



PROMOVAX
Promote Vaccinations among Migrant Populations in Europe

newsletter



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PROMOVAX is a 3-year EU-funded project (2010-2013) aiming to promote immunizations among migrant populations in Europe.

In this issue:

1. Migrant immunization practices from European as well as traditional migration countries such as the USA, Canada and Australia were identified and evaluated during the 5th Work Package of the PROMOVAX project. The index of best practices is now available in the project's website.
2. Based on the identified best practices as well as the immunization needs assessment performed during the 4th WP, "Mapping of EU migrant origin and access to immunizations", recommendations on migrant immunizations were developed. A short overview of the recommendation document is included in this newsletter.
3. Finally, as part of our efforts to present models of best practice in the field of migrant immunizations you can learn more about a practice our partnership identified and evaluated from the United States, a country with long tradition and extensive experience in migrating populations.
4. Fourth partners' meeting overview.

1. Migrant vaccination – best practices in the EU:

The project's consortium has identified **33 programs appropriate for evaluating and scoring according to the 'Migrant Vaccination Best Practice Evaluation Tool'**.

The index of best practices is now available in the project's website
<http://www.promovax.eu/index.php/promovax/vaccination/vac3>

2. Recommendations on Migrant Immunizations:

Based on the EU wide collection and analysis of ongoing migrant vaccination practices the PROMOVAX Consortium is recommending the introduction and/ or adaptation to the country and / or local level migrant vaccination practices that are fulfilling the following criteria:

1. An effective migrant immunization program should be a continuous and sustainable one and it also should take into account the **availability of the target group** (e.g. Immunization clinics with flexible opening hours, or services that are available in the afternoon or in the evening).
2. **The language barrier** impedes utilization of health services. The language barrier could be addressed by the use of interpreters. A fee for the use of the interpreter should be discouraged. Additionally, when possible it is very helpful to have health personnel and doctors speaking the language of the minority group, especially in areas where the knowledge of the national language is limited.
3. Immunization programs should take **cultural diversity** into account and use cultural mediator in order to overcome this barrier. The role of the cultural mediator extends beyond translation. In successful migrant immunization practices, cultural mediators are trained in order to act as educators, health promoters, and health care system navigators for the migrant families
4. **Cost** can be a major barrier to effective vaccination programs. In order to improve access to immunizations, vaccines should be provided for free for the migrants. Successful immunization initiatives have secured funding for multiple resources.
5. A well-prepared program should provide vaccinations that take into consideration the **individual characteristics** of each migrant.
6. The degree of success of immunization programs should be monitored and evaluated at the central and regional levels in terms of the quality of activities and outcomes (output indicators, both for quantitative and qualitative aspects)
7. **Data collection** and research concerning migrants' health and socioeconomic status are essential to create a more detailed and realistic feedback on the situation of the target group
8. **Usage of registry and immunization record card** are recommended in order to facilitate the further evaluation of the results and are essential for creating a consistent migrant health data base.



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3. The Migrant Clinicians Network – Presentation of a best practice model in the field of Migrant Immunizations

The Migrant Clinicians Network (MCN) is composed of over 10,000 US based health workers of all disciplines who promote justice in health care for the mobile poor. Migrant-centered immunization access, safety, education, and completion have been program goals over the past twenty years, with several large initiatives supporting this work. With central offices in Austin, Texas, MCN works with over 700 federally funded health clinics as well as many more health departments, community organizations, and universities.

The most recently completed program partnered with the US Centers for Disease Control to improve immunization rates in migrants at the national, state, and local level. Community health workers, called "promotoras" for the Hispanic migrant population, were based in clinics as well as in Mexican consulates. They provided culturally appropriate vaccine education and arranged immunization campaigns or access to local clinics. Low literacy "Fotonovelas" and culturally designed DVDs that addressed vaccine-preventable disease and immunization attributes were developed and distributed nationwide.

Resources for clinicians include assistance in measuring local immunization rates of migrating communities, education on the special immunization needs of travelers and immigrants, promotion of an accelerated vaccine schedule for migrating persons, and provision of a lifetime immunization care that is low literacy and patient-oriented.

New work includes the coupling of flu vaccine campaigns with a "cocooning" strategy for Tdap to prevent pertussis in mobile populations. This work responds to the health disparity data showing elderly Hispanic immigrants were the least likely to receive flu vaccine and the 2010 California pertussis epidemic that claimed the lives of ten Hispanic infants, with another migrant infant death just reported in Washington State. This new work will be focused at Mexican consulates across the US in addition to traditional health center sites. Outreach work and provision of vaccines at worksites and housing areas is also a part of MCN's traditional methods.

For greater detail and access to our free immunization materials, please visit <http://www.migrantclinician.com> and contact Dr. Jennie McLaurin, MD MPH at jmclaurin@migrantclinician.com.



4. PROMOVAX 4th partners meeting

The 4th partners meeting of the PROMOVAX project was held in Athens, Greece with the participation of all associated partners as well as invited collaborating partners and experts. The main goal of this meeting is the development of educational material promoting migrant vaccinations for health professionals and migrants. More specifically, experts from World Health Organization (WHO) Regional Office for Europe, International Organization for Migration (IOM), Human Protection Agency (HPA) and European Center of Disease Control (ECDC) as well as experts in health related toolkit development from Ethno-Medical Center Germany and from Migrant Clinician Network-USA were invited to provide their input.

PROMOVAX Meetings

EU workshop

EU workshop will be held in Brussels on the 28th & 29th of June 2012

4th Partners meeting

4th Partners meeting of the PROMOVAX project was held in Athens, Greece

on the 5th of March, 2012

PROMOVAX News

2nd National Conference of the Forum of Public Health and Social Medicine, Larissa, Greece,

25-27.11.2011

An oral presentation of the PROMOVAX project was made by Dr. Eleni Patrozou.

PROMOVAX Partnership

The PROMOVAX partnership comprises of **11 Associated Partners from 8 countries** and **12 Collaborating Partners from 11 countries**.

Main Partner:

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

Associated Partners:

- Technische Universität Dresden – Germany
- Università degli Studi di Sassari – Italy
- The SINTEF Foundation – Norway
- Nofer Institute of Occupational Medicine – Poland
- University of Zagreb, Medical School – Croatia
- RUBSI – Research Unit in Behaviour and Social Issues – Cyprus
- University of Pécs – Hungary
- Università degli Studi di Milano – Italy
- Istituto Superiore di Sanità – Italy
- Cyprus University of Technology – Cyprus

Collaborating Partners:

- Public Health Institute – Albania
- Baskent University – Turkey
- Hospital de Sabadell. Consorci Hospitalari Parc Taulí. Universitat Autònoma de Barcelona – Spain
- Institute of Occupational Health – Serbia
- WHO/Europe Occupational Health – Germany
- WHO/Europe Communicable Disease Units – Denmark
- Alpert Medical School of Brown University – USA
- International Organization for Migration (IOM), Migration Health Division (MHD) – Belgium
- 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



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For more information on the project please visit the website: www.promovax.eu or contact the Project Management Team:
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