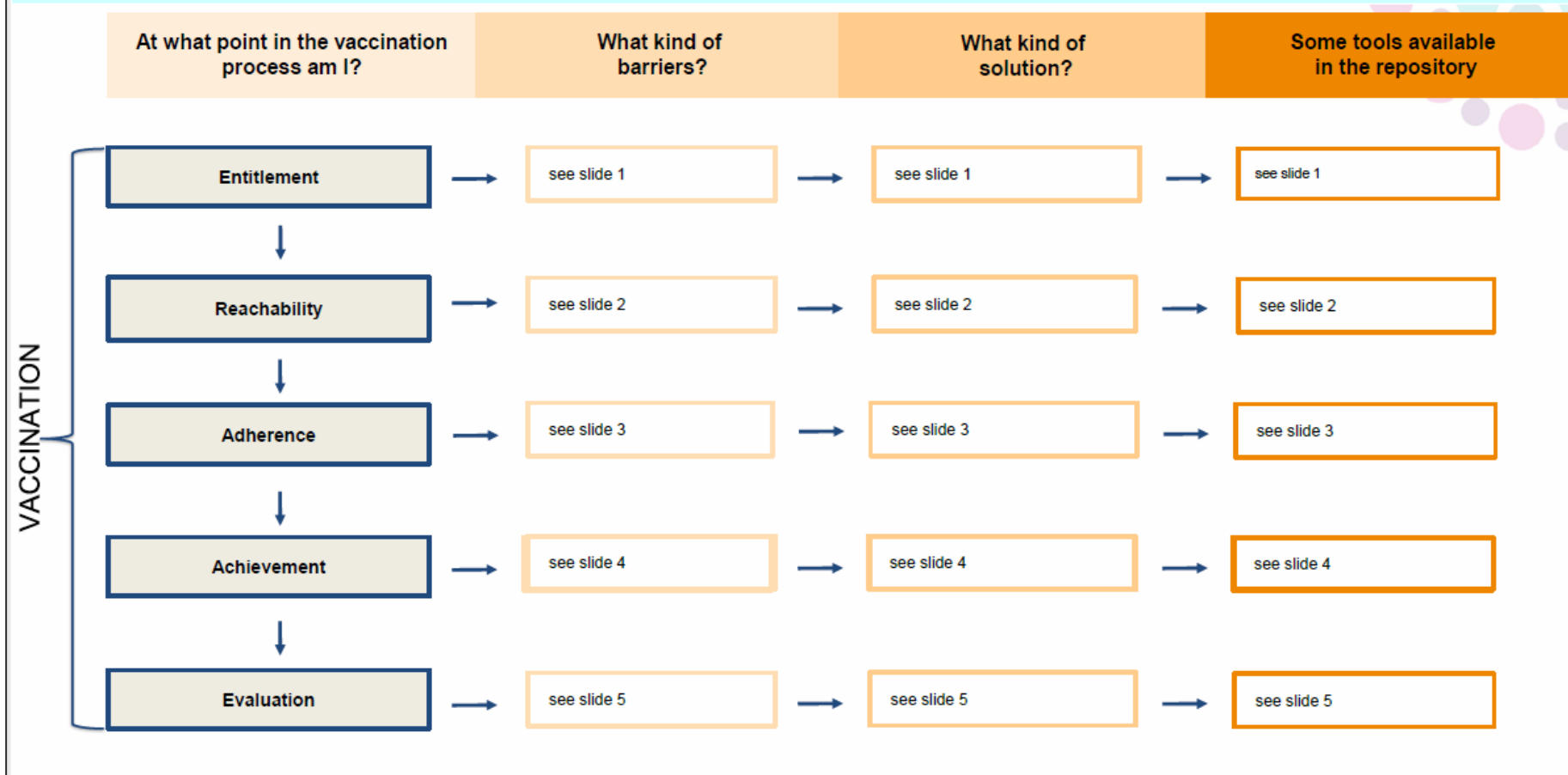


## FLOW CHART FOR EFFECTIVE VACCINATION OF MIGRANTS/NAMs (newly arrived migrants)- Italy

This is a country-specific action-oriented flow chart to overcome system barriers to effective migrant/NAMs vaccination.

The target: health professionals working with migrants/NAMs in the context of Local Health Unit (LHU)/Vaccine Service at local level.

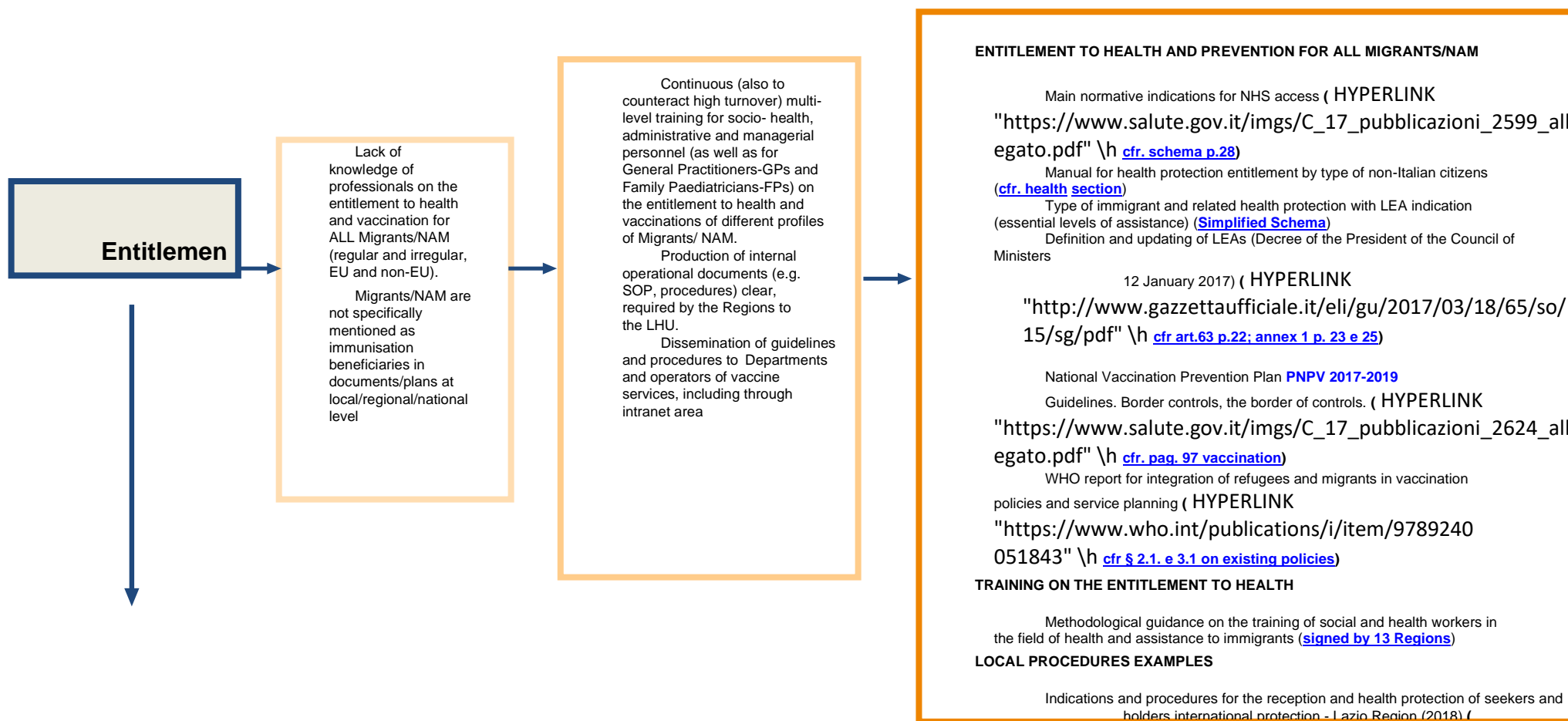


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| At what point in the vaccination process am I? | What kind of barriers? | What kind of solution? | Some tools available in the repository |
|--|------------------------|------------------------|--|
|--|------------------------|------------------------|--|



At what point in the vaccination process am I?

What kind of barriers?

What kind of solution?

Some tools available in the repository

Reachability

Incomplete and outdated data sources (list of persons to be vaccinated):  
not updated with new residents or family reunifications  
incomplete due to lack of:  
foreigners without residence (including persons in Reception Centres)  
residents in another Region but domiciled in that of the vaccination centre (not registered in the health register)  
Lack of migrant/NAM recovery lists outside the vaccination age  
Weakness of strategies to reach migrants/NAM:  
Difficulties in active calling/promotion with migrants/NAM  
Inability to send the invitation letter (address missing or not updated) or to formulate it in a language suitable for the active call

Engage health managers to improve data sources (update, align/match...):  
Frequent alignment with the municipal registers to recover new residents  
Creation of a continuous and informative link (unidirectional to avoid fear of signalling) of the joints that depend on the Min. Interior (prefectures) with those of the National Health System (NHS)/LHU  
Creation of a continuous and informative link between the LHU and the Reception Centres  
Improve cooperation between different levels and sectors to promote a multi-factorial approach to reach migrants/NAM and intercept those outside the vaccination age (beyond school enrollment):  
Linkage with the General Practitioner (GPs)  
Linkage with the FPs (also to intercept parents)  
Linkage with Temporarily Present Foreigners (STP) clinics  
Linkage with Family Planning Units  
Linkage with Hospitals (birth points, ... )  
Linkage with Single Access Point (LHU and Municipalities)  
Linkage with local Non-Governmental Organizations (NGOs)  
Linkage with other subjects intercepting migrants/NAM (eg: work)  
Promote the active involvement/collaboration of foreign communities present in the territory to reach migrants/ NAM not present in the vaccine lists  
Train all professionals to strengthen strategies and capabilities to reach migrants/NAM  
Translate the letter used for the active call (at least in English/French/Spanish/Arabic)  
Strengthen and enhance the operational units carrying out proximity actions by LHU

#### RECEPTION CENTRES

[Immigration centres](#)  
[Network of local authorities of the SAJ](#)  
(Reception and integration system)  
[Maps of the reception centres](#)

#### RECOVERY OF DEFAULTING MINORS

[Circular of the Ministry of Health](#) for the recovery of defaulting minors

#### TRAINING OF HEALTH PROFESSIONALS

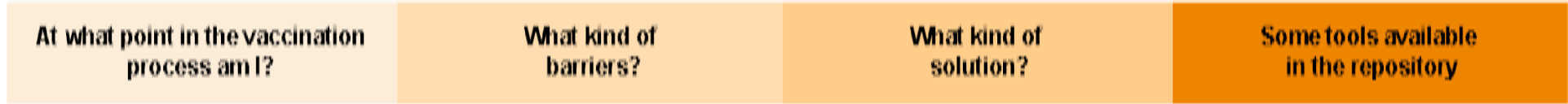
Tool for healthcare personnel, in particular GPs and FPs ( **HYPERLINK** "<http://www.promovax.eu/index.php/promovax/toolkits/too1>" \h [Promovax toolkit](#))

#### TRANSLATIONS

Vaccination campaign COVID-19 inclusive of migrant populations/NAM (awareness raising, proximity medicine and community participation) [promoted by an NGO](#)  
[Outreach and proximity medicine programmes](#) in the GPs network  
[PartecipAzione project](#), [Network of refugee associations Platform](#) for the translation of documents

#### LOCAL EXAMPLES OF GOOD PRACTICE

Vaccination campaign COVID-19 inclusive of migrant populations/NAM (awareness raising, proximity medicine and community participation) [HYPERLINK](#) "<https://intersos.org/wp-content/uploads/2023/05/Accesso-ai->



**At what point in the vaccination process am I?**

**What kind of barriers?**

**What kind of solution?**

**Some tools available in the repository**

**Adherence**

Weakness of health promotion strategies towards migrants/NAM

Weakness in delivering vaccines to migrants/NAM in a culturally sensitive way:

- Lack of a competent approach
- Lack of translated materials/websites
- Lack of cultural mediation

Weakness of communication and relational skills of professionals in offering vaccinations (correct and adequate information to counter misinformation, beliefs, fears, low perception of the importance of vaccines)

Poor availability and circulation of information for migrants/NAM on rights and access to vaccination.

Reduced development of proximity strategies for vaccination offer (awareness and network approach)

Planning of the health promotion campaign on the basis of the migrant/NAM population on the territory, including cultural-linguistic mediation services and multilingual materials

Training for practitioners, including cultural language mediators, on:

- profile, health needs and access to migrants/NAM services on the territory
- hesitation
- promotion and community engagement

Include migrant communities to promote vaccinations and vaccination offer

Improve the link with GPs and FPs for the promotion of vaccination throughout the household (children, parents and grandparents).

Make all services (in contact with migrants/NAM) able to provide correct information on vaccination paths (addresses, necessary documents, reservation...).

Health promotion campaign at community level (school, market, etc.) and in cooperation with other areas (adult schools, Italian language courses, cultural and religious centres, associations of farm workers, etc...)

Promoting the empowerment of migrants/NAM on their rights

**INFORMATION ON VACCINATIONS TRANSLATED INTO LANGUAGES**

AcToVax4NAM Glossary of Essential Terms on Vaccination (will be inserted shortly)

SARS-CoV-2 and COVID-19: [some translations for the foreign population](#)

Information "[Vaccination: what it is and what it is used for](#)" in 8 languages, with translation subjected to cultural and linguistic validation in order to ensure effective information aimed at a conscious adherence to the prevention proposal

Booklet on vaccinations during childhood translated into 8 languages - "[It's never too early](#)"

Booklet on vaccination translated into 12 languages - "

**HYPERLINK**

"<http://www.promovax.eu/index.php/promovax/toolkits/too2>" \h [Promovax toolkit for migrants](#)"

**TRAINING FOR THE PERSONNEL**

Tool for healthcare personnel, in particular GPs and FPs - "**HYPERLINK**

"<http://www.promovax.eu/index.php/promovax/toolkits/too1>" \h [Promovax toolkit for health professionals](#)"

AcToVax4NAM Training(will be inserted shortly)

[Footprints](#) - National Format for the elaboration of Regional Coordination Plans on the Health of the Immigrant Population

EDUVAC Course for the vaccine skills ([module on migrants](#))

Course and multimedia game "[All about vaccines in simple words](#)"

Educational resource to link vaccine opposition to underlying [psychological processes](#), [religious concerns](#), [distrust](#) and [moral concerns](#)

[Practical guide](#) for programmers and communicators in public health to increase confidence in vaccination

WHO Report on Integrating Refugees and Migrants into Vaccination

Policies and Service Planning (**HYPERLINK**

"<https://www.who.int/publications/i/item/9789240051843>" \h [of § 2.2. - 2.3. - 3.2 - 3.3. on existing barriers and good policy practice](#))

"Motivational-interviewing approach" based on evidence and culturally sensitive:

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

<https://psychwire.com/motivational-interviewing/addressing-vaccine-hesitancy>

<https://www.canvax.ca/canvax-webinar-series>

"[How to Tailor COVID-19 Vaccine Information to Your Specific Audience](#)"

**CORRECT INFORMATION TO PROMOTE VACCINATIONS AND COUNTERACT MISINFORMATION**

**At what point in the vaccination process am I?**

**What kind of barriers?**

**What kind of solution?**

**Some tools available in the repository**

**Achievements**

The vaccination services are most often organized in strict and inflexible ways (hours and days of reception to the public, access to reservations)

Difficulty in checking the vaccination status due to lack or difficulty in interpreting the documentation or because the vaccines made in the countries of origin are not recognized

Weakness in the ability to communicate the need to repeat vaccinations/booster doses and to inform about possible adverse events

Difficulty in registering additional/booster doses for migrants/NAM not enrolled in NHS (e.g. STP, European Person not Registered with the National Health Service - ENI, Owner of temporary Social Security Number - CF)

Difficulties in securing additional/booster doses for migrants/NAM:  
moving between Regions/PP.AA  
moving between countries

Production of detailed procedures on the entire vaccination cycle and dissemination to operators of vaccine services, including through intranet area

Improving access to vaccinations:

Extending days and time slots

facilitate reservation systems (also for migrants/NAM without CF)

Set up a multidisciplinary team in vaccination centres (including social workers for the Social Secretariat)

Set up local clinics, temporary hubs, mobile clinics, decentralized vaccination centres

Allow the provision of STP code at the vaccine service

Organise vaccination programmes with the support of local migrant communities and third sector organisations

Set up the accompaniment from the reception centres to the vaccine services

For the phase of vaccination history and consent collection for migrants/NAM (e.g. verification of vaccination status, vaccines carried out in the country of origin, linguistic difficulties):

Broaden time and staff (including linguistic-cultural mediators)

make available a database with names of vaccines in the world

make available information sheet and consent in languages

Training professionals with respect to specific communication and relational skills in the vaccine field

Develop modalities for recording additional/booster doses for migrants/NAM not enrolled in NHS (e.g. STP, ENI, temporary CF)

Complete implementation of the National Register of Vaccines (ANV) for the flow of information between Regions/PP.AA.

Facilitate additional doses between countries through:

Make available a tool for comparison between vaccine calendars of EU countries

Prepare the vaccination certificate also in other languages (on the example of GreenPass)

**ACCESS PROCEDURES**

Indications to facilitate COVID-19 vaccination in migrant populations ( [HYPERLINK](#)

"[https://www.iss.it/rapporti-covid-19/-/asset\\_publisher/btw1J82wtYzH/content/id/5790304](https://www.iss.it/rapporti-covid-19/-/asset_publisher/btw1J82wtYzH/content/id/5790304)" \h [cfr. pag 15-21](#))

**HISTORY OF VACCINATION**

WHO Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine ( [HYPERLINK](#) "<https://apps.who.int/iris/handle/10665/353409>" \h [see annexes with model cards and pp.32-34 translation vaccines into Ukrainian](#))

[Translation of vaccine-preventable diseases into 17 languages](#)  
[Vaccine information sheets translated into 47 languages](#)  
[Example of translated informed consent \(English\)](#)

**TRAINING FOR PROFESSIONALS**

At what point in the vaccination process am I?

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Evaluation

(Reachability) Lack of estimates of groups of migrants/NAM (e.g. age, nationality) who do not benefit from vaccination.  
(Reachability) Lack of monitoring of the mode and ability of the system to reach migrants/NAM.  
(Adherence to the offer) Lack of estimates of vaccine hesitation and refusal (and related determinants) among migrants/NAM.  
(Achievement of vaccination) Difficulties in the assessment of vaccination coverage among migrants/NAM:  
Lack of a local/regional/national denominator for migrants/NAM  
Lack of linkage between regional denominators (to overcome inter-regional mobility),  
Heterogeneity in migrant/NAM identification variables between numerator and denominator (e.g. citizenship versus country of birth);  
Incompleteness of the identification variables of vaccinated migrants/NAM reported in the ANV (e.g. variable "citizenship" for vaccinated with COVID-19 vaccines it was only 45% complete, so use of the foreign "country of birth" by the CF which includes Italians born abroad and excludes STP and ENI and temporary CF);  
Lack of connection in the registration of additional/booster doses for migrants/NAM not enrolled in the NHS in possession of temporary codes (e.g. STP, ENI, temporary CF).

(Reachability) Carrying out exploratory surveys/focus groups to know the groups that do not benefit from vaccination, including obstacles and determinants  
(Reachability) Activation of a monitoring, also of a qualitative type, of the modality and ability of the system to reach the migrants/NAM, inclusive of the obstacles and determinants  
(Adherence to the offer) Activation of a study / monitoring / surveillance of vaccine hesitation and refusal among migrants/NAM, including obstacles and determinants  
(Achievement of vaccination) Routinely conduct analysis of vaccination coverage for migrants/NAM  
Strengthen local cooperation (e.g. municipal registry; prefectures) to improve the quality and completeness of the data collected for the denominator and their transmission at regional and national level  
Alignment of local databases with regional and national ones (file format, paper deletion)  
Dialogue with the Ministry of Health to define the mandatory filing of variables identifying migrants/NAM already present in the ANV (ad. es citizenship) and the introduction of the other variables of migration status recommended by the WHO (country of birth, country of birth of parents, years of stay in Italy)  
Develop modalities and possibilities for recording additional/booster doses for migrants/NAM not enrolled in NHS (e.g. STP, ENI, temporary CF)  
Training on:  
ANV  
Stratified analysis for migrants/NAM

**AD HOC INVESTIGATIONS**  
[Survey on the readiness to vaccinate against COVID-19 by persons housed in reception centres/facilities in Italy](#)  
[WHO Guide for surveys with collection and use of behavioural data and social determinants of vaccinations](#)

**ROUTINE DATA COLLECTION**  
WHO report for integration of refugees and migrants in vaccination policies and service planning ( **HYPERLINK** "https://www.who.int/publications/i/item/9789240051843" \h see [page 58 on data collection for monitoring](#))  
[Establishment of the National Register of Vaccines](#)  
[Data transmission specifications and manuals of the National Register of Vaccines \(ANV\)](#)



Other tools at:  
<https://tools.accesstovaccination4nam.eu/>