53.2% of respondents believe refugee and/or immigrant students in their school(s) are missing required vaccinations, but only 8% responded they have experienced vaccine hesitancy within a specific refugee or immigrant population. This points to challenges with other issues such as those highlighted in the following tables.

**KEY FINDINGS**

Barriers to vaccine uptake and meeting school vaccine requirements among refugee & immigrant students are primarily related to factors other than vaccine hesitancy/refusal. Language barriers are especially significant.

**School Health Experience with Vaccine Compliance and Hesitancy Among Refugee and Immigrant Students**

**Top Refugee & Immigrant Family Barriers from the School Health Personnel Experience & Perspective**

- Not aware of vaccine requirements: 71%
- Language barriers: 66%
- Lack of vaccination documentation: 62%

**Least reported barriers** include concerns over vaccine safety and lack of trust in providers and healthcare system.

**Barriers Most Often Faced by School Health Personnel in Ensuring Vaccination Compliance Among Refugee & Immigrant Students**

- Incomplete vaccine records: 83%
- Access to vaccine records: 74%
- Language barriers: 73%

**Least reported barriers** include vaccine hesitancy and being unsure where to refer students for follow up vaccines.

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**Identifying Challenges & Current Practices to Support School Health Personnel**

The Colorado Children’s Immunization Coalition (CCIC) formed the **Colorado Refugee and Immigrant Immunization Task Force** to identify and address barriers to immunization delivery and uptake among refugee and immigrant populations across the state. This Task Force, made up of resettlement professionals, healthcare providers, school health professionals, and others identified a need to support schools in ensuring refugee and immigrant students are up to date on school-required vaccinations.

The Task Force developed a survey and delivered it to school health personnel through Colorado's school nurse listserv. The purpose of this survey was to learn more about the challenges school nurses and health staff face in ensuring immigrant and refugee students meet school vaccine requirements, as well as current practices and/or needs for enhanced support, education and/or resources to address these obstacles. The survey findings summarized here will be used to inform future immunization outreach and/or education efforts.

**RESPONDENTS**

- 192 respondents
- Primarily school nurses (85%) and other school health personnel
- Caring for children and students from all age groups, ranging from child care through high school
- Statewide representation from over 35 counties, with the majority of respondents concentrated in counties with the largest numbers of refugee and immigrant students

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**October 2018**
KEY FINDINGS (CONTINUED)

Most respondents agree that their school’s immunization policies ensure refugee and/or immigrant students are up to date (UTD) on vaccinations, but just over 20% do not agree, often citing compliance and enforcement challenges.

Top 3 Resources Respondents Rely on to Address Problems Ensuring UTD Status
1. Colorado Immunization Information System (CIIS) (66.5%)
2. Local Health Department (62.5%)
3. Student’s Health Care Provider (42.9%)

Successful Communication Methods
Phone calls in native language and then letters sent home in native language were reported as the top two most successful type of communication methods successful in getting students up to date on vaccinations.

Most Beneficial Resources
1. Language Support (59.7%)
2. Referral Resources in Multiple Languages, i.e. where to access vaccines (58.5%)
3. Resources for Parents (56.3%)

TAKEAWAYS & FUTURE DIRECTION

- This survey serves as an important step to inform capacity building to protect public health and prevent negative consequences such as potential school exclusion among an already vulnerable population.

- Barriers to vaccine uptake and meeting school vaccine requirements among refugee and immigrant students are primarily related to factors other than vaccine hesitancy and refusal.

- Resources and services are available for school health personnel to enhance language support, vaccine access, record keeping and documentation through collaboration with local public health, school-based health and immunization clinics and resettlement agencies.

- It is important for school health personnel to inquire about a medical home and to be aware that refugees receive initial vaccinations at a medical screening when they arrive to the U.S.

- Cultural context and health equity are important considerations when providing services, resources and referrals for all students.

- Immunization data will be analyzed further to identify population(s) with greatest gaps in vaccine coverage, as well as to distinguish differences between refugee and immigrant populations.

- Future research should further explore impact of barriers such as fear of deportation and legal repercussions.

Survey Respondents:

“A lot of refugee and immigrant students have their initial required immunizations but fail to continue to get subsequent immunizations to make them compliant.”

“The families of refugee and immigrant students that I have worked with were always willing to comply and get their kids up to date with the immunizations that they have needed. They typically go to a primary care provider to get it done and in a timely matter as well.”

“Most seem willing to comply with our immunization laws; it’s frustrating that clinics they go to are not up to date with the requirements and send them away without giving immunizations. If they have had laboratory work to determine titers, we are not getting that.”

MORE INFORMATION

Visit the Colorado Refugee Immunization Provider Hub for resources and guidelines at corefugeez.org.

To learn more about the Colorado Refugee Immunization Taskforce, contact ccicoffice@childrenscolorado.org.

To learn more about the Colorado Children’s Immunization Coalition, visit childrensimmunization.org.

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