

Refugee Immunization Update 2010

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Division of Public Health Services
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Outline

1. Refugee Health Policies
2. Required Vaccines and Recent Changes
3. Procedure for Vaccination Assessment Status
4. Review of US recommended vaccines
5. Vaccine “catch up” schedule
6. Vaccine Contraindications
7. VAERS



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Refugee Health Policies

- Decisions are made by CDC DGMQ, ACIP
 - Division of Global Migration and Quarantine
 - Advisory Committee on Immunization Practices
- Requirements apply to refugees when they apply for adjustment of status
 - More than one year after arrival
- NOT at their time of initial admission

What is DGMMQ?

- CDC Division of Global Migration and Quarantine
- “Statutory responsibility to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries.”
- Activities in 4 parts:
 - Immigration and Refugee Health
 - Quarantine
 - Animal Importation
 - Travelers’ Health

What is ACIP?

- Advisory Committee on Immunization Practices
- Group of 15 vaccine experts who provide written guidance on the vaccination of children and adults in the US.
- Decisions are based on the most accurate and up-to-date information that is available.
- Guidance is then provided to the Director of the CDC and Secretary of HHS.



Vaccines & Immunizations

[Vaccines Home](#) > [Recommendations and Guidelines](#) > ACIP

Vaccine-Related Topics

- > [Immunization Schedules](#)
- > [Recommendations and Guidelines](#)
 - > [Advisory Committee on Immunization Practices \(ACIP\)](#)
 - > [Vaccine Storage & Handling](#)
 - > [Vaccine Administration](#)
 - > [Recalled Vaccines](#)
 - > [Reminder Systems and Strategies for Increasing Vaccination Rates](#)
 - > [Vaccines & Preventable Diseases](#)

Recommendations and Guidelines:

Advisory Committee on Immunization Practices (ACIP)

Welcome to...



ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

ACIP topics:

- | [Recommendations](#) | [Meetings](#) | [Resources](#) | [Committee](#) | [About ACIP](#)

[Interim ACIP Meeting: Thursday August 5, 2010](#)

Medical Exam Requirements

- Applicants must show proof of having received all required vaccinations.
- If not, they should receive the first dose of required vaccines at that initial visit
 - follow up with PCP to complete the series
- Immigrants in the US who are applying to change their status to become “permanent residents” must also have been vaccinated.



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New Vaccination Criteria

- Changed December 14th, 2009
- Removal of HPV and zoster vaccines from the list of required vaccinations.
- CDC will now use three criteria to decide which of the ACIP recommended vaccines (for the general public) will be required for US immigrants.

3 Criteria for determining which vaccine is “required”

1. Age appropriate for the immigrant applicant
2. Protection against a disease that has the potential to cause an outbreak
3. Protection against a disease that has been eliminated or is in the process of elimination

Required Vaccines (#15)

Mumps
Measles
Rubella
Polio
Tetanus
Diphtheria
Pertussis
H influenza type B

Hepatitis A
Hepatitis B
Rotavirus
Meningococcal
Varicella
Pneumococcal
Seasonal Influenza



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Procedure for Vaccination Assessment Status

- 1. Determine the age of the applicant**
2. Review medical history and records
3. Determine which vaccines are necessary
4. Assess contraindications and precautions
5. Assess laboratory needs

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Vaccination Documentation

- 2 reliable sources
 - Vaccination record
 - Copy of medical chart with MD documentation
- Must include date of receipt
- Self reported doses are not acceptable
- Vaccinations received outside the US are assumed to have adequate potency

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Laboratory Evidence of Immunity

- Antibodies are acceptable for:
 - Measles
 - Mumps
 - Rubella
 - Hepatitis A/B
 - Polio
 - Varicella
 - (If the refugee gives a reliable history of illness, this is sufficient for documentation of immunity.)

Recommended adult immunization schedule, by vaccine and age group - United States, 2010

VACCINE ▼	AGE GROUP ►	19–26 years	27–49 years	50–59 years	60–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}		Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years				Td booster every 10 years
Human papillomavirus ^{2,*}		3 doses (females)				
Varicella ^{3,*}		2 doses				
Zoster ⁴					1 dose	
Measles, mumps, rubella ^{5,*}		1 or 2 doses		1 dose		
Influenza ^{6,*}		1 dose annually				
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses				1 dose
Hepatitis A ^{9,*}		2 doses				
Hepatitis B ^{10,*}		3 doses				
Meningococcal ^{11,*}		1 or more doses				

* Covered by the Vaccine Injury Compensation Program.  For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)  Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)  No recommendation

Vaccines that might be indicated for adults, based on medical and other indications - United States, 2010

INDICATION ►	Pregnancy	Immunocompromising conditions (excluding human immunodeficiency virus [HIV]) ^{3-5,12}	HIV infection ^{3-5,12,13} CD4+ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia ¹³ (including elective splenectomy and persistent complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel	
			<200 cells/ μ L	\geq 200 cells/ μ L						
Tetanus, diphtheria, pertussis (Td/Tdap) ^{1,*}	Td	Substitute one-time dose of Tdap for Td booster; then boost with Td every 10 years								
Human papillomavirus ^{2,*}		3 doses for females through age 26 years								
Varicella ^{3,*}	Contraindicated	2 doses								
Zoster ⁴	Contraindicated	1 dose								
Measles, mumps, rubella ^{5,*}	Contraindicated	1 or 2 doses								
Influenza ^{6,*}	1 dose TIV annually								1 dose TIV or LAIV annually	
Pneumococcal (polysaccharide) ^{7,8}		1 or 2 doses								
Hepatitis A ^{9,*}		2 doses								
Hepatitis B ^{10,*}			3 doses							
Meningococcal ^{11,*}		1 or more doses								

* Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., based on medical, occupational, lifestyle, or other indications)

No recommendation

Varicella vaccination

1. All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose, unless they have a medical contraindication.
2. Pregnant women should be assessed for evidence of varicella immunity. Women who do not have evidence of immunity should receive the first dose of varicella vaccine upon completion or termination of pregnancy and before discharge from the health-care facility. The second dose should be administered 4--8 weeks after the first dose.

Measles, mumps, rubella (MMR) vaccination

1. Measles component: Adults should receive unless they have
 1. A medical contraindication
 2. Documentation of vaccination with 1 or more doses of MMR
 3. Laboratory evidence of immunity
2. A second dose of MMR vaccine, administered 4 weeks after the first dose, is recommended
3. Rubella component: For women of childbearing age, rubella immunity should be determined, and women should be counseled regarding congenital rubella syndrome. Women who do not have evidence of immunity should receive MMR vaccine upon completion or termination of pregnancy and before discharge from the health-care facility.

Pneumococcal polysaccharide (PPSV) vaccination

1. One-time revaccination after 5 years is recommended for persons with chronic renal failure or nephrotic syndrome; functional or anatomic asplenia (e.g., sickle cell disease or splenectomy) or persons with immunocompromising conditions.
2. For persons aged ≥ 65 years, one-time revaccination is recommended if they were vaccinated ≥ 5 years previously and were aged < 65 years at the time of primary vaccination.

Hepatitis A vaccination

1. Single-antigen vaccine formulations should be administered in a 2-dose schedule at either 0 and 6--12 months (Havrix), or 0 and 6--18 months (Vaqta).
2. If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule, administered on days 0, 7, and 21--30 followed by a booster dose at month 12 may be used.

Hepatitis B vaccination

1. Administer or complete a 3-dose series. The second dose should be administered 1 month after the first dose; the third dose should be administered at least 2 months after the second dose (and at least 4 months after the first dose). If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months.
2. Adult patients receiving hemodialysis or with other immunocompromising conditions should receive 1 dose of 40 µg/mL (Recombivax HB) administered on a 3-dose schedule or 2 doses of 20 µg/mL (Engerix-B) administered simultaneously on a 4-dose schedule at 0, 1, 2, and 6 months.

Meningococcal vaccination

1. Meningococcal conjugate vaccine (MCV4) is preferred for adults with any of the preceding indications who are aged ≤ 55 years; meningococcal polysaccharide vaccine (MPSV4) is preferred for adults aged ≥ 56 years.
2. Revaccination with MCV4 after 5 years is recommended for adults previously vaccinated with MCV4 or MPSV4 who remain at increased risk for infection (e.g., adults with anatomic or functional asplenia).

Haemophilus influenzae type b (Hib)

1. Hib vaccine generally is not recommended for persons aged ≥ 5 years. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in patients who have sickle cell disease, leukemia, or HIV infection or who have had a splenectomy. Administering 1 dose of Hib vaccine to these high-risk persons who have not previously received Hib vaccine is not contraindicated.

Immunocompromising conditions

1. Inactivated vaccines generally are acceptable (e.g., pneumococcal, meningococcal, influenza [inactivated influenza vaccine]) and live vaccines generally are avoided in persons with immune deficiencies or immunocompromising conditions. Information on specific conditions is available at
<http://www.cdc.gov/vaccines/pubs/acip-list.htm>

Recommended immunization schedule for persons aged 0 through 6 years --- United States, 2010

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years		
Hepatitis B ¹	HepB		HepB			HepB								 Range of recommended ages for all children except certain high-risk groups  Range of recommended ages for certain high-risk groups
Rotavirus ²				RV	RV	RV ²								
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<small>see footnote³</small>	DTaP				DTaP		
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib							
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV			
Inactivated Poliovirus ⁶				IPV	IPV	IPV						IPV		
Influenza ⁷						Influenza (Yearly)								
Measles, Mumps, Rubella ⁸							MMR		<small>see footnote⁸</small>			MMR		
Varicella ⁹							Varicella		<small>see footnote⁹</small>			Varicella		
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series			
Meningococcal ¹¹											MCV			

Update 12/15/2009

Recommended immunization schedule for persons aged 7 through 18 years --- United States, 2010

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children except certain high-risk groups
Human Papillomavirus ²	<i>see footnote 2</i>		HPV (3 doses)	HPV series	
Meningococcal ³		MCV	MCV	MCV	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (Yearly)			
Pneumococcal ⁵		PPSV			Range of recommended ages for certain high-risk groups
Hepatitis A ⁶		HepA Series			
Hepatitis B ⁷		Hep B Series			
Inactivated Poliovirus ⁸		IPV Series			
Measles, Mumps, Rubella ⁹		MMR Series			
Varicella ¹⁰		Varicella Series			

Table: Requirements for routine vaccination of adjustment of status applicants who are not fully vaccinated or lack documentation.

Vaccine	Age						
	Birth–1 month	2–11 months	12 months–6 years	7–10 years	11–17 years	18–64 years	≥65 years
DTP/DTaP/DT	NO	YES		NO			
Td/Tdap	NO			YES, ≥7 years old (for Td); 10–64 years old (for Tdap)			
IPV	NO	YES				NO	
MMR	NO		YES, if born in 1957 or later				NO
Rotavirus	NO	YES 6 weeks to 8 months	NO				
Hib	NO	YES 2–59 months old		NO			
Hepatitis A	NO		YES 12–23 months old	NO			
Hepatitis B	YES, through 18 years old					NO	
Meningococcal (MCV4)	NO				Yes 11–18 years old	NO	
Varicella	NO		YES				
Pneumococcal	NO	YES, 2–59 months old (for PCV)		NO			YES (for PPV)
Influenza	NO		YES, 6 months through 18 years old (annually each flu season)			NO	YES, ≥50 years old (annually each flu season)

Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind—United States • 2010

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

PERSONS AGED 4 MONTHS THROUGH 6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Rotavirus ²	6 wks	4 weeks	4 weeks ²		
Diphtheria, Tetanus, Pertussis ³	6 wks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁴	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as nal dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁴ if current age is younger than 12 months 8 weeks (as nal dose) ⁴ if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as nal dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	

www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10_catchup-schedule-pr.pdf

Procedure for Vaccination Assessment Status

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2. Review medical history and records
3. Determine which vaccines are necessary
4. **Assess contraindications and precautions**
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Vaccine Contraindications

- Severe (anaphylaxis) reaction to a vaccine component in the past
- Immunocompromised patients should not receive live vaccines (MMR, VZV, LAIV)
- Pregnant patients should not receive live vaccines (MMR, VZV, LAIV)
- Encephalopathy within 7 days of pertussis vaccination

NOT Vaccine Contraindications

- Mild-moderate local reactions to prior vaccine
- Mild acute illness (low grade fever, URI, diarrhea)
- Recovering from an illness
- Breastfeeding
- Receiving antibiotics
- PPD placement

4 categories of “Not Medically Appropriate”

1. Not age appropriate
2. Contraindication
3. Insufficient time interval between doses
4. Not influenza season

The refugee can request an individual waiver based on religious or moral convictions and this needs to be submitted to USCIS.

VAERS

- Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS).
- Reporting forms and instructions on filing a VAERS report are available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

Other Important Points

- A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.
- Be sure to provide VIS (Vaccine Information Statements) to the patient/caregiver for each vaccine received.

Questions? Comments?

Thank you for your attention

Call the New Hampshire Immunization
Program anytime with questions

(603) 271 4482