



Immunisation Gaps Plenary

Migrants and Travellers



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Overview

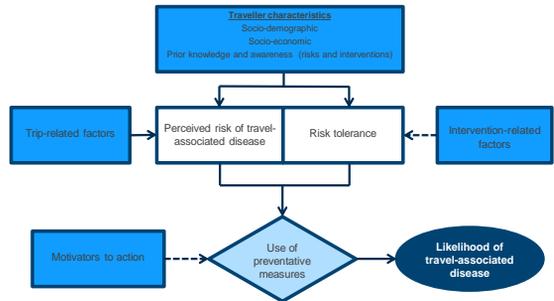
- **Migrant and refugee gaps**
 - Complexities of catch up
 - Immunisation records
- **Tourist Traveller gaps**
 - Risk perception
 - Risk behaviours
- **Travellers visiting friends and relatives gaps**
 - Context of travel, risk perception, risk behaviours
 - Access to services including language and cost
- **Strategies, interventions and research priorities**
 - Need for collaboration across sectors
 - Co-design of interventions
 - Research, evaluation and scaling up



Migrants and refugees

- **Migrants and refugee gaps**
 - Typically fewer vaccines in source country schedules
 - Immunisation records often inadequate
 - Catch up complex, time consuming and funding gaps
- **Refugees and asylum seekers gaps**
 - Disruption to immunisation programs very common
 - Missing or incomplete immunisation records
 - Other more pressing health problems
 - Lack of access to services

Factors affecting travellers' likelihood of preventable infectious diseases



Horn, Rotstein and Vajta. Encouraging travellers to take preventative measures against travel-related communicable diseases: a rapid review of the literature, 2013. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3800000/>



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Hepatitis B risks and immunisation coverage amongst Australians travelling to Southeast Asia and East Asia

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KEYWORDS: Hepatitis B; Travel; Immunisation; Southeast Asia; East Asia

Summary: Hepatitis B transmission risk and rates have increased in highly endemic regions. The likelihood of travellers acquiring hepatitis B infection depends on their destination, the immunisation status of travellers and their immunisation status. The purpose of this study was to determine the prevalence of HBV infection amongst travellers to Southeast Asia and East Asia and to determine the immunisation status of travellers to these regions. This study was a cross-sectional study of 1000 travellers to Southeast Asia and East Asia. The prevalence of HBV infection amongst travellers to Southeast Asia and East Asia was 1.0% (95% CI 0.5–1.5%). The immunisation status of travellers to Southeast Asia and East Asia was 1.0% (95% CI 0.5–1.5%). The immunisation status of travellers to Southeast Asia and East Asia was 1.0% (95% CI 0.5–1.5%).



Vaccine (2014) 32, 488–491

The role of travel in measles outbreaks in Australia – An enhanced surveillance study

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ABSTRACT:

Many developed countries, like Australia, maintain a high population level immunity against measles. However, this immunity is at risk of depletion if travellers do not receive an up-to-date and enhanced travel vaccine with measles, mumps and rubella (MMR) components. To this end, we enhanced the incidence of measles and the characteristics of measles transmission and prevention among travellers to other countries. We conducted a study in the South West and North Coast, Australia between February 2013 and January 2014. Case were followed up by telephone interviews until a confirmed diagnosis of measles was established. In total, 100 travellers were included in the study. The majority of travellers were from Victoria (n=50), followed by Queensland (n=20), New South Wales (n=15), Western Australia (n=10) and South Australia (n=5). The majority of travellers were aged 18–30 years (n=60). The majority of travellers were from Victoria (n=50). The majority of travellers were aged 18–30 years (n=60). The majority of travellers were from Victoria (n=50). The majority of travellers were aged 18–30 years (n=60).



Who are VFR travellers?

Intended purpose of travel is to visit friends and relatives in their country of origin

First- or second-generation immigrant and their spouses

- "Immigrant" VFR – first generation
- "Tourist" VFR – second generation
- Importance of cultural links

Originally from a low- or middle-income country now living in a high-income country

- epidemiological gradient of health risk between the two locations



Keystone. Traveller's Health (Yellow Book), Chapter 6: Immigrants Returning Home to Visit Friends & Relatives (VFR). CDC. Barnett et al. J. Trav. Med. 2010. Leder et al. Illness in travellers, visiting friends and relatives: a review of the GeoSentinel Surveillance Network. Clin Infect Dis. 2008

Who are VFR travellers?

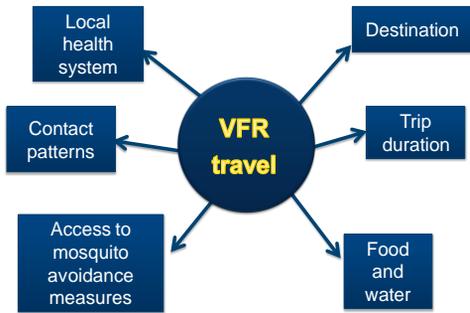


- 32% Asia (incl Sth A)
- 10% Africa/Middle East
- 66% recent arrivals from NESB^[1]
- 5.3 million migrants^[1] (28% Aust pop.)
- 10.5 million international departures^[2] (26% VFR)
- 39% Asia

21% 2nd generation Australians

1. Migration, Australia 2014-15. ABS. 2016. (Accessed 05/02/2016).
2. Departures of all non-residents from Australia, by country of origin, by gender, by age, by month, by duration, 1999-2016. (Accessed 05/02/2016).
3. UNCCOD/UNP. Migration, Australia 2007-07. (Accessed 05/02/2016).
4. Hensler et al. A cross-sectional study of self-rated health among returning visiting friends and relatives. BMC Public Health 2012

Travel characteristics



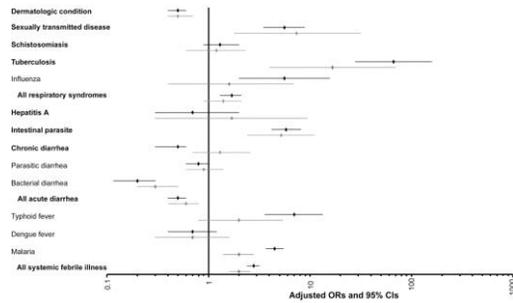
VFRs are over-represented

Mosquito-borne diseases	Faecal-oral transmitted diseases	Respiratory transmitted diseases	STIs and blood-borne infections
Malaria ^{1,5}	Typhoid ^{3,5}	TB* ⁸	Hepatitis B*
Chikungunya ⁵	Paratyphoid ⁵	Measles* ⁵	HIV ⁹
Dengue ⁷	Hepatitis A* ⁴	Influenza ²	
	Hepatitis E ^{5,6}		

* More common in paediatric VFRs including second generation migrants

1. Leder K. Clin Infect Dis 2005;39:1184-93.
2. Leder K. Clin Infect Dis 2005;39:399-406.
3. Barnett. J Clin Microbiol 2001;139:823-5.
4. Barrera. BMJ 1999;319:1153.
5. Newwood et al. Eas and infection 2010.
6. Shiner et al. CMI 2008.
7. Galloway et al. J Trav Med Hyg 2012.
8. Linton et al. Paediatr Child Health 2010.
9. Farron et al. AIDS 2001;15:1442-8.

GeoSentinel – immigrant and traveller VFRs



- Immigrant VFR versus tourist traveler
- Immigrant VFR versus traveler VFR



Erlanson et al. Clin Infect Dis. 2008

Geosentinel. 2014. 44. 1164. 2010. © Cambridge University Press 2010. www.cambridge.org/9780521875886

The contribution of travellers visiting friends and relatives to notified infectious diseases in Australia: state-based enhanced surveillance

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SUMMARY

Immigrants and their children who return to their country of origin to visit friends and relatives (VFR) are at increased risk of acquiring infectious disease compared to other travellers. VFR travel is an important disease control issue, as the majority of Australia's population are immigrants and the majority of departing Australian international travellers are visiting friends and relatives. We conducted a 1-year prospective enhanced surveillance study in New South Wales, Australia. Statewide surveillance of notified infectious diseases in VFR travellers included surveillance with travel, including typhoid, paratyphoid, meningitis, hepatitis A, hepatitis E, malaria and dengue fever. Additional data on notifications of international travel were collected. Statewide enhanced surveillance was implemented in 2002 (2010 enhanced surveillance covers including all notified infectious diseases and parasitic diseases). The majority of cases were acquired overseas during travel with immigrant Australians (64.7%) or their Australian-born children (42.3%). VFR travel was reported by 17 (60%) international arrivals, higher for children (67.0, 97.0). Cases of children aged <10 years (2010) were more frequent VFR travellers compared to adult travellers (27.0, 9.0%). VFR travel is an important contributor to imported disease in Australia. Comprehensive disease control strategies targeting these travellers, such as targeted health promotion, are likely to impact importation of these travel-associated infections.

Key words: Australia, enhanced surveillance, immigrants, infectious diseases, travel, visiting friends and relatives.





Health beliefs

- Perceptions of reduced or absent risk of "going home"
- Belief that they are immune
- Lack of awareness of risks
 - Previous healthy travel
 - Lack of awareness of travel medicine as a resource

"We were going home. I never thought we would get disease from there." (32 year old, Lebanese-born, hepatitis A)

"I thought she had all her childhood vaccines. The doctor explained that only hepatitis B is in the schedule" (Burmese-born mother of 7 year old, hepatitis A)



Access to services

- Financial barriers to pre-travel health care and vaccination
 - Just enough funds to cover the cost of flights
 - Regular travel
- Poor health (system) literacy
- Cultural and language barriers with health care providers
 - Uptake of preventative health behaviours positively associated with a longer duration of migration.
- Lack of travel health information or services targeting culturally diverse backgrounds

"... Our greatest barrier is language and that's not just with office workers [at the MRC] talking to migrants, ... we're always having to, even when there's written and translated material, to really unpack what it means" (Migrant Resource Centre Staff member)¹



Resource kits for Primary Care Providers

- VFR patient handout
- Waiting room posters
- Review of literature
- Contacts



Community interventions

- Public health messages tailored to VFR travellers
 - Community outreach and education; engaging community organisations
 - Aimed at increasing awareness of the need for pre-travel health advice
- PH educational materials and health promotion messages
 - regional/local;
 - not widely circulated or evaluated



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 CASE REPORT
Innovative community-based initiatives to engage VFR travelers
 K. Leder ^{a,*}, S. Lau ^a, P. Leggat ^a

English Hindi Vietnamese Chinese

- novel initiatives to inform immigrant communities
- Simple messages in media (newspaper, radio, web-based, and television), via printed materials (posters, tear sheets and z-cards) and at community festivals

Every week, over two million of us visit a GP.
 No one knows you like your GP. RACGP
 Your Specialist in Life

APINA
 Nurses are the most trusted profession, 22% more in a row

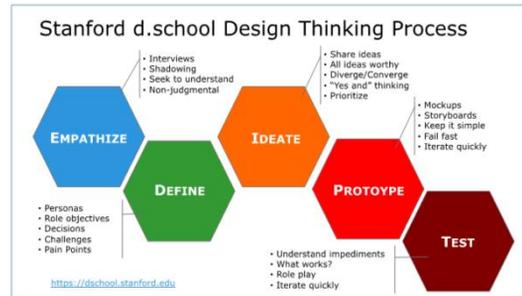


The Australian College of Tropical Medicine

Principles and targets



20th Anniversary
 ABOUT THAG



Supplement

On the road to value co-creation in health care: the role of consumers in defining the destination, planning the journey and sharing the drive

Internationally, there has been a growing focus on the governance and performance of health systems and health professionals, and a redefining of the role of the health consumer. Crisis relating to increasing aged populations, the increasing burden of chronic and complex disease, the continuing challenge of quality and safety, and escalating health care costs have resulted in pressure to achieve a more productive and sustainable health system that is responsive to the needs and cognizant of the rights of health consumers.

In Australia, the focus on partnership approaches between researchers, health professionals and the community has been seen as a central part of the transformational change.¹ This partnership must extend the role of the consumer beyond engagement and participation and enable a more substantial contribution in all aspects of health system and health service activity – as co-participants and co-creators of health services and health system sustainability.² It is this form of consumer value co-creation that is critical to improving health services, enhancing the quality of care, increasing patient and health care provider satisfaction, and contributing to primary health care reform in Australia.

Summary

- The role of consumers is now extending beyond being passive health care recipients and even active participants in their own care to involvement in innovation and value co-creation in health care – from being “users and choosers” to becoming “makers and shapers” of services.
- For active dialogue to occur in co-creation, consumers must become equal partners with health care organizations and providers, with the focus on areas of interest to all parties.
- The use of value co-creation in health care involves embedding the approach across the whole health care system – from the microsystem level to the mesosystem and the entire macrosystem.

Health care has been participative in this process as co-creation.

There is growing literature on health value co-creation and the benefits of consumer value co-creation in the health consumer.^{3,4} These include increased efficiencies in health services,⁵ improved health outcomes,⁶

