good health status before starting training in a small private clinic. She has been living in Italy for six months and she does not have a significant past medical history. She has no children.
Main critical issues presented by the case:

1. She comes from a non EU Country
2. Because of her contact with patients or infective material from patients, she is at risk for exposure to and possible transmission of vaccine preventable diseases
3. She is worried about the fee
   How does the GP address these critical issues?

✓ **CLEARLY TELL HER THAT SHE IS ENTITLED TO VACCINATION, ACCORDING TO THE FRAMEWORK LAW ON IMMIGRATION**

1. *She comes from a non EU Country.*

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Knowing that the incidence of vaccine preventable diseases (VPDs) varies in different countries, the GP wants to know more about the incidence of vaccine preventable diseases, recent outbreaks as well as the immunization rates in China.

He consults the following links:
http://www.hpa.org.uk/MigrantHealthGuide/CountriesAZ/AsiaAndOceania/China/
http://www.who.int/csr/don/archive/country/chn/en/
http://apps.who.int/immunization_monitoring/en/globalsummary/countryprofileselect.cfm

The GP discovers, for instance, that tuberculosis is a major problem (https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=CN&outtype=html), thus he focuses the interview on symptoms suggestive of lung tuberculosis in the past and at the present. This is important in view of a vaccination program: tuberculosis lowers the immune system, affecting the response to immunization.

Moreover, he finds out that in China there is a high prevalence of hepatitis B. His patient is at high risk for carrying hepatitis B, as she comes from a high prevalence country and she is a health professional. He decides screening her for hepatitis B. Additionally, and based on her occupational risks he recommends testing for hepatitis C and HIV.

2. *Vaccination needs based on individual characteristics and occupational exposures*

The GP inquires whether the patient has an International Certificate of Vaccination or any other documentation of prior vaccinations. The patient states that she left all medical records in China, and has no written proof of vaccinations. However, she states that she did get routine childhood immunizations and her mother has told her that she had varicella (chickenpox) when she was 5 years old.

The GP knows that he can only accept written proof of vaccinations and that history of varicella may not be reliable. He decides to run serology tests for hepatitis B, hepatitis A and varicella, as for those tests testing before immunizing may be cost effective in populations where there is a high prevalence of infection and immunity.

THE FOLLOWING BLOOD TESTS ARE ORDERED:

1) **Hepatitis B screening: HBsAgHepatitis A antibodies**
2) **Varicella antibodies**
3) **Tuberculosis SCREENING: Mantoux or Quantiferon**

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On the basis of the above blood test results, the patient is immune against hepatitis A and varicella. Hence,the GP suggests the following vaccinations:

1. Hepatitis B (3 doses: 0, 1-2 months, 4-6 months)
2. Measles, Mumps, Rubella (MMR) (2 doses, with minimum interval of 4 weeks between doses)
3. Tetanus-Diphtheria vaccine (3 doses: 0 , 1 month, 6-12 months)
4. Annual Influenza vaccine

The patient has a negative Mantoux test.

With the patient's informed consent the GP proceeds and administers the first dose of all indicated vaccines in this visit.

✓ **TAKE INTO ACCOUNT THAT SHE IS IN CHILDBEARING AGE (PREGNANCY TEST STRONGLY RECOMMEND BEFORE LIVE VACCINE ADMINISTRATION)**

3. *Fee*

The GP checks on the website of the Local Health Units and discovers that Hepatitis B and Influenza vaccinations are free of charge for occupationally exposed adults. He informs the patient accordingly.

CASE PRESENTATION 2

The nurse informs you that a young Moroccan mother, Samira, is sitting in the waiting room holding her 3 month-old son, who is irritable and crying. According to the nurse, the patient only speaks Arabic but her aunt who is accompanying her speaks some English and could translate.

- How will you proceed?

  You know that it is inappropriate to use family members as interpreters and the use of a professional interpreter is essential in assuring accuracy and confidentiality. So, you kindly ask the nurse to call for an Arabic interpreter. While waiting for the interpreter, the nurse hands off to Samira some leaflets on the National Health System in the Country, in Arabic.

  Once the interpreter arrives, the nurse brings her and the Moroccan family to your office. Samira explains that her 3 month-old son has been crying and pulling his ear for the past 2 days. She is not sure whether he has a fever, as she does not have a thermometer available at home. During the course of the history and physical examination she states that her son was born in Casablanca, and has not been to a doctor since. She appears nervous and reveals that she is not a legal citizen.
- What fears and concerns should you address immediately?

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→ Assure Samira that she did the right thing by bringing her son to you. Explain that her child has otitis and provide her with the medications that he needs.

→ Inform her of your office fees, including any policies of waiving fees.

→ Reassure Samira that she will not get arrested for bringing her son to the clinic.

- After you address the baby's chief complaint what other health considerations should you address?
  The mother stated that the baby has not had any medical care and has not received any vaccinations.

  You explain to the mother the importance of regular doctor visits and the importance of vaccinations. You tell Samira that infants are very sensitive and need help to fight some infectious diseases. Effective protection can be provided with vaccinations at an early stage. It is important that her children have their immunizations at the right age and most immunizations have to be given more than once to prepare the child's defense system. You recommend starting immunizations right away. After consulting the WHO's catch up schedule, you recommend the following vaccines: diphtheria-tetanus-pertussis (DTP), poliomyelitis (IPV), Hepatitis B (HepB), Pneumococcal (PCN), *Haemophilusinfluenzae* (Hib) and Rotavirus.
  All the above vaccines will be given in the form of shots, except for the Rotavirus vaccine, which is drinkable.
- Samira is afraid that the shots will harm her son, especially since her child currently is sick with otitis. She expressed concerns about co-administering all these shots at once. How will you address her concerns?
  You reassure Samira that providing multiple shots at the same visit is not harmful for her son. These shots will not make her son ill, but will rather protect him from sickness. You explain that vaccines will be administered quickly by small needles and the discomfort will be minimal. Additionally, by using combination vaccines (two or more separate vaccines combined in one single shot) the number of shots will be decreased to 3!
- Samira agrees to have her son vaccinated that day, but is concerned about side effects.
  You explain to Samira that most vaccines cause only minor side effects, such as soreness where the injection was given or a low fever. Serious reactions are very rare. You give her instructions on what to do in case of a fever and a prescription for an antipyretic.
- Samira notes that she is particularly concerned about the existence of pork derivatives in vaccines.
  You tell Samira that you understand her concerns and go over the list of ingredients of the recommended vaccines, in order to eliminate her fear to be contaminated with pork derivatives.

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- What should you do after administering the above mentioned shots?
  After you administer the vaccines, you provide Samira with a vaccination record and explain that it lists all the vaccines given to her son. You ask her to bring the record with her in future medical appointments. You also note on the record and explain to Samira, when the next vaccination dose is due.

J. Useful links

Health Protection Agency

The Health Protection Agency is an independent UK organization that was set up by the government in 2003 to protect the public from threats to their health from infectious diseases and environmental hazards. The website provides information and resources on areas such as language interpretation services, cultural competence and understanding, entitlements to care, spirituality, religion and health beliefs, and vulnerable migrants.

- http://www.hpa.org.uk/MigrantHealthGuide/CountriesAZ/AsiaAndOceania/China/

WHO/Global health Observatory

The Global Health Observatory theme pages provide data and analyses on global health priorities. You can find a summary of key health indicators and health care per country.

- http://www.who.int/gho/en/

- http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/vaccines-and-immunization

ECDC/EUVAC.Net

EUVAC.NET was a European surveillance network for selected vaccine-preventable diseases hosted at the Staten Serum Institute (SSI), Denmark, the responsibilities of which have been transferred to the ECDC, since 2011. In the link provided below you can esily access immunization schedules by country and by disease accross the EU/EEA countries as well as surveillance data for these countries.

- http://ecdc.europa.eu/en/activities/surveillance/euvac/Pages/index.aspx

Immunization Action Coalition (IAC)

Launched in 1994 and one of the earliest websites devoted to immunization, www.immunize.org is the largest resource of practical, user-friendly immunization information available on the Internet today.

- http://www.immunize.org/

Migrant Clinician Network (MCN)

The Immunization Initiative at the Migrant Clinicians Network (MCN) is devoted to promoting and improving childhood, adolescent, and adult immunization coverage levels among migrant and other mobile underserved population. The Immunization initiative also develops popular-educational materials and resources which are culturally and linguistically appropriate; and in an easy to understand format.

- http://www.migrantclinician.org

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APPENDIX

Migrant's Risk of Exposure to Vaccine Preventable Diseases and Immunization Needs Assessment Form

Firs Name:	Last Name:
Date of Birth:	
Age:	Sex: M F
Available immunization records:	
Past Medical History Risk factors (i.e immunosuppression, diabetes, lung disease etc):	Physiologic Conditions(such as pregnancy):
Assess contraindications and precautions Absolute (i.e. Severe allergic reactions):	Relative (i.e. temperature >38.5 °C):
Country of origin:	
Route of travel (residence in refugee camps, possible exposures), time (duration) of possible exposures, periods of residence in different locations, duration of different travel stages:	

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Type of occupation in the hosting country:
Family Situation-Living Conditions: *(Migrants in detention centers, prisons and long-term care facilities are at increased risk for influenza ,hepatitisB or meningococcal meningitis acquisition)*
Risk behavior (intravenous drug use, travel, MSM activities, etc.):
Cultural diversity:

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Vaccination Recommendations in addition to those Recommended by Age for Workers at Risk of Occupationally Acquired Vaccine Preventable Diseases

(These recommendations apply for all workers, migrants and non migrants)

Occupation	Vaccine
Health Care Workers	
All workers directly involved in patient care, nursing home staff, providers of home care to patients, trainees in this field and administrative staff	Hepatitis B Influenza (yearly) Pertussis Measles Mumps Rubella Varicella
Public Safety Workers	
Police and emergency workers Armed Forces Personnel Staff of correctional facilities Emergency medical service providers	Hepatitis B Influenza
Community Service Workers	
Workers in child care and nursery school	Varicella

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facilities, teachers	Pertussis Meningococcal Influenza Measles-Mumps-Rubella
Sex industry workers	Hepatitis A Hepatitis B
Plumbers or other workers in regular contact with untreated sewage	Hepatitis A
Contruction workers	Tetanus
Animal Handlers	
Abatoir workers, livestock trasporters, veterinerians, sheep shearers and cattle, sheep and dairy farmers	Q fever
Poultry workers	Influenza
Laboratory Workers	Hepatitis A Hepatitis B Rabies Typhoid fever Poliomyelitis

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Immunization Record Cards

Immunization Record (Adult)				
Last Name First Name Date of Birth				
Medical Notes (allergies, vaccine reactions)				
Vaccine	Type of Vaccine (LOT # & manufacturer)	Date (dd/mm/yyyy)	Physician's Signature	Date next dose is due
Hepatitis B				
Diphtheria-Tetanus-Pertussis				
Measles-Mumps-Rubella				
Pneumococcal				
Influenza				

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Other				

Immunization Record (Children)				
Last Name First Name Date of Birth				
Medical Notes (allergies, vaccine reactions)				
Vaccine	Type of Vaccine (LOT # & manufacturer)	Date (dd/mm/yyyy)	Physician's Signature	Date next dose is due

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Diphtheria-Tetanus-Pertussis				
OPV/IPV				
Measles-Mumps-Rubella				
Varicella				
Haemophilus influenzae type b				
Hepatitis B				
Pneumococcal				
Other				

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  WWW.PROMOVAX.EU

6. MEETING MINUTES

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PROMOVAX
Promote Vaccinations among Migrant Populations in Europe

PROMOVAX EU Workshop
&
5th partnersmeeting
Brussels, 28-29 June, 2012

MINUTES

Participants

Associated Partners

Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis, Greece
Dina Zota, Afroditi Veloudaki,

Technische Universität Dresden, Germany
Ursula Dietrich

Università degli Studi di Sassari, Italy
Dolores Forgione

The SINTEF Foundation, Norway
Oyvind Hope, Roland Mandal

University of Zagreb, MedicalSchool, Croatia
Jadranka Mustajbegović

University of Pécs, Hungary
Istvan Szilard, Erika Marek

Research Unit in Behaviour& Social Issues, Cyprus
Christina Loizou

Cyprus International Institute for the Environment & Public Health in Association with Harvard School of Public Health, Cyprus University of Technology, Cyprus
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Chiara Somaruga

Istituto Superiore di Sanità, Italy
Maria Grazia Dente

The Nofer Institute of Occupational Medicine, Poland

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Collaborating Partners

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WHO-Europe
SantinoSeveroni

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Sanz Barbero Maria Belen

Alpert Medical School of Brown University, USA
Lewis Carol

Baskent University, Turkey
Seval AKGÜN

Invited Participants

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Medecins Du Monde, Greece
Aspasia Michalakis

Hungarian Public Health & Medical Officer Service, Hungary
Ágnes Simek

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Alexandros Kefallinos

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Maisha e.V., Germany
Virginia Wangare Greiner

Association of Bridge, Italy
Wang Fang

NSPH, Greece
Abdelrasoul Mahmoud

Ethno-Medical Center, Germany

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Roukiatou Maas

HCDCP, Greece
Agoritsa Baka, Androula Pavli, Katerina Kourea

EuroHealthNet, Belgium
Karen Vandeweghe

Cultural mediators – migrant representatives:

Khalid Mortaga, Zahra Omar, Svitlana Kovalska, Marinisa Shkurti, Arda Kahraman, Chen Sheng Wei

ThursdayJune 28th, 2012

Introduction

Afroditi Veloudaki opened the EU Workshop by welcoming all associated and collaborating partners as well as invited participants in Brussels and wishing for a fruitful meeting with useful results. She presented the main objective of the meeting, which was the presentation and evaluation of the health care worker toolkit and the migrant educational material, as well as the outline of the meeting. She then asked all participants to make a brief introduction of their selves.

Subsequently, she moved on with the agenda, inviting representatives of the consortium to make a brief presentation of the project and its main outputs.

Update of the PROMOVAX progress

Aims, Objectives & Deliverables

Dina Zota gave a brief overview of the project, its objectives, as well as the steps followed and deliverables produced during the first two years of its implementation. She then passed the floor to WP leaders Dr. Christophi and Prof. Szilard so as to present the methodology and results of WP4 and WP5.

Migrant Vaccinations practices in Europe, WP4

Costas Christophi gave an overview of the work conducted by all partners as part of WP4, presented the methodology that was used so as to select the migrant ethnicities the consortium would review and finally presented the main results of this work.

Index of Best Practices & Recommendations on Migrant Immunisations, WP5

Prof. Istvan Szilard, WP 5 leader, commenced his presentation by explaining why vaccinations are such an important issue for the promotion of public health. Afterwards, he presented the accomplished results of this work package, and in particular the methodology followed for the development of the evaluation tool and its use for the preparation of the Index of Best Practices, based on which 33 vaccination practices have been identified.

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Afterwards, the methodology based on which the recommendations on migrant immunization programs have been developed was presented as well as some of the most important recommendations.

Participants were informed that the evaluation tool, the Index of Best Practices and the Recommendations Report are available through the project's site: (http://www.promovax.eu/index.php/promovax/vaccination/vac3).

Common problems encountered in migrant immunizations

Health Professionals' Perspective

Aspasia Michalakis, Medical Director of Medecins Du Monde, Greece, presented the main challenges the organization is confronting in regards to migrants' needs, as well as the way the financial crisis has changed the population referring to the organization. For example, Greek citizens, and especially seniors, are increasingly seeking the assistance of the organization, due to the financial problems many of them are facing as well as the significant increase of depression.

She also briefly presented the profile of the people accessing the services of the organization as well as the main medical conditions they are facing.

As far as immunizations are concerned Dr. Michalakis referred to the lack of vaccines as one of the main problems the organization faces. Other problems in their day-to-day practice are the difficulties in obtaining accurate past medical history and compliance with instructions and medications. In general, when a mother is referred to the organization, they use this as an opportunity to educate her about the importance of vaccination, so as to return to complete vaccinations for their children. Medecins Du Monde currently operates a vaccination program for uninsured children funded by Novartis.

Dr. Michalakis also pointed out the fact that migrants in other European countries differ from migrants in Greece; significant numbers of migrants from Asia enter the country, especially through the land borders with Turkey.

Virginia Wangare Greiner referred to the fact that in Germany they are receiving large numbers of African migrants from Greece and they lack information on their medical status. Discussion ensued on the many problems of migrants in Greece and the need to separate the needs of other vulnerable populations that may also face poor access to healthcare such as Roma from Albania, Romania and Bulgaria who also circulate searching for odd jobs.

Cultural Mediators' Perspective

Wang Fang, President of the Association of Bridge, representing Chinese migrants in Italy, gave a brief overview of cultural mediators' work as well as described the Chinese migrants she is representing. As stated, most Chinese migrants do not have a residence or work permit, they usually do not speak the language of the hosting country and are often afraid of going to the doctor. In particular the ones she is representing come from a specific Chinese

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region and have a low educational background. Among the cultural mediators' primary aims are to inform them about how the system works, to obtain a medical history, to help them understand the physicians' instructions as well as the medication they need to take. She thanked the organizers for the invitation and urged the consortium to produce material that can be translated for the use of the Chinese community.

Zahra Omar, representing Associazione Cooperazione Sviluppo Africa, comes from Somalia and she has lived in Italy for 23 years. She works as an interpreter and cultural mediator and she gave an overview of the main difficulties migrants face. Ms Omar discussed the main role of the cultural mediator, whose responsibilities include often persuading migrants to go to the doctor, facilitating access to health care, informing providers about the migrants' needs and offering specific advice on different cultural characteristics.

Carol Lewis from Brown University, Refugee Clinic made a comment highlighting the importance of cultural mediators and emphasizing how helpful they are in promoting health professional work. She also asked the cultural mediators participating in the workshop if there is a specific training curriculum they use for their mediators. Some of the participants described the training schedule cultural mediators follow, e.g. in Germany mediators follow on a weekly basis a course for six months on diverse issues. As Carol Lewis mentioned, because there is a current change in the USA and a license will be required for mediators, proposed curricula are more than welcome.

Presentation of Toolkit & Material

After briefly presenting the PROMOVAX website to the participants as well as where they can find all the reports that have been produced, Afroditi Veloudaki made a brief overview of the methodology followed for the development of the toolkit and the educational material as well as the next steps that will follow in terms of finalization of material, pilot testing and dissemination issues. She then passed the floor to Agoritsa Baka, who presented in detail the health professional toolkit and the educational material for migrants.

Dr. Baka first presented the design of the material and then went through both of them section by section. Afterwards, the floor was opened for discussion on first impression and initial comments from the whole group before the workshops to follow in the 2nd day. The following general comments and suggestions were made:

Health Professional toolkit:

- As far as the health professionals toolkit and its pilot testing is concerned, Antoon Gijsens from C3 Unit, DG SANCO in the European Commission, suggested that instead of only having 10 health professionals per country to pilot test the toolkit, also include a "train the trainers" activity, so as the 10 health professionals to be trained in also training others and, thus, potentially have more professionals per country using the developed toolkit.

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- Seval Akgün mentioned that WHO vaccination schedules might be a bit complicated and suggested to also add the national vaccination schedules of participating countries, which should be easily understood. As discussed, these could be added in each country's specific version and also in the e-toolkit and or in the Appendix.
- Niklas Danielsson, ECDC, emphasized the importance of providing a personal vaccination record as a small easy to carry document. The problem with such a record is the language, since it is usually the national language of the hosting country; the record would need to be translated in the case one moves to another country. Germany is an exception, because the document also includes information in English.
- Another message to be included in the points for the health providers was: try to make the best out of each visit with a patient.

Migrant Education material

- A general comment was that the language of the material should be simplified.
- Katerina Kourea, HCDCP representative, suggested that cultural differences must be included and efforts should be made to make the material more culturally specific.
- Niklas Danielsson, ECDC, stated that language is the most important issue. It is important to translate it in as many languages as possible.
    - Ramazan Salman, Ethno-Medical Center, pointed out that translations in general are very expensive and it is also expensive to update information if needed and this should be taken into consideration. The importance of the quality of the translations was also stressed, and it was suggested to ask native speakers to check the translated documents so as to secure it.
- Concerning specific information, such as addresses and telephone numbers of where to get vaccinated, it was suggested to add more precise information. In order for the material to be sustainable it was also proposed to leave an empty space for people to insert (write down) more up to date information or use a sticker to cover information that to do not apply anymore.
- Seval Akgün mentioned that not all parts of the material are equally significant, which needs to be depicted in the structure of the material. The same holds for diseases e.g. the material should not start with diphtheria which is very rare, but with hepatitis.
- Lewis Carol suggested that the PROMOVAX team should consider having the cultural mediators instead of the migrants as the end users of the material, because this material would be more helpful for that target group. In this case the language could remain as it is and does not need to be simplified.
- Cristina Loizou from Rubsi suggested that the languages in which the material will be translated should be selected based on each country's immunization rates, so as to better cover the non-immunized.
    - Niklas Danielsson answered that national immunization rates are not to be trusted, especially according to recent experience. For example, even though Bulgaria and Romania report consistently in the last years high

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immunization rates, there are pockets of under immunized populations e.g. Roma. These have been connected for example with measles epidemics.

- Santino Severoni, WHO-Europe representative, suggested to replace Ukrainian with Russian in the list of languages for translation of the Migrant Toolkit, since this is a language understood by more countries in East Europe e.g. Ukrainians, Bulgarians.
- Virginia Wangare Greiner emphasized the need for cultural mediators also for ROMA, since as she mentioned ROMA populations usually do not read nor write.

Friday June 29th, 2012

Upon request by participants Afroditi Veloudaki opened the 2nd day of the EU Workshop by presenting some of the core findings of previous work conducted as part of the project that led to the development of the health provider toolkit and migrant material.

Parallel working groups

Participants were then divided into 2 groups – one for the health professional toolkit and another for the migrant educational material.

Health professional toolkit:

Coordination: Agoritsa Baka

Participants:
Cristina Loizou, Dolores Forgione, Maria Grazia Dente, Chiara Somaruga, Costas Cristophi, Istvan Szilard, Jadranka Mustajbegović, Niklas Danielsson, Santino Severoni, Lewis Carol, Seval AKGÜN, Ramazan Salman, Alexandros Kefallinos, Eszter Újhelyi, Aspasia Michalakis, Belosevic Ljiljana

The objective of the session was to provide the project team with participants' expert opinion and comments on the content, structure and design of the Health Professional Toolkit. This session was coordinated by Agoritsa Baka, who encouraged participants to focus their comments on whether valid information is provided, if there is any missing information or guidance, the suitability of the language used and the resources and the links included.

As far as **content** is concerned, the following specific section by section suggestions were made:

A: Why and how should I use this toolkit?

- Include more focused phrases on the aims of the handbook and short phrases
- Stress the fact that health provider is considered the best and most valid source of information for migrants

B: Assessment of immunization needs

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- Provide a list of diseases and conditions and keep examples

C: Missing or incomplete vaccinations

- Comment on the importance of not focusing on the missing immunization information and therefore miss opportunities to vaccinate patients

D: Immunization Schedules

- Simplified table of routine EU recommended immunizations
- Provide links to national immunization schedules

E: Who should be offered vaccinations?

- Change phrasing regarding Haemophilus and meningococcus
- Add info on VFR migrants

F: How to approach migrants?

- Place the use of trained cultural mediators at the top
- Include info on the confidentiality binding both physician and interpreter
- Add the gender issue
- Rephrase the eye contact advice

G: Working with interpreters

- Add some guidance on sensitive questions
- Refer to confidentiality

H: How to increase vaccination uptake in migrant populations?

- Add a comment on minor pediatric illnesses that are not hindering immunizations
- Add a section on vaccine myths as in the migrant Toolkit

I: Case Presentations

- Case 1: keep it, but check about varicella in the EU
- Case 2: change to baby with cold- rephrase point of office fees – BCG
- Consider a Case 3 on another common migrant scenario such as an inner city migrant

G: Links/Resources:

- Add links to national schedules
- Consider including a prototype of an informed consent form? Although the discussion revealed that it is not common practice in the EU to ask for a signed informed consent before providing a vaccine like tin the USA.

K: Vaccination recommendations for specific groups

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- Add the following groups: domestic help, sanitation workers, agricultural workers with animal handlers, sex workers as a separate group
- include all vaccines recommended as it is confusing
- Add TBE vaccine for some EU countries
- Add a last column for comments

As far as **structure** is concerned, the following suggestions were made:

- The structure of the document is considered user-friendly and its length is also considered acceptable.
- Regarding the order of chapters it was suggested to:
    - Move information on PROMOVAX project to the back/end of toolkit
    - Put chapter E as 2nd
    - Place myths before the case presentations

The following suggestions were made on the **design** of the toolkit:

- Make text formatting as big as possible
    - Keep colors as simple as possible so as to make photocopying easier
    - Side color for identification of chapters was considered a good idea
- Add some more pictures but not too many
- Cover page was considered good.

As far as **Immunization Records** are concerned (ADULT & CHILD)

The more official the better so as to make it better accepted.

- For requested information, it was suggested to add tick boxes for every field.
- To add informed consent was discussed.
- As for shape and size: Booklet format was suggested.

Migrant educational material working group:

Coordination: Afroditi Veloudaki

Participants:
Dina Zota, Roland Mandal, Oyvind Hope, Piotr Sakowski, Maciek Dobras, Ursula Dietrich, Martha Paisi, Erika Marek, Andrea Wurz, Sanz Barbero Maria Belen, Agnes Simek, Virginia

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Greiner, Wang Fang, Mahmud Abdelrassoul, Chen Sheng Wei, Khalid Mortaga, Arda Kahraman

The objective of this session was to provide the project team with participants' expert opinion and comments on the content, structure and design of the migrant educational material. This session was coordinated by Afroditi Veloudaki.

- The title of the **cover page** was considered offensive and should be reconsidered. Different proposals were made, including "Do you know all about vaccinations?" or "You could benefit too...". In general, it was stressed that a more positive key message that helps "promote" the material and motivate the reader to use it should be used.

- In regards to **language:**

    - It was suggested that more simplified and easy to understand wording is needed. It was also proposed not to refer to migrants, but use "you", which also helps to make the material more personal. In general very valuable comments were made and it was decided to send everyone the toolkits in a word format so as to make more detailed comments & suggested changes.
    - Attention should also be paid to using "you" throughout the material instead of "migrants".

- As for **the order of the sections**, based on the low literacy skills of the end-users, it was suggested not to start with the section on what vaccinations are, rather with how these can benefit you and your family. It was also proposed to move the myths/facts upwards.

- As far as **end users** of the material are concerned:
    - Participants suggested that the material may be more suitable for cultural mediators. In that case, a shorter version only for migrants with core information could be prepared.
    - It was again mentioned that refugees is a very important target group.

- As far as **content** is concerned:
    - Participants suggested adding an explanation regarding why this material targets migrants and also explaining the importance of vaccinations for everyone not only for the migrants, so as to avoid to discrimination.
    - It is important to try to motivate migrants by adding information and messages on why it is important and beneficial for themselves and their families to go to the doctor and get vaccinated.
    - The material was characterized as rather impersonal and very "uniform". Efforts need to be made to make it more cultural specific to the readers. Maybe add some more specific information on the translated versions.

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- It was advised to add countries' vaccination schedules, so as to know when (at which age and chronic period one should go to the doctor and ask for vaccinations). This information saves time and makes it more probable to actually visit the doctor.
- Regarding the "How do vaccinations work" section, participants proposed to either eliminate the section, use pictures to describe it, or make it very brief and much simpler (e.g. even the word "antibodies" is difficult to comprehend).
- As for the section "where to get vaccinated", it was suggested to add more specific information: e.g. address, telephone number or websites. It was discussed that such information could make the material not sustainable for many years, thus it was proposed to add relevant website addresses. It was also suggested to keep all countries' information.
- It was proposed to also replace the specific person's details when guiding people where to find more information. It is better to advise them to visit the project's website.
- Regarding the section "What do vaccines prevent from" the following were discussed:
  - It is important to keep the pictures – they are very powerful, especially for diseases with visual symptoms
  - More consistency in the pictures (if possible have the same person in all pictures)
  - Messages should be added about keeping your family and your children safe
  - Include color coded information e.g. on incidence of various diseases.
  - The column "Complications" includes not only complications but symptoms as well.
  - Adding how easily it is to get a disease and how they can be transmitted.
- Regarding "Myths/facts" section:
  - The use of the word Myth was discussed and alternatives were proposed, such as "concerns" or "misconceptions". It was mentioned that facts presented under the myth regarding Autism may be confusing and do not convey the right message, so it should be reviewed and changed accordingly.

- Regarding "Ask for an interpreter" section it was suggested to make this section more flexible and realistic. Since interpreters and cultural mediators may often not be available in many countries, it was proposed to add advise, such as "find someone you feel safe with and make sure you get the information you need"
- Concerning the "Immunization Record", participants discussed about the language the document should be in. It was suggested to have it in the language of both the host country and the migrants.

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As far as **design** is concerned the following were recommended:

- The material's length was in general considered too long.
- Use more images.
- It would be more easily disseminated if it is sent out as an "open file" including guidelines on how to use it, so as health care providers, professionals or organizations are able to adapt it to their needs when reproducing it.
- Make it more user friendly by adding large pictures of your target group with phrases/quotes, so that the user of the material can relate to what he or she reads.
- Another idea was to include short sketches "telling a story".
- The image of a passport should be avoided, given that this is a rather sensitive issue
- In regards to **communication channels**, participants suggested using the migrant community, and in particular leaders of each community, for passing the message across and disseminating this information.

The pilot testing issue was discussed again and it was strongly recommended to also pilot this material among migrants. This could be done either through focus groups or by simply sending the materials to migrant's originations, and participants of this workshop in particular, and ask for their feedback.

Whole Group Session

The most important outcomes and suggestions of both group sessions were presented to the whole group and further feedback and discussion was requested.

Maria Grazia Dente mentioned that we should try not to depict vaccinations as a need only for migrants. Everyone needs vaccination, not only migrants. The toolkit should address migrants without discriminating. This would also help migrants to be more open in receiving care.

Ramazan Salman expressed a different opinion, stating that it is possible for migrants to carry with them diseases when travelling from country to country. So he does think that focusing on migrants is a matter of discrimination.

Niklas Danielsson stressed the importance of "framing" vaccinations. The toolkit should focus and emphasize on the way vaccinations can protect one and their children, and not so much on the benefit of the general public, so as to avoid considering migrants as a threat for public health.

If the target group of the toolkit remains migrants and not cultural mediators, a sentence could be added, such as "please feel free to discuss this toolkit or any issues or questions you may have with the cultural mediator, if available".

It was again mentioned that everyone will have more time to review the developed tools and send comments to the consortium. It was also proposed to circulate the list with contacts of all participants.

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