

Vaccination Best Practices for New Arrivals

✓ Check to see if the patient has DS-3025 or other written vaccination records

The DS-3025 (Vaccination Documentation Worksheet) will include a list of vaccines given to the patient as part of the overseas vaccination program and will provide a record of valid, documented historical vaccines. Generally, any vaccines documented on this form, or on a written record, can be accepted as valid and count toward the refugee's U.S. immunization record. Verbal attestation is not a valid form of documentation.



✓ Determine which vaccines are due based on ACIP recommendations, age, and history

If vaccination records are unavailable, an age-appropriate vaccination schedule should be initiated. Space vaccine doses appropriately, taking into account the correct intervals between any historically documented vaccines and those to be given at the domestic screening. Live injectable vaccines such as MMR and varicella should be given on the same day or separated by a minimum of 28 days.

✓ Determine whether revaccination is appropriate

Revaccination may be considered when documented vaccine records are invalid or incorrectly recorded (e.g. if the record indicates a vaccine dose given before birth, after taking into account transposition of month and day [dd-mm-yyyy]). Additionally, revaccination may be considered with concerns about the validity of documents or falsification of records (this is rare).

✓ Revaccination may be delayed in some circumstances

Severe pediatric malnutrition may diminish the timing, quality, and duration of the immune response. Some experts advise re-vaccination when the child is healthy, although data on malnutrition and immunology are still limited.



Get support translating patient vaccine records at bit.ly/VaxRef or by scanning the QR code.



Special Considerations Around Vaccinations for New Arrivals

▶ Hepatitis B Virus (HBV)

The World Health Organization (WHO) recommends the hepatitis B vaccine for all newborns and children up to 18 years of age. HBsAg-positive persons do not receive HBV vaccination overseas. However, individuals are counseled about the infection and transmission prevention. HBsAg-negative persons are offered the hepatitis B vaccine. Most receive 2 doses before departure and may be due for the third dose after arrival.

▶ Varicella

The median age of varicella infection varies throughout the world but generally occurs later in life in the tropics than in temperate climates. Factors that commonly lead clinicians to vaccinate rather than screen for varicella antibody include: varicella or herpes zoster exposure, younger patient age, and school entry or work requirements.

▶ Hepatitis A Virus (HAV)

Most children coming from areas highly endemic for hepatitis A will have been infected (asymptomatic) and will have immunity. In some situations, testing for HAV infection may be more cost-effective than the two-dose vaccine series, although delays in receiving results and logistical challenges of repeat visits should be considered.

▶ Poliovirus

All applicants for immigrant visas are required to receive one dose of inactivated polio vaccine (IPV) within 12 months of travel to the United States. This requirement applies to all residents of, and long-term visitors (>4 weeks) to, countries identified to be infected with WPV1, cVDPV1, cVDPV2, or cVDPV3, with potential risk for international spread.

