

Supporting clinicians and providers in the implementation of antibiotic prophylaxis and vaccination for unaccompanied asylum-seeking minors arriving in the UK

There have been instances of diphtheria infection in asylum-seeking children and young people arriving in this country. Whilst most are likely to have acquired their infection before arrival, the extended length of stay by some individuals in a reception setting prior to diagnosis means that transmission cannot be ruled out. [UKHSA have recommended](#) that the best way to manage the risk from this serious infection in this population is by offering vaccination and a course of prophylactic antibiotics, with priority given to unaccompanied minors and children, who are most at risk. The recommendation is that this be delivered as soon as possible after their arrival at a reception centre (especially if length of stay is extended beyond 24 hours) or at their onward accommodation setting. This applies to all arrivals currently in a reception centre and all new arrivals until the end of January 2023, subject to review.

However, this offer is not being robustly delivered with unaccompanied asylum-seeking children and young people due to the following concerns:

- the age of the unaccompanied asylum-seeking children and the perceived absence of a consent mechanism
- concern around who has responsibility in law for these children
- the citizenship status of these children and whether UK law applies

When unaccompanied asylum-seeking children are held in an initial reception centre and in Home Office hotels, they are not yet in the asylum system, so do not have legal status. At this point they are not subject to the regulations for Looked After Children and do not have an allocated social worker as they are not under the care of a local authority. They do not have an NHS number, medical records, or access to a GP. They are supported by professionals including healthcare professionals and interpreters.

It is in the children and young people's best interest to be given antibiotic prophylaxis and a diphtheria containing vaccine to minimise the risk of potential serious outcomes resulting from diphtheria infection.

Asylum seeking children and young people in reception centres/hotels fall into three groups:

1. 16 years and over, can consent for themselves with appropriate translation services and support for the young people.
2. 16 years and under but Gillick competent, which can be assessed by the clinician with appropriate translation services and support for the young people.
3. those under 16 years of age and not considered Gillick competent, those under 18 years old who are deemed not competent to consent e.g. if they lack the capacity to consent after assessment.

Having considered published advice from [RCPCH](#), the [GMC](#) (Appendix 1) and expert opinion, it is recommended that arrangements for a timely offer of prophylactic antibiotics and vaccination should be put in place urgently for groups 1 and 2 above, as a minimum.

- Information about diphtheria (using translations in appropriate languages) needs to be given to all unaccompanied asylum-seeking children and young people in the intake unit so all are warned of the risks of the infection and how to spot symptoms early. [Easy read and translated leaflets are available here.](#)
- Providers should ensure suitable facilities are available to support this intervention with interpreters and advocates available to fulfil requirements for informed consent.