

# Addressing the Challenges of Refugee Immunization: The University of Louisville Refugee Health and Immunization Program

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## ABSTRACT

An important part of resettlement involves the provision of immunization for adults and children. Problems with existing immunization practices have involved lack of a standardized and evaluable process. The goal of this project was to develop a new process that optimizes vaccination of adult refugees resettling in Louisville, Kentucky. The process was designed using the following steps: 1) assessment of existing immunization protocols, processes and practices; 2) incorporation of cultural aspects; 3) development of an immunization schedule; 4) identification of a clinic setting to maximize participation; 5) program budget; 6) database for planning, tracking, and reporting; 7) development of a participatory framework that facilitates inter-professional and multicultural collaboration; 8) staffing and training components; 9) identification of the process logistics; and 10) determination of success metrics that are measurable and actionable. Between October 2012 and August 2013, an immunization process was designed to address the more than 34 nationalities and 18 languages spoken by the refugee population. To date, more than 1076 refugees have been immunized with more than 5010 doses of vaccine administered. There have been 6 episodes of fainting following immunization (6/1076), and 4 vaccine administration errors (4/5010). Use of this new process has been successful in providing the required vaccines in a safe, effective and efficient manner to the adult refugee population resettling in Louisville. We feel this new process can be a model for other cities interested in improving the efficiencies and impact of their refugee immunization programs.

## INTRODUCTION

Every year, more than one million people enter the United States from countries around the world. During the calendar years of 2009-2012, more than 7200 refugees and immigrants arrived in Kentucky as part of the federal resettlement program, with more than 65% of those resettled in the Louisville area. An important part of resettlement involves the provision of immunization for adults and children. Guidelines from the Centers for Disease Control and Prevention outline the vaccines that are required for newly arriving refugees. Problems with existing immunization practices have involved lack of a standardized and evaluable process. The goal of this project was to develop a new process that optimizes vaccination of adult refugees resettling in Louisville, Kentucky.

## MATERIALS AND METHODS

The project team from the UL Division of Infectious Diseases designed a new process using the following steps:

- 1) assessment of existing immunization protocols, processes and practices;
- 2) development of a process that recognizes and incorporates cultural aspects relevant to the targeted refugee community;
- 3) development of an immunization schedule that fits the eight month resettlement timeline;
- 4) identification of a clinic setting that would maximize participation;
- 5) establishment of a program budget;
- 6) development of a database used for planning, tracking, and report generation;
- 7) development of a participatory framework that facilitates and supports interprofessional and multicultural collaboration;
- 8) development of a staffing and training component;
- 9) identification of the logistics involved in the immunization clinic process; and
- 10) determination of measurable and actionable metrics that determine project success.

DOA: \_\_\_\_\_/Exp: \_\_\_\_\_ **Green Card Vaccines "Trip-Tik"** Medicaid RMS/HCC  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Insurance Card:  Yes  No  
 A #: \_\_\_\_\_ Sex:  Male  Female DOB: \_\_\_\_\_ Language: \_\_\_\_\_

Questions to Ask	Yes	No
Are you sick today?		
Do you have allergies to medication, or certain foods?		
Have you ever had a serious reaction after you received a vaccine?		
Do you have heart problems, lung problems, asthma, kidney problems, diabetes, anemia or another long term sickness?		
Do you have cancer, or any other problem with your body's defense (immune system)?		
In the past 3 months have you taken medicine that weakens your body's defense (immune system)? E.g. steroids - cortisone, prednisone, medicine to fight cancer or radiation treatment.		
Have you ever had a seizure (fits) or any problem with your brain or nervous system?		
In the past year have you received a blood transfusion, been given immune globulin or an antiviral drug (medicine to fight a virus)?		
Are you pregnant? Any chance you could be pregnant?		
Do you have any vaccine records with you?		

Vaccines you need today:

Vaccines for Today	Vaccine	Dosage	Date	Brand	Lot Number	Site	Administered by
<input type="checkbox"/>	Influenza	Dose 1					
<input type="checkbox"/>	Tdap	Dose 1					
<input type="checkbox"/>	Td	Dose 1					
<input type="checkbox"/>	MMR	<input type="checkbox"/> Dose 1					
		<input type="checkbox"/> Dose 2					
<input type="checkbox"/>	Varicella	<input type="checkbox"/> Dose 1					
		<input type="checkbox"/> Dose 2					

Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
 Your next appointment for more immunizations is scheduled for:

Figure 1. Vaccine Trip Tik

## MATERIALS AND METHODS, CONTINUED



Image 1. Nursing, medicine and public health collaboration

## RESULTS

During September 2012, information was gathered regarding the existing immunization processes accessed by the refugee population. Those practices and gaps formed the basis for the immunization process redesign.

Between October 2012 and August 2013, an immunization process was designed to address the more than 34 nationalities and 18 languages spoken by the refugee population. Translated scripts and on-site as well as language line interpreter processes were developed.

A Vaccine Trip Tik was developed to facilitate immunization with the allowed eight-month resettlement timeline and clinic sites were selected using locations familiar to the refugees. (Figure 1)

A program budget was established to include the personnel time, supplies, vaccines, and technologies necessary for a safe and sustainable process.

A database was developed to capture immunization and link health information pertinent to the immunization process.

Faculty and students from nursing, pharmacy, and public health were invited to participate as part of an interprofessional collaboration initiative. (Image 1)

## RESULTS, CONTINUED

To date, more than 1076 refugees have been seen in the two immunization clinic sites with more than 4510 doses of vaccine administered.

There have been 6 episodes of fainting following immunization (6/1076 [0.0056]), and 2 vaccine administration errors (2/4510 [.00044]).

Vaccine administration errors involved provision of vaccine when the recipient had serology indicating immunity to the disease (varicella).

No additional adverse events have been identified or reported.

There have been no reported healthcare personnel needlestick or other injuries associated with the process.

## CONCLUSIONS

Use of this new process has been successful in providing the required vaccines in a safe, effective and efficient manner to the adult refugee population resettling in Louisville. We feel this new process can be a model for other cities interested in improving the efficiencies and impact of their refugee immunization programs.

## REFERENCES

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