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Italian Committee for Bioethics

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***Covid - 19 vaccines
and migrants***

19th April 2022



Presidenza del Consiglio dei Ministri

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Presidenza del Consiglio dei Ministri



COVID-19 VACCINES AND MIGRANTS

19 April 2022

Presentation

The ICB addresses the issue of Covid-19 vaccination with specific reference to migrants, comprising people without stay permits, asylum seekers, refugees, displaced persons, beneficiaries of humanitarian and temporary protection, unaccompanied foreign minors. These groups of people are particularly vulnerable due to the socio-economic and cultural conditions in which they live. Their protection is difficult to ensure, given that not only the pandemic increases the importance of the factors that produce inequalities in relation to the right to health, but because it also exacerbates the socio-economic conditions, already unfavourable for certain groups, making them an evident risk factor for contagion and a social determinant in the severity of disease outcomes. In the face of the pandemic, access to treatment and care can also be particularly difficult due to inadequate understanding of administrative procedures, a lack of relational support networks, and linguistic-cultural barriers. The vulnerability of migrants has been brought to our attention even more dramatically as a result of the war in Ukraine and the consequent migratory phenomenon towards our country, particularly with reference to the elderly, women, and minors.

The ICB recommends planning on a permanent basis a Covid-19 vaccination strategy for particularly vulnerable groups, with regard to migrants, to grant them the opportunity to protect their health with the aim of protecting public health on the basis of the ethical and constitutional principles of equality and non-discrimination, justice and equity.

The opinion was drafted by Profs. Caporale, d'Avack, De Curtis, Palazzani, with contributions from Profs. Canestrari, Casonato, Dallapiccola, Da Re, Garattini, Maga, Morresi, Mori, Romano, Savarino.

The document was unanimously approved by those present, by Professors: Salvatore Amato, Carlo Caltagirone, Stefano Canestrari, Carlo Casonato, Francesco D'Agostino, Bruno Dallapiccola, Lorenzo d'Avack, Mario De Curtis, Riccardo Di Segni, Gianpaolo Donzelli, Silvio Garattini, Mariapia Garavaglia, Marianna Gensabella, Laura Palazzani, Lucio Romano, Massimo Sargiacomo, Luca Savarino.

Despite their not having the right to vote assent was given by: Dr. Carla Bernasconi, the delegate for the President of the National Federation of the Orders of Italian Veterinarians; Prof. Carlo Petrini, the delegate for the President of the National Institute of Health; Dr. Maurizio Benato, the delegate for the President of the National Federation of MDs and Dentists Colleges; Dr. Giovanni Maga, the delegate for the President of the National Research Council;

Profs. Cinzia Caporale, Maurizio Mori, Assunta Morresi, were not connected at the time of remote voting, subsequently assented.

Profs. Luisella Battaglia, Antonio Da Re, Tamar Pitch, Lucetta Scaraffia, Monica Toraldo di Francia and Grazia Zuffa, absent from the session, subsequently assented.

President of ICB

Prof. Lorenzo d'Avack

During the Covid-19 pandemic, the ICB took the opportunity to underline in the Motion *Vaccine Urgency* (12 March 2021): “It is also certain that to give everyone the opportunity to get vaccinated and avoid inequalities - in order to achieve community immunity (so-called herd immunity) - a further effort will have to be made in applying the Vaccination Plan to those categories of people who for social, economic and cultural reasons are more exposed to the risk of contagion, but are not able to easily follow the administrative procedures to access the vaccine”.

The Committee intends to clarify that these categories of persons must include those who are without stay permits, applicants for international protection, refugees, displaced persons, beneficiaries of humanitarian and temporary protection, unaccompanied foreign minors and victims of trafficking or labour exploitation¹.

For the sake of brevity, in this opinion we indicate all these categories using the expression 'migrants', considering the meaning of the term as "those who move to new locations"². These are groups of people who are particularly vulnerable given the socio-economic conditions in which they live.

Apart from the terminological clarifications and the general indication aimed at avoiding as far as possible adopting an emergency perspective in the analysis of the migratory phenomenon, the aim of this opinion is to draw attention to "health protection", a principle indicated in the Constitution as a fundamental right, that is, an asset for both the individual and the community, to be guaranteed, in its essential content and without discrimination, to anyone on national territory, regardless of whether people have entered our country legally or not, be they illegal immigrants, refugees, asylum seekers or so-called economic migrants³.

Ensuring their protection is difficult, particularly nowadays, as already highlighted by the ICB in the document *Covid-19: public health, individual freedom, social solidarity* (28 May 2020), given that not only the pandemic increases the importance of the factors that produce inequalities in relation to the right to health, but because it also exacerbates the socio-economic conditions, already unfavourable for certain groups, making them an evident risk factor for contagion and a social determinant in the severity of disease outcomes. In addition, significant critical issues involving these populations regard vaccination itself, so-called *routine* immunization, i.e., low overall vaccination coverage which in the countries of origin are at the basis of epidemic outbreaks for infectious diseases such as measles, poliomyelitis, diphtheria, tuberculosis, etc. These shortcomings could also pave the way for

¹ The ICB had already taken the opportunity to clarify in the previous document *Migration and health* (2017, pp. 7-8) some definitions which we quote: "(...) in fact, in public discourse the terms "migrant", "displaced person", "refugee", "asylum seeker" are sometimes used inappropriately. At international level, there is no unanimously recognized definition of "migrant". In general, the term applies to people who freely decide to move for reasons of personal convenience, without the intervention of external factors. According to the Treccani dictionary, the term "displaced person" applies to any "person forced to abandon his land, his country, his homeland as a result of war, political or racial persecution, or disasters such as volcanic eruptions, earthquakes, floods, etc. (in these latter cases the term "displaced" is now more common)" In international law, "refugee" is the legally recognized status of a person who has been forced to leave his country and has found refuge in a third country. The Geneva Convention defines "refugee" as "a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, as a result of such events is unable or, owing to such fear, is unwilling to return to it". "Asylum seekers" are all those who have left their country of origin and have applied for asylum in a third country but are still awaiting a decision by the competent authorities regarding the recognition of their legal status as refugees. Therefore, the category of "asylum seeker" includes people in heterogeneous situations, and the asylum application may have different outcomes."

² From the Treccani online vocabulary <https://www.treccani.it/vocabolario/migrante/>.

³ See ICB, *Migration and Health* (23 June 2017).

an additional risk, namely the likelihood of epidemic outbreaks of even vaccine-preventable diseases developing in reception facilities.

It must not be forgotten that these are population groups which may be living in marginal conditions, in inadequate housing, with inappropriate hygienic conditions or in situations of overcrowding, all these factors further increase the risk of exposure and transmission of different forms of infection. Furthermore, a lack of work, unfamiliarity with their host country's language and difficulties in accessing health services, even more relevant when combined with critical social situations, low levels of education and poor health literacy, all of which contribute to higher rates of contagion, disease severity, morbidity and mortality in these groups compared to the general reference population.

In the face of the pandemic, access to care and assistance can also be particularly difficult due to a lack of knowledge of administrative procedures, the lack of relational support networks or cultural factors⁴. With particular reference to the linguistic issue and the spread of the virus, it is an established fact that population adherence to infection control behaviours aimed at limiting contagion (from vaccination to masks, hygiene rules, restrictions on movement, etc.) depends above all on communication/training campaigns aimed at the population itself. If the information and knowledge transmitted do not take into account language barriers, the risk is that such campaigns will be ineffective. Misunderstanding or lack of understanding is in fact reflected in the adoption of incorrect behaviours that have a direct impact on the spread of the virus. For this reason, addressing the language problem is important for effective management of the epidemic as well as being directly related to the spread of the infection.

At the national level, in 2021, upon request for an opinion formulated by the Department for Civil Liberties and Immigration of the Ministry of the Interior, the Technical Scientific Committee (CTS) for pandemic management established at the Presidency of the Council of Ministers - Department of Civil Protection, recommended *inter alia* that the vaccination campaign be extended to migrants

both for "obvious humanitarian reasons" and "as a fundamental measure to protect public health", "subject to obtaining prior informed consent in a language understandable to the person concerned, or through a cultural mediator who can fully illustrate to him/her the characteristics of the proposed health treatment"⁵.

Moreover, the ICB in the opinion *Vaccines and Covid-19: ethical aspects on research, cost and distribution* (27 November 2020) pointed out that "the dissemination of information must extend throughout the whole national territory, also with 'inclusive' information and education materials, that do not exclude anyone from communication initiatives also considering people from other countries and with difficulties in understanding our language". The Committee also intervened on this issue in its opinion *Institutional communication within pandemic: bioethical aspects* (17 March 2022), underlining the importance of inclusiveness in communication.

In the Statement on COVID-19. Ethical considerations from a global perspective (2020), the Unesco International Bioethics Committee and the Unesco World Commission on the Ethics of Scientific Knowledge and Technology include these categories among particularly vulnerable subjects: "Vulnerable individuals are even more vulnerable in the times of the

⁴ In this regard, the report "*Dossier COVID-19. Indagine sulla disponibilità a vaccinarsi contro il COVID-19 da parte delle persone ospitate nei centri/strutture di accoglienza in Italia*", published in July 2021 by the Asylum and Immigration Table (TAI) and by the Immigration and Health Table (TIS) with the support of the National Institute of Health (ISS), notes that among the guests of the reception facilities about 37% declared an unwillingness to be vaccinated and about 20% expressed hesitation in this regard. Overall, therefore, almost 60% of people were not inclined to take up the offer of vaccination. Overall, the elements that emerged from the study further underline the need for specific and targeted information campaigns which promote awareness of vaccination as a tool to protect individual and collective health.

⁵ Minutes of the CTS meeting n. 42 of 27 August 2021.

pandemic. It is particularly important to take into account the vulnerability related to poverty, discrimination (...), ethnicity, undocumented migration, refugee status and people without citizenship". In the document *COVID-19 and vaccines: ensuring equitable access to vaccination during the current and future pandemics* (2021), the Bioethics Committee of the Council of Europe stresses that every person has the right to receive adequate health care, including vaccines, "regardless of their economic and social status, geographical origin, (...) their level of education and skills, language, nationality, ethnic context, religious beliefs and philosophical conceptions, political opinions, or other socially determined circumstances", and that aid must be adapted to the needs of particular vulnerability, such as for migrants, the homeless, poor people and those with uncertain legal *status* (e.g. refugees, asylum seekers and undocumented migrants).

The case of migrants who, regardless of linguistic understanding, are hesitant or opposed to receiving the vaccine is also to be considered. Hesitancy or in some cases previously developed opposition could make it difficult to convince migrants that vaccination is in their interest and that similarly to what happens for most citizens of the host country in an emergency situation such as the pandemic, resorting to vaccination is a fundamental part of public health policies and also increases their ability to protect the health of their family members and society as well as their own health. It is therefore necessary to draw the attention of those who find help in our country to the responsibility related to the concepts of sociality, in order to allow the transition from the individual dimension to the collective dimension.

Also, paediatric vaccinations, *both* routine and Covid-19 vaccination, involving minors arriving in our country by makeshift means, sometimes accompanied by family members who can give consent or who only later trace family members with whom to reunite, must be carried out paying particular attention to involving mature minors in the health decisions that concern them and taking into account the health conditions of minors of all ages, their cultural background, the place where they are hosted, as well as school attendance which is a fundamental tool for the integration of immigrant minors in our country (but also sometimes for transmission of infectious diseases).

It cannot be overlooked that, as already highlighted by the ICB in several documents⁶, vaccination is primarily aimed at producing direct benefits to the children themselves in order to protect their health. Given the difficulties in this field, it is recalled that, for example, the Italian Society of Paediatrics (SIP)⁷, dealing with Ukrainian children, has prepared a pamphlet on vaccinations in the developmental age and a pre-vaccination *triage* form as a guide to informed consent.

The vulnerability of migrants has been brought to our attention even more dramatically as a result of the war in Ukraine and the consequent migratory phenomenon towards our country, particularly with reference to the elderly, women, and minors. To date, thousands⁸ of Ukrainian nationals have reached our country since the beginning of the conflict, the vast majority of them being elderly, women and minors. A very consistent flow and their number is expected to increase significantly with the possible continuation of the war⁹. Moreover, Ukraine, for socio-economic, cultural and religious reasons, is one of the countries in Europe with a lower rate of vaccination and not only in regard to Covid-19, but also *routine*

⁶ See *Bioethical Reflections on Covid-19 Vaccines in Children Aged 5-11 Years* (18 February 2022); *Covid-19 Vaccines and Adolescents* (29 July 2021) and the motion *The Importance of Immunisation* (24 April 2015).

⁷ The SIP pamphlet on childhood vaccinations is also available in Ukrainian. <https://sip.it/2022/04/05/disponibile-anche-in-lingua-ucraina-lopusco-lopusco-sip-sulle-vaccinazioni-in-eta-evolutiva/>

⁸ To this day, April 19, 2022, there are a total of 96,989 migrants from Ukraine, 35,256 are minors, 50,154 women, 11,579 men

For updated data, consult the website <https://www.interno.gov.it/it/notizie/crisi-ucraina-96989-i-profughi-arrivati-finora-italia>

⁹ Consider that even before the conflict a large Ukrainian community of about 248 thousand people were living in our country: today a point of reference for compatriots fleeing the territories of the war.

immunisation that is recommended or mandatory at European level¹⁰. As for the fight against the pandemic, only 35% of the general population has been vaccinated on Ukrainian territory and the spread of the Omicron variant produced an approximately 5-fold increase in Covid-19 cases in the first two months of 2022¹¹. It is therefore important to identify particularly vulnerable people among Ukrainian migrants - for various reasons, the elderly, pregnant women and children - and to define a priority framework for vaccinations to be proposed upon their entry into Italy. The Ministry of Health recommended the provision of diagnostic tests and offering anti-SARS-CoV-2 vaccinations in relation to age, in addition to those recommended for minors for the eventual completion of the primary vaccination schedule or subsequent boosters¹².

In light of the considerations set out above, the ICB recommends:

1. planning on a permanent basis a Covid-19 vaccination strategy for particularly vulnerable groups, with regard to migrants, to grant them the opportunity to protect their health while aiming to protect public health on the basis of the ethical and constitutional principles of equality and non-discrimination, justice and equity;

2. it also recommends timely implementation of the indications issued by the Ministry of Health to the local health authorities on 3 March 2022 as part of the vaccination plan to ensure vaccination against Sars-CoV2 to all unvaccinated migrants from 5 years of age, including the *booster* dose for people over 12 years of age, in accordance with the indications of the current National Vaccination Plan;

3. that specific attention should be paid to the reception of the elderly, women, unaccompanied children, single-parent families, in order to protect their health during such a dramatic time of their lives while at the same time protecting public health with regard to specific risks that may arise;

4. that, particularly in activities related to the administration of anti-Sars-CoV2 vaccines, starting from the age of 5, the assistance of adequately trained doctors is to be ensured, together with that of interpreters and cultural mediators, thereby ensuring the acquisition of valid informed consent, protection of the fundamental rights and freedoms of migrants and facilitating the achievement of vaccination coverage targets;

5. that, public and private initiatives to produce documentary material in different languages are to be enhanced, especially with regard to the protection of individual and collective health through the tool of vaccination.

¹⁰ Operational public health considerations for the prevention and control of infectious diseases in the context of Russia's aggression towards Ukraine

<https://www.ecdc.europa.eu/en/publications-data/operational-public-health-considerations-prevention-and-control-infectious>. Measles is endemic in Ukraine in recent years, and polio cases have been reported in 2021. See R. RODYNA Measles Situation in Ukraine During the Period 2017-2019. European Journal of Public Health, 29, Supplement 4, 2019, <https://doi.org/10.1093/eurpub/ckz186.496>.

¹¹ Ukraine: Humanitarian Impact Situation Report No. 01 the United Nations Office for the Coordination of Humanitarian Affairs. https://reliefweb.int/sites/reliefweb.int/files/resources/2022-02-26_Ukraine_Situation%20Report%20%231.pdf.

¹² Ministry of Health, Ukraine Crisis - First Indications for Local Health Authorities. March 3, 2022.



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Publication by the ICB Secretariat