

# Asylum seekers in Denmark – health evaluation and vaccination

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# Authorities responsible for the health care of asylum seekers

## Immigration authorities:

- Housing, including access to health clinic for minor elective and acute care (at the asylum center or at local primary care clinics)
- Approving visitation to and paying for elective regionale care (app. 95% of requests granted)
- Financing of asylum centers (contracts with operators from Red Cross or municipalities)

## Health authorities:

- Regions: providing free acute health care and paid for elective health care
- Nationally: overview of health status and outbreaks, recommendations, surveillance, inspections and advice to asylum centers

## Access to health care for asylum seekers in Denmark

Age	Acute care	Elective care
Adults	Like Danish adults	<p>Pain relief, maternity care, and treatment that is: necessary, has to be treated within a short time limit or if untreated with a risk of leading to a chronic condition</p> <p>Routine vaccinations like Danish adults: seasonal flu and as part of maternity care</p>
Children	Like Danish children	<p>Like Danish children</p> <p>Vaccinations according to the Danish childrens' vaccination programme + hep B (if under 6 years)</p>

## Medical examination offered to all asylum seekers

- Goal: medical examination within 10 days of arrival to Denmark
- Carried out at the asylum center by nurses with possible referral to a doctor
- Questionnaire screening for somatic and mental health status, focus on TB, vaccination of children, but no free vaccinations offered routinely to adults
- Approximately ?% of asylum seekers accept the medical examination
- The examination is documented in a patient journal – an electronic patient journal is being implemented
- The patient journal can be transferred to the person's future GP if asylum is granted



What are the challenges?

# Challenges

## *At the asylum center:*

- Not all (how many?) asylum seekers are being medically examined, including vaccinations of children
- Routine vaccination of adults only offered as seasonal influenza vaccination of risk groups – there is not an offer of e.g. (updated) polio vaccination of asylum seekers from Afghanistan/Pakistan
- Primary focus on somatic illness – not many referral possibilities for mental conditions
- Lack of : data collection, submission of data to registries and overview of health status at group level

# Challenges

## *At system level:*

- Immigration authorities responsible – e.g. separated from the normal systems for data flow and communication in the health sector
- Patient id at asylum center plus ad hoc patient ids at each contact with regional health care – difficult to follow the persons contacts with the regional health sector
- Risk of missing hand-over of health information from asylum center to municipality/GP if asylum is granted
- Difficult to monitor the health and vaccination status of asylum seekers as well as their use of the health care sector

## Activities by the Danish Health Authority

- Advice to immigration authorities on content of medical examination at asylum centers
- Status reports on the health care offered to asylum seekers based on information from the immigration authorities
- Update of national recommendations on hygiene standards in asylum centers
- In close contact with the public health medical officers on call at the asylum centers
- Advice to government, regions, municipalities, GPs, asylum centers etc. on health needs and risk profile of immigrants and asylum seekers – e.g. the need for a focus on vaccination status, antibiotic resistant microorganisms, TB, psychotraumatology, vulnerable groups (e.g. pregnant women and unaccompanied minors)