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VACCINATION OF REFUGEES, ASYLUM SEEKERS AND OTHER MIGRATING PEOPLE TAILORING THE IMMUNIZATION PROGRAMME

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LEGAL FRAMEWORK



- > The Decree of November 21st 2003 concerning preventive medicine
- > Public health goals prepared in public health conferences
- > Ministerial Decree of January 29th 2015 determining the vaccination scheme for Flanders (actualised January 26th 2017)
 - determines which vaccinations make part of the vaccination programme and for which groups the free of charge vaccines can be used by all vaccinators (for SHS school year based);
 - determines which other vaccines are recommended for general use.
- > Starting point: calendar and advices of the National Immunisation Technical Advisory Group (NITAG): Superior Health Council (SHC - HGR)
- > Advice for implementation by the Flemish Vaccination Board (Vaccinatiekoepel)

VACCINATION PROGRAMME IN FLANDERS



- > Vaccines for the vaccination programme available to all vaccinators, free of charge (contracted by public tenders)
- > All people living, working, studying in Flanders can be vaccinated with the free vaccines:
 - independent of social security system and reimbursement rules
 - no exceptions for people without legal documents
- > All vaccinators can order vaccines in Vaccinnet, the ordering system linked to a vaccination registry in which given vaccinations should be registered.
- > Vaccinators:
 - Organised preventive services: well-baby-clinics (WBC, Kind & Gezin), school health services (SHS – CLB), occupational medicine
 - Preventive – curative consultations of general practitioners, paediatricians, gynaecologists, hospitals, elderly homes, homes for disabled people, ...

PUBLIC HEALTH GOAL ON IMMUNISATION



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- > Public Health conference on vaccination (April 21st 2012)
 - > Public Health Goal on Vaccination and action plan unanimously adopted by the Flemish Parliament on June 19th 2013
 - *“By 2020, a qualitative vaccination policy in Flanders must aim at effectively protecting people, throughout their whole life, against vaccine-preventable infectious diseases that can have a serious impact on the quality of life.”*
 - As the commonly available vaccination facilities don't seem to meet the needs of some specific groups, the action plan proposed an adapted approach might facilitate vaccination and improve coverage (Tailored Immunization Programme - TIP).

OUTBREAKS – UNDERVACCINATED PEOPLE



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- > In 2007-2008 an outbreak of measles in orthodox Jewish communities revealed clustered groups of under-vaccinated people. This outbreak showed the need for another approach for schools not served by SHS and for other under-vaccinated groups (e.g. Roma people, ...).

 - > The migration wave (2015) might bring under-vaccinated people together in reception centers with an increased risk of outbreaks of measles and other diseases. To minimalise this risk immediate vaccination as soon as possible at the moment of the asylum demand might help to minimalise that risk.

MOBILE VACCINATION TEAM



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- > A mobile vaccination team, paid by the Flemish government, was established in April 2015.
 - Its aim was to offer easier vaccination facilities for groups of underserved people.
 - In case of an outbreak of vaccine preventable infections, the team can help vaccinating contacts at risk (outbreak management vaccination).
 - > At the beginning special attention was paid to schools not linked to SHS (e.g. orthodox Jewish schools, ...).
 - > After a first try-out period of two years, decision was made to continue the initiative because of the increase in demand and vaccinations.

WAVE OF ASYLUM SEEKERS IN 2015



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- > With the arrival of the wave of asylum seekers in 2015, a new approach was needed.
 - At the moment of the central registration of the asylum demand, TB-screening is performed systematically (for many years) for all asylum seekers aged 6 years or more.
 - The Flemish Vaccination Board advised to make use of this opportunity (paramedical contact) to offer the first (catch-up) free vaccinations at that moment for all asylum seekers older than 5 years.
 - To facilitate this, an agreement was made between the federal minister for Asylum and Migration and the Flemish minister for Public Health to use the available vaccines of the vaccination programme in Flanders for all new asylum seekers in Belgium, before they are allocated to one of the Regions.
 - Payment of ordered vaccines by Flemish Community. Half yearly invoice to the federal government (Federal agency for the reception of asylum seekers - Fedasil).

VACCINES FOR FEDASIL AND RECEPTION CENTERS



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- > The Federal Agency for the Reception of Asylum Seekers (Fedasil) is offering vaccination to all new asylum seekers aged 6 years and older at the moment of their asylum demand at the “single registration point” (asylum demand center: before WTC-II Tower, now at the “Little Castle”).
 - > Priorities for vaccinations at the central registration point:
 - vaccination against measles, mumps and rubella (MMR) to avoid outbreaks of measles in reception centers;
 - supplementary polio-vaccination for those coming from specific countries with polio circulation, in line with WHO requirement: actual situation:
 - mandatory for Afghanistan, Indonesia, Nigeria, Pakistan, Papua New Guinea, Somalia
 - recommended for Kenya, DR Congo, Mozambique and Niger
 - list systematically actualised at www.reisgeneeskunde.be;
 - vaccination against pertussis is offered to all asylum seekers not getting the supplementary polio-vaccination. Special attention goes to vaccination of pregnant women in order to protect their babies before birth.

FOLLOW-UP ASYLUM SEEKERS



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- > In Flanders for the other vaccinations, not given by Fedasil, the locoregional health structures (Logos) and organisations involved in vaccination agreed upon the tasks for the different vaccinating groups (2015-2016):
 - for children under 6 years: vaccinations offered by well-baby-clinics (Kind en Gezin) at the asylum centers;
 - follow-up vaccinations for children aged 6 years and older organised by SHS as soon as the children start going to school;
 - adults: follow-up by general practitioners;
 - > catch-up vaccinations to be protected as the general population in line with the vaccination programme for Flanders, e.g. hepatitis B vaccination for adolescents.

NUMBER OF VACCINES BY FEDASIL



> the total number of vaccines against polio (IPV), measles, mumps and rubella (MMR) and tetanus, diphtheria and pertussis (Tdap) delivered at the central service and reception centers for vaccination of asylum seekers in 2016-2018

| | year | dTap | IPV | MMR |
|------------------------------|------|-------|-------|--------|
| Central asylum demand center | 2016 | 7.100 | 1.350 | 9.100 |
| | 2017 | 7.300 | 2.600 | 10.500 |
| | 2018 | 9.100 | 4.500 | 14.000 |
| reception centers | 2016 | 4.967 | 2.249 | 7.191 |
| | 2017 | 720 | 289 | 1.173 |
| | 2018 | 747 | 110 | 1.558 |

- 2016: start in February (agreement) - catch-up in reception centers (Fedasil, Red Cross) for many people who arrived in 2015
- in the next years: less reception centers and more by SHS and GPs
- more participation of the Vaccination Team

VACCINATIONS BY THE VACCINATION TEAM



> Reached groups of migrants and refugees:

- Mobile Roma camps
- Victims of trafficking in human beings (THB)
- Homeless people (mixed groups), in which about 400 influenza vaccines last winter (2018)
- Asylum seekers in 29 local reception initiatives (LOI) and in 6 reception centers
- Integration initiative: cooperation of 4 towns at the seaside: many new migrants and refugees
- Specific groups from Afghanistan

VACCINATIONS GIVEN BY THE VACCINATION TEAM

PERIOD: APRIL 2017 – MARCH 2018



| Vaccine | orthodox Jewish schools | other schools | Victims of trafficking human beings | Mobile Roma camps | Home-less people | Under-privileged | Afghan people | Asylum seekers | Out-breaks |
|---------------|-------------------------|---------------|-------------------------------------|-------------------|------------------|------------------|---------------|----------------|------------|
| dTap | 59 | 9 | 65 | 15 | 216 | 241 | 58 | 2.615 | |
| MMR | 93 | 13 | 48 | 22 | 98 | 140 | 8 | 2.022 | 388 |
| DTaP-IPV | 159 | 7 | | 10 | | | | 24 | |
| Hexavalent | 19 | 6 | | 14 | 5 | 4 | | 333 | |
| Men C | 39 | 17 | | 4 | 1 | 5 | | 140 | |
| Hepatitis B | 36 | 2 | 5 | | 4 | 1 | | 171 | |
| IPV | 3 | | 11 | 1 | 2 | 8 | 4 | 269 | |
| HPV | 1 | 5 | | 2 | | | | 3 | |
| Pneumococci | | | | 4 | | | | 2 | |
| influenza | | | | | 176 | | | | |
| hepatitis A | | | | | | | | | 12 |
| TOTAAL | 409 | 59 | 129 | 72 | 502 | 399 | 70 | 5.577 | 400 |

CONCLUSIONS



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- > A tailored approach making use of existing opportunities and medical consultations (e.g. TB screening) to vaccinate asylum seekers as soon as possible and a mobile vaccination team (reach-out vaccination) for vaccination of asylum seekers, refugees and other migrant populations makes it possible to protect people, their families and society against vaccine preventable diseases.
 - > So far no outbreaks of measles or other vaccine preventable infections have been notified in reception centers in Flanders since the start of this approach.



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THE END...
THANK YOU