

Participant Quotes

This supplementary file contains quotes of participants interviewed in this research study to reflect and illustrate the main findings. The below quotes are categorized by the nine themes described in the Results section of the paper.

Childhood Immunization Programme

“But children really have good program here - the health centres are good in providing vaccinations.”

“But in the childhood vaccination program, it is written in the law that there is only one solution and that is that the public health nurses in the helsestasjon... the place where you go with small children... that is a special system for small children and school children... and there in that program they do not have any choice in how to organize it, it should always be that.”

“But all children are really well covered within the school health system, or before school age within the ‘helsestasjon’ - our health stations. So the children, I am not really worried about.”

“Children don’t have problem [to access vaccinations]”

“For children, it is all free - up to 20 years old now.”

“The adults don’t always get it for free, but the children do.”

Vaccine Coverage & Uptake Among Migrants

“Vaccine hesitancy: it is a very big issue in all countries- the WHO has said it is one of the biggest health threats globally. In Norway for the time being, we are quite lucky, there is high coverage.”

“But that is normally Norwegians, or maybe some from Europe [that reject getting vaccinations], but very rare. But migrant populations, they say yes to everything. They come from countries that don’t have so many vaccines, and they think it is very good... they want everything, vaccines, if we recommend it... but it’s not so many Norwegians either who don’t want the vaccine.”

“I think the refugees and others who come here they take all the vaccination. They say yes because it is free. You can say no, but everyone says yes. They want to have it.”

“Refugees are very eager to get anything. They think they are possibly not well covered by vaccines so unsure.”

“Children are supposed get vaccines except when parents say no, but that is very uncommon.”

Lack of Data on Migrant Vaccination Coverage

"I should be careful with assuming... maybe low uptake is not a problem, but we also have a big group of X [Internal EU] immigrants in Norway with some indications from other countries of low uptake. But it's hard to say if it is an issue in Norway; we don't know."

"No, we don't have data on vaccine coverage of migrants... But maybe we will go closer on that. I do not have any facts right now to give you that show that those people from those countries don't vaccinate as much as Norwegians."

"My impression is that they are well covered, but maybe not. Hard to know without information."

Organization and Coordination of Vaccination for Adult Migrants

[Are there enough vaccine guidelines for health care providers?] "I think so, it makes sense... it is enough and good guidelines. It is a very big privilege to live in and be a migrant in Norway; they have a very good healthcare system, especially the children."

"In Norway, we are almost all, except for the childhood vaccination program, the law says that the municipalities or those that are in charge locally, they can decide what is the best way to do it locally. So that means that there for vaccination in general in Norway, there are a lot of different places to get it."

"There is no organized nor standardized guideline in terms of follow up for adult migrants, but the rule is that they should be offered. And it is really hard to document or transmit information on whether they were offered this already or not when it comes to refugees and asylum seekers."

"But we risk having adults who do not have proper vaccination coverage... But I have come in contact with working immigrants that have lacked BCG for TB, and that was through the school health system that I came across a child that didn't have it, parents don't have it either, so referred them all to vaccine...so there are ways of catching it up somehow."

"But the organization of it is not always good enough. It's always.. I get a feeling that its like you think it is someone else's responsibility. Nurses and health workers are used to this being dealt with in childhood, they are not used to asking adults whether they need vaccination so its not something that is worked into their routines. So that why the migration health - if the municipality has someone working with migration health - this is obviously something on the top of our mind, but not anybody else's. So we try to catch up the ones that are at risk, but I try to ask everyone children and adults whether they've gotten and offer MMR for vaccines when they come. But then I also am afraid that the vulnerable groups that should be offered often don't get an offer. Then again vaccines are not at the top of our heads so yeah, so those ones are sometimes lost."

"We need better routines and better documentation...it's a lot of detective work to call and find out what it was, and when, and whether they need a follow up."

"I really really would like to see an overall mandated common guidelines, common rules and regulations for the municipalities in terms of how they organize their migrant health. Right now it is all in the form of advice and suggestions, which they are obviously free to interpret in their own way. And I have talked to people at X who totally agree... It has made all kinds of organization and coordinating very difficult."

“When you arrive in Norway, you go to the police station, ..., and then we get the message from police or the office you have been to. Then I will tell the patients to come here and we will check what vaccinations they have from home country. Not every community in Norway does this because they don't have the time to do this. Not every municipality has a migration health station.”

[The process in place to ensure that adult migrants obtain proper vaccination upon arrival to Norway]: “It is complicated. It is quite easy and orderly when it comes to refugees - or it should be, seeing as they have the reception centre - it is a big reception center where all asylum seekers and quota refugees should come through upon arrival in Norway. And they have set regulations – for example, supposed to give MMR to anyone under 15 years of age and offer MMR to those over 15 who haven't had the diseases before. They are also supposed to offer polio vaccine to adult refugees I believe. These guidelines are from NIPH. Hepatitis B vaccine is supposed to be initiated or offered to those in risk groups. So those three - MMR, polio, hepatitis B should be offered. Then it comes to where they are moved to after. So this is where we run into problems. For refugees, did they get that vaccine or not. Hep B is a three dose vaccine over a year so it is important information is transferred. Multiple times have had to call did they get the vaccine, not in documents, didn't receive documents. This depends on which municipality they come to - what the different processes and guidelines are.”

“So the children, I am not really worried about. It is the adults... that supposed to be offered vaccination... I have seen that it hasn't been offered due to time restraints or logistical issues - they go quickly through the system. And tuberculosis is the main priority, and vaccination is second and gets lost in process.”

“No challenges [with policies]”.

“It is the adults that are more complicated in terms of that. So they just give advice or suggestions - how it should be done; has what the suggestions are in terms of how to arrange healthcare for refugees and asylum seekers, newly arrived peoples in Norway. And there is says they should be offered MMR to those below 15 (years of age), and possibly polio, etc. So they really should be offered but how the municipalities set that up is not mandated anywhere.”

“They have a lot of guidelines, very specific, so that nurses can do them on their own.”

“But to the clinicians in hospitals and public health doctors in municipalities, there are some guidelines about communicable diseases, but they are not obligated to follow them. I think it's expected that they are following the advice, even if they are not obligated.”

Priorities in Infectious Disease Control

“Nurses and health workers are used to this being dealt with in childhood, they are not used to asking adults whether they need vaccination so its not something that is worked into their routines. So that is why the migration health - if the municipality has someone working with migration health - this is obviously something on the top of our mind, but not anybody else's.”

“And tuberculosis is the main priority, and vaccination is second and gets lost in process.”

“For refugees and asylum seekers, those that come through reception centre, the guidelines are different depending on age and where they come from. And this is followed up by municipalities to which they are sent to. This is strong law controlled. This is an absolute necessity that places

need to follow up on, and this is in quite a good order now... So for refugees this is very set in stone. If they come to this municipality they get a follow-up on tuberculosis... including for vaccinations here.”

“Migrant that has gotten allowance to stay... We get contact information that police has and we are supposed to see which country they come from and we are in charge of TB check. They also should be able to access a full health check and vaccine history, which is not always available due to financial and time constraints in the municipalities where we prioritize refugees that are coming from high risk countries needing TB check.”

“Public health nurses get info from the police, a letter, when there are newly arrived migrants, refugees. Then we have a list of countries that tells us whether we need to do screening for TB as it depends on age and from which country. The list and guidelines is from Norwegian Institute of Public Health. Mandatory TB screening for some.”

“Adult immigrants - police sends public health nurses a letter, then public health nurses can send the immigrant a letter for TB control, but not vaccinations - if they want it they need to pay.”

“I think it is very okay to have a system like this because we have time to check this vaccination. If you don't have this, this little [specialized] health station, then they go to normal health station and they come into a program, but they don't have time to take this vaccine interview, and then they will miss some vaccinations I think. I'm not 100% though.”

Working Migrants Vaccination Challenges

“We think that after a while we will find them in the system. So you see the difference? The refugees we know about before they come, so we can plan and others we don't know about.”

“Well... this would only be guess work by me. But I think that there is a risk for those who come for work might not have the proper vaccinations. These are usually adults, their children get picked up through the school health system, so not a big worry since these diseases are normally diseases of childhood, so I'm not really worried there. But we risk having adults who do not have proper vaccination coverage... But I have come in contact with working immigrants that have lacked BCG for example for TB, and that was through the school health system that I came across a child that didn't have it, parents don't have it either, so referred them all to vaccine...so there are ways of catching it up somehow.”

“You go to police then here, but this is only from countries with lots of tuberculosis and hepatitis B. But if you come as a working migrant, you don't have to go to the police. So they don't know about our system. They can live here half or one year before I know about them. A few weeks ago, a mother was pregnant, midwife asked her if she had been to health station with other child, and she had not. So we sent a letter to them. But refugees and family reunion migrants they need to go to the police office so we know about them and invite them here.”

“As a working migrant, yes you can, but they give 3 months then you have to renew it. I think they do go to the police, but police doesn't send us letter because they aren't allowed to tell us. That is a barrier and challenge because some people can live here for a long time before we know about them, but if a child, when they start school then we know.”

“Some of the working migrants, they have health insurance through their company and are connected to a doctor through their company - normally big IT companies that are doing this work visa thing. So those we are not very worried about it.”

“But mainly the groups that are prioritized are refugees, asylum seekers, and family reunification.”

“Because it’s not that often we do vaccination on the immigrants. It’s more like refugees that are coming directly and are going to be settled, we have to give them a set of vaccines because they often don’t have their papers. And they have been exposed to a lot of diseases in the refugee camps, but immigrants from within the EU, it is not the case.”

Financial Challenges for Migrants

“Under eighteen years, all vaccines are free. New program is that all persons up to age 25 can get vaccines for free.”

“Everything is free for child except travel vaccines.”

[Barriers to vaccination] “I think that they might not think they have the right to get it. And also it is quite expensive. For example, a tetanus shot costs 300 NOK. If you go to the doctor and they recommend the shot, then it will be more than 500. So I think many adult migrants don’t seek it because it is so expensive.”

“We have the vaccinations here. We can give it to them for free because if you are in this community, you can get this for free up to 18 years old for all migrants. If you go to a doctor though [not this specialized clinic], it is not free.”

“But sometimes it stops in the municipalities because they [asylum seekers] have to finance it themselves and they don’t get much money from the state, very little money. So many people will not prioritize to do vaccination.”

“The situation today is that [immigrants] only get some of the vaccines for free. So it would maybe help the situation if we had a program, more systematic, and have financial support and systematic communication and material. Maybe that would lift the burden.”

“If you are in this municipality, you can have this vaccination from 0 to 18 years for free.”

“No financial barriers for refugees. These are supposed to be offered free of charge.”

“Refugees get vaccines for free.”

“Refugees - they have a good system. The government helps them as they don’t have the money yet, so the government pays for them.”

“In Norway, you have to pay an amount of money when you go to your GP and then after a while, you don’t have to pay anything else. It may seem that the fee is low, but for asylum seeker, it is a

problem because they have little money, and have to choose between going to doctor or eating – it is a barrier.”

Education for Healthcare Providers on Migrant Health

“It is very necessary to build up capacity to deal with these immigrant patients at all levels, including primary care. To increase our knowledge and awareness, like cultural competence, cultural humility. Up to now, we have not had that in the curriculum, but in the society in which we live, it is not defensible anymore to continue this way.”

“Very rarely I know nurses going to them.”

“Yes, [we have optional courses]. But I think we should have more of this.”

“You go if you want to, not mandatory.”

“Not my area of expertise, but from my education, there is not much of it. I think that persons working in regions with lots of migrants go do courses and extra... I don't think it's in HCP education, but not sure.”

Translators & Navigating Language Barriers

“Knowledge about entitlement and rights [is a barrier for migrants to healthcare and vaccinations] because even though all migrants, at least documented ones, they have the right to interpreter. Not everyone knows that. Sometimes they come with one, but they need to pay for the bus fare for them and now also for the interpreter. Those barriers are the ones we don't think about and are bigger than we think... they are there.”

“But of course, I would assume that language barriers, and you know you have to learn a new system, which is different from what you are used to in your home country... itself would be a barrier. This is more my impression.”

“There are many [barriers]... Of course, language, health literacy.”

“I think some patients are not taken seriously because they express themselves quite vaguely. Maybe they don't have the language.”

[Availability of Translators] “I'm not sure, but in many cases they are obligated to use translators. Because the professionals are responsible that the patient understood what they said. I think they use it, but not sure - not sure how much.”

[Availability of Translators] “It is a bit complicated because you need to know in advance what language and then you have to book them by telephone... in a small town, you don't have all the languages there, certified translators. So we need to call a booking company. And quite often we need to do this, but not so often that we do. We are obliged by law to do. But if there are refugees, they bring interpreter... it is organized by someone else... integration service.”

“We are obliged to use translators anywhere we believe that the capacity... obliged to give info in a way that is understandable to the patient. This is for anyone in healthcare system, so also

mandated within migration health system. It is more and more being used, I think previously we were really weak - using children or anyone else as translators, other staff members - this is no longer acceptable. A lot of municipalities do cry out about the cost of this but it is a responsibility we have and we need to use money to do this. Without hesitation I get a translator for all of my meetings and I think most do that. A lot of refugees when making appointments within the regular health care system aren't always aware of their right to a translator so sometimes they wouldn't go to the doctor or wouldn't tell the receptionist that they need a translator which leads to worse quality of care."

"There are several issues. One is that we lack enough translators with high enough quality, but that's the less of the problem. Very big one is that even though patients are entitled, patients do not know. Health care providers are not clear about this, and even if they know, they find it complicated to manage, especially those who do not have many immigrants as their patients. They are find it as a burden - taking time, don't know where to phone, don't feel comfortable using this interpreters either - third person in the room. They are not taught how to manage. This is something to address in the curriculum - how to address the situation when you have interpreter. Not very difficult, but you have to know how to do it."