

EXPLORING INEQUITIES FOR IMMUNISATION AND VACCINE-PREVENTABLE DISEASES AMONG MIGRANT AND NON-MIGRANT CHILDREN IN NEW ZEALAND

### BACKGROUND

\*Levels and trends in international migration

189,300 in 2015 SOURCE UNHOR 750 June 2017 WINHER

"The number of international migrants worldwide has continued to grow over the past 17 years, reaching 258 million in 2017..." (United Nations, 2017).

Refugees 22.5 million 12 House and UNIC Handle Stateless people 10 million

### BACKGROUND

New Zealand accepts migrants and refugees under various schemes

- •Migrants primarily re-locating for work or study purposes
- Refugees enter under quota, humanitarian and family reunification schemes

19 Jun 200 (M) UNHCR

New Zealand Refugee Quota Programme

New Zealand is one of around 26 countries that take part in the United Nations High Commissioner for Refugees (UNHCR)

Potential for the transmission of vaccine-preventable diseases across national borders



### STUDY AIM

Explore immunisation rates and burden of vaccinepreventable disease-related hospitalisations among migrant and non-migrant children in New Zealand

### METHODOLOGY

- Retrospective cohort study
   Ethical approval granted by UAHPEC (reference #: 017200)
- Study period: 1 January 2006 to 31 December 2015

- 3 cohorts

   A\*: foreign-born migrants

   Children apped up to 5 years who arrived in NZ prior to their 3<sup>th</sup> birthday between 2006 and

   B\*: NZ-born migrants

   Children apped up to 5 years born to mothers who migranted to NZ between 2006 and 2015

   C. NZ-born non-migrants (comparator group)

   Children apped up to 5 years born to mothers group and the state of the state of

### METHODOLOGY

### Data sources

Data sources
Integrated Data Infrastructure (IDI) — contains de-identified data and enables linkage across databases
from various sources
AMS Hatalanie Mishindiae (NHI) for demographic data
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- National Immunistration Registry 1918 for Immunistration data
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- Variables of interest

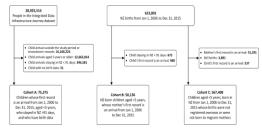
  Date of birth, date of death, sex. <u>ethnicity</u>, nationality (i.e., country that issued their
  Immunisation status for selected national immunisation schedule (NS) vacches
  Hospitalization event for selected VPDs

### Analysis

## DISCLAIMER

Access to the data presented was managed by Statistics New Zealand under strict micro-data access protocols and in accordance with the security and confidentially provisions of the Statistic Act 1975. Our findings are not Official Statistics. The opinions, findings, recommendations, and conclusions expressed are those of the author(s)/researchers, not Statistics NZ.

# PARTICIPANT FLOW CHART OF ELIGIBLE CHILDREN FOR COHORTS A, B AND C AND EXCLUSIONS





RESULTS Immunisation Coverage

### IMMUNISATION COVERAGE

### Selected vaccines:

- Detection Vaccines

  I. Measles, numps and rubella (MMR) vaccine (2 doses)

  Perusia-containing vaccine (PCV)\* (3 doses and a booster)

  Retrusia-containing vaccine (3 doses and a booster)

  Retrusia-containing vaccine (3 doses and a booster)

### •Vaccination status defined as-

### **KEY RESULTS VACCINATION STATUS**

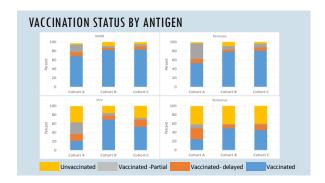
- Not all eligible children included in the National Immunisation Register (NIR)
- Cohort A: N=34,599, 45.9% Cohort B: N=48,177, 96.1%
- Cohort C: N=536.805, 94.6%
- \*Vaccination coverage
- NZ-born children had higher recorded vaccination rates compared to foreign-born children

- Teorign-born children had higher recorded partial and delayed vaccinations

   Foreign-born children had higher recorded partial and delayed vaccinations

   Lower vaccination rates among those of Pacific ethnicity

   High rates of not vaccinated among foreign-born children on refugee, Pacific and humanitarian visa schemes









RESULTS VPD-associated hospitalisations

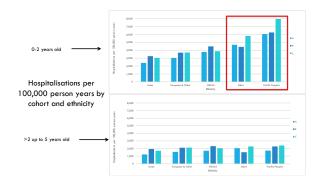
### VPD-ASSOCIATED HOSPITALISATION EVENTS

- Selected VPDs\*
- Gastroenteritis (all cause, including rotavirus)
- 2. Rotavirus gastroenteritis
  3. Pneumonia (all cause)
  4. Measles, mumps, rubella
  5. Otitis media

- Invasive pneumococcal disease (IPD)
   Haemophilus influenzae type b (Hib)
   Pertussis (whooping cough)

### **KEY RESULTS** VPD-ASSOCIATED HOSPITALISATIONS

- Less than 5% of children were hospitalised
- Majority of disease contribution was from all cause gastroenteritis, all cause pneumonia and otitis media
- Foreign-born children across all ethnicities, except Māori, had lower hospitalisation rates compared to NZ-born migrant and non-migrant children
- $^{\circ}$  Higher hospitalisation rates noted among children of Māori and Pacific ethnicities for the younger age group (0-2 years old)
- Higher hospitalisation rates noted among children on refugee, Pacific and humanitarian visa schemes



Hospitalisations for selected disease with some vaccine-preventable element for Cohorts A and B from January 1, 2006 to December 31, 2015, New Zealand

			Rate per 100,000
Visa Group	Hospitalisation	Person-years	person-years
Cohort A (visa of child)			
Work and student	21	2,148	978
Visitor	129	11,352	1,136
Work and visitor	369	29,712	1,242
Other	24	1,674	1,434
Refugee (quota)	21	537	3,911
Pacific	81	3,063	2,644
Refugee family	6	195	3,077
Convention refugee and Humanitarian	33	1,044	3,161
Cohort B (visa of mother)			
Student parent	18	759	2,372
Work and visitor	45	1,893	2,377
Family	372	14,553	2,556
Residence	384	14,634	2,624
Refugee (quota)	24	489	4,908
Pacific	135	2,790	4,839
Refugee family	15	312	4,808
Convention refugee (asylum seekers)	84		
Humanitarian	9	228	3.947

### DISCUSSION & CONCLUSION

- Immunisation inequities experienced by foreign-born migrant children
- Potential issues with translating and recording overseas vaccinations
  Potential issues with access and utilisation of immunisation services
- \*Higher burden of VPD-associated hospitalisations among NZ-born children
- Need to understand contributing individual and environmental factors
  Need to understand access and utilisation of NZ health services based on visa schemes
- Need to report and monitor vaccination status and VPD-related hospitalisations by migrant and refugee background to inform improvements to policy and practice

# **ACKNOWLEDGEMENTS**



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THANK YOU! APPENDIX

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