



P R O M O V A X

Promote Vaccinations among Migrant Populations in Europe

MIGRANT IMMUNIZATION POLICIES, LEGISLATION AND PRACTICES IN THE HOSTING COUNTRIES



PROMOVAX WP4: Mapping of EU migrant origin and access to immunization

SUMMARY

One of the specific objectives of WP4 of PROMOVAX project was to record the available migrant immunization policies, legislation, and practices, in the participating EU countries (Germany, Norway, Italy, Poland, Greece, Hungary, Croatia, Cyprus).

Existing policies, legislation, and practices in regards to migrant immunization in the partner member states were explored through guided literature review as well as via contact with the relevant authorities. Furthermore, partners investigated the different venues as to where migrants can access health care in general and immunization in particular. To ensure consistency, a template was provided addressing the issues mentioned above.

General Findings

- In the majority of partner countries there are no specific national laws and regulations guiding migrant immunizations.
- In the majority of partner countries there are no specific immunization requirements for working migrants based on the field of their occupation. No national body is commonly assigned with the responsibility of monitoring and administering immunizations to migrants in particular.
- In the majority of partner countries there is not a specific migrant personal immunization card policy. It usually refers to the general population.
- Usually the immunization costs for documented migrants and their dependants are covered through Health Insurance.
- In regards to whether migrants are required to undergo a medical exam upon entry to the country or upon application for residence permit, there are different regulations in partner countries and where applicable these relate mostly to migrants' country of origin.
- Language is a known communication barrier. However, only in half of the partner countries the barrier is being addressed by other means such as health education/promotion related leaflets in different languages.
- In only half of the partner countries there is immunization promotion material available in foreign languages but there is an issue with the variety of languages and in some cases with access to the material.

- In the majority of partner countries there are no interpreters at the sites of immunization, and where there is a possibility for interpretation services one is not always available.
- Overall, there are policies /activities in partner countries promoting immunization for the general population but only in half of the partner countries (Germany, Italy, Hungary, Cyprus) these policies/ activities are for migrants in particular.
- Similarly, immunization outreach programs for migrants in particular exist only in few of the partner countries.
- In most partner countries there is no mechanism to monitor vaccine coverage for migrant population in particular.
- Information on the incidence and number of reported cases of VPD in the host countries (last 5 years) was available mostly through international agencies.

Below the national results of the available migrant immunization policies, legislation and practices in the participating EU countries are described.

A. National body assigned with the responsibility of monitoring and administering immunizations to migrants.

Overall, in all partner member states there is no national body assigned with the responsibility of monitoring and administering immunizations to migrants. Details for each individual country are provided below.

| Hosting Country | Details |
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| GERMANY | In Germany, there is no central collection and documentation of the performed vaccinations (RKI 2004). Few data are available for general population immunization status and not specifically for migrants. |
| NORWAY | The Norwegian Institute of Public Health shall, in accordance with the Communicable Diseases Act § 7-9, monitor the epidemiological situation in Norway, conduct research on disease control, ensure vaccine supply and provide assistance, advice, guidance and information to municipal, county and state institutions, health professionals and the public about infectious diseases and diseases in general. The Institute of Public Health also administers the |



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| | National vaccination register (SYSVAK), covering all vaccines administered through the child vaccination program, including migrants. However, it is not possible to identify and separate immigrants, asylum seekers or refugees registered in SYSVAK. |
| ITALY | No national body is assigned with the responsibility of monitoring and administering immunization to migrants |
| POLAND | There is no national body dealing with migrant immunizations. There exists the Office for Foreigners, but its scope of competencies is wide, and it does not include immunizations. |
| GREECE | No national body is responsible for administering and monitoring immunizations to migrants in particular. |
| HUNGARY | No national body assigned with the responsibility of monitoring and administering immunization to migrants |
| CROATIA | No information available |
| CYPRUS | The responsible body for the National Immunization Program, is the Ministry of Health and more specifically the Medical and Public Health Services. However, there is no national body assigned with the responsibility of monitoring and administering immunizations to migrants in particular. |

B. Specific national laws and regulations guiding migrant immunizations

There are no specific laws and regulations guiding migrant immunizations in any of the partner member states. Rather there are more general laws and regulations governing the population immunizations in general and even more detailed ones covering children immunization.

C. Specific immunization requirements for working migrants based on their field of occupation

There are some specific immunization requirements for working groups – in some countries for the general population and in some other cases more specific for the migrant groups. Details for each country are provided below.

| Hosting Country | Details |
|------------------------|---|
| GERMANY | There are no specific immunization requirements for working migrants based on the field of their occupation. |
| NORWAY | Refugees and asylum seekers, in addition to people who come from countries with high prevalence of tuberculosis and intend to |

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| | stay more than three months in Norway, must undergo a test/screening for tuberculosis. The screening should be carried out shortly after arrival to Norway. No other requirements exist regarding vaccine preventable diseases. |
| ITALY | Tetanus vaccination is compulsory for some working groups since 1963 in Italy. Vaccination against Hepatitis B is strongly recommended for health professionals from 2000. Vaccination BCG against TBC is no more recommended. No difference exists between Italian and foreign workers in force with regard to protection against occupational biological risk. |
| POLAND | There are no specific immunization requirements for working migrants based on their field of occupation.. |
| GREECE | There are no specific immunization requirements for working migrants based on their field of occupation. |
| HUNGARY | All type of employers should ensure the occupational health services for the employees. Currently vaccination status is not checked and registered |
| CROATIA | Immunization requirements exist only for asylum seekers in general– measles, polio, diphtheria and tetanus. |
| CYPRUS | There is no specific immunization requirements for working migrants based on their field of occupation. |

D. Migrant personal immunization card policy in the host country

There are no personal immunization card policies specifically targeted to migrant populations in the host country.

E. Financial sources for migrants' immunization

The sources for financing immunization of migrants vary by country to country as detailed below.

| Hosting Country | Details |
|------------------------|---|
| GERMANY | There is no special fund for the financing of the immunization of migrants. Vaccinations are standard service of health insurances or are covered by other relevant cost bearers (statement of the health authority of Dresden 2010 (Dr. Wendisch). |
| NORWAY | The mandatory tuberculosis control is without cost to the individual. Costs of tuberculosis control are covered by the Directorate of Immigration (UDI). |

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| | Asylum seekers and refugees have automatic rights within the National Insurance Scheme upon arrival, but must contact the local Tax Office for registration. Being a member of the National Insurance Scheme means that patients only pay a certain share of expenditures for public health services (including medical treatment, purchase of medicines on prescription and travel costs in connection with treatment etc.). |
| ITALY | Treasury |
| POLAND | Those, who have health insurance have their health service (all, not only immunization) funded from the National Health Fund. Those who do not have it, and stay in the aliens centre have services funded from the budget (public money). Others (unregistered, illegal aliens) have to pay their own money. |
| GREECE | There are no funds budgeted for migrant immunizations |
| HUNGARY | National Health Insurance Fund |
| CROATIA | No information available |
| CYPRUS | Health services provided by the state are financed through general taxation, pooled by the Ministry of Health and user charges. The vaccines for the use of public sector are purchased centrally by the Pharmaceutical services of the MoH through the marketing authorization holders of the pharmaceutical companies in Cyprus. On the other hand, the vaccines given by the private sector are purchased centrally by the pharmacists through the authorization holders of the pharmaceutical companies. |

F. Translation of Immunization promotion material

| Hosting Country | Details |
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| GERMANY | There exists information material from many institutions and associations about vaccinations in several foreign languages (e. g. Turkish, Russian) on paper and online as well (e. g. Federal Centre for Health Education - BZgA, health insurances, regional health authorities, http://www.doktorlar24.de , German Cancer Society). However, this does not cover all languages, and the question of access remains open. |

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| NORWAY | The Norwegian Institute of Public Health has brochures about vaccines, vaccine preventable diseases and other health topics in English and other languages. There are also sites that offer information on various topics for people who have arrived in Norway: http://www.nyinorge.no/ , http://www.bazar.deichman.no/ |
| ITALY | Some Local Health Units run specific projects on cultural and linguistic mediation. |
| POLAND | No information available |
| GREECE | There is no translation of informational material on immunization |
| HUNGARY | There is no translation of informational material on immunization |
| CROATIA | There is no translation of informational material on immunization |
| CYPRUS | Immunization promotion material is available in Greek and English. |

G. Interpretation services at the sites of immunization

Some limited availability of interpretation services at the sites of immunization exist in the different partner member states.

| Hosting Country | Details |
|------------------------|--|
| GERMANY | A legal coverage for the assistance of interpreters exists only in case of in-patient treatments in hospitals and before surgery, so far. For outpatients, the financing of interpreters is not guaranteed (health insurances must not assume this- Bundessozialgericht / Federal Social Court). Here, family members or multi-lingual staff is often appointed, but the professional secrecy and the quality of translation cannot be ensured. In some cities (such as Hanover, Munich, Hamburg, Aachen, Bielefeld, Kassel, Berlin) a community interpreting services could be established. |
| NORWAY | No information available |
| ITALY | Although, there are no interpretation services at the sites of immunization, some Local Health Units run specific projects on cultural and linguistic mediation. |
| POLAND | Interpretation services are provided when possible. |
| GREECE | As general rule, cultural mediators and interpreters are not available in health structures. Recently specific educational seminars took place for cultural mediators but there is no specific policy or legislation yet making them compulsory. |

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| HUNGARY | In the reception/ integration center there exist interpretation services; however, this is not the case with other health service delivery sites. |
| CROATIA | No information available |
| CYPRUS | There are no interpreters at the sites of immunization. However, some foreigners are accompanied by friends from the same country that can speak Greek or English and can provide some basic interpretation. |

H. Addressing the language barrier by other means

In light of the known and significant problem of the language barrier between the host country officials and the migrant populations several other means have been utilized by partner member states to address this.

| Hosting Country | Details |
|------------------------|--|
| GERMANY | Many different initiatives publish information material in different languages. In addition, interpretation services and advice is offered by intercultural health mediators. |
| NORWAY | According to the Patients' Rights Act §§ 3-1 and 3-5 and the Health Personnel Act § 10, health workers/professionals are responsible for organizing and conveying information to patients and thereby ensure that he/she understands the nature and significance of the information Health workers/professionals and not the patient have primary responsibility for that the communication is understandable Use of an interpreter should be an integral part of the health services. Hospitals and other "health units" who need an interpreter to perform its functions adequately should order and pay for the service themselves. Likewise, state asylum/reception centres cover expenses for an interpreter on their own budgets. |
| ITALY | Language barrier is not being addressed by any other means |
| POLAND | Yes if possible. |
| GREECE | Language barrier is not being addressed by any other means |
| HUNGARY | In the reception/ integration center (health education/ promotion related leaflets) |

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| CROATIA | No information available |
| CYPRUS | There is a communication barrier with those migrants who do not speak Greek, English or French. |

I. Policies/activities promoting immunization of migrants

| Hosting Country | Details |
|------------------------|---|
| GERMANY | <p>With various national activities the access to health care should be simplified for migrants (for example brochures, projects for prevention and health promotion for migrants).</p> <p>In addition, there are many regionally-focused projects which are located commonly in urban areas.</p> <p>Projects to tackle health inequalities are geared on immigrants (in about 6%) .Federal agencies (such as the Federal Association of Immigrant Associations (BAGIV)), the Expert Advisory Board of German Foundations for Integration and Migration and the Working Group on “Migration and Public Health” support the concerns of migrants in Germany at the federal level. In addition, there are several initiatives by charities which take charge of the medicare of illegal immigrants. There is a data base of the Federal Centre for Health Education (BZGA), in which prevention services for disadvantaged groups and projects for people with immigration background are listed.</p> |
| NORWAY | <p>It has (after what we have brought in experience) not been any targeted campaigns or activities in recent years, with the objective of achieving an increased degree of immunization among immigrants. The basic policy in Norway is that disease prevention doctors/and GPs in the local municipalities, health workers in the reception (asylum) centers and employees in Health stations and in the school health services have the main responsibility of informing individuals residing in Norway on the Norwegian health system in general and on the management and handling of infectious diseases and vaccination in particular.</p> |
| ITALY | <p>In the National Health Plan 2006 – 2008 and following, the promotion of immunization of migrants is considered as a main objective.</p> |
| POLAND | <p>There is no specific immunization policy directed to immigrants only</p> |

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| GREECE | No such policy exists |
| HUNGARY | Occupational health services of the Higher Education institutions |
| CROATIA | No information available |
| CYPRUS | There are activities promoting immunization of migrants, and more specifically activities promoting immunization are organized for families with children or asylum seekers. Health officers visit these families in groups, as they are easily identifiable and gathered together promoting awareness regarding vaccinations. |

J. Immunization outreach programs

Some immunization outreach programs exist in some of the partner member countries; these are listed below.

| Hosting Country | Details |
|------------------------|---|
| GERMANY | There are several regional projects which also include outreach services. These do not work nationwide. |
| NORWAY | The Child Vaccination Program is the cornerstone of infection prevention in Norway. It is the primary health services, the reception/asylum centers and the Health stations that have the main responsibility of providing understandable information regarding the Norwegian system of infection control and vaccination |
| POLAND | There is no specific immunization policy directed to immigrants only. |
| GREECE | There are immunization outreach programs organised by KEELPNO (Hellenic Center of Disease Control) and NGOs (e.g. NGO Kivotos organized outreach immunization programs for Roma populations, in Korinth) |
| CYPRUS | There are immunization outreach programs but these refer to the general population during immunization week. |