

# PREFACE

Although the risk of most vaccine preventable diseases (VPDs) has dropped dramatically in Europe as a result of high uptake of effective vaccines, VPDs have not disappeared. As an example, measles is still endemic in many European countries.

The average immunization coverage for childhood diseases is higher than 90% in the WHO European Region, which consists of 53 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 migrant populations, that lack access to vaccines and balanced information about the importance of immunization.**

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.



Funded by  
the Health Programme  
of the European Union





# P R O M O V A X

*Promote Vaccinations among Migrant Populations in Europe*

## TABLE OF CONTENTS

<b>A</b>	Why and how should I use this toolkit? .....	<b>5</b>
<b>B</b>	Who should be offered vaccinations? .....	<b>9</b>
<b>C</b>	How do I deal with missing or incomplete vaccination records? .....	<b>11</b>
<b>D</b>	Assessing a migrant's risk of exposure to vaccine preventable diseases and immunization needs .....	<b>14</b>
<b>E</b>	Where can I find the most recent schedules for pediatric and adult vaccinations? .....	<b>16</b>
<b>F</b>	How should I approach migrant patients? .....	<b>19</b>
<b>G</b>	Working with interpreters .....	<b>22</b>
<b>H</b>	How can I increase vaccination rates among my migrant patients? .....	<b>24</b>
<b>I</b>	Case presentations .....	<b>29</b>
<b>J</b>	Useful Links .....	<b>40</b>
<b>K</b>	Appendix .....	<b>43</b>



## Why and how should I use this toolkit?

As a health provider you are the best and most reliable source of health information for migrant patients

This toolkit is designed to help you assess the immunization needs of migrant patients and provide you with easy-to-use reference guides and user-friendly materials.

### How to Use this Toolkit

- Consult the toolkit to gain insight and knowledge about **migrant immunization needs**. Learn how to deal with **incomplete or missing vaccination records**. Find out 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 and overcome cultural and language barriers. It also gives you tools on how to work more effectively with interpreters and cultural mediators.

### Make use of the resources provided in the toolkit:

- Have copies of documents at hand for bedside use during your patient encounter (i.e. the **assessment form** of a migrant's risk of exposure to VPDs and immunization needs, Found inside the Toolkit's pocket).
- Use the personal **Immunization Record**, found inside the Toolkit's pocket on the last page, to document the administered vaccines and schedule the next vaccine doses. Keep one copy for your files and give a copy to your patient.
- Gain insights from reading the **management of anecdotic cases** on pages 29-38.
- **Useful links and resources** are provided for your further information on page 40.



This toolkit is also available online at [www.promovax.eu](http://www.promovax.eu).  
Visit the website to find educational material for migrants as well.

## B

### Who should be offered vaccinations?

When immunizing migrants it is important to remember the following:

#### INFANTS

- *Infants are at increased risk of contracting VPDs compared to older children and adults.*
- *They should receive their vaccinations as close to the recommended age as possible.*
- *The timing of childhood vaccination is critical for vaccine effectiveness.*

#### ADULTS

**Adults** are not being immunized routinely for vaccine-preventable diseases. This occurs because it is often incorrectly assumed that the vaccines they received as children protect them for the rest of their lives.

However:

- *Immunity produced by vaccines wanes over time and **booster doses are needed**.*  
*For example, the Tetanus-Diphtheria vaccine needs to be repeated every 10 years.*

- Adults with **certain chronic conditions** are at increased risk for VPDs.

*For example, patients with chronic obstructive lung disease, asthma or diabetes should receive influenza vaccine annually, as well as pneumococcal vaccine every 5 years.*

- **Similarly to young children, older people** are more susceptible to serious vaccine preventable infections.

**Migrant adults** may have needs related to immunizations, in addition to those experienced by the host country population.

- *Migrants may arrive in your country without having received routine vaccinations.*
- *On many occasions their living conditions place them at increased risk of exposure to VPDs (poor housing/working facilities in the host country, detention centers, prisons and long-term care facilities).*
- *Migrants visiting friends and relatives (VFRs), i.e. migrants who return to their home countries to visit friends or relatives, have specific immunization needs. VFRs experience a higher incidence of travel-related infectious diseases, such as malaria, typhoid fever, tuberculosis, hepatitis A and sexually transmitted diseases, than other groups of international travelers. VFRs also include family members (spouse or children), who were born in the country of residence.*



## How do I deal with missing or incomplete vaccination records?

Migrants move frequently in search of better living and working conditions; hence, obtaining vaccination records on migrant populations may be challenging. It is important that you repeatedly try to obtain all the relevant medical documentations as a written proof of migrants' immunization history. However, missing vaccination records should not delay vaccination administration.



The documentation/record ideally should contain information concerning:

- each dose of each vaccine the patient has been administered
- the date (*month, day, year*)
- health professional 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 VPDs terms into other languages  
<http://www.immunize.org/catg.d/p5122.pdf>
- a list of trade names of vaccines used worldwide  
<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 schedule).
2. Judiciously use serotesting to assess antibody titers to selected VPDs. Based on these results, decide on which vaccines to administer.

Health providers determining the best approach to completing patients' 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 as well as the risk of contacting the VPDs while awaiting results.

A **combined approach**, based on cost effectiveness, may be preferred. *For example, perform serotesting for certain VPDs (such as hepatitis B, hepatitis A) to populations where high prevalence of infection and immunity is expected and provide age appropriate immunization for others (such as Measles-Mumps-Rubella, Tetanus-Diphtheria).*

### Providing vaccination documentation

Documenting 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 Pocket of this toolkit.

Remember to keep one copy of the immunization record for your files and give a copy to your patient.



## D

## Assessing a migrant's risk of exposure to vaccine preventable diseases (VPDs) and immunization needs

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

- ✓ **Age**
- ✓ **Gender**
- ✓ **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 VPDs. 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 exposure (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 provided to each worker.

- Vaccinations are indicated in certain cases 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 transmission (e.g. food handlers should be vaccinated against hepatitis A in order to reduce the danger of disease spreading).

*Please refer to the Appendix of this toolkit (page 44) for a non-exhaustive list of recommended vaccinations for those at risk of occupationally acquired VPDs.*

### ✓ **Family situation – Living Conditions**

*Migrants in detention centers, prisons and long-term care facilities are at increased risk for influenza, hepatitis B and meningococcal meningitis.*

### ✓ **Behavioral risk factors**

*i.e. intravenous drug use, travel, sexual risk behaviors*



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





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



The national immunization schedules for EU countries are available at:

<http://ecdc.europa.eu/en/activities/surveillance/euvac/schedules/Pages/schedules.aspx>

The basic immunization needs for children, adults and adolescents are shown in the next table.

Vaccine	Children	Adolescents	Adults	Comments
<b>BCG</b>	1 dose			
<b>Hep B</b>	3 doses			
<b>Hep A</b>	2 doses			
<b>Polio</b>	3-4 doses			
<b>DTaP</b>	4-5 doses (DTaP)	Td every 10 years		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years
<b>MMR</b>	2 doses			
<b>PCV</b>	3-4 doses		1-2 doses	
<b>Hib</b>	3-4 doses			
<b>Varicella</b>	2 doses			
<b>HPV</b>		3 doses (girls)		
<b>MCV</b>	2 doses	1 dose		
<b>Influenza</b>			1 dose annually (when > 65 years old)	

**BCG:** protects against tuberculosis

**HepB:** protects against hepatitis B

**HepA:** protects against hepatitis A

**Polio:** protects against polio, the vaccine is also known as IPV

**DTaP:** a combined vaccine that protects against diphtheria, tetanus and pertussis (whooping cough)

**MMR:** protects against measles, mumps and rubella (German measles)

**PCV:** protects against pneumococcal disease

**Hib:** protects against *Haemophilus influenzae* type b  
**Varicella:** protects against varicella, also known as chickenpox

**HPV:** protects against HPV types that most commonly cause genital warts and cervical cancer

**MCV:** protects against meningococcal disease

**Influenza:** protects against influenza (flu)



## How should I approach migrants?

*Below you can find some useful piece of advice for effective doctor-patient communication. Even though most tips are applicable to patient-care in general (irrespective of cultural and racial background), particular advice on how to approach migrants is included.*

- **When possible, use a trained cultural mediator, a trained interpreter and/or language services.**
- **Greet the patient with a kind, welcoming and helpful attitude.**
- **Be respectful, positive, heartening and empowering.**
- **Maintain appropriate eye-contact.**
- **Explain to them briefly what is wrong, what to do and why.**
- **Provide them with age-tailored, clear and meaningful information.**
- **Limit the information you provide 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: high blood sugar, arthritis: pain in joints, dermatologist: skin doctor).
- **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 inform patients adequately, since they prefer key messages from clinicians with accompanying pamphlets** (in different languages if available).
- **Encourage the patient to voice his/her concerns throughout the visit.**
- **Involve the patient in the conversation, encourage him/her to ask questions and be cooperative and proactive in his/her care.**
- **Emphasize to the patient that all the information disclosed during the course of the patient-physician relationship is confidential to the utmost degree. Clarify that confidentiality binds both the physician and the cultural mediator/interpreter.**
- **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 to listen to his/her questions and 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** (i.e ask them to explain back, in their own words, what they are going to do. Clarify the information if needed).
- **For more information on the "Teach Back Method", refer to the link: <http://www.nchealthliteracy.org/toolkit/tool5.pdf>.**
- **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 for the patients' health.**
- **Focus on 'need-to-know' and 'need-to-do':** e.g., about filling the forms, taking medicines, self-care, referrals and follow-ups when they leave the exam room.
- **Keep in mind that for certain cultures the physician's gender may be a barrier in building a doctor-patient relationship.**



## Working with interpreters

Good communication is essential to effectively practice medicine. Meeting migrant patients' communication needs should be a priority, especially since language can be a significant barrier when discussing health matters. **Interpreters or cultural mediators**, if available, can facilitate the interaction 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.
- **Avoid asking 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 himself/herself to the patient.
- Explain to the patient that all information shared will be kept confidential.
- 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 the 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:

- address the patient, not the interpreter, and maintain eye contact primarily with your patient.
- patients may wonder about what is not being interpreted and may understand more than they can speak.
- cultural differences in body language can affect communication.



### Debriefing

- Speak privately with the interpreter who may perceive cultural and emotional issues more clearly.



## How can I increase vaccination rates among my migrant patients?

- **Know** your local migrant population and migrants' entitlements to care.
- **Educate** migrant patients on your country's medical system.
- Be prepared to **evaluate foreign vaccination documents**. You may also need to 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".*

- Be aware of **common misconceptions** among your local migrant population regarding immunizations and be prepared to discuss them.

*Here are some common misconceptions:*

"Vaccinations do not work"

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

"I am too old to be vaccinated. Vaccines are only for children."

"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"

"The vaccine against mumps-measles-rubella causes autism."

"Vaccinations can cause infertility"

- Take all opportunities to vaccinate: **minor pediatric illnesses**, such as a common cold or a low grade fever **should not hinder immunizations**.

### The patients need to clearly know:

- **DO THEY NEED 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 taking 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?
  - 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*).
- ▷ 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>



**Remember that you are your patient's most reliable information source.**



## 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 working 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.

#### **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 VPDs.
3. She may be worried about the fee.

## How does the GP address these critical issues?

**CLEARLY TELLS HER THAT SHE IS ENTITLED TO VACCINATIONS, ACCORDING TO THE FRAMEWORK LAW ON IMMIGRATION IN ITALY**

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

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

He/She 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](http://apps.who.int/immunization_monitoring/en/globalsummary/countryprofileselect.cfm)

The GP discovers, for instance, that tuberculosis has a high incidence in China ([https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO\\_HQ\\_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=CN&outtype=html](https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=CN&outtype=html)), thus he/she 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/she finds out that in China there is a high incidence of hepatitis B. His/her patient is at high risk for carrying hepatitis B, as she comes from a high prevalence country and she is a health professional. He/she decides screening her for hepatitis B. Additionally, and based on her occupational risks he/she 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/she can only accept written proof of vaccinations and that history of varicella may not be reliable. He/She 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 TESTS ARE ORDERED:

1. Hepatitis B surface antigen, hepatitis B surface antibody, hepatitis B core antibody, hepatitis A antibodies
2. Varicella antibodies

On the basis of the above blood test results, the patient is found to be 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 RECOMMENDED 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/she 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 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 out some leaflets to Samira 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 had a runny nose 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?

- Assure Samira that she did the right thing by bringing her son to you. Explain that her child has a common cold, caused by a virus and provide her with the medications that he needs.
- Reassure Samira that she will not get arrested for bringing her son to the clinic.
- Inform her regarding your office fees, including any policies of waiving fees.

**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 national catch up schedule, you recommend the following vaccines: diphtheria-tetanus-pertussis (DTaP), poliomyelitis (IPV), Hepatitis B (HepB) and Haemophilus influenzae (Hib), Pneumococcal (PCN), 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 a common cold. 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 2!

**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. You go over with her the list of ingredients of the recommended vaccines, in order to eliminate her fear to be contaminated with pork derivatives.

**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.

### CASE PRESENTATION 3



Ljion, a 43 year-old Roma man, presents in a street clinic in the suburbs of a big city for a medical consultation. He does not speak any local language and the voluntary service has no cultural mediator available. He is accompanied by his son, who attends school, even if irregularly, and can speak the language of the host country rather well. The man complains of fever and cough that started 3 days prior. Moreover, the day before the consultation a maculopapular rash appeared. He has no medical history of serious illness or chronic disease. Based on his medical history, he is not immunocompromised.

Ljion also reports a similar case in the camp where he lives with his family: two weeks before, a one year old child in the camp developed high fever, followed by maculopapular rash and abdominal pain. No doctor has visited the child, which has received some traditional drugs with improvement.

Given the onset of his own clinical picture, Ljion finally resolved to look for a medical consultation because he's worried about the spread of the disease among the community.

After inquiring on the symptoms and performing a physical examination, the physician suspects a measles infection.

The Centers for Disease Control and Prevention case definition for measles requires:

1. a generalized maculopapular rash of at least 3 days' duration;
2. fever of at least 38.3°C (101°F);
3. cough, coryza, or conjunctivitis.

### Main issues in the presented case:

1. Given the very recent onset of the rash, the suspected measles infection – if confirmed – would be in an active phase, and therefore highly contagious.

#### Signs and symptoms of measles:

- fever and malaise beginning 10 days after exposure are followed by cough, coryza, and conjunctivitis;
- Koplik's spots develop on the buccal mucosa 2 days before the rash appears;
- the characteristic rash begins 2 weeks after exposure;
- headache, abdominal pain, vomiting, diarrhea, and myalgia may be present.

2. Roma people in Europe experience some of the worst health conditions in the industrialized world: often marginalized and discriminated, they are physically separated from the mainstream of social and economic life. They often live in overcrowded conditions and experience very limited access to prevention programs and to healthcare services.

**THESE CRITICAL SOCIAL CONDITIONS INCREASE THE RISK OF HUMAN TO HUMAN TRANSMISSION OF DISEASE. THE PHYSICIAN SHOULD KEEP THIS INTO HIGH CONSIDERATION.**

### How does the medical doctor address the critical issues?

First of all, the patient is asked to wear a face mask to prevent disease spreading (the man – if in fact affected by measles – is contagious). The physician clearly explains the clinical diagnosis and why the patient is asked to wear the mask.

Then, the medical doctor asks the man about the family: number and

health condition of his children and health status of his wife who is in reproductive age. The wife and the older son – who is 6 years old – are apparently in good health.

They arrived in the country just after the youngest son's birth, one year ago. None of the family members has ever been immunized. They are not registered as residents in the country. The whole family lives in a 15 square meter caravan in a camp near the street clinic. Their only source of income is begging.

The physician immediately refers the patient and his family to the public hospital for urgent medical assistance. It is important to encourage the mother to access the hospital, even if apparently in good health. The incubation period lasts 7 to 23 days and in the absence of individual contraindications a post exposure vaccination would be recommended.

**Moreover, the physician alerts the Local Health Unit, in charge for community medicine.**

The physician makes a telephone call to the Hospital Emergency Room in order to put alert hospital personnel and anticipate the need of a cultural mediator.

#### **WHAT IS THE IMMUNIZATION STATUS OF THE WHOLE FAMILY?**

Roma people experience a low vaccination rate due to some important misconceptions, mainly about safety of vaccinations and side effects. Moreover, poor maternal education and poor living conditions are determinants of poor health outcomes in children



## Useful links

### **ECDC/EUVAC.Net**

EUVAC.NET was a European surveillance network for selected VPDs hosted at the Statens Serum Institut (SSI), Denmark, the responsibilities of which have been transferred to the ECDC, since 2011. In the link provided below you can easily access immunization schedules by country and by disease across the EU/EEA countries as well as surveillance data for these countries.

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

### **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>

### **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/>

### **Immunization Action Coalition (IAC)**

A resource of practical and user-friendly immunization information.

<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>



## APPENDIX

Inside the TOOLKIT's pocket:

1. *Migrant's Risk of Exposure to VPDs and Immunization Needs Assessment Form*
2. *Immunization Record Cards (for Adults & Children)*



## Vaccination recommendations in addition to those recommended by age for workers at risk of occupationally acquired Vaccine Preventable Diseases

(These recommendations are in addition to the vaccinations recommended for the general population and apply for all workers, migrants and non migrants)

OCCUPATION	VACCINE
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### 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 Seasonal Influenza (annually) Pertussis Measles Mumps Rubella Varicella
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### Public Safety Workers

Police and emergency workers Armed Forces Personnel Staff of correctional facilities Emergency medical service providers	Hepatitis B Influenza
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### Community Service Workers

Workers in child care and nursery school facilities, teachers	Varicella Pertussis Menigococcus Influenza Measles-Mumps-Rubella
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### Sex industry workers

	Hepatitis A Hepatitis B
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### Plumbers, sanitation workers or other workers in regular contact with untreated sewage

	Hepatitis A
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### Construction workers

	Tetanus
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### Animal Handlers

Abatoir workers, livestock transporters, veterinarians, sheep shearers and cattle, sheep and dairy farmers	Q fever
Poultry workers	Influenza

### Laboratory Workers

	Hepatitis A Hepatitis B Rabies Typhoid fever Poliomyelitis
--	--

### References

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Centers for Disease Control and Prevention (CDC). Immunization of health-care workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). *MMWR - Morbidity&MortalityWeeklyReport* 1997;46(RR-18):1-42.

Zimmerman et al, Vaccines for persons at high risk due to medical conditions, occupations, environment or lifestyle, 2005, *The Journal of Family Practice*, 2005;54:S27-S3.

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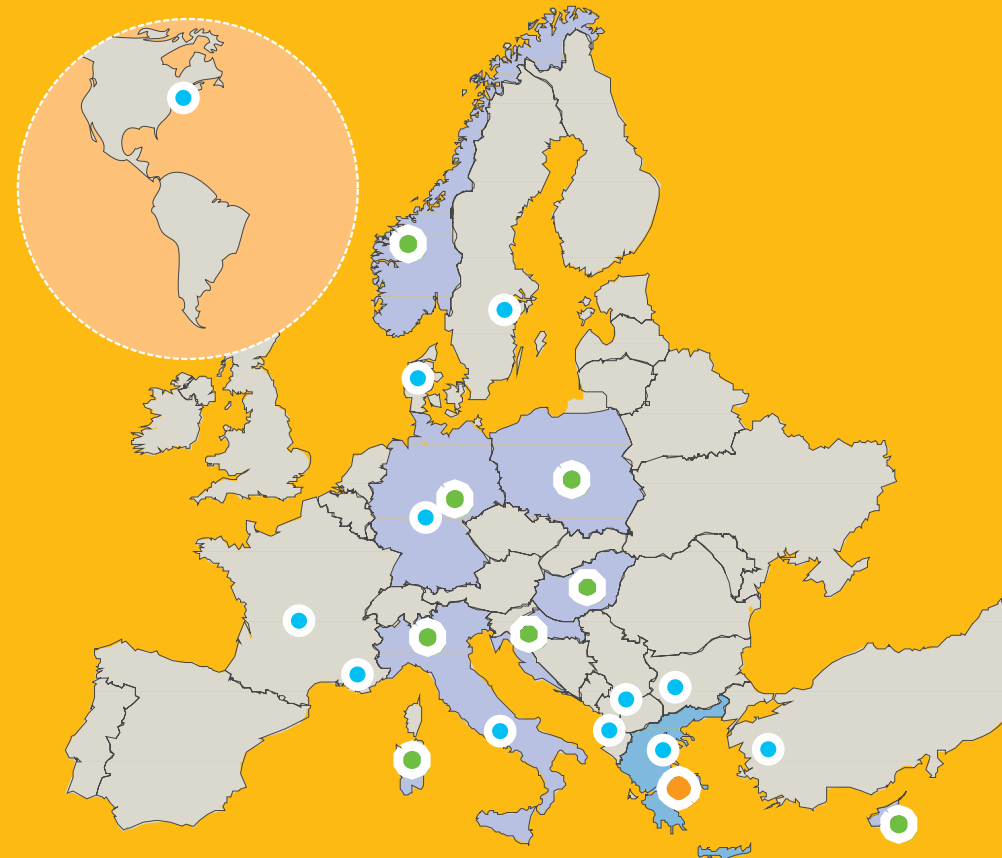
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