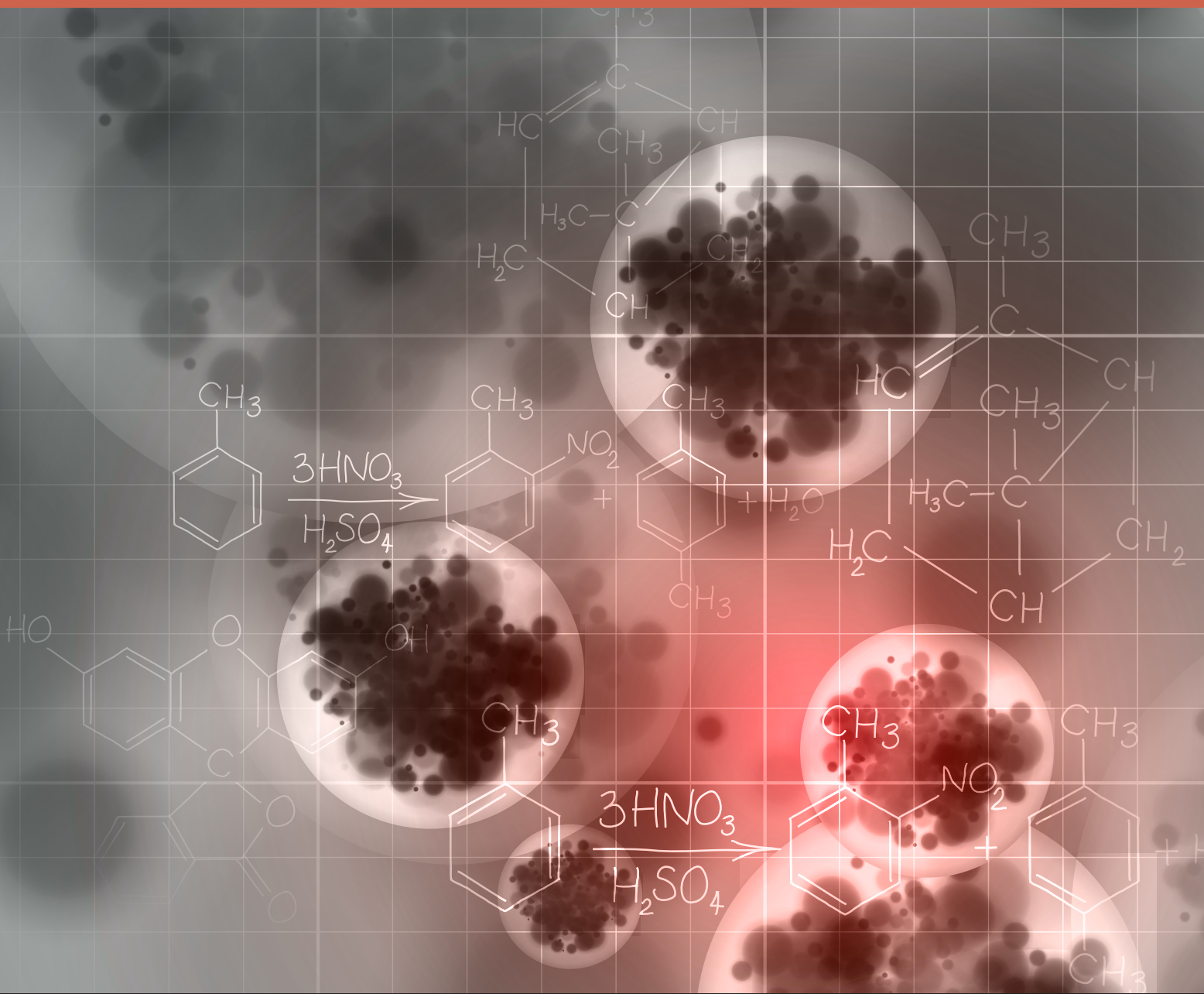


Vaccination Technical Instructions



for Panel
Physicians



**Centers for Disease
Control and Prevention**
Division of Global Migration
and Quarantine



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Global Migration and QuarantineTable of Contents



Table of Contents

Vaccination Technical Instructions for Panel Physicians

Overview of Vaccination Technical Instructions.....	2
Procedures for the Vaccination Portion of the Medical Exam.....	3
Review of Vaccination Records.....	3
Laboratory Confirmation of Immunity.....	3
Determining the Vaccines the Applicant Needs.....	4
Identifying Potential Contraindications and Precautions to Vaccination.....	4
Waivers and Documenting Reasons for Not Giving a Vaccine.....	5
Vaccination Documentation for Nonimmigrants.....	7
Vaccine Resources for Panel Physicians.....	7
Table 1: Vaccine Requirements According to Applicant Age.....	8
Glossary of Abbreviations.....	9

Overview of Vaccination Technical Instructions

The Centers for Disease Control and Prevention (CDC) has specific criteria to determine which vaccines applicants for a United States Immigrant Visa (hereafter referred to as applicants) are required to show proof of having received.

The criteria are as follows:

1. The vaccine must be an age-appropriate vaccine, as recommended by the Advisory Committee on Immunization Practices (ACIP) for the general US population
AND
2. At least one of the following:
 - a. The vaccine must protect against a disease that has the potential to cause an outbreak. An outbreak is defined as the occurrence of more cases of disease than expected in a given area or among a specific group of people, over a given period of time. For endemic diseases, an outbreak occurs when incidence rises above the normally expected level. For diseases with seasonal variation, the average incidence rates over particular weeks or months of previous years, or average high or low levels over a period of years, may be used as baselines.
 - b. The vaccine must protect against a disease that has been eliminated in the United States or is in the process of being eliminated in the United States.

Therefore, the vaccines required for applicants do not include all the vaccines recommended by the ACIP and CDC for routine US domestic use, and are limited to vaccination for the following diseases:

- | | | |
|--------------|--|----------------------------|
| * Diphtheria | * Rubella | * Meningococcal disease |
| * Tetanus | * Rotavirus | * Varicella |
| * Pertussis | * <i>Haemophilus influenzae</i> type b (Hib) | * Pneumococcal disease |
| * Polio | * Hepatitis A | * Influenza |
| * Measles | * Hepatitis B | The vaccines from the list |
| * Mumps | | |

above that are required for a given applicant are defined in [Table 1](#). Vaccine series have minimum age requirements and typically require months to years to complete. Therefore, it is usually not possible for applicants to receive all vaccinations for the diseases listed above prior to departure, and they are instead required to receive from the panel physician at least one dose of each age-appropriate vaccine listed in [Table 1](#) for which the applicant is not currently up to date. If the applicant is up to date on the required vaccines listed in [Table 1](#), no additional vaccines are required to be given at the time of the medical exam. The panel physician should counsel the applicant about the importance of completing the series of vaccines after arrival in the United States.

The panel physician must review all vaccination records presented by the applicant and, if documentation appears valid, record the vaccination history and vaccines given during the medical exam on the US Department of State Vaccination Documentation Worksheet (DS-3025). Both the panel physician and the applicant should be aware that the DS-3025 is the applicant's vaccination record, and an extra copy must be provided to the applicant. The applicant will need to provide a copy of the DS-3025 to healthcare providers, schools, and other institutions after US arrival.

CDC and ACIP are excellent sources for other vaccine information, such as vaccine handling, storage and administration, spacing of doses, precautions, contraindications, and adverse reactions. Another excellent resource is [Epidemiology and Prevention of Vaccine-Preventable Diseases](#), also called the "Pink Book," a comprehensive, up-to-date resource about all aspects of vaccines and vaccine-preventable diseases. The Pink Book and additional

information involving [vaccine storage and handling](#) and how to [administer vaccines](#), including dosage and site can be found on CDC's website. [Vaccine Information Statements \(VISs\)](#) for patients are available in many languages, and can be used to provide vaccine information to applicants.

The instructions in this document supersede all previous vaccination-related "Technical Instructions," "Updates to the Technical Instructions," and memoranda or letters to panel physicians. These instructions are to be followed as the vaccination requirements for all US immigrant visa applicants.

Further information on vaccination criteria is available in the [Notice of Revised Vaccination Criteria for US Immigration on Government Publishing Office's website](#). Questions from panel physicians regarding vaccination requirements for immigration may be sent to CDC's Division of Global Migration and Quarantine (DGMQ) at cdcqap@cdc.gov.

Procedures for the Vaccination Portion of the Medical Exam

The following instructions and accompanying tables describe the procedures that should be followed by panel physicians performing the vaccination portion of the medical examination for any person who seeks a US immigrant visa.

- * Review the applicant's medical history and vaccination records.
- * Assess the applicant's needs, if any, for laboratory confirmation of immunity.
- * Determine the vaccines the applicant needs based on his or her age, records, documented immunity, and information provided in [Table 1](#) on page 8.
- * Assess for contraindications and precautions that might apply to the applicant.
- * Administer vaccines, if indicated.
- * Complete the applicant's DS-3025 Form, and provide a copy directly to the applicant.

Review of Vaccination Records

The panel physician should instruct the applicant to submit all available written records of vaccination history for review. Acceptable vaccination documentation must come from a vaccination record, either a personal vaccination record or a copy of a medical chart with entries made by a physician or other appropriate medical personnel. Only those records of vaccine doses that include the dates of receipt (month, day, and year) are acceptable. The document must not appear to have been altered, and dates of vaccinations should seem reasonable. **Self-reported vaccine doses without written documentation are not acceptable.** Panel physicians must document all acceptable vaccination history and relevant immunity on the DS-3025 Form, which will become the applicant's permanent vaccination record.

Laboratory Confirmation of Immunity

Laboratory evidence of immunity is acceptable for measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella if the applicant lacks acceptable documented history of vaccination for these diseases.

The panel physician should obtain a good history of vaccine-preventable diseases, including measles, mumps, rubella, and varicella, from the applicant to identify any naturally acquired diseases for optional laboratory confirmation.

An applicant who provides a [reliable written or oral history](#) of varicella disease does not require laboratory confirmation or further vaccination. To verify a history of varicella, panel physicians should inquire about:

1. an epidemiologic link to another [typical varicella](#) case or to a laboratory-confirmed case or 2. evidence of laboratory confirmation, if testing was performed at the time of acute disease. Persons who meet neither of these criteria should not be considered as having a valid history of disease and should be tested for immunity or vaccinated.

Acceptable tests for the presence of antibodies are US Food and Drug Administration (FDA)-approved kits, Clinical Laboratory Improvement Amendments (CLIA)-certified kits, or kits approved by similar agencies in the country where the panel physician is practicing. When using any approved kits, the manufacturer's guidelines or instructions must be followed.

Determining the Vaccines the Applicant Needs

The following is a list of diseases for which applicants must show proof of having age-appropriate vaccinations or immunity in order to immigrate to the United States:

- | | | |
|--------------|--|-------------------------|
| * Diphtheria | * Mumps | * Hepatitis B |
| * Tetanus | * Rubella | * Meningococcal disease |
| * Pertussis | * Rotavirus | * Varicella |
| * Polio | * <i>Haemophilus influenzae</i> type b (Hib) | * Pneumococcal disease |
| * Measles | * Hepatitis A | * Influenza |

The panel physician should use the applicant's age at the time of the medical evaluation and information in [Table 1](#) to determine which diseases the applicant must be vaccinated against. If the disease is not on this list, vaccination to prevent the disease is not required for the purposes of US immigration.

If the applicant had previously received a dose, or doses, of a required vaccine and is due for the next dose in the series, then the next required dose should be administered at the medical examination visit. If the applicant has not received any of the doses of a vaccine required for his or her age, the first dose in the series should be given at the visit. In order to determine the number of doses and spacing for each vaccine, the panel physician should refer to the [standard ACIP recommendations](#).

In addition to standard vaccination recommendations for children and adults, the ACIP provides recommendations that are specific for medical conditions or other situations, such as pregnancy or travel. These additional vaccines are not required for immigration. For example, Hib vaccine doses are recommended for adults with sickle cell disease. Since the ACIP does not routinely recommend Hib vaccine for adults, an adult with sickle cell disease would not be required to receive this vaccine for immigration purposes.

Identifying Potential Contraindications and Precautions to Vaccination

The panel physician should identify any past or present conditions that might be a contraindication to, or precaution for, the administration of a vaccine. A contraindication is a condition that is likely to result in a life-threatening problem if the vaccine is given. A precaution is a condition that might increase the chance of a serious adverse reaction if the vaccine is administered or a condition that might compromise the immune response to the vaccine.

Panel physicians must be aware of all contraindications and precautions for the vaccines they administer as described in the [ACIP immunization schedules'](#) footnotes. The Pink Book's chapter on [General Recommendations on Immunization](#) gives a helpful summary of ACIP's contraindications, precautions, misconceptions about contraindications, and a list

of screening questions that panel physicians can use. This [chapter](#) also gives detailed, concise information about vaccinating pregnant women, people with immunosuppression, and general considerations about giving multiple vaccines at one time.

Contraindications and precautions to specific vaccines are available on [CDC's ACIP site](#).

For pregnant women, contraindications and precautions are available on [CDC's Pregnancy and Vaccination site](#).

In general, panel physicians should defer vaccines when a precaution or contraindication is present. If the decision is made to defer a vaccine, the “contraindication” reason for a Blanket Waiver ([see below](#)) should be documented for the vaccine dose not given, and the specific type of contraindication or precaution should be documented on the DS-3025 Form.

Waivers and Documenting Reasons for Not Giving a Vaccine

For all applicants, it will not be appropriate to administer a dose of one or more of the required vaccines due to the applicant's age, or one of the other reasons listed below. However, the applicant can still be considered to have completed the US immigration vaccination requirements by means of a Blanket Waiver. The panel physician needs to document the appropriate Blanket Waiver reason for each vaccine not given on the DS-3025 Form, and the waiver will be granted to the applicant if documented correctly. The applicant does not need to apply for a Blanket Waiver. There are six acceptable reasons why a vaccine should be considered “Not Medically Appropriate” that qualify for Blanket Waivers.

The six “Not Medically Appropriate” reasons for Blanket Waivers are:

- Not age-appropriate

For each vaccine for which administration is not age-appropriate, the “Not age appropriate” reason should be documented. For all applicants, this reason will need to be documented for at least one vaccine. For example, if adults did not receive Hib or rotavirus vaccine as a child, they are not required to receive these vaccines as adults for immigration purposes according to [Table 1](#), and these vaccines should be documented as “Not age appropriate.”

- Insufficient time interval between doses

If the minimum time interval between the last documented dose and the next required dose has not passed, the “Insufficient time interval to complete series” reason should be documented.

If administration of the single dose of a vaccine at the time of the medical examination does not complete the series for that vaccine, the “Insufficient time interval to complete series” reason should be documented to indicate that additional doses will be needed to complete the series for that vaccine. This reason can also be used if a live vaccine has recently been administered and another live vaccine is needed, but sufficient time has not passed.

- Contraindication

If an applicant has contraindications or precautions to specific vaccines, the “Contraindicated” reason should be documented for each vaccine not administered.

- Not routinely available

When the required vaccine is not licensed or not routinely available in the country where the panel physician practices, the “Not routinely available” reason should be documented. Despite this Blanket Waiver category, panel physicians are required to make every reasonable effort to have vaccines that are required for US immigration available for applicants.

- Influenza vaccine not available

Influenza vaccine is required when available in the country the panel physician is practicing. The influenza vaccine is usually given from fall (autumn) through early spring in temperate areas, and influenza vaccine is often not available in the summer months in these regions. If influenza vaccine is not available because it is not vaccination season in your region, document the “Flu vaccine not available” reason. Although influenza occurs throughout the year in tropical areas, panel physicians in tropical countries are not required to maintain stocks of both northern and southern hemisphere vaccine supplies. CDC only requires panel physicians to provide influenza vaccine when vaccine is ordinarily available in that country.

- Known chronic hepatitis B virus infection

If the applicant has a documented history of chronic hepatitis B virus infection, this reason for a Blanket Waiver for hepatitis B vaccine can be given, and the applicant does not need to receive the hepatitis B vaccine. However, testing for hepatitis B virus infection should not be performed as part of the applicant exam.

Non-medical reasons why vaccines are not given:

- Applicant may request a waiver based on religious or moral convictions

If an applicant objects to vaccination based on religious or moral convictions, it must be documented that applicant is requesting an individual waiver based on religious or moral convictions. This is not a Blanket Waiver, and the applicant will have to submit a waiver request to US Citizenship and Immigration Services (USCIS). USCIS will determine if this type of waiver is granted, not the panel physician.

- Applicant refuses a vaccine

If an applicant’s vaccine history is incomplete and the applicant refuses a single dose of any required vaccine that is medically appropriate for the applicant, it should be documented that the vaccine requirements are not complete and that the applicant refuses vaccination. If the applicant does not intend to apply for an individual waiver and is not the subject of an adoptee exemption affidavit, the applicant is inadmissible to the United States (Class A).

- Adoptee exemption request

The vaccination requirements do not apply to adopted children 10 years of age or younger, provided the adoptive parent, prior to the child’s admission, signs an affidavit stating that the parent is aware of US vaccination requirements and will ensure that the child will receive all required vaccinations within 30 days of the child’s arrival in the United States. See the [Department of State](#) website for the affidavit form.

The [Hague Adoption Convention](#) governs adoptions between the United States and other countries in the convention. For countries both in the convention (Hague) and not in the convention (non-Hague), the vaccination requirements do not apply to adopted children 10 years of age or younger, provided the adoptive

parent, prior to the child's admission, signs the affidavit concerning exemption from immigrant vaccination requirements for a foreign adopted child.

If the adopted child has a history of vaccinations and reliable vaccination documents are available, the panel physician must complete the DS-3025 Form.

Vaccination Documentation for Nonimmigrants

The vaccination history of all applicants submitting for an examination by a US panel physician should be reviewed and vaccinations they have previously received should be documented on the DS-3025 Form, even if they are nonimmigrants who are not required to meet vaccination requirements prior to travel to the United States.

Although refugees and K visa applicants are not required to receive vaccines before traveling to the United States, they must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the United States. Therefore, for these applicants, panel physicians must complete a DS-3025 Form if the applicant provides reliable vaccination records. A copy of this form must be provided to the applicant for use as his or her vaccination record in the United States.

Vaccine Resources for Panel Physicians

Handling, Storage, and Administration

Proper handling and storage of vaccines are important to ensure their efficacy. If vaccines are not properly handled or stored, their potency is reduced and they may not produce immunity. Guidance on the storage and handling of vaccines is available in the [Pink Book chapter on Vaccine Storage and Handling](#), [CDC's Vaccine Storage and Handling website](#), and the vaccine package inserts are available on the [Immunization Action Coalition site](#).

Counseling and Resources

The panel physician must counsel all applicants who do not have a complete series for a vaccine to seek a private physician or visit a local health department after arrival in the United States to assist them in becoming fully vaccinated.

Applicants should be provided with information about the vaccines they are using. Panel physicians can find patient vaccine information sheets in many languages on CDC's webpage for [Vaccine Information Statements](#).

Advisory Committee on Immunization Practices (ACIP) Schedules and Updates

[ACIP immunization schedules](#) for children and adults are updated annually. [ACIP vaccine-specific updates](#) are also posted online periodically and can be found on CDC's website.

Epidemiology and Prevention of Vaccine-Preventable Diseases "Pink Book"

The [Pink Book, Epidemiology and Prevention of Vaccine-Preventable Diseases](#), provides an overview of vaccine-preventable infectious diseases and the corresponding vaccines. It serves as a useful companion to the ACIP schedules and provides appendices that identify search tools and other useful resources.

Table 1: Vaccine Requirements According to Applicant Age

Vaccines by applicant 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			Sometimes*	YES, substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 years		
Polio** (IPV/OPV)	NO	YES				NO	
Measles, Mumps, and Rubella	NO		YES, if born in 1957 or later				NO
Rotavirus***	NO	YES, 6 weeks to 8 months	NO				
Hib	NO	YES, 2 through 59 months old		NO			
Hepatitis A	NO		YES, 12 through 23 months old	NO			
Hepatitis B	YES, through 18 years old					NO	
Meningococcal (MenACWY)	NO				Yes, 11 through 18 years old	NO	
Varicella	NO		YES				
Pneumococcal	NO	YES, 2 through 59 months old (administer PCV)		NO			YES: administer either PCV or PPSV depending on vaccination history
Influenza	NO, if less than 6 months old		YES, ≥ 6 months (annually when flu vaccine is available in country of exam)				

* Children 7-10 years old sometimes need a dose of Tdap depending on their vaccine history. See [Diphtheria, Tetanus and Pertussis-Containing Vaccines Catch-Up Guidance](#) on CDC's website for additional information.

** Please see posted [Addendum to Technical Instructions for Panel Physicians for Vaccinations](#) on CDC's website for changing guidance about polio vaccine.

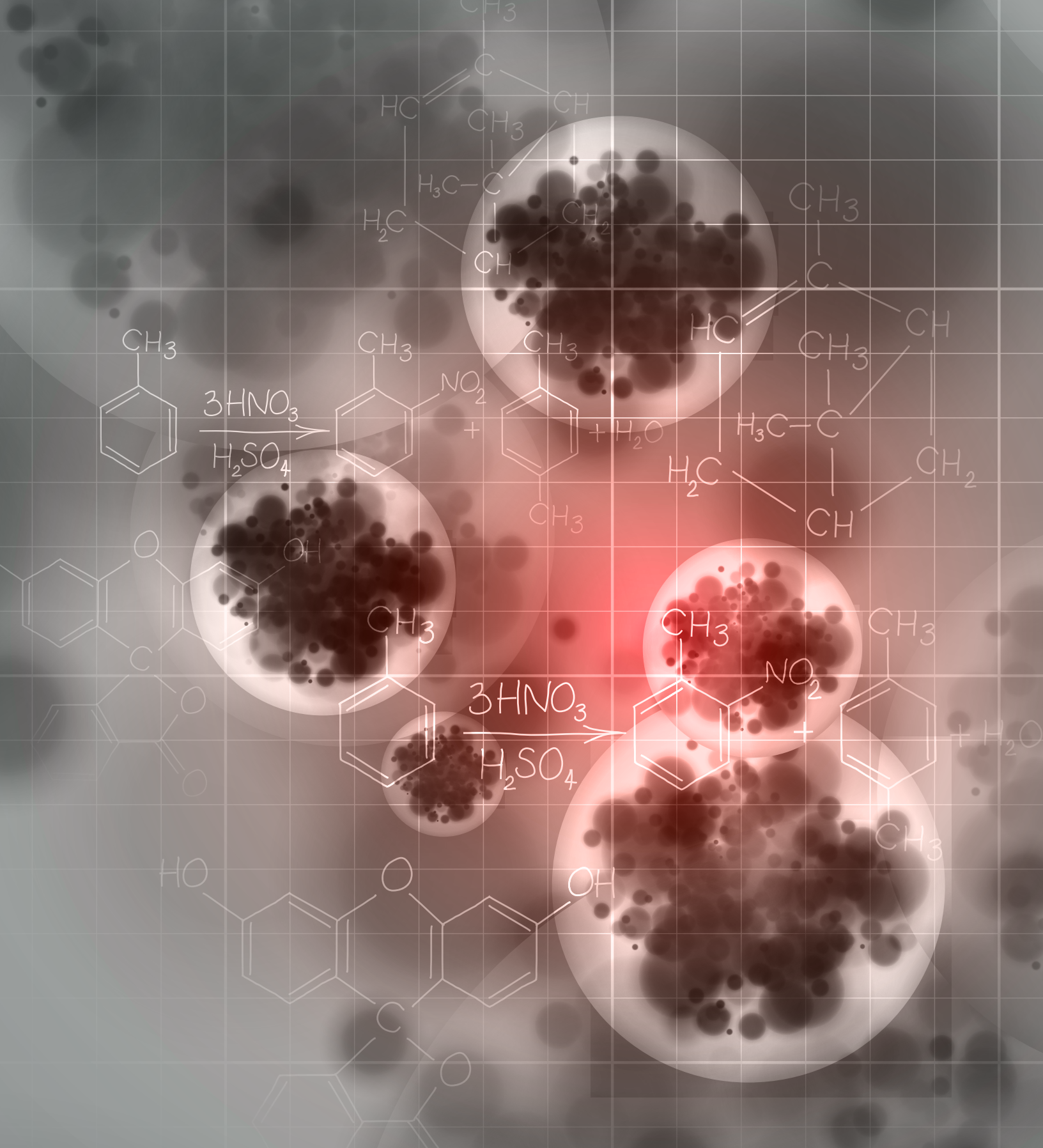
*** Rotavirus vaccination should not be initiated for infants aged 15 weeks 0 days or older.

DTP=pediatric formulation diphtheria and tetanus toxoids and pertussis vaccine; DTaP=pediatric formulation diphtheria and tetanus toxoids and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=adult formulation tetanus and diphtheria toxoids; Tdap=adolescent and adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); Hib=Haemophilus influenzae type b conjugate vaccine; MenACWY=quadravalent meningococcal conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPSV=pneumococcal polysaccharide vaccine.

This table describes vaccine requirements for U.S. immigrant visa and status adjustment applicants only and does not include recommendations for other clinical purposes. See the [Immunization Schedules](#) on CDC's website for number and spacing of doses for required vaccines.

Glossary of Abbreviations

- * **ACIP** - Advisory Committee on Immunization Practices
- * **CDC** - Centers for Disease Control and Prevention
- * **CLIA** - Clinical Laboratory Improvement Amendments
- * **DGMQ** - Division of Global Migration and Quarantine
- * **DT** - Diphtheria and tetanus toxoids
- * **DTaP** - Diphtheria and tetanus toxoids and acellular pertussis vaccine
- * **DTP** - Diphtheria and tetanus toxoids and pertussis vaccine
- * **FDA** Food and Drug Administration
- * **Hib** - *Haemophilus influenzae* type b conjugate vaccine
- * **IPV** - Inactivated poliovirus vaccine
- * **MCV** - Meningococcal conjugate vaccine
- * **MMR** - Measles, mumps, and rubella vaccine
- * **MMRV** - Measles, mumps, rubella, and varicella vaccine
- * **MPSV** - Meningococcal polysaccharide vaccine
- * **OPV** - Oral poliovirus vaccine
- * **PCV** - Pneumococcal conjugate vaccine
- * **PPSV** - Pneumococcal polysaccharide vaccine
- * **Td** - Tetanus and diphtheria toxoids
- * **Tdap** - Tetanus and diphtheria toxoids and acellular pertussis vaccine
- * **USCIS** - United States Citizenship and Immigration Services
- * **VIS** - Vaccine Information Statement



**Centers for Disease
Control and Prevention**
Division of Global Migration
and Quarantine