World Health Organization
REGIONAL OFFICE FOR Europe

Provision of immunization services to refugees

Guidance for host countries in the context of mass population movement from Ukraine

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Background

The current crisis in Ukraine is having a devastating impact on health and well being in the country and also increases the risk for humanitarian and public health emergencies across the WHO European Region, particularly in countries bordering Ukraine. In addition to disruption of basic public health services in Ukraine, continued mass displacement of the population within and outside of the country can be expected in the immediate days and weeks. The potential movement of the displaced population to other countries in the WHO European Region poses a public health challenge that greatly intensifies the risk of vaccine-preventable disease outbreaks, requiring timely and effective preventative actions.

Ukraine is currently experiencing an outbreak of type-2 circulating vaccine-derived poliovirus (cVDPV2). The circulation of virus has been confirmed in two provinces (oblasts): Rivne in the northwest, and Zakarpattya in the southwest of the country. In the current crisis setting, this outbreak poses a substantial risk of international spread due to:

- subnational gaps in immunization coverage in countries surrounding Ukraine caused since 2020 by local-level disruptions related to the COVID-19 pandemic;
- declining performance of acute flaccid paralysis (AFP) surveillance in multiple countries also related to COVID-19;
- mass population movement.

In addition, mass movement of populations to settings of high population density such as temporary camps for displaced persons, if such settings are established, greatly increases conditions for importation and spread of other vaccine-preventable diseases, particularly measles.

Suggested actions

WHO/Europe encourages all countries in the European Region to take the following public health measures to **prevent, identify and rapidly respond to signals of vaccine-preventable disease outbreaks.**

1. Enhance surveillance for measles, rubella and poliovirus nationwide, including by
    a. conducting active searches for unreported AFP cases and a retroactive case search in local health facilities, as well as expanding contact sampling for all AFP cases;
    b. enhancing supplementary polio surveillance, particularly environmental surveillance, where exists, to detect any hidden transmission;
    c. enhancing fever-rash surveillance and case investigation.
2. Review and update national measles and poliomyelitis (polio) outbreak preparedness plans.
3. Review immunization coverage at the subnational levels and among high-risk groups and take measures to improve coverage, where necessary.

The attached guidance (Annex) on vaccination of refugees provides guidance on specific interventions to protect incoming refugees against vaccine-preventable disease outbreaks. The most important points for the current context are the following.

- Ensure refugee populations are fully included in any mass vaccination or routine immunization activities against polio, measles, rubella, COVID-19, and other vaccine-preventable diseases.
- Consider offering vaccination against polio (with inactivated poliovirus vaccine - IPV), measles and rubella to incoming refugee children under age 6 years who have missed any routine vaccinations in the past.

Recommendations on specific vaccines

Polio vaccines: In light of the current high level of population immunity against polio and the specificities in the organization and provision of primary health care services in European countries, supplementary polio immunization campaigns for preventive purposes are not considered essential. However, to maintain high population immunity against polio and mitigate the risk of importation and circulation of polioviruses, it is important that equitable access and administration of polio vaccines be given to all individuals and population groups in accordance with the national immunization schedules for children and adults of the host country.

Measles- and rubella-containing vaccines: As some countries of the Region are still considered endemic for measles and rubella, refugees should be vaccinated against these diseases as a priority and in line with national vaccination schedules of the host country. In view of the measles and rubella elimination goal set for the Region, WHO supports closure of all immunity gaps, with activities such as national supplementary vaccination campaigns with measles- and rubella-containing vaccines. This is particularly important in countries where these diseases are still endemic and will contribute to reaching the goal of eliminating these diseases from the Region. Refugee children should be included in any such campaigns.

COVID-19 vaccines: To prevent severe disease and deaths and reduce morbidity, including post-COVID-19 conditions, countries should offer COVID-19 vaccines to all refugees according to eligibility criteria defined in national COVID-19 vaccination policies of the host country. Furthermore, access to vaccination services shall be facilitated both for individuals at temporary common shelter sites as well as for those who integrate with local communities.

The offered vaccine products and vaccination schedules shall take into account previous COVID-19 vaccinations documented in vaccine certificates of refugees, whenever available. Administered doses shall be recorded and documentation shall be made available to vaccinated individuals for further reference (on paper and/or electronically).

The following approach is recommended:

- Eligible individuals without any previous vaccinations or without documented vaccinations should receive a primary vaccination series and a booster dose.
- Eligible individuals with one documented COVID-19 vaccine dose should receive the second dose and a booster dose.
- Eligible individuals with two documented doses of COVID-19 vaccines should receive a booster dose.

The interdose intervals recommended by national vaccination policy of the host country should be applied. Minimum intervals may be considered to achieve rapid uptake of recommended doses and protection due to concerns about community transmission or risk of severe disease.

If relevant, countries should ensure that refugees have access to any available dedicated (online) system of registration for COVID-19 vaccination.

Countries are encouraged to prepare user-friendly communication tools in a language understood by the refugees. They should include information on benefits of vaccination, recommended vaccine(s), the expected adverse reactions and actions to take (including how to contact a health care provider) in case of serious adverse events following immunization.

Protection of health care workers

Frontline health care workers should receive a primary series of COVID-19 vaccination and a booster dose to avert severe COVID-19 outcomes and protect health systems. In line with WHO recommendations, most countries of the WHO European Region also recommend seasonal influenza vaccination for health care workers. Vaccination against hepatitis B, polio, measles and rubella is also recommended to those who are still susceptible to these diseases.

Annex: General principles of vaccination of refugees

The guidance in this document is based on WHO-UNHCR-UNICEF joint technical guidance: general principles of vaccination of refugees, asylum-seekers and migrants in the WHO European Region published in 2015 *(1)*.

Provision of health services and vaccines

In line with the Alma-Ata declaration on universal health coverage (1978) *(2)*, Health 2020 (the European policy for health and well-being) *(3)*, World Health Assembly resolution WHA61.17 on migrants' health *(4)* and the 1951 Refugee Convention *(5)* all state that refugees should have non-discriminatory, equitable access to health care services, including vaccines, irrespective of their legal status. Equitable access to new and existing vaccines for everyone regardless of age, identity and geographic location and migration status, is crucial to realize the goals of the EPW Flagship Initiative and European Immunization Agenda (EIA2030) (*6)*, but also broader universal health coverage ambitions.

In addition, the Convention on the Rights of the Child *(7)* and the United Nations Children's Fund (UNICEF) Core Commitments for Children in Humanitarian Action *(8)* call for equitable access of all children, adolescents and women to essential health services, with sustained coverage of preventive and curative interventions. These include timely immunization against vaccine-preventable diseases, particularly measles and polio.

The health systems in the countries receiving refugees must be adequately prepared and organized to provide them with the necessary support while at the same time ensuring the health of the resident population. Vaccines should be provided in an equitable manner with a systematic, sustainable, non-stigmatizing approach. As vaccination is a health intervention that requires a continuum of follow-up until the full schedule is completed, there should be cooperation among the countries of origin, of transit and of destination.

Recommendations for vaccination

Mass population movement poses particular challenges in deciding when and where to vaccinate. The situation is compounded by the fact that many vaccines must be given in consecutive doses at timed intervals. Access to the full vaccination schedule, through follow-up vaccinations, is difficult to ensure while people are on the move. Nevertheless, refugees should be vaccinated without unnecessary delay according to the immunization schedule of the country in which they intend to stay for more than a week. Given the Regional goals of measles and rubella elimination and that of maintaining polio-free status, measles- and rubella-containing vaccines and polio-containing vaccines should be prioritized.

Moreover, COVID-19 vaccination of priority groups and in line with current WHO and national godliness should also be prioritized since the risk for severe disease and death from COVID-19 among refugees may be elevated, particularly those living in overcrowded shelters.

Governments should consider providing documentation of the vaccinations given to each vaccinee or child's caregiver to help avoid unnecessary revaccination.

Vaccination of refugees is generally not recommended at border crossings; however, if the level of risk for serious disease transmission is considered high in an epidemiological risk assessment, countries may decide whether to vaccinate on the basis of the recommendations in the document *Vaccination in acute humanitarian emergencies: a framework for decision making (9)*. Provision of measles-containing vaccines is further defined in *Reducing measles mortality in emergencies, WHO–UNICEF joint statement (10)*, and provision of polio vaccines is discussed in *Reducing risk of poliomyelitis outbreaks in emergencies,* issued by the Global Polio Eradication Initiative (GPEI) *(11)*.

The refugee crisis should incite all countries to review their protocols for immunization in emergencies, as well as any immunity gaps in their populations and ensure tailored immunization services and strong communication and social mobilization in areas and groups that have suboptimal coverage *(12)*. This will help countries fulfil their shared responsibility to attain the goals of global polio eradication and regional measles and rubella elimination.

Strengthening communicable diseases surveillance systems

Under the International Health Regulations (2005) *(13)*, all countries should have effective disease surveillance and reporting systems, outbreak investigation ability and case management and response capacity. With this capacity, countries should also be able to perform quick, effective epidemiological risk assessments.

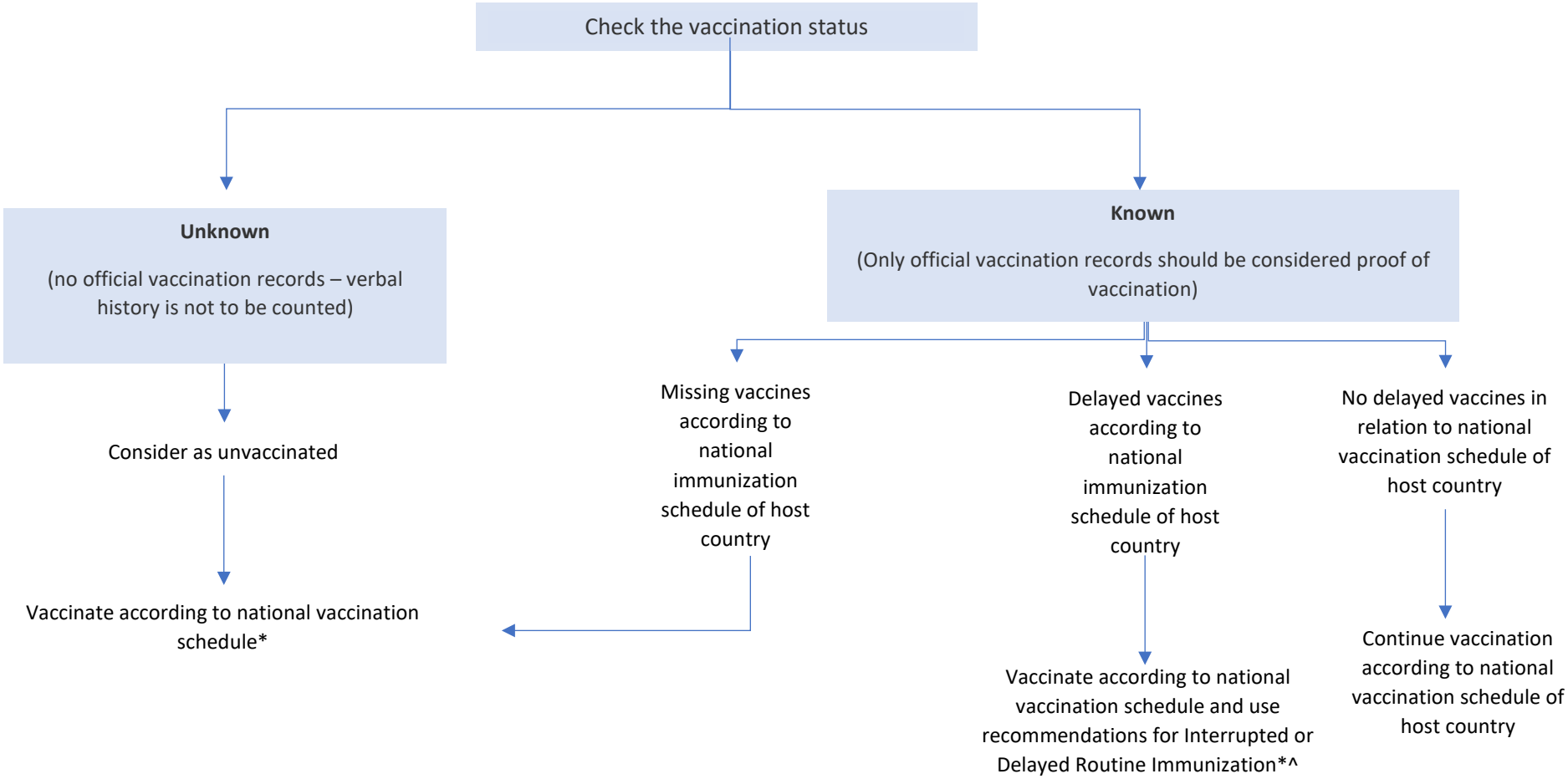
Practical guidance on vaccine delivery to refugee children

The attached annex proposes an algorithm for the delivery of vaccines to refugee children aged 1−18 years old. It takes into consideration recommendations for interrupted or delayed routine immunization WHO position papers *(14)*. These are also found in the document *Leave No One Behind: Guidance for Planning and Implementing Catch-up Vaccination* which also includes recommendations for minimum intervals between doses in a vaccine series *(15)*.

Additional WHO publications providing guidance on this topic include:

- Delivery of immunization services for refugees and migrants (2019) *(16)*
- Vaccination in Humanitarian Emergencies: Implementation Guide (2017) *(17)*
- Vaccination in acute humanitarian emergencies: a framework for decision making (2017) *(18)*

Guidelines for vaccinating children 0-18 years



Governments should consider providing documentation of the vaccinations given to each vaccinee or child's caregiver to help avoid unnecessary revaccination.

^Follow recommended minimal intervals between vaccine doses in vaccine series *(14, 15)*

***Prioritize polio-containing vaccines and measles-containing vaccines**

Minimum intervals between doses in routine vaccine series

Antigen	Minimum age at first dose	Minimum interval between doses 1 and 2	Minimum interval between doses 2 and 3	Minimum interval between doses 3 and 4	Comments
BCG	Birth				Give at earliest opportunity after birth
Hepatitis B birth dose	Birth				Give at earliest opportunity after birth, up until eligible for the first dose of HepB1 or combination vaccine
Hepatitis B (excluding birth dose)	6 weeks	4 weeks	4 weeks		
DTP-containing vaccine	6 weeks	4 weeks	4 weeks (If >1 year, leave at least 6 months between dose 2 and 3)	6 months (and >1 year of age)	If >7 years, use only aP containing vaccine; if >7 years, use Td-containing vaccine A total of 6 doses of Td/DT-containing vaccine are recommended, minimum interval of 6 months. If Td vaccination is started during adolescence or adulthood, only 5 doses are required.
Hib*	6 weeks	4 weeks	4 weeks		If >1 year, only 1 dose is needed. Not recommended for >5 years, if healthy.
Polio OPV (excluding birth dose)*	6 weeks	4 weeks	4 weeks	4 weeks	
Polio IPV*	8 weeks	4 weeks	4 weeks		For IPV-only schedules, if the first dose is given
Rotavirus	6 weeks	4 weeks	4 weeks (if using a 3-dose schedule		Not recommended >2 years.
PCV*	6 weeks	4 weeks	4 weeks		If 1-5 years, only 2 doses needed.
MR or MMR	9 months (6 months, see comments)	4 weeks (and >1 year of age, for 2nd dose)			In certain cases, a supplementary dose of measles vaccine can be given as early as 6 months of age. Any dose given
HPV	9 years (if started ≥15 years, see comments)	5 months			If series is started ≥15 years old, 3 doses are needed (minimum interval 1 month between 1st and 2nd dose; 4 months between 2nd and 3rd dose)

*Alternative schedules available. See WHO recommendations for interrupted or delayed immunization *(14)* for additional detail and for other antigens not shown above.

Adapted from *(15)*

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The WHO Regional Office for Europe

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World Health Organization
Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø,
Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int