Refugee Health – Vaccinations

The Washington State Department of Health has a Refugee Health Program that addresses health outcomes for refugee populations in the state. One aspect of that program is assessing vaccination status and improving vaccination rates.

Background

A refugee is a person who is unable to return to their home country because of persecution, or a well-founded fear of persecution, due to race, religion, nationality, membership in a particular social group, or political opinion. The United States government allows a certain number of refugees to be resettled in the country each year.

The US Department of Homeland Security grants refugee status to individuals overseas and the US Department of State assists refugees with resettlement and integration.
Refugees represent a small proportion of those arriving to settle in the United States. In federal fiscal year 2016 there were 84,995 refugees admitted to the United States. That same year, 3,863 refugees from 25 countries were resettled in Washington State. Refugees represent diverse backgrounds. During the past 5 years, the top four countries of origin for refugees arriving in Washington have been Ukraine, Iraq, Afghanistan, and Somalia.

Before entering the country, all refugees receive an overseas health examination. Depending on their region of origin, the examination might include evaluation of nutrition and growth, hepatitis B infection, tuberculosis testing, and screening for parasites. Immunizations may be assessed but refugees do not have to meet Advisory Committee on Immunization Practices (ACIP) requirements at the time of arrival. There is also a domestic comprehensive health screening within the first 30-90 days in the United States.

The domestic medical screening is intended to address:

- Follow-up for medical issues identified in an overseas screening
- Detecting communicable diseases of potential public health importance
- Identifying personal health conditions that, if left unidentified, could adversely affect a refugee’s ability to resettle
- Referring refugees to primary care providers for ongoing care

There are six refugee health screening clinics located in the seven Washington counties where primary resettlement occurs that provide the domestic medical screening examination (see Map). To better support refugee patients and improve coordination of their care, primary care providers with expertise in serving these communities in Washington have built multidisciplinary teams that may include interpreters, case managers, social workers, and community health workers.

**Refugee Vaccination Status**

High vaccination coverage is important to prevent individual cases as well as outbreaks of vaccine-preventable diseases. Timely and adequate vaccination may also be necessary for a refugee to meet certain requirements as for school enrollment or when applying for adjustment of status to permanent resident (i.e., green card).

Refugees may have had no or limited access to health care prior to arrival, and their pre-arrival vaccination records may be incomplete or missing. The Centers for Disease Control and Prevention (CDC) recommend that the domestic medical examination include
reviewing any vaccination records for documented overseas doses and obtaining laboratory
evidence of immunity. Based on this information, the provider should give age-appropriate
vaccines as indicated per ACIP recommendations. Records in the Washington Immunization
and Information System serve as a resource for providers to review and update vaccination
administration.

Washington has a robust system to ensure refugees receive access to immunizations shortly
after arrival. The Washington State Department of Health Refugee Health Program conducts
ongoing monitoring of refugee health screening outcomes, including immunizations. There was
an assessment of vaccination up-to-date status among 11,240 pediatric and adult refugees who
received a domestic medical examination from 7/1/2012 through 6/30/2016 and who had
matching records in the Washington Immunization and Information System. Up-to-date
vaccination status was defined as having received the valid and minimum number of ACIP-
recommended doses for the person’s age.

Figure 1. Vaccine coverage of refugees in Washington and the United

Most refugees were up-to-date on vaccination soon after arrival to the state. For example, by 90
days post-arrival, 91% of refugees settling in Washington either had received one or more
doses of measles, mumps, and rubella (MMR) vaccine or had serologic evidence of immunity
to mumps. By 18 months post-arrival, vaccine up-to-date rates among refugees were
comparable to or higher than the rates estimated for the general state and national populations
for all vaccines (see Figure 1). In addition, vaccine coverage rates among refugees in
Washington 19 years and older exceeded those for the United States overall for most vaccines
including pneumococcal, Tdap, tetanus, and hepatitis B.
Refugees in Washington who were enrolled the [CDC’s Vaccine Program for US-Bound Refugees](https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html) or VPUR may be given up to three doses of select vaccine series at three to six months before departure. The Washington State Department of Health assessment of refugee immunizations found that VPUR enrollees had significantly higher vaccine up-to-date vaccination rates at the time of arrival in Washington compared to those not enrolled in VPUR (see Figure 2). For vaccines requiring multiple doses at multiple clinic visits, such as DTaP and hepatitis B vaccines, enrollment in VPUR improved timeliness of series completion after arrival.

Refugees come from diverse regions of the world and may be affected by health conditions and have health risks common to all refugee populations, as well as some that may be unique to specific groups. By having an understanding of a patient’s background, providers can better adapt existing best practices and strategies for achieving full vaccination coverage for their refugee patients.

It is important to take advantage of all opportunities to offer vaccinations to refugees as well as other Washington residents. During routine medical visits, a provider should check vaccination records and also be aware of individual factors indicating a need for additional vaccinations. Maintaining high vaccination rates can protect the individual and community health.

**Resources**

CDC resources for refugee health: [https://www.cdc.gov/immigrantrefugeehealth/index.html](https://www.cdc.gov/immigrantrefugeehealth/index.html)

CDC’s Panel Physician Portal with resources for medical examinations: [https://www.cdc.gov/panelphysicians/index.html](https://www.cdc.gov/panelphysicians/index.html)


ACIP recommendations: [https://www.cdc.gov/vaccines/hcp/acip-recs/recs-by-date.html](https://www.cdc.gov/vaccines/hcp/acip-recs/recs-by-date.html)


Ethnomed information about cultural beliefs, medical issues and related topics relevant to the health care of refugees: [https://ethnomed.org/](https://ethnomed.org/)