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| **Exploring inequities for immunisation and vaccine-preventable diseases among migrant and refugee children in New Zealand**  |
| **Background/Objectives**Migrants and refugees generally experience immunisation inequities and a higher burden of hospitalisations related to vaccine-preventable diseases (VPDs) compared to the host population. This study explored immunisation rates and burden of VPDs between migrant and non-migrant children in New Zealand (NZ).**Methods**A retrospective cohort study was conducted that linked de-identified data collected between 2006 and 2015 from a range of government sources using Statistic NZ’s Integrated Data Infrastructure. Vaccination coverage and VPD-associated hospitalisations were compared between three cohorts of children aged up to 5 years old: foreign-born children who migrated to NZ (N=75,375); children born in NZ of recent migrant mothers (N=50,136); and a comparator group of children born in NZ to non-migrant mothers (N=567,408).**Results**Less than half of eligible foreign-born children (46%) had an enrolment or vaccination record on the National Immunisation Register compared with 95% and 96% among migrant and non-migrant NZ-born children, respectively. Foreign-born migrant children had lower age-appropriate reported vaccination rates by vaccine of interest, ethnicity and visa category compared with NZ-born children. VPD-related hospitalisation rates were higher among NZ-born non-migrant children compared to NZ-born migrant and foreign-born children. Among migrant children, low age-appropriate vaccination rates and high VPD-associated hospitalisation rates were noted among those of Pacific ethnicity and those with refugee backgrounds. **Discussion**The high rates of foreign-born children with no record of any vaccination event suggest challenges around engagement with immunisation services and/or accurate recording of vaccinations given overseas. Targeted efforts are needed to reduce immunisation inequities and high burden of VPDs experienced by those of Pacific ethnicity and those with refugee backgrounds. Since particular migrant subgroups are more vulnerable, it is important to disaggregate migrant data to improve our understanding of migrant health and reduce health inequities within NZ. With increasing international migration, it is important to monitor immunisation and VPD-associated hospitalisation rates by migrant background to inform improvements to policy and practice for wider population health benefits. **Keywords**Inequity, immunisation, vaccine-preventable disease, children, data-linking, migrant, refugee, New Zealand |