

Definitions

Asylum seeker

 Person who has departed their country of origin and officially applied for asylum in another country but is awaiting a decision on their request for refugee status

Refugee

• a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country

Undocumented migrant

• Foreign born nationals who do not have the right to remain in the UK

Pre-migration context













Health Needs

- Communicable diseases
- Incomplete immunisation history
- Non-communicable diseases
- Malnutrition and micronutrient deficiencies
- Obesity
- Anaemia
- Musculoskeletal complaints and injuries
- Oral disease
- Sexually transmitted infections
- Pregnancy
- Female genital mutilation
- Psychological disturbance



Screening of individuals with uncertain or incomplete screening status in England

y preschool 'mover in' should have contact from the health visiting team and ideally a visit. Every parent/carer of a preschool mover in should register their child at a GP surgery. The health visitor or practice should check the



juivalent immunisation information, see the PHE publication 'Vaccination of individuals with uncertain or incomplete immunisation status' at pov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status

UK Health

Vaccination of individuals with uncertain or incomplete imm

up to first birthday

DTaP/IPV/Hib/HepB^a + MenB^b + rotavirus^c DTaP/IPV/Hib/HepB + PCV^d + rotavirus^c

DTaP/IPV/Hib/HepB + MenBb

A child who has already received 1 or more doses of primary diphtheria, tetanus, polio and pertussis should complete the 3 dose course with DTaP/IPV. Hib/HepB. Any missing doses of Hib and/or HepB can be given as Hib/MenC and/or, monovalent hepatitis B. at 4 week intervals

Doses of ManR should ideally be niven 8 weeks apart. They can be given 4 weeks apart in order for the primary MenB immunisation schedule to be completed before the first birthday if possible (i.e. if schedule started after 10m of age)

First dose of rotavirus vaccine to be given only if infant is more than 6 weeks and under 15 weeks and second dose to be given only if infant is less

Infants who are aged 12 weeks or over when starting their primary schedule can be given their single infant priming dose of PCV with their first set of primary immunisations

Boosters + subsequent vaccination

As per UK schedule ensuring at least a 4 week interval between primary DTaP/IPV/Hib/HepB and the booster Hib/MenC dose, and a minimum 4 week interval between MenB and PCV priming and booster doses.

General principles

unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations

 individuals coming to UK part way through their nisation schedule should be transferred onto the UK schedule and immunised as appropriate

· if the primary course has been started but not completed, resume the course - no need to repeat

 plan catch-up immunisation schedule with minimum number of visits and within a minimum possible timescale - aim to protect individual in shortest time possible

Children from first up to second birthday up to tenth birthday

DTaP/IPV/Hib/HepB1+ PCV11 + Hib/Men C11 + MenB*** + MMR

DTaP/IPV/Hib/HepB¹

Four week gap DTaP/IPV/Hib/HepB+ + MenB+++

DTaP/IPV/Hib/HepB is now the only suitable accine containing high dose tetanus, dightheria and pertussis antigen for priming children of this age For those who have had primary vaccines without HepB, there is no need to catch-up this antigen alone unless at high risk

11 All un- or incompletely immunised children only require 1 dose of Hib. Men C (until teenage booster) and PCV over the age of 1 year. It does not matter if 2 Hib-containing vaccines are given at the first ppointment or if the child receives additional Hib t subsequent appointments if DTaP/IPV/Hib/HepB vaccine is given

11 Children who received less than 2 doses of MenB in the first year of life should receive 2 doses of MenB in their second year of life at least 8 weeks apart. Doses of MenB can be given 4 weeks part if necessary to ensure the 2 dose schedule is completed 6.e. if schedule started at 22m of anal-

Boosters + subsequent vaccination

As per UK schedule

MMR - from first birthday onwards doses of measles-containing vaccine given prior to 12 months of age should not be counted

2 doses of MMR should be given irrespective of history of measles, mumps or rubella infection and/or age a minimum of 4 weeks should be left between 1" and 2" dose MMR

if child <3y4m, give 2rd dose MMR with pre-school dTaP/IPV unless particular reason to give earlier second dose of MMR should not be given <18m of age except where protection against measles is urgently required

Flu vaccine (during flu season)

those aged 65yrs and older although recommendations may change annually so always check Annual Flu Letter children eligible for the current season's childhood influenza programme (see Annual Flu Letter for date of

those aged 6 months and older in the defined clinical risk groups (see Green Book Influenza chapte)

Pneumococcal polysaccharide vaccine (PPV) those aged 65yrs and older

those aged 2yrs and older in the defined clinical risk groups (see Green Book Pneumococcal chapter)

 those aged from 70 years up to their 80° birthday

DTaP/IPV/Hib/HepB^ + Hib/MenC^^ + MMR

Four week gap

DTaP/IPV/Hib/HepB^ + MMR

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Shingles vaccine

NHS Newborn Blood Spot Screening Programme MCADD, MSUD, IVA, GA

and HCU

's immunisation and screening status at the first contact.

Contents Access to healthcare Assessing and treating patients

 Vulnerable migrant groups — Communicable diseases Non-communicable diseases

First booster of dTaP/IPV can be given as early as year following completion of primary course to -establish on routine schedule Additional doses of DTaP-containing vaccines given under 3 years of age in some other countries do not after 1/9/06) rema-

count as a booster to the primary course in the UK and should be discounted Subsequent vaccination - as per UK schedule

be of

Ther or r

eligible individuals age 11 to offered a 2 dose schedule at 0, 6-24 -

eligible individuals who are HIV positive or

mmunocompromised should be offered a 3 dose schedule at 0, 1, 4-6 months

if the course is interrupted, it should be resumed but not repeated, even if more than 24 months by elapsed since the first dose

individuals who started a 3 dose prior to the schedule change on

continue with their planned 3 dos fley have had two doses alread interval - in which case no furth needed

they have only had one dose 6 o ago - in which case they will only

HPV dose to complete their scher for individuals who started the sched vaccine no longeringt used in the UK. the course can be completed with the currently being used

courses started but not completed befu birthday should be completed at the mi interval (6 months for those following 2)

BANKS ID Discrete from 1 And 2022 - Authorized

Infants up to and including

If any of the tests currently routine in the present area of residence are overdue, they should be carried out as soon as

If screening has not been completed, it should be performed bles as soon as possible.

ewhorn examination has not been performed, it d be carried out as soon as possible. If the 6 to 8 week nination is overdue, this should be done as soon as sible. If a late newborn examination was performed at or er 6 weeks of age, it is not necessary to do it again.

Infants older than 3 months and up to one year old

If any of the tests currently routine in the present area of residence are overdue, they should be carried out as soon as

Screening should not be offered after 3 months of age.2 However those infants with risk factors should be offered an audiology appointment,3 Referral to an audiology clinic should be made if there are any concerns. The advice in the nersonal child health record ('red book')4 on signs to look for should be explained and pointed out to the carer.

If the 6 to 8 week review has not been carried it is good practice to do this now. However examination for developmental dysplasia of the hip (DDH) using the Barlow and Ortolani tests is no longer accurate. Instead, any asymmetry of leg length or hip abduction should be sought and the child's gait should be observed. The advice in the personal child health record ('red book')⁴ on signs to look for should be explained and pointed out to the coto the GP initiated if there ==

Children over one year old

Screening is not appropriate in children over a year old. Parents should be advised that if they have any concerns about their baby's health they should contact their GP or Health Visitor (if under 5) and remind them their child has not been screened.

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Migrant health guide: countries A to Z

Advice and guidance on the health needs of migrant patients

for healthcare practitioners.

BCG and Hepatitis B vaccines for those at high risk should be given as per Green Book recomm

https://www.gov.uk/government/collections/migrant-health-guide



Post-migration context

- Long and complex legal immigration process
- New culture and language
- Unable to work
- Poverty
- Poor housing
- Delayed access to education
- Loss of identity and status
- Lack of family and community support
- Integration challenges
- Racism and discrimination
- Risk of exploitation
- Digital exclusion
- Barriers to healthcare
- COVID-19 pandemic

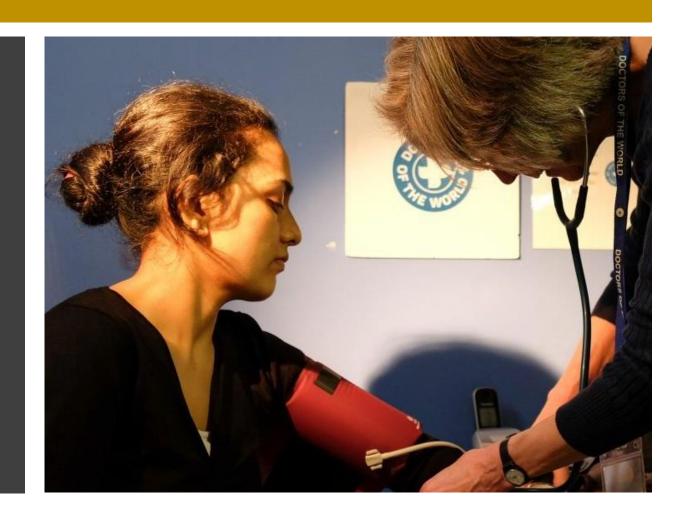


Healthcare contact

- Unaccompanied asylum seeking children: Initial Health Assessment within 28 days of registration with the local authority
- IAC/contingency accommodation – health check
- No official health pathway for other refugees, asylum seekers and undocumented migrants
- GP new patient checks
- Acute situations: be opportunistic and holistic!

Healthcare challenges

- NHS Overseas Visitor Charge
- GP registration
- Language
- Culture
- Digital exclusion
- Provider knowledge & emotional preparedness
- Access to specialist services
- Lack of continuity of care



NHS Entitlements

Universal entitlement

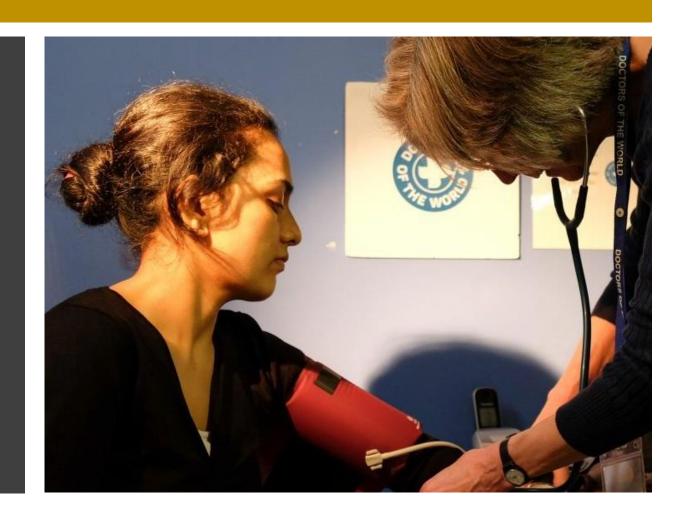
- Primary care
- Accident and emergency (A&E) services
- Diagnostic and treatment services for some communicable diseases (e.g. HIV, TB) and sexually transmitted infections
- Family planning services (not termination)
- Treatment of a physical or mental condition caused by torture, female genital mutilation, domestic or sexual violence
- Palliative care

Charged for NHS services

- Charged for hospital treatment at 150% NHS tariff
 - Refused asylum seekers and their dependents not entitled to s95 or s4 support
 - Undocumented migrants

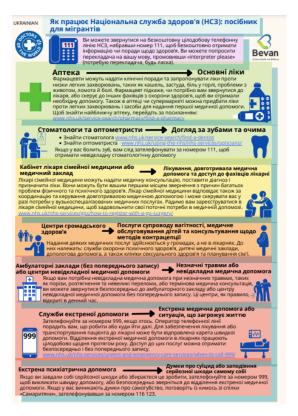
Healthcare challenges

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Key messages

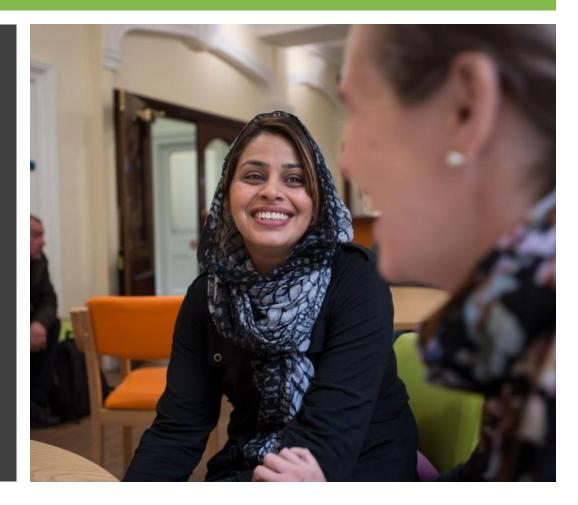
- Be an inclusive and welcoming primary care practice - DOTW
 Safe Surgeries
- Always use an interpreter and provide longer appointments
- Provide health information in appropriate format/language
- Be aware of migrant health guidance and NPHC template
- Be opportunistic and holistic





Key messages

- Screening and immunisations
- Consider possible safeguarding risks
- Deliver trauma-informed care
- Directory of local support services to signpost/refer into
- Inform patients of healthcare rights and entitlements
- Be an advocate



Useful resources

- https://www.yhphnetwork.co.uk/links-and-resources/community-of-improvement-resources/migrant-health/ukraine/
- https://www.gov.uk/government/collections/migrant-health-guide
- https://www.doctorsoftheworld.org.uk/safesurgeries/
- https://www.migrationyorkshire.org.uk/
- https://migrantinfohub.org.uk/