

Catch-up immunisation for refugees and asylum seekers

Information sheet - developed May 2016, updated March 2019



victorian refugee
health network

For immunisation providers

General Principles

All refugees and asylum seekers (children and adults) 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.

Catch-up vaccinations are free for refugees and humanitarian entrants in Australia (see fact sheets [10-19 years](#) and [20 years and older](#)).

Children and young people need to be fully immunised OR on a registered catch-up plan OR have a medical exemption, with their vaccines registered on AIR in order to receive full Centrelink payments – see [immunisation requirements](#). Reduced Centrelink payments can have a substantial impact on refugee-background and other vulnerable families. There is an exemption for permanent humanitarian visa holders if the child has been in Australia for less than 6 months (linked to visa status and applied automatically by Centrelink) – however catch-up should be commenced as soon after arrival as practicable to ensure completion (see [Immunisation – Approved Exemptions \(FTB\)](#)).

Note: refugee entrants (permanent residents) have full Centrelink eligibility, people seeking asylum are not eligible for the same Centrelink payments.

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 [HAP-lite system](#), patient, case worker, refugee nurse).
- **From 2016, additional vaccinations were implemented for Syrian/Iraqi refugees** (MMR, polio, and diphtheria-tetanus (DT/dT); in the form of 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) and ensure these vaccinations are entered onto the Australian Immunisation Register (AIR).
- **Asylum seekers arriving by boat may have had vaccinations in Australian immigration detention.** Check their health summary (they should have a copy). They may also have a vaccination card. Records for people in Community Detention (CD) should be available through International Health and Medical Services (IHMS). Asylum seeker children should have had their vaccinations recorded on the 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](#) 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 live attenuated vaccine (LAV) dosing, and TST should be administered before, or 4 weeks after 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 dTpa 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 immunisation resources

- [Australian Immunisation Handbook](#) – [Catch-up vaccination](#).
- [Catch-up immunisation in refugees](#).
- South Australian [Online Immunisation Calculator](#) for children <10 years of age.
- Victorian DHHS [Immunisation catch-up guidelines for 10 years and older](#).

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, Australian Immunisation Register, PO Box 7852, Canberra BC ACT 2610, or fax 08 9254 4810 (*Note: WA number*).
 - **Previous vaccination in Australia** may also need to be entered into AIR. Prior to 2016, AIR only recorded vaccines administered for children <7 years. Children who arrived in Australia aged 7 years and older or who received catch-up vaccines after this age would not have had immunisations entered into AIR at the time.
- **Current vaccinations (for all age groups)** should be entered into AIR.
- **AIR access** - general practitioners (GPs) are automatically registered for AIR; paediatricians may be registered.
 - **To register for AIR:** see [online form](#) or 1800 653 809, providers can also request [online AIR secure site access](#). If you are registered but are unable to login, contact AIR Internet helpdesk on 1300 650 039.
 - Medical software can report directly to AIR. Phone Health Professional Online Services (HPOS) for more information – 132 150, option 6 - electronic claiming, or Health Professional Online Services (HPOS).
- **Document medical exemptions where relevant** (i.e. medical contraindication or natural immunity) – providers (see background) should complete an AIR [Medical Exemption Form](#) and return the form to the Department of Human Services, Australian Immunisation Register, PO Box 7852, Canberra ACT 2610 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 and Medicare status, are [eligible for free age appropriate catch-up vaccines](#), and the Commonwealth funds [catch-up vaccination for refugees and humanitarian entrants 20 years and older](#).

Background

Impact of immunisation legislation and policy on families from refugee backgrounds

[No Jab, No Pay – Australian legislation](#)

From 1 January 2016, children and young people <20 years have had 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 \(FTB-A\)](#) – see [Immunisation requirements](#)). In July 2018, the impact on FTB-A changed from loss of the end of year supplement to reduced fortnightly FTB-A payments – reduced by \$28.28 per fortnight per child. There is an exemption for permanent humanitarian visa holders if the child has been in Australia for less than 6 months. This exemption is applied automatically by Centrelink when they know what visa the family holds. Catch-up should nonetheless be commenced as soon after arrival as practicable to ensure completion (see [Immunisation – Approved Exemptions \(FTB\)](#)).

Centrelink uses AIR to establish whether vaccinations are up to date (by antigen). Children are considered overdue one month post their due date and then have a 63-day grace period to become up to date before family assistance payments are affected (see [National due and overdue rules for immunisation](#)). 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 vaccination 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 (see [Immunisation in Victoria](#)). 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 will need to show their child's AIR Immunisation History Statement to childcare/kindergarten twice a year. This can be either the family or provider view of AIR, and providers can print a copy of the child's AIR record for families. Also see: [No Jab No Play – information for immunisation providers](#), including details required to certify immunisation status.

Medical exemptions

Under Commonwealth legislation, GPs, paediatricians, infectious diseases physicians, clinical immunologists or public health physicians can notify medical exemptions to AIR (see [Australian Immunisation Register \(AIR\) – immunisation medical exemption form \(IM011\)](#)).

Catch-up incentive payments for immunisation providers

From 1 July 2016, immunisation providers receive a [\\$6 catch-up 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.

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 from post arrival health screen
Rubella serology results (women of childbearing age)
Varicella history and serology ≥ 14 years if no history of natural infection
Complete pre-vaccination checklist (for contraindications, also 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 (and exemption forms can be completed)
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 [Immunisation Handbook](#), [quick guide](#) (all ages), [calculator \(<10y\)](#), or [guidelines \(10 years and older\)](#)
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
Enter current vaccines into AIR (all ages)
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](#)

Disclaimer: This information has been compiled by the Victorian Refugee Health Network for immunisation providers based on information from the Victorian DHHS and the Commonwealth Department of Health. Every effort has been made to confirm the accuracy of the information (developed May 2016, updated July 2017 and March 2019) but please advise if amendments are required. Please contact info@refugeehealthnetwork.org.au or the Victorian Refugee Health Network, 03 9389 8900.