

# ***Closing MR Immunity Gaps Experiences from the Regions***

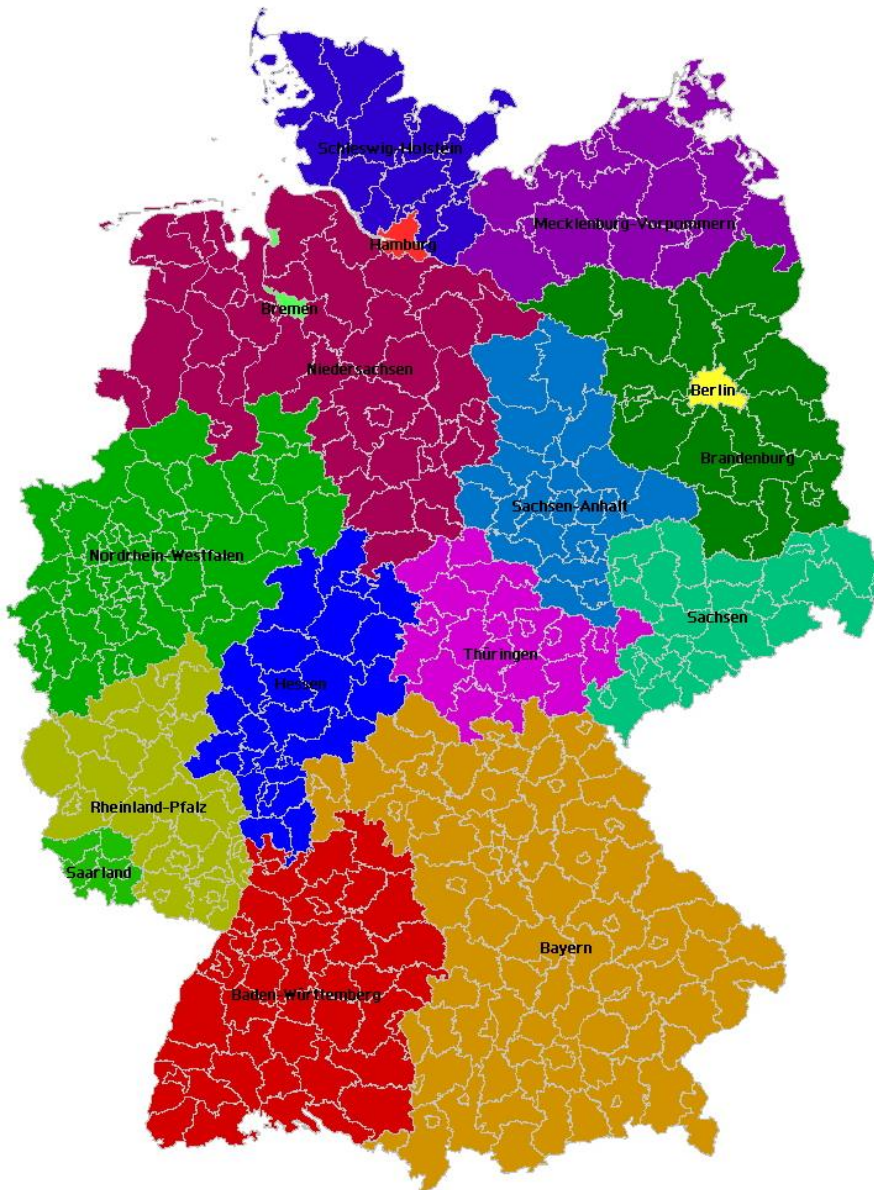
## ***Germany***

## ***Migrants and Health Care Workers***



Sabine Reiter, Federal Ministry of Health,  
Siena 10-11 May 2016

# Structure of german health care system

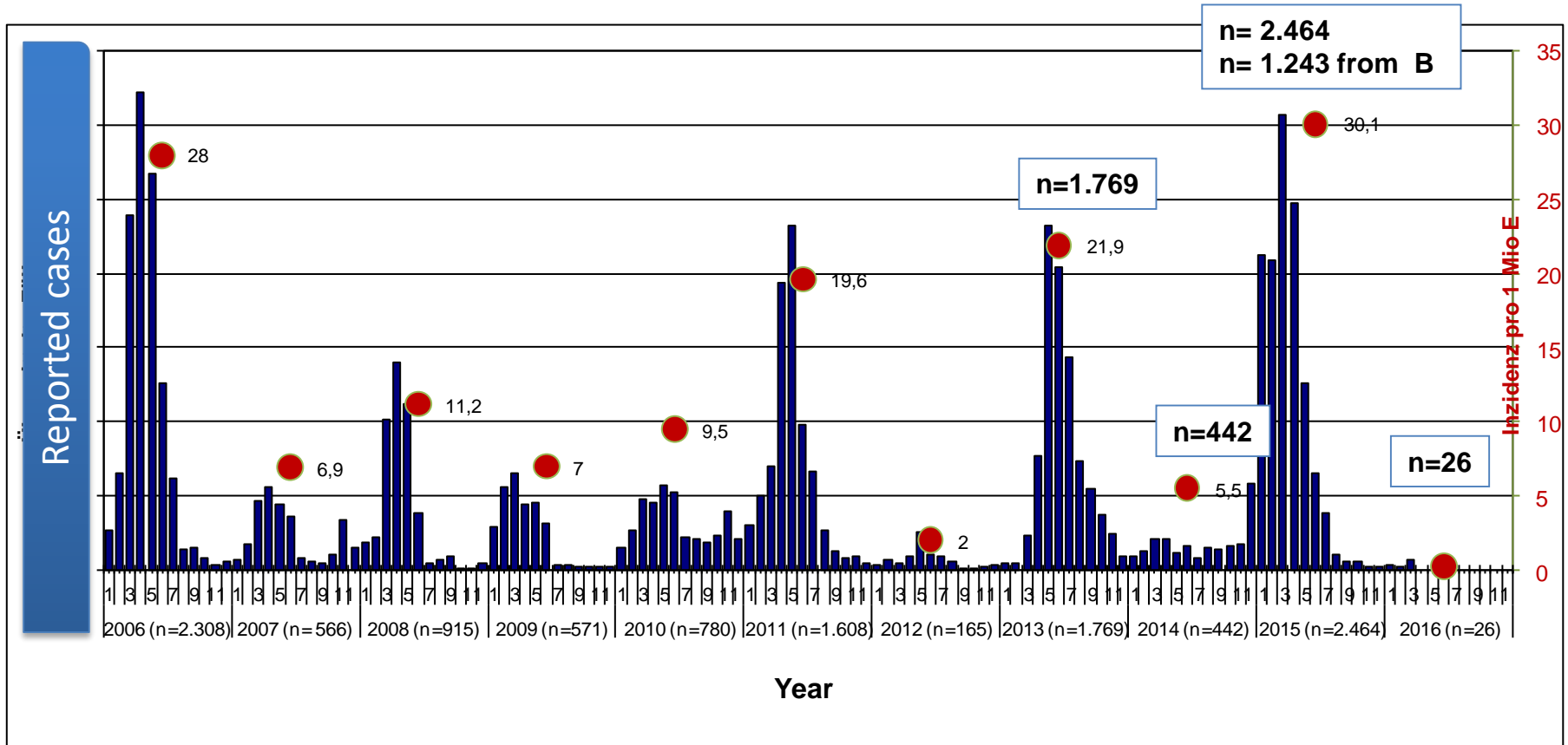


- 80,9 million inhabitants (2014)
- 16 federal states (Länder)  
**responsible for medical care for asylum seekers**
- 394 administrative districts (pop.: 35.000-1.7 mill.)
- 1 public health department per district
- highly decentralized health care system

# Immunization system in Germany

- Immunization on a voluntary basis
- 90% of vaccines given by private physicians: key role
- Recommended vaccines are free of charge
- Compensation by the Länder in case of an AEFI
- 1999: National Measles Elimination Programme, update 2015
- 2001: Protection against Infection Act (IfSG)  
strengthened role of prevention and vaccination
  - ➔ Measles became notifiable disease, postnatal rubella in 2013

# Measles Epidemiology: Germany, 2006-2016, Data of RKI (31.03.2016)





# Migration in Germany: data

- Migration background in Germany: 20% of pop.
- 33% of newborns have parents with migration background
- Average age: 35,4 yrs. (46,8)
- 36% are from Turkey, many from Spain, Greece, Italy, late repatriates
- Asylum seeker  
2015: **1.091.894**  
2016: **189.688** (2.5.2016)
- TOP 5 of country of origin  
2016:
  - Syria, Iraq, Afghanistan, Iran, Pakistan
- Registered application for asylum 2015: **476.649** ↗ **135%**  
2016: **181.405**
- 2016: 70% of registered Asylumseeker < 30 yrs.,  
75% male
- unattended underaged: **67.776**



# Asylum seekers

## - Challenges and strategies -

- not only a humanitarian and medical challenge
- many traumatised and exhausted
- Upon arrival in reception centers: **initial mandatory screening** to exclude infectious diseases
  - TB (X-ray > 15 yrs.)
  - additional screening, vaccination and first medical examination possible
  - treatment of ill people and pregnant women
- No medical insurance in the first 15 months but medical treatment vouchers or electronic health care card for acute illness



# Asylum seekers - Infectious diseases -

- no representative data
- notifiable diseases: since September 2015 the status ‚asylum-seeker‘ can be reported additionally to RKI
- most frequent diseases are varicella, tuberculosis, Hepatitis B, Noro- and Rotavirusinfections and influenza
- Several outbreaks of Hepatitis A and varicella,
- only single cases of severe imported diseases
  
- Most infections could be prevented by basic hygiene and vaccination
- No increased risk for general population



# Asylum seekers and vaccination

- new: entitled to receive the same vaccines as german population:
- ,To close immunization gaps asylumseeker should be offered early, routinely and actively vaccines to complete their vaccination status.' (§ 4 AsylbLG)
- problem: no vaccination cards or data of immunity gaps





# Concept for early vaccination by RKI and STIKO

## Basic offer for unimmunised or with unclear status

- children < 13 yrs:  
MMR-V, DTaP-IPV-HiB-HBV
  - children > 13 yrs and adults >1970:  
MMR, Tdap-IPV
  - adults <1970:  
Tdap-IPV
  - Influenza for adults > 60 yrs., pregnant woman,  
chronically ill
  - Optional: influenza for all
- In case of vaccine shortage: **children first**



# Information policy

- Health Guide by MoH in 5 languages with information about health care in Germany
- RKI vaccination schedules and information materials in 20 languages
- Information about infectious diseases

## Problem:

- no representative data about implementation of recommendations in federal states
- no systematic recording of administered doses
- 2/2016 recording in central register for asylum seekers



# Manifold tasks for Public Health Services

توجه! مسمومیت با قارچ!



Warning before toxic  
mushrooms (death cap)  
in different languages

در حال حاضر بیش از 30 بیماری تهدید کننده زندگی  
توسط قارچ قاتل در میان پناهندگان

پزشکان آلمانی در برابر چیدن قارچ برای مصرف هشدار می دهند. در روزهای اخیر، تا به حال با مسمومیت های قارچی تهدید کننده زندگی به تنهایی در هانوفر بیش از 30 پناهنده درمان می شود. دلیل این کار این است که گونه قارچ سمی در آلمان، شبیه به قارچ خوراکی را از دیگر نقاط جهان تا جهل، مانند **toadstools** زیادی وجود دارد. نتیجه این است که فقط پناهندگان از بسیار خطرناک جمع آوری کند. از آنجا که این قارچ هیچ طعم و مزه مواد **Knollenblätterpilz** دافع و اولین علائم پس از چند ساعت رخ می دهد، به خصوص خطر بزرگ است.

بنابراین، مشاوره فوری ما:



# Health care workers

- Measles vaccination recommend by STIKO
- Vaccine free of charge
- No representative data about coverage and attitude
- Special target group in Action Plan
- National Prevention Act 2015:
  - more vaccination by company doctors
  - employer is allowed to get information about vaccination status
  - information campaigns planned

Thank you very much for your  
attention !!!

