

Excerpt from NVAC Report:

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Ensuring Immunization Coverage among U.S.-bound Refugees

NVAC Recommendation 2.5

2.5 The ASH should endorse HHS coordination with other USG agencies to support efforts that provide routine overseas administration and documentation of vaccinations for all U.S.-bound refugees with vaccines that have been identified for pre-departure administration.

Complex emergencies can create situations that promote the spread of vaccine-preventable diseases among vulnerable refugee populations. In many of these countries, immunization levels are typically lower than most developed countries, and routine health services may break down for extended periods of time due to instability prior to, during, and after a complex emergency. Additionally, refugees often temporarily relocate to refugee camps and urban slum settings where they experience crowding, high population density, inadequate sanitation, malnutrition, and a scarcity of clean water, which create ideal conditions for the spread of vaccine-preventable diseases such as measles, mumps, cholera, meningitis, and yellow fever. Measles is particularly dangerous in crowded refugee camps and urban environments, as high-population density creates ideal conditions for measles to spread, creating heightened risks for children in complex emergencies.

Targeted and rapid vaccination campaigns are critical to controlling disease outbreaks, particularly measles outbreaks, during complex emergencies. It's been shown specifically that measles vaccination with SIAs during complex emergencies is a very cost-effective prevention strategy. Proper vaccination of refugees in transit camps and surrounding areas also prevents delays in relocation to the receiving country.

Complex emergencies such as political conflicts and other humanitarian crises account for 50,000 to 75,000 refugees to enter and resettle in the United States each year. The U.S. has the largest refugee settlement program worldwide. In fact, over 650,000 refugees have resettled in the U.S. since 2000. Refugees are not required to be vaccinated or provide proof of vaccination before entering the U.S. and immunizations are thus provided after their arrival. Currently, many refugees arrive from countries with low vaccination rates, possessing poor vaccination

documentation, or no documentation at all, resulting in concentrated populations susceptible to vaccine-preventable diseases.

Immunization of refugees prior to their arrival to the U.S. can prevent costly outbreak control efforts and added morbidity caused by disease importations. After resettlement, refugee children are vaccinated through the Vaccines for Children Program, and coverage for vaccination of adult refugees depends on the laws and policies of the receiving state. Certain adult vaccinations are covered for refugees by Refugee Medical Assistance, a program of the HHS Office of Refugee Resettlement which provides funds to states for post-arrival medical screenings for refugees¹.

Although immunization does not usually occur until after resettlement in the U.S., there is a 4-6 month period between their required overseas health assessment and their arrival when immunizations could be administered. Immunization catch-up after arrival and resettlement may be inadequate, with one study demonstrating only 51% of refugee children are completely up-to-date on immunizations one year after resettlement (much lower than the national average that year of 77%). In another study, 23% of refugees never completed their initial health assessment necessary to determine which vaccines were needed after arrival to the U.S. due to loss-to-follow-up when they moved to another state, refusal to receive the health assessment, missed appointments, or provider failure to follow protocol.

It has been shown that in addition to the cost-saving through the prevention of disease importations, the estimated cost of immunizing refugees overseas prior to arrival in the U.S. is substantially lower due to the lowered cost of vaccines provided internationally by UNICEF. Immunization of all U.S.-bound refugees in their country of origin is estimated to cost up to 11 times less than the cost to immunize these populations after their arrival (UNICEF prices would equal roughly US\$365,000, compared to US\$4.2 million [U.S. federal contract price]). The administration fee for these immunizations is also lower overseas, at an estimated US\$6 /dose versus US\$13/dose within the United States.

The HHS Efforts to Promote Pre-Departure Immunization of US-Bound Refugees

Currently, the CDC Division of Global Migration and Quarantine (DGMQ) and the HHS Office of Refugee Resettlement (ORR) are collaborating with the State Department and others to analyze the economic benefits of overseas vaccination. In addition, CDC/DGMQ and the State department are collaborating with partners to conduct a vaccination pilot program for U.S.-bound refugees in five countries. These efforts are intended to support a policy shift in the near future to provide selected routine vaccinations and possibly other preventive medical interventions, overseas to U.S.-bound refugees.

ⁱ Immigration and Nationality Act Section 212 (8 U.S.C. 1182)(a)(1)(A)(ii) as amended by section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996.