Immigrant health – immunisation

November 2016
Georgie Paxton
Outline

• New intakes
• New screening – offshore and onshore
• New challenges – No Jab, No Pay
Australia's response to the Syrian and Iraqi humanitarian crisis

On 9 September 2015, the Australian Government announced that it will make an extra 12,000 humanitarian places available for people displaced by the conflict in Syria and Iraq.

Priority for the additional 12,000 Humanitarian Programme places will be given to people displaced by conflict in Syria and Iraq who are:

- assessed as being most vulnerable – women, children and families with the least prospect of ever returning safely to their homes
- located in Lebanon, Jordan and Turkey.
Victorian settlement

- Expect ~4000 + component regular intake
- 85% linked
  - Current communities NSW (60%) and Vic (rest)
- High proportion children
  - 50% total = children
  - 17% total = <4y
  - 21% total = 4-11y
1 Distribution of Syria-born in Victoria by Local Government Areas

a) At the 2011 Census

Melbourne LGAs

Regional LGAs
b) Humanitarian arrivals Jul 2011-Jul 2015

Melbourne LGAs

Syria-born humanitarian arrival (persons)
- 400 to 500 (1)
- 100 to 200 (2)
- 10 to 50 (8)
- 1 to 10 (12)
- 0 to 0 (8)

Regional LGAs
2 Distribution of Iraq-born in Victoria by Local Government Areas

a) At the 2011 Census

Melbourne LGAs

Regional LGAs
b) Humanitarian arrivals Jul 2011 to Jul 2015

Melbourne LGAs

Regional LGAs

Iraq-born humanitarian arrivals (persons)
- 50 to 100 (1)
- 10 to 50 (3)
- 1 to 10 (8)
- 0 to 0 (37)

Iraq-born 2011 Census (persons)
- 400 to 2,400 (1)
- 300 to 400 (1)
- 100 to 200 (2)
- 50 to 100 (4)
- 1 to 50 (19)
- 0 to 0 (4)
Please note: AMES Australia is committed to providing accurate and timely information to SGP providers and other stakeholders to assist them in responding to client needs. AMES Australia has endeavoured to ensure that the information provided does not identify any individuals and has secured DSS’s clearance for its release. AMES Australia requests that recipients treat this information with confidentiality and sensitivity. If you would like to provide feedback on the information presented please contact AMES Australia Settlement and Asylum Seeker Programs division at settlement@ames.net.au

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees</td>
<td>193</td>
<td>670</td>
</tr>
<tr>
<td>SHP</td>
<td>411</td>
<td>1570</td>
</tr>
<tr>
<td>Total</td>
<td>604</td>
<td>2240</td>
</tr>
</tbody>
</table>

68% linked – 202 visa
### Number of cases by contract region

<table>
<thead>
<tr>
<th>Category</th>
<th>North East Melbourne</th>
<th>Northern Victoria</th>
<th>South East Melbourne and Gippsland</th>
<th>South West Victoria</th>
<th>West and Inner Melbourne</th>
<th>Total All Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees</td>
<td>70</td>
<td>14</td>
<td>39</td>
<td>24</td>
<td>46</td>
<td>193</td>
</tr>
<tr>
<td>SHP</td>
<td>299</td>
<td>5</td>
<td>28</td>
<td>7</td>
<td>72</td>
<td>411</td>
</tr>
<tr>
<td>Total</td>
<td>369</td>
<td>19</td>
<td>67</td>
<td>31</td>
<td>118</td>
<td>604</td>
</tr>
</tbody>
</table>
NSW

- August – October 2016
  - 963 cases – 3513 individuals
  - 82% linked
  - 93% Iraqi and Syrian
  - 236 individuals aged > 65y

Mitchell Smith, NSW Refugee Health Service, December 2016
Eastern Aleppo without any hospitals for more than 250,000 residents

20 November 2016 -- More than 250,000 men, women, and children living in Eastern Aleppo are now without access to hospital care following attacks on the remaining hospitals over the last week. According to reports to WHO from the Organization’s partners in Syria, there are currently no hospitals functioning in the besieged area of the city.

Read the full story

WHO condemns massive attacks on five hospitals in Syria
18 November 2016

Watch a video from the UN Security Council meeting on Situation in Middle East - Syria
21 November 2016
# Immunisation schedule by country

http://apps.who.int/immunization_monitoring/globalsummary/globalsummary/schedules
Polio - Syria

• WHO – outbreak 2013
  • 38 cases
    • Mostly young (<2y) unimmunised
  • Serotype 1 sim. envt strains Egypt, Pakistan, Israel
• Nil in 2014
  • BUT Syrian opposition humanitarian arm ‘Assistance Coordination Unit’ (ACU) reported 105 cases of acute flaccid paralysis
Polio

National immunization days

In response to the polio outbreak, the Ministry of Health in collaboration with partners, including UNICEF and WHO, developed a six-month response plan. The main pillar of the plan was to conduct six national immunization day rounds using bivalent OPV (bOPV). The results were as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 246 762</td>
<td>2 532 476</td>
<td>2 745 554</td>
<td>2 919 682</td>
<td>2 913 640</td>
<td>2 835 099</td>
</tr>
</tbody>
</table>

Following each round, a post-campaign assessment was done by independent monitors. The results were as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By recall</td>
<td>79</td>
<td>88</td>
<td>88</td>
<td>93</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td>By finger marking</td>
<td>38</td>
<td>62</td>
<td>68</td>
<td>84</td>
<td>84</td>
<td>82</td>
</tr>
</tbody>
</table>

Routine immunization against polio has been mandatory since 1964. The coverage rate of the oral polio vaccine (OPV) 3rd dose was above 90% until 2010 and then declined sharply to 68% in 2012 due to the crisis in the country. The Global Polio Eradication Initiative, in collaboration with UNICEF and WHO, has developed a rapid and effective response plan to strengthen routine immunization.
Syria: Measles epidemic signals growing humanitarian needs

18 June 2013

A measles epidemic is sweeping through districts of northern Syria, with up to 7,000 known cases, an indication that humanitarian needs are increasing and the country's healthcare system is in a state of collapse after more than two years of civil war. Teams from the international medical organisation Médecins Sans Frontières (MSF) have vaccinated more than 75,000 children in the provinces of Aleppo, Ar-Raqqah and Idlib in an effort to stem the epidemic among a population previously unused to outbreaks of this kind.
REFUGEE APPLICANT

OFFSHORE

HUMANITARIAN ENTRANT
1) IME (MANDATED)
2) DHC (VOLUNTARY)
3) POST-ARRIVAL (VOL)

ONSHORE

ASYLUM SEEKER
1) DETENTION HEALTH
2) POST-RELEASE
3) AT SUBSTANTIVE VISA
Pre-departure health screen (offshore)

Immigration Medical Exam (IME) - all
(Compulsory, 3–12 m prior to travel)
- Hx/Exam
- TB screen
- CXR
- HIV
- FWTU
- HBsAg (preg/URM/HCW)
- HCV
- Syphilis (Humanitarian)

Syrian cohorts
Combined IME and DHC
- Hx/Exam
- TB screen 2-10y – IGRA or TST
- CXR ≥ 11y
- HIV ≥ 15y
- HBsAg (all)
- FWTU ≥ 5y
- Albendazole
- Full 1st dose catch-up immunisations
- Mental health screen
- Development screen (<5 y)

Outcomes
- +/- Visa
- Alert (Red, General)
- Health Undertaking +/- delay travel

Australia
Post arrival health screening
Voluntary

Pre-departure Health Check (DHC)
(Voluntary – 3d < travel)
- Exam, parasite check
- Malaria RDT and Rx if positive (location)
- CXR and HIV if PHx TB
- Albendazole ≥ 1 y
- MMR 9m – 54y
- +/- YF vaccine
- +/- Polio vaccine
- +/- Repeat DHC
- Local conditions

Outcomes
Fitness to fly assessment
Alert (Red, General)
+/− Health Undertaking

Post arrival health screening
Voluntary
Offshore screening – Syrian and Iraqi cohorts

• Immigration Medical Examination and DHC
• Will include immunisation

• Plan (1/11/15 – Lebanon, Turkey, Jordan)
  • <10 years = MMR, OPV, penta (no hexa avail)
  • 10 years + = MMR, OPV, dTPa
  • Equivalent 1st dose catch-up
  • Challenges with information transfer
  • Difficulties sourcing MMR Jordan (and cases at the time)
OPV vs IPV

- **OPV**
  - Stopped Victoria 2005
  - Excreted 6 weeks
    - Faecal specimen pick up?
  - Highly effective immunity (95% 3 doses) inc. gut
    - Prevents wild type infection

- **IPV**
  - Highly effective paralytic (99% 3 doses), less gut
    - Can still get wild-type infection
  - Not recommended pregnancy/BF

- Seroconversion sl. lower combination OPV and IPV (sero. 3)

OPV only form available
**Settlement report - Family Summary page**

**Visa subclass:** 202 - GLOBAL SHP

**IRIS Family Identifier:**

---

**Family members:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>20/08/2000</td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
<td>13/09/2005</td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
<td>20/07/2001</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>01/01/2008</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>21/01/1960</td>
</tr>
<tr>
<td></td>
<td>FEMALE</td>
<td>03/05/1976</td>
</tr>
</tbody>
</table>

Please see following pages for detailed information about individual family members.
## Settlement report - individual person details

- **Visa subclass:** 202 - GLOBAL SHP
- **IRIS Applicant Identifier:**
- **HAP ID:**
- **Name:**
- **Date of birth:** 20/08/2000
- **Gender:** MALE

### Medical Exam
- **No significant findings**
  - **Hepatitis B test result:** Non-reactive
  - **Waiver exercised?** N/A

<table>
<thead>
<tr>
<th>Radiological Exam</th>
<th>No significant findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Screening test result</td>
<td>Undertaking required? N</td>
</tr>
</tbody>
</table>

**502 Question:** Is the client pregnant? N/A

### MOC Comment for Case Officer

### Medical Exam General Supporting comment
- TD, MMR, IPV, given

### Radiological Exam General Supporting comment
- Chest PA Normal chest

### 948 Medical resettlement needs

#### Record results (948)

<table>
<thead>
<tr>
<th>1. Does the client have any resettlement/special needs?</th>
<th>false</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Hearing Impairment</td>
<td>No</td>
</tr>
<tr>
<td>2.2 Vision Impairment</td>
<td>No</td>
</tr>
<tr>
<td>2.3 Speech Impairment</td>
<td>No</td>
</tr>
<tr>
<td>2.4 Cognitive Impairment</td>
<td>No</td>
</tr>
<tr>
<td>2.5 Mobility Impairment</td>
<td>false</td>
</tr>
<tr>
<td>2.6 Other Impairment</td>
<td>false</td>
</tr>
<tr>
<td>2.7 Activities of daily living</td>
<td>Independent</td>
</tr>
<tr>
<td>3. Post-traumatic stress/mental health issues identified</td>
<td>false</td>
</tr>
</tbody>
</table>
**Settlement report - individual person details**

- Visa subclass: 202 - GLOBAL SHP
- IRIS Applicant Identifier: 
- HAP ID: 
- Name: 
- Date of birth: 20/08/2000
- Gender: MALE

### Record results (948)

<table>
<thead>
<tr>
<th>5. Post-arrival services required?</th>
<th>No services required</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Housing and Daily Activities/Assistance Requirements?</td>
<td>Fully independent, no assistance required</td>
</tr>
<tr>
<td>7. Schooling/employment needs</td>
<td>Can attend school/hold a job</td>
</tr>
<tr>
<td>8. Do you have any other comment you would like to make in relation to this person’s resettlement needs?</td>
<td>false</td>
</tr>
</tbody>
</table>

### Immunisations (948)

- Details of vaccines provided, including dates and dosages: TD, MMR, Tdp, given on 27 MAY 2016

### Parasites and infestation treatments (948)

- Details of Albendazole treatment, including dates and dosages: 400 mg Albendazol given

### Medication needs (948)

- Details of current medications, including dosage and recommended supply on arrival: non

### Departure Health Check (949)

### Vaccinations (951)

### Treatment / Medication (952)
<table>
<thead>
<tr>
<th>Record results (948)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Post-traumatic stress/mental health issues identified:</td>
<td>false</td>
</tr>
<tr>
<td>4. Special travel requirements?</td>
<td>Wheelchair</td>
</tr>
<tr>
<td>5. Post-arrival services required?</td>
<td>Consultation required within weeks</td>
</tr>
<tr>
<td>Consultation required within how many weeks?</td>
<td>4</td>
</tr>
<tr>
<td>6. Housing and Daily Activities/Assistance Requirements?</td>
<td>Wheelchair access required</td>
</tr>
<tr>
<td>7. Schooling/employment needs</td>
<td>Can attend school/hold a job</td>
</tr>
<tr>
<td>8. Do you have any other comment you would like to make in relation to this person's resettlement needs?</td>
<td>false</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunisations (948)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of vaccines provided, including dates and dosages</td>
<td>OPV, MMR, given on 24-Jan-16, HEXAVALENT, PENTAVALENT N/A VACCINATION CARD ATTACHED</td>
</tr>
</tbody>
</table>
RECOMMENDATIONS FOR COMPREHENSIVE POST-ARRIVAL HEALTH ASSESSMENT FOR PEOPLE FROM REFUGEE-LIKE BACKGROUNDS

AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES
AND REFUGEE HEALTH NETWORK OF AUSTRALIA

2ND EDITION

https://www.asid.net.au/resources/clinical-guidelines
<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine Most = 0.5ml Route</th>
<th>Minimum dosing intervals have been used</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>DT (P) containing IM</td>
<td>+1 month</td>
<td>2 months</td>
</tr>
<tr>
<td>All</td>
<td>IPV IM or SC</td>
<td>As above</td>
<td>4th dose required at 4 years if aged =&lt;4 years for primary course. SC if given as IPV only, IM in combination vaccines. Hexavalent dosing as above.</td>
</tr>
<tr>
<td>All</td>
<td>Hepatitis B IM</td>
<td>As above</td>
<td>Age 11–15 years – can be given as alternate 2-dose schedule (adult dose), with 4-month interval. Paediatric dose 0.5ml (0–19 years), adult dose 1ml (20 years and older).</td>
</tr>
<tr>
<td>Born &gt;1966</td>
<td>MMR IM MMR-V SC</td>
<td>As above</td>
<td>Now available as MMR-V for age &lt;14 years, see below. x</td>
</tr>
<tr>
<td>All</td>
<td>Varicella SC</td>
<td>As above</td>
<td>&lt;14 years one dose, now available as MMR-V, see below. Age 14 years and older, born after 1992 – 2 doses (check serology first if no history infection).</td>
</tr>
<tr>
<td>Born &gt;1987</td>
<td>MenC IM</td>
<td>If using MenC</td>
<td>Age &lt;10 years, see below.</td>
</tr>
<tr>
<td>&lt;5 years</td>
<td>Hib IM</td>
<td>As above</td>
<td>Only &lt;5 years, dosing varies, 2–11 months: 2 or 3 doses then booster, 1–5 years: 1 dose then booster, interval varies. Hexavalent dosing as above. Children &lt;10 years get extra doses due to combination vaccines (see below).</td>
</tr>
<tr>
<td>&lt;5 years</td>
<td>13vPCV IM</td>
<td>As above</td>
<td>Only &lt;5 years unless medical risk factors. Dosing varies, &lt;7 months 3 doses, 7–11 months 2 doses, 1–5 years 1 dose.</td>
</tr>
<tr>
<td>Born &gt;1981F</td>
<td>HPV IM</td>
<td>+4 months after dose 2</td>
<td>Age 12–15 years, born after 1981 (females) and after 1999 (males), complete dosing within 12 months.</td>
</tr>
<tr>
<td>&gt;1999M</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Combination vaccines* – use where possible. Hexavalent vaccine – DTP-IPV-Hib-Hep B – age <10 years (IM). DTPa-IPV (IM) – age <10 years, also dTPa-IPV (IM) age 10 years and older. MMR-V – age <14 years, not used as first dose MMR age <4 years (SC). MenC-Hib – age <10 years, if possible, not with hexavalent vaccines, OK with DTP-IPV, HBV instead (IM). MenC instead is likely to be more convenient and reduce catch-up visits.

**Legend for table 12.2**

- = Give
- = Give depending on age and numbers of doses required
- = Dose not required
# Catch-up immunisation in refugees

## Table 1.

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>Age, Number of doses</th>
<th>Route and dose</th>
<th>Minimum dosing interval (months)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DT)</td>
<td>&lt;4 years 4 doses DTPa</td>
<td>IM 0.5 ml</td>
<td>1,1, 6**</td>
<td>3 doses for primary series then 4th dose at 18 months of age or 6 months after primary course, and 5th dose at 4 years. If 4 doses of DTP given before age 18 months, give a 5th dose at 4 years. If the 4th dose is given after the child is 3.5 years the 5th dose is not required. A hexavalent vaccine is available in all jurisdictions, (combining DTPa with IPV/Hb/HepB). *If using the hexavalent vaccine combined with hepatitis B, the dosing interval changes (2 months between doses 2 and 3 and 4 months between dose 1 and 3).</td>
</tr>
<tr>
<td></td>
<td>4-9 years 4 doses DTPa</td>
<td>IM 0.5 ml</td>
<td>1,1, 6**</td>
<td>3 doses for primary series then 4th dose 6 months after primary course. Hexavalent vaccine as above. Current recommendations are to separate DTPa/IPV/Hib/Hep B from MenC/Hib - this may extend catch-up immunisation to 4 visits, using MenC instead is therefore likely to be more convenient and reduce catch-up visits.</td>
</tr>
<tr>
<td></td>
<td>10 years and older 3 doses (dTPa, dT, dT)</td>
<td>IM 0.5 ml</td>
<td>1,1</td>
<td>Insufficient safety data on 3 doses of dTPa, therefore recommend dTpa, dT, dT, then 10-year and 20-year booster dTPa. A single dose of dTPa is funded for refugees as the first dose of a primary course, and a single dose is funded for children aged 10-15 years. dTPa is now available combined with IPV - dTPa-IPV.</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR) (LAV)</td>
<td>&lt;10 years 2 doses</td>
<td>IM or SC* 0.5 ml</td>
<td>1</td>
<td>2nd dose due at 3.5 - 4 years if &lt;3.5 years at first dose. MMR is now available combined with Varicella Vaccine (VV) as MMR-V (*given SC) - although MMR-V is not recommended as the first dose of MMR containing vaccine in children &lt;4 years, due to increased risk of fever/febrile convulsions in this setting.</td>
</tr>
<tr>
<td></td>
<td>10 years and older (born</td>
<td>IM or SC* 0.5 ml</td>
<td>1</td>
<td>Note: MMR now given as part of Departure Health Check for Offshore Humanitarian arrivals aged 9 months - 54 years, consider timing if administering TST for TB screening or live viral vaccines.</td>
</tr>
</tbody>
</table>
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 ACIR)

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 and older) - 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 ACIR - overseas, detention, in Australia (age <20 years)
   - Enter current vaccines into ACIR (age <20 years)
   - Document medical contraindications where relevant and submit to ACIR

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

Catch-up vaccinations
for refugees and asylum seekers in Victoria

What are catch-up vaccinations?
Vaccinations (vaccine injections) are recommended for all people to protect them against serious infections and some types of cancer.

Refugees and asylum seekers need catch-up vaccinations when they arrive in Australia. This happens because there are different vaccines in their home countries, or people may not have had healthcare or vaccines when living outside Australia. ‘Catch-up’ vaccinations means giving people vaccinations so they have received all the vaccines recommended in Australia. Even though vaccines are usually given during childhood, it is important to give them to young people and adults if they have missed vaccinations when living outside Australia. Once you have finished catch-up vaccinations you do not need to have them again.

Your doctor or nurse may also suggest extra vaccines, like flu vaccine. Flu vaccine is not part of catch-up vaccinations.

Will I have to pay?
Catch up vaccinations are free for all refugees and asylum seekers.

Are vaccinations safe?
Research shows that vaccines work well and are safe in Australia. Fever or pain after the needle given are common, but do not cause problems; only last 1-2 days. Serious side effects are very rare. It is safe to have vaccines again even if you have had them before.

Where can I get catch-up vaccinations?
> Your family doctor (all ages)
> The local council (for anyone under 18 years)
> Language schools (if vaccination programs are available)
> The Asylum Seeker Resource Centre (adults)

Can I get an interpreter at an appointment?
Yes - it is OK (and important) for an interpreter if you need one.

What do I need to bring to appointments?
If you have a paper (written) record of vaccines that you or your child have already had, bring it to every appointment. It is OK to bring a record in your own language. The doctor or nurse can use this record to decide which vaccinations you need, and to record vaccinations you had outside Australia on the Australian Immunisation Register. It is OK to go to different places to get your vaccinations, but you need to bring your records each time.

What happens if I don't have catch-up vaccinations?
Vaccination prevents disease and protects health - so people who don’t have catch-up vaccinations might get sick.

There are new laws in Australia about vaccination and Centrelink family assistance payments. If children and young people under 20 years don’t have a record on the Australian Immunisation Register, their families will not get the Family Tax Benefit Part A-supplement, child care rebate or child care benefit. Having catch-up vaccinations will allow families to get these payments. Parents can still decide whether to vaccinate their children, but if they choose not to vaccinate, they will not get these payments.

There are also laws in Victoria that say children must have all their vaccinations, or have a plan for catch-up vaccines to go to childcare (kindergarten, long day care, occasional care and family day care). This law does not affect school or outside school hours care.

Example of a foreign vaccination record
JOINT PRESS RELEASE

THE HON. TONY ABBOTT MP, PRIME MINISTER
THE HON. SCOTT MORRISON MP, MINISTER FOR SOCIAL SERVICES

NO JAB - NO PLAY AND NO PAY FOR CHILD CARE

The Commonwealth Government will end the conscientious objector exemption on children’s vaccination for access to taxpayer funded Child Care Benefits, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement from 1 January 2016.

Parents who vaccinate their children should have confidence that they can take their children to child care without the fear that their children will be at risk of contracting a serious or potentially life-threatening illness because of the conscientious objections of others.

From 1 January 2016, ‘conscientious objection’ will be removed as an exemption category for child care payments (Child Care Benefit and Child Care Rebate) and the Family Tax Benefit Part A end of year supplement.

Immunisation requirements for the payment of FTB Part A end-of-year supplement will also be extended to include children of all ages. Currently, vaccination status is only checked at ages 1, 2 and 5 years.

Existing exemptions on medical or religious grounds will continue, however a religious objection will only be available where the person is affiliated with a religious groups where the governing body has a formally registered objection approved by the Government.

This means that vaccine objectors will not be able to access these government payments.

The new policy will tighten up the rules and reinforce the importance of immunisation and protecting public health, especially for children.

April 2015 - http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22media%2Fpres
No Jab, No Pay — no planning for migrant children

Migration should be considered by immunisation policy

The Social Services Legislation Amendment (No Jab, No Pay) Act 2015 (Cwlth) was passed in November 2015, closing the conscientious objection exemption to immunisation requirements for family assistance payments. The intention was to reinforce the importance of immunisation and protect public health, especially for children. While these aims are sound, there are far-reaching, presumably unintended, consequences for migrant and refugee children. 

The legislative changes (which took effect in January 2016) require children and young people under 20 years of age to be up to date for their early childhood immunisations in order to qualify for the Child Care Benefit, Child Care Rebate and Family Tax Benefit Part A supplement (Box). These Centrelink payments are available for Australian citizens and people holding a permanent visa (including offshore humanitarian entrants), special category visa or certain temporary visas (including temporary protection visas). Immunisation status is assessed through the Australian Childhood Immunisation Register (ACIR), which is linked to Medicare.

Medical contraindications (including immunosuppression and anaphylaxis) and natural immunity are still grounds for vaccination exemption. However, the legislation now specifies that only general practitioners can certify exemptions, with the expectation that specialists will refer back to GPs. The legislation is paired with a number of supporting measures, including funded catch-up immunisations (time-limited for people aged 10–19 years), expansion of the ACIR to include all people under 20 years of age, and provider incentive payments for catch-up vaccination in children aged less than 7 years.

There are multiple issues arising for refugee and migrant children. First, any child arriving and receiving catch-up vaccination in Australia after the age of 7 years who is eligible for these Centrelink payments will lose them until their ACIR record is updated, even if he or she is fully immunised. Before 1 January 2016, the upper age limit for data entry into the ACIR was 7 years — overseas and catch-up vaccinations could not be recorded on the register for older children. Australia’s Humanitarian Programme intake has been 13 750 people annually, with around 50% aged less than 18 years on arrival. Therefore, up to 35 000 refugee children and young people (those who have arrived at the age of 7 years or older and are currently under 20 years of age) will need their vaccination status assessed and ACIR records entered. This number will increase when other migrant children meeting the residency requirements for Centrelink payments are included.

The workforce challenges regarding the No Jab, No Pay measures are substantial. Immunisation providers across Victoria report that refugee families have received (multiple) letters from Centrelink. This has resulted in large numbers of people presenting to services, and an increased demand for providers to clarify previous vaccination history, notify the ACIR of these details, and provide catch-up vaccines where needed. Providers report being inundated, under-prepared and inadequately resourced to meet demand.
No jab, no pay - no plan for migrants

- Prior to Jan 2016, upper age limit ACIR 7y
  - Any child arriving/vaccinated after 7y – not on ACIR

- Centrelink letters (all 27 of them...)

- Establishing prior vaccination
  - Mobile populations
  - Many years ago
  - Lack of records

- Duplications
  - Appointments
  - Serology
  - Vaccines

- Medical exemptions – GPs only

1. **Free catch-up for children less than 10 years of age**
   
   From 1 January 2016, all states and territories will be providing free catch-up NIP vaccines for all children less than 10 years of age on an on-going basis.

2. **Free catch-up for young persons 10 to 19 years of age, of families who currently receive family assistance payments**
   
   From 1 January 2016, parents who wish to immunise their children in order to continue to receive family assistance payments will have access to free catch-up vaccines for a time-limited period (1 January 2016 to 31 December 2017).
Any records
Any serology
Any vaccines/timing
Hx varicella
Schedule changes
Anything else – e.g. HH

20m:
Hexa 1/3, 13vPCV, MMR-V 2/2 if had offshore, 13vPCV 1/1, Men C 1/1, will need DT-containing dose 4 and IPV dose 4

3y:
MMR-V 2/2 if had offshore, Hexa 1/3, no Hep B (infection), 13vPCV 1/1, Men C 1/1, will need DT-containing dose 4, and IPV dose 4

12 y:
dTpa 1/3 then dT next 2 doses, IPV 1/3, MMR-V 2/2 if had offshore, Hep B adult formulation 1/2, MenC, high school – HPV, VV, dTpa – factor in

7 y:
Hexa 1/3, no MMR (immune), VV 1/1, MenC 1/1, DT-containing dose 4

6 y:
no Hep B (infection), ?give DTPa 1/3 & IPV 1/3, or hexa 1/3, MMR-V 2/2, MenC, DT-containing dose 4
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<tr>
<th>All</th>
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<tbody>
<tr>
<td>FBE</td>
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<tr>
<td>HBsAg, HBsAb, HBcAb. Write: ‘Query chronic hepatitis B?’</td>
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<tr>
<td>Strongyloides serology</td>
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<td>HIV serology (≥15 years or unaccompanied minor)</td>
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<tr>
<td>TST or IGRA (depends on risk factors and local jurisdiction, check Medicare for IGRA rebates, TST preferred for children &lt;5 years)</td>
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<td>Varicella serology (≥14 years if no known history of disease)</td>
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<td>Visual acuity and review for glaucoma in Africans &gt;40 years and others &gt;50 years</td>
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<td>Dental review</td>
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<td>Hearing review</td>
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<td>Social and emotional wellbeing/mental health</td>
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<td>Disability</td>
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<td>Developmental delay or learning concerns (children and adolescents)</td>
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<td>Preventive health as per RACGP, consider screening earlier for NCDs</td>
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<td>Catch-up immunisations</td>
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| Risk-based                               |                        |
| Rubella serology (women childbearing age) |                        |
| Ferritin (women and children, men where risk factors present) |                        |
| Vitamin D (write risk factors e.g. dark skin, lack of sun exposure). Also check Ca, PO, and ALP in children. |                        |
| Vitamin B12 (arrival <6 months, food insecurity, vegan, from: Bhutan, Afghanistan, Iran, Horn of Africa) |                        |
| NAAT first pass urine or self-obtained low vaginal swabs for gonorrhoea or chlamydia (risk of STIs) |                        |
| Syphilis serology (risk of STIs, unaccompanied minor) |                        |
| Helicobacter pylori stool antigen or breath test (gastric cancer family history, upper GI symptoms) |                        |
| Stool microscopy (OCP) (no pre-departure albendazole or persisting eosinophilia after albendazole treatment) |                        |

| Country-based                            |                        |
| Schistosoma serology                     |                        |
| Malaria thick and thin films and RDT     |                        |
| Hepatitis C Ab (also screen if risk factors) |                        |
Associated ACIR issues

• Workload/delays
  • Batch errors
  • Longer for offshore (3w)
  • Faxed records (8w)

• Catch-up incentives
  • <7y only
  • Not structured to support best practice

• Specialist registration
• Due-overdue rules hepatitis B
• ACIR notification payment - quirks
Create a myGov account

If you already have a myGov account you can use your email address or your myGov username to sign in to myGov.

To create your account:
1. Enter your email address, read and accept the terms of use
2. Enter your confirmation code
3. Setup your account

Enter your email address
To create a myGov account, you need to have an email address that belongs to only you.

Your email address (required)

You can use this email address for:
- Signing into myGov
- Receiving confirmation codes
- Resetting passwords
- Receiving notifications
- Recovering your account

I accept the myGov terms of use (required)

What is myGov?

New challenges

• Department Health
  • Proposal to broaden immunisation Humanitarian entrants
  • In accordance with NIP – where:
    • Operationally feasible
    • Clinically relevant
    • Time allows
Concerns

• Many countries
• Many schedules
• Supply issues
• No process to transfer offshore to ACIR
  • Reliant on paperwork

• My thoughts – DT-containing, polio, MMR
  • Use hexa or penta where available in < 10y
  • 2\textsuperscript{nd} /3\textsuperscript{rd} set could be the same
New challenges

• Numbers – and complexity of catch-up in context screening

• ACIR -> AIR
  • Measurement subgroups

• Asylum seekers – TPV

• After end 2017 – catch-up vaccination fundings

• Other migrant groups
Take home

- Large number new arrivals – Northern regions
- New offshore vaccination for Humanitarian entrants
  - Which may extend further
- Paperwork is good (but not in ACIR)
- Catch-up onshore still difficult
  - Back to 202 visas
- Immunisation policy – needs to consider migration
Acknowledgements

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• RCH Executive and Melbourne Children’s Campus partners
• Victorian Foundation for Survivors of Torture
• Victorian Refugee Health Network
• Department of Health: Crystal Russell, Pam Williams, Martin Turnbull
• Dr Mitchell Smith NSW Refugee Health
• The children, adolescents and families we see at RCH