

Update – catch-up immunisation in refugee background and asylum seeker communities in Victoria

In 2014, the Victorian Department of Health and Human Services (DHHS) funded the Victorian Refugee Health Network (the Network) to examine catch-up immunisation for people of refugee background in Victoria. [*A needs analysis of catch-up immunisation in refugee background and asylum seeker communities in Victoria*](#)¹ identified that people from refugee backgrounds need catch-up vaccination on arrival to Australia, and they are also at significant risk of remaining unimmunised or under-immunised in Australia. The analysis identified that the provision of catch-up immunisation to people from refugee backgrounds is impacted by:

- the complexity of delivering catch-up vaccination, provider expertise and need for support and professional development
- gaps in vaccine funding
- fragmented delivery of immunisation services across primary care, local government areas (LGA), and in schools
- lack of a lifelong immunisation register or consistent patient records
- service access barriers related to clients' unfamiliarity with the Australian healthcare service system, and
- gaps in translated patient information.

The report made 42 recommendations across the following areas: Victorian advocacy for national policy; Victorian policy; vaccine funding; vaccine administrative arrangements; service delivery; LGA; general practice; immunisation register; professional development and clinical guidance; and patient health information and community engagement. The analysis was based on a premise of equity – that people of refugee background should be vaccinated equivalent to an Australian-born person of the same age.

In late 2015, the Network established a multi-sectoral immunisation working group (IWG), and since the report was submitted there have also been a number of Commonwealth and Victorian legislative and policy changes related to immunisation. Many of the recommendations from the needs analysis have been either partially or fully achieved; this summary is an update on progress since 2014.

Commonwealth and Victorian policy

The analysis recommended that refugee and asylum seeker populations should be included in state forecasts for vaccine requirements and the development of a 'whole-of-life register' - subsequently, the Commonwealth Government's 'No Jab, No Pay' legislation² came into effect in January 2016. Supporting measures for 'No Jab, No Pay' included funding for catch-up vaccines for children aged 0-19 years, significantly increasing catch-up vaccine availability, expansion of the Australian Childhood Immunisation Register (ACIR) from <7 years to <20 years³ and then all ages (September 2016) and catch-up immunisation incentive payments for children <7 years.⁴

The Victorian 'No Jab No Play' legislation⁵ was also introduced in 2016, requiring children to be up-to-date with their childhood vaccinations OR be on a vaccine catch-up schedule OR have a medical exemption to enrol in early childhood services including childcare and kindergarten, further increasing the focus on early childhood and catch-up immunisation.

The new Victorian Hepatitis B strategy 2016-2020⁶ now includes refugees and asylum seekers as a named 'at-risk' group for hepatitis B virus (HBV) infection, although they are not listed as being eligible for free HBV vaccination in the strategy. However, changes in Victorian vaccine eligibility criteria for these communities since 2015 have substantially enhanced access to catch-up vaccines, including hepatitis B.

Outstanding: Advocacy on developing an agreed position on provision of free catch-up vaccination for those 10 years and older beyond 2017, inclusion of refugee-background populations in the National Immunisation Strategy, and including people of refugee background and people seeking asylum in updates to the Victorian Immunisation Strategy and LGA guidelines.

Vaccine funding and incentive payments

In early 2015, the Victorian government extended eligibility criteria for free vaccines in Victoria, thus closing the significant gaps in vaccine funding identified by the needs analysis (estimated as \$725 in non-funded vaccines for an adolescent),¹ and representing an extraordinary step towards facilitating equitable access to immunisation for all Victorians. While catch-up vaccination funding associated with No Jab No Pay for 0-19 years has been significant at national level, it is important to acknowledge progressive Victorian policy.

The analysis revealed significant complexity with the application of notification payments for children <7 years, and recommended consideration of a catch-up incentive payment for all ages, also noting difficulties with human papilloma virus (HPV) and adolescent vaccination surveillance. Subsequently 'No Jab, No Pay' has implemented a new \$6 catch-up incentive payment⁷ however this also only applies to children <7 years. The IWG has raised these issues with ACIR policy staff and the federal Department of Health.

Outstanding: Better measurement of (and possible incentives for) delivery of catch-up vaccination - there are current opportunities through the expansion of the ACIR to become the Australian Immunisation Register (AIR).

Service delivery

The analysis recommended ensuring catch-up immunisation was considered in Medicare Local (now Primary Health Network - PHN) planning, supporting a single catch-up guideline (and an example was developed), and a 'whole-of-life' immunisation calculator - at the time of the report the national resource only provided schedules for children <7 years.

To a large extent there has been a greater PHN focus on this area since the Commonwealth and Victorian legislative changes; and in mid-2016, there was a PHN planning day focussed on immunisation. The national immunisation calculator was extended to <10 years. The recently revised Refugee Health Assessment guidelines⁸ have an updated section on catch-up immunisation and the 'whole-of-life' one-page immunisation guide/summary developed for the needs analysis was incorporated into these guidelines. This clinical tool is aligned with the (updated) Royal Children's Hospital catch-up immunisation guidelines and the 2016 fact sheet for providers developed by the IWG.⁹ The IWG has also developed business rules for a whole-of-life online catch-up calculator.

Specific recommendations around service delivery included trialling LGA provision of adult catch-up vaccination, ensuring language school-based (LGA) immunisation programs complete catch-up vaccinations, and up skilling refugee health nurses (RHN) - the new Victorian funding announcements for refugee immunisation address all of these areas.

Outstanding: Maintaining the PHN focus on catch-up immunisation, with specific recognition of the needs of refugee-background and asylum seeker communities; extending the online immunisation calculator past 10 years.

Immunisation registers, surveillance and data collection

Data was identified as a critical issue, understanding the ACIR was only available for children <7 years at the time of the analysis. The expansion of the ACIR to AIR fulfils a number of recommendations and will help overcome some of the challenges with information management.¹⁰ However, vaccinations delivered to adolescents through school programs will be captured on a separate register, the Australian School Vaccination Register (ASVR), from 2017 and it is unclear whether AIR and ASVR will be linked. Catch-up immunisation is noteworthy for vaccines being delivered outside the NIP schedule points, and there is likely to be benefit in consistent immunisation reporting across the lifespan.

Outstanding: Ensuring the AIR includes measurement of both catch-up vaccination, and also migrant and refugee indicators (country of birth, year of arrival, language spoken, interpreter requirement, and refugee/asylum seeker on entry to Australia). This will enable analysis of policy/program implementation and enhanced immunisation surveillance. There is ongoing need for a consistent patient-held

immunisation record, and the current process for obtaining children's ACIR statements is not accessible for families with low English proficiency.

Resources and professional development for professionals

Immunisation providers identified requirements for information, resources and professional development to support catch-up immunisation. The IWG has since developed resources on catch-up vaccination for immunisation providers; and for caseworkers based on findings from the analysis, and including information on recent legislative changes and changes in offshore migration screening for the new Syrian and Iraqi refugee cohorts. The caseworker resource was circulated to RHN and bicultural workers in the Refugee Health Program, and caseworkers in settlement and asylum seeker support agencies in advance of these cohorts arriving, significantly increasing capacity to incorporate offshore vaccination into AIR. PHN representatives are engaged with the IWG providing a mechanism to share resources, and IWG members have highlighted the importance of catch-up immunisation through the 'Health Pathways' resource.

The needs analysis recommended professional development for RHN - a catch-up immunisation workshop was delivered to RHN at a Refugee Health Program training day at Foundation House in May 2016. Refugee health fellows and Primary Health Networks have delivered ongoing training and support on catch-up immunisation for general practices in Victoria in 2016.

Outstanding: the extension of refugee health program to engage with settlement, up-skilling RHN around immunisation, and the Victorian-government funded refugee health fellows offer ongoing pathways to supporting education.

Patient health information and community engagement

As part of their contract with DHHS to manage and produce new translated resources for the Health Translations Directory, the Centre for Culture Ethnicity and Health (CEH) identified catch-up vaccination as a key patient information resource, aligning with (prior) recommendations from the needs analysis. The IWG developed the technical content with input from DHHS Immunisation Section staff, and CEH facilitated community focus group testing and translation into community languages. The patient information sheet on catch-up vaccination in Victoria is now available on the Health Translations Direction in eight languages (Amharic, Arabic, Burmese, Chin, Dari, Farsi, Karen and Tamil). This resource fills gaps identified in the needs analysis for information on the basic principles of catch-up immunisation and immunisation services in Australia, information in Chin (Burma), and gaps in knowledge about refugee background communities' views on immunisation.

Outstanding: Remaining gaps in patient information include information in the Dinka and Nuer languages (Sudan), consistent language availability for DHHS immunisation fact sheets, and information presented in audio/visual formats. The IWG is in the process of developing a curriculum on catch-up immunisation that may be used by organisations delivering health education to people from refugee backgrounds, such as Water Well.

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