

Migrants must be a focus of catch-up vaccination campaigns, warn global health experts

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More needs to be done to ensure migrant communities are a key focus of receiving vital routine vaccinations to ensure health equity. That is according to Dr. Sally Hargreaves from St George's, University of London, whose [research is published](#) as part of the new migrant health Series in *The Lancet Regional Health—Europe* and is speaking at a World Health Assembly side event at The Geneva Health Forum.

Dr. Hargreaves's research highlights the need for migrants to receive two doses of MMR (measles, mumps and rubella) and other vital catch-up vaccinations and boosters they may have missed in their home countries as children—due to the often lengthy migration process and their subsequent marginalization from health and vaccination systems on arrival to host countries—to support prevention of [vaccine](#)-preventable diseases and outbreaks.

The NHS has recently called for [young adults](#) to get booked-in for missed MMR vaccinations under concerns about the rise in measles. But health care systems—in the UK and across Europe—need to ensure that migrants and other under-immunized populations are a cornerstone of catch-up vaccine campaigns and policies.

"Currently, little consideration is given to migrants who present to [primary care](#) with no immunization records due to the fact that they were not born in the UK. The NHS lacks effective pathways to ensure they can be offered any missed vaccines, doses, and boosters they require, as well as newer vaccines such as HPV that may not be available in the countries they have come from," says Dr. Sally Hargreaves, associate professor in global health at St George's, University of London.

Guidance exists for individuals with incomplete or unknown vaccination status. This includes offering vaccinations for MMR, td-IPV (tetanus,

diphtheria and polio) and HPV, but is often challenging for front-line health teams to deliver.

Not hitting immunity targets

Dr. Hargreaves and her team have published a [meta-analysis of over 75,000 migrants from 39 studies and from 14 European countries, including the UK](#), in the *Journal of Travel Medicine*. Overall, pooled immunity coverage among the migrant populations for several key vaccine-preventable diseases was far from recommended levels. Diphtheria was 57.4% (compared to the target immunity of 83-86%), measles was 83.7% (target 93–95%) and mumps 67.1% (target 88–93%), highlighting that migrants are an under-immunized group in the European and UK context due to a range of often unique risk-factors.

Taking a UK-based approach, Dr. Hargreaves recently published a study that measured under-vaccination rates among migrants in UK primary care within two London boroughs where there is a particularly high proportion of migrant residents.

The study of migrants presenting to primary care practices in Barnet and Tower Hamlets found that 86% of presenting migrants to these primary care practices required catch-up immunization for MMR vaccines, and 88% required the Td/IPV vaccine. Although 93% of participants were referred for a catch-up vaccination, completion rate of courses was low (12% for Td/IPV, and 64% for MMR).

These findings alongside in-depth interviews with migrants highlight the physical, societal and personal barriers to vaccination in the UK that need to be addressed on a practice, system and policy level.

"Not hitting these targets exposes migrant communities to key vaccine-

preventable diseases and to a higher risk of serious consequences and disease outbreak. Declining coverage across the board in the UK for these vaccines makes these under-immunized individuals more susceptible," said Hargreaves.

These data are critical to help inform evidence-based catch-up vaccination policies. It highlights the need for migrant populations—children, adolescents and adults—to receive tailored and targeted health information about the importance of getting catch-up vaccinations on arrival to the UK and Europe. This is for vaccines and boosters they may have missed in their home country, and for newer vaccines such as HPV that are often not available in many of the countries that migrants are coming from.

Need for co-design with migrant communities

Dr. Hargreaves says the evidence suggests that co-designing strategies and tailored and targeted health messaging with [migrant](#) communities is vital to engage them in vaccination. It could also help overcome systemic barriers in health policy to ensure European and global targets for vaccine-preventable diseases are met.

She also urges that this activity must also go hand-in-hand with increased engagement and support of front-line health care professionals to ascertain vaccination history, and to better consider catch-up vaccination in presenting migrants with no immunization records from childhood.

These actions would start to pave the way in achieving vaccine equity for marginalized groups and support the NHS's inequalities agenda and WHO's Immunization Agenda 2030 that calls on European countries to work towards achieving or sustaining the elimination of measles and other key infectious diseases.

Dr. Sally Hargreaves viewpoint article in *The Lancet Regional Health—Europe* is published as part of the new "Addressing migration and health inequity in Europe" Series.

More information: Felicity Knights et al, Strengthening life-course immunisation in migrant populations: access, equity, and inclusion, *The Lancet Regional Health - Europe* (2024). [DOI: 10.1016/j.lanepe.2023.100806](https://doi.org/10.1016/j.lanepe.2023.100806)

Zeinab Cherri et al, The immune status of migrant populations in Europe and implications for vaccine-preventable disease control: a systematic review and meta-analysis, *Journal of Travel Medicine* (2024). [DOI: 10.1093/jtm/taae033](https://doi.org/10.1093/jtm/taae033)

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