

Catch-up immunisation for refugees and asylum seekers

Information sheet - developed May 2016, updated July 2017



victorian refugee
health network

For immunisation providers

General Principles

All refugees and asylum seekers require catch-up vaccinations. No one arriving in Australia as a refugee or seeking asylum will be fully vaccinated according to the Australian immunisation schedule. This situation occurs due to differences in country of origin schedules, and/or issues with health service access. Refugees and asylum seekers should be vaccinated so they are up to date according to the Australian immunisation schedule, equivalent to an Australian-born person of the same age.

1. Assess any existing vaccination records

- **Written records are considered reliable evidence of vaccination status**, however most refugees do not have documentation of vaccination. In the absence of written documentation, full age appropriate catch-up immunisation is recommended.
- **Offshore Humanitarian entrants (refugees) may have had vaccinations as part of the Departure Health Check (DHC).** The DHC occurs in the week prior to travel, this assessment is voluntary and uptake is incomplete. The DHC includes mumps-measles-rubella (MMR) (age 9 months - 54 years), and yellow fever/polio vaccination depending on area – check available documentation (e.g. with patient, case worker, refugee nurse).
- **From 2016, additional vaccinations will be implemented for Syrian/Iraqi refugees** (MMR, polio, and diphtheria-tetanus (DT/dT); in the form of hexavalent or pentavalent vaccines for children <10 years). This means people in this cohort will have effectively had their first set of catch-up vaccines before they arrive in Australia – check available documentation (as above).
- **Asylum seekers arriving by boat may have had vaccinations in Australian immigration detention.** Check their health summary or health discharge assessment (they should have a copy). They may also have a vaccination card. The Community Detention (CD) Assistance Desk should be able to provide immunisation records for people in CD - phone 1800 725 518. Asylum seeker children should have had vaccinations recorded on the Australian Immunisation Register (AIR) - although this frequently has not occurred (either in detention or subsequently in the community).
- **Clarify any vaccinations given in Australia** and check AIR.

2. Consider relevant clinical information

- **Hepatitis B** serology is part of post-arrival refugee health screening – if there is documented immunity (sAb >10mIU/mL) hepatitis B vaccination is not required and a [Medical Exemption Form](#) should be completed.
- **Rubella** serology is recommended in women of childbearing age.
- **Varicella** - ask about clinical history of varicella infection, and check varicella serology in those aged 14 years and older with no clinical history. In children <14 years give varicella vaccination if no/uncertain clinical history.
- **Routine serologic testing for immunity to other vaccine-preventable diseases is not recommended.**
- **Assess for any contraindications to vaccination**, completing the pre-vaccination screening checklist and relevant responses ([Table 2.1.1](#) and [Table 2.1.2](#) in the Australian Immunisation Handbook).
 - **Consider recent vaccines (i.e. offshore vaccines) and/or tuberculin skin tests (TST).** There should be a minimum 4-week interval between vaccine dosing, and TST should be administered before, or 4 weeks after live attenuated vaccines (LAV).
 - **Consider pregnancy** in all females of childbearing age, including in adolescents. In general, LAV should not be administered during pregnancy, and women should be advised not to become pregnant within 28 days of receiving a LAV.
- **Consider medical conditions requiring extra vaccine protection** including asplenia, HIV infection/other immunosuppression, severe or chronic medical conditions or hepatitis B (where hepatitis A vaccination is recommended in the absence of immunity).

- **Consider any occupational risk factors requiring extra vaccine protection** (e.g. healthcare workers (hepatitis B vaccine, influenza vaccine) or occupational animal exposure/abattoir workers (Q fever)).

3. Develop a catch-up vaccination plan

- **Determine which vaccines have already been given and if there is immunity to hepatitis B or varicella.** Complete, but do not restart, immunisation schedules if there is written documentation of previous vaccine doses.
- **Aim for minimum number of visits, and minimum dosing schedules.** In general, catch-up immunisation can be provided over 3 visits across 4 months in adolescents and adults (i.e. by giving the 3rd doses of DT containing and hepatitis B vaccine at the same visit). Children 4-9 years of age will require a 4th dose 6 months after the primary course. Younger children will also require 4 or 5 doses (see resources).
- **Give combination vaccines where possible** to reduce the number of needles.
- **Consider formulations, age restrictions and schedule changes.**

Be opportunistic. For most vaccines, there are no adverse events associated with additional doses in immune individuals, and the benefits of immunisation are substantial.

Catch-up resources

- ASID/RHeNA [Recommendations for comprehensive post-arrival health assessment for people from refugee-like background](#) provide guidelines on catch-up immunisation; also see [Catch-up immunisation in refugees](#).
- [Australian Immunisation Handbook](#), including table 2.1.6 (<10 years) and table 2.1.12 (10 years and older).
- South Australian [Online Immunisation Calculator](#) for children <10 years of age.
- Victorian DHHS Immunisation catch-up tool for 10-19 year olds Email immunisation@dhhs.vic.gov.au.

4. Document vaccinations that have been given (overseas and in Australia)

- **Provide a written record and a clear plan for ongoing immunisation.** It is useful to document which dose is being given e.g. MMR dose 1 of 2.
- **Vaccinations (all ages) should be entered into AIR.**
 - **Vaccinations given overseas or in immigration detention** should be recorded onto AIR online or by completing an [Immunisation History Form](#) and returning it to Department of Human Services, GPO Box M933, Perth WA 6843 or fax 08 9254 4810.
 - **Previous vaccination in Australia** may also need to be entered into AIR. Prior to 2016, AIR could only be used for children <7 years, meaning any child who arrived in Australia aged 7 years and older or who received catch-up vaccines after this age would not have had immunisation information entered into AIR at the time. This information may need to be updated.
- **Current vaccinations (all ages)** should be entered into AIR.
- **AIR access** - all general practitioners (GPs) are automatically registered for AIR; paediatricians may be registered for AIR.
 - **To register for AIR:** <https://www.humanservices.gov.au/health-professionals/forms/im004> or 1300 650 039. If you are registered but are unable to login, contact AIR on 1300 650 039.
 - **Medical software can report directly to AIR.** Phone Medicare Online for more information - 131 150, then choose option 6 - electronic claiming, or Health Professional Online Services (HPOS).
- **Document medical exemptions where relevant** (i.e. medical contraindication or natural immunity) – GPs should complete an AIR [Medical Exemption Form](#) and return the form to the Department of Human Services, GPO Box M933, Perth WA 6843 or fax 08 9254 4810.

5. Ensure catch-up immunisation is completed

- Make sure children/families/adults understand they will need 3-4 visits for vaccination.
- **Where possible, immunise family members simultaneously** to reduce the total number of visits.
- **Provide information about immunisation and family assistance payments.** For patients with low-English proficiency, translated immunisation information is available on the [Health Translations Directory](#).
- **Use a recall and reminder system** to support completion of immunisation schedules.
- The NSW Refugee Health Service [Appointment Reminder Translation Tool](#) allows you to produce a translated reminder for immunisation-related appointments in 33 languages.

Funding

The Commonwealth government funds vaccinations for all children <20 years who have missed scheduled vaccines. All refugees and asylum seekers, regardless of age, are eligible for free age appropriate catch-up vaccines.

Impact of recent immunisation legislation and policy changes on families from refugee backgrounds

No Jab, No Pay – Australian legislation

From 1 January 2016, children and young people <20 years have to be fully up-to-date with their childhood vaccinations OR be on a vaccine catch-up schedule OR have a medical exemption to be eligible to receive certain family assistance payments from Centrelink ([Child Care Benefit](#), [Child Care Rebate](#) and [Family Tax Benefit Part A-end of year supplement](#)).

Centrelink uses AIR to establish whether vaccinations are up to date (by antigen). The vaccines that are linked to family assistance payments are: <10 years – vaccines recommended by 5 years; 10-19 years - dTpa, IPV, MMR and hepatitis B. When the first dose of vaccines covering all the overdue antigens is entered into AIR, the child is recorded as being up to date until the next set of vaccines becomes overdue (usually 3 months later). Medical exemptions (i.e. for immunity) on AIR are also factored into establishing whether vaccinations are up to date.

All children and young people (<20 years of age) need an assessment of their immunisation status to: clarify their immunisation history, enter information into AIR if it has not been recorded, and provide catch-up vaccines if needed. AIR information will need updating or families will lose these Centrelink payments.

No Jab, No Play – Victorian legislation

As of 1 January 2016, Victorian children need to be fully up-to-date with their childhood vaccinations OR be on a vaccine catch-up schedule OR have a medical exemption to enrol in childcare or kindergarten.

Children who arrived in Australia as a refugee or asylum seeker are eligible for a 16-week grace period to start catch-up vaccinations after they enrol in childcare or kindergarten.

Families may need to show their child's AIR record to childcare/kindergarten. Providers can print a copy of the child's AIR record for families. Also see: resources on '[No Jab No Play' for providers](#), including details required to certify immunisation status.

Medical exemptions

Under the current Commonwealth legislation, only General Practitioners can notify medical exemptions.

Catch-up incentive payments for immunisation providers

From 1 July 2016, immunisation providers receive a \$6 incentive payment when:

- They administer catch up vaccine(s) to a child <7 years old who is more than 2 months overdue for a National Immunisation Program scheduled vaccination; and
- The child has received all the relevant vaccines due at each age related schedule point; and
- They report the information to AIR.

This is in addition to the notification payment immunisation providers currently receive.

Disclaimer: This information has been compiled by the Victorian Refugee Health Network for immunisation providers based on information from the Victorian Department of Health and Human Services and the Commonwealth Department of Health. Every effort has been made to confirm the accuracy of the information (developed May 2016, last updated July 2017) but please advise if amendments are required. Please contact info@refugeehealthnetwork.org.au or the Victorian Refugee Health Network, 03 9388 0022.

Flowchart: Catch-up immunisation for refugees and asylum seekers

1. Identify person as a refugee or asylum seeker

2. Assess existing vaccination records

Overseas written records
Departure health check records
Immigration detention records
Previous Australian records (including AIR)

If there is no written record – full age appropriate catch-up immunisation is recommended

3. Consider relevant clinical information

Hepatitis B serology results
Rubella serology results (women of childbearing age)
Varicella history and serology ≥ 14 years if no history of natural infection
Contraindications, including pregnancy and recent vaccines (note: minimum intervals)
Need for extra vaccines (medical/occupational)

4. Develop a catch-up plan

Determine which vaccines have already been given
Clarify if there is immunity to hepatitis B (all ages) or varicella (≥ 14 years) - in which case these vaccines will not be needed
Give outstanding vaccines. Complete, but do not restart immunisation if there is written documentation of previous doses
Aim for minimum visits, and minimum dosing intervals – [see quick guide \(all ages\)](#) or [calculator \(<10y\)](#).
Give combination vaccines where possible
Consider formulations, age restrictions and schedule changes

Be opportunistic – for most vaccines, there are no adverse events associated with additional doses in immune individuals

5. Document vaccinations that have been given (overseas and in Australia)

Provide a written record to individuals, and a clear plan for ongoing immunisation.
Enter previous vaccines onto AIR - overseas, detention, in Australia (age <20 years)
Enter current vaccines into AIR (age <20 years)
Document [medical exemptions](#) where relevant and submit to AIR

6. Ensure catch-up immunisation is completed

Ensure children/families/adults understand they need 3-4 visits
Provide [information about immunisation and family assistance payments](#)
Immunise family members simultaneously to reduce visits
Use recall and reminder systems, including [translated reminders](#).