

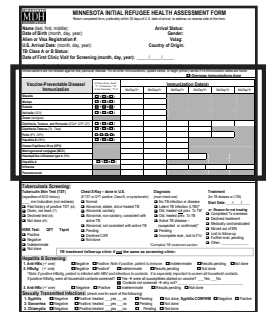
Immunizations at a Glance

Minnesota Initial Refugee Health Assessment

Immunization Record: Review overseas medical exam if available and document immunization dates. Indicate if there is lab evidence of immunity; if so, immunizations are not needed against that particular disease. For all other immunizations: update series, or begin primary series if no immunization dates are found.

Overseas immunizations done

Vaccine-Preventable Disease/ Immunization	If titers done, check "Y" if immune, "N" if not immune, "I" if indeterminate	Immunization Date(s)					
		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Mumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Rubella	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Varicella (VZV)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Zoster (shingles)							
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Diphtheria-Tetanus (Td, Tdap)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Polio (IPV, OPV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N						
Hepatitis B (HBV)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Human Papilloma Virus (HPV)							
Meningococcal conjugate (MCV)							
<i>Haemophilus influenzae</i> type b (Hib)							
Hepatitis A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> I						
Influenza							
Pneumococcal							
BCG Yes-Date(s) _____ No Unknown							



- Documented immunizations administered overseas are considered valid as long as they were given at the minimum ages and intervals defined in the *Recommended Immunization Schedule for Children and Adolescents* and *Recommended Immunization Schedule for Adults*. Copies are found in the appendix at the end of this section or at www.health.state.mn.us/divs/idepc/immunize/hcp/schedules.html.
- No vaccine series needs to be started over because of a delay between doses.
- If no written documentation of vaccination exists, the individual is considered unvaccinated and should receive age-appropriate vaccinations according to the catch-up schedule on the *Recommended Childhood and Adult Immunization Schedules*.
- Proof of age-appropriate immunizations, documented on the USCIS form I-693 and signed by a civil surgeon, is required for all refugees and immigrants applying to change their immigration status or to apply for their green card.

Of all the 1,891 refugees who came to Minnesota in 2011, 86 percent had documentation of overseas immunizations; 93 percent who were screened started or continued to receive basic age-appropriate vaccinations.

Key Resources

MDH Immunization Program

www.health.state.mn.us/immunize

651-201-5522

800-657-3970

National Immunization Program Hotline, CDC

www.cdc.gov/vaccines/schedules/index.html

800-232-4636

TTY : 888-232-6348

Minnesota Vaccines for Children (MnVFC) vaccine can be used to administer immunizations needed for the Minnesota Refugee Initial Health Assessment exam. For more information on these free vaccines, call the MnVFC Program at 651-201-5522 or 800-657-3970 (toll free).

Immunizations

Purpose

To ensure that every child and adult refugee is appropriately immunized against vaccine-preventable diseases by determining which immunizations have been administered and initiating or completing vaccinations as recommended.

Background

Outbreaks of vaccine-preventable diseases occur overseas as well as in the United States. High infant mortality from vaccine-preventable diseases in developing countries has led to major global childhood immunization efforts. Recommendations by the World

Health Organization's Expanded Program on Immunizations (EPI) are generally followed by countries worldwide with minor variations in vaccine schedules and spacing of vaccine doses. However newer vaccine products may not yet be introduced in developing countries. Refugees may have had vaccinations in their country of origin, but due to the nature of their departure are unlikely to have vaccination documentation. The majority of vaccines used worldwide are from reliable local or international manufacturers, and no potency problems have been detected, with the occasional exception of tetanus toxoid and the oral polio vaccine (OPV). Only doses of vaccine with written documentation of the date of receipt should be accepted as valid. Self-reported doses of vaccine without written documentation should not be accepted, and patients should be considered unvaccinated



Information Summary

The information that follows is a summary of pertinent information about immunizations. This summary is designed to assist the provider in completing the immunization section of the *Minnesota Initial Refugee Health Assessment* and in providing catch-up immunizations in the event the patient is not fully immunized or is lacking documentation of immunization.



Screening

- Immigrants, refugees, and other non-U.S.-born people need the same age-appropriate vaccinations as any other patients. Follow the Minnesota Department of Health *Recommended Immunization Schedule for Children and Adolescents* and *Recommended Immunization Schedule for Adults* to determine needed vaccinations. These schedules are found in the appendix at the end of this chapter.
- Review existing immunization records. **Documented** immunizations administered overseas are considered valid as long as they were given at the minimum ages and intervals as defined in the immunization schedules. Products and terms for vaccines and vaccine-preventable diseases used throughout the world, along with translations of foreign vaccine-related terms, can be found on the Immunization Action Coalition website. See resources in the appendix.
- Documentation is required! If a patient reports having been vaccinated, but does not have written documentation (including month, year, and preferably, day), consider the patient unvaccinated. Provide the patient with documentation of any immunizations given at your clinic.
- If a patient has started a vaccine series (e.g., hepatitis B) but has not completed it, continue where the patient left off and complete the series. No vaccine series needs to be started over because of a delay between doses, with the exception of oral typhoid vaccine in some situations.
- Students enrolling in a Minnesota school must meet the Minnesota School Immunization Law requirements. Students may have received immunizations at a public health or school-based clinic in order to begin classes, so ask if children have received vaccinations since arriving in the U.S. The Minnesota immunization registry (MIIC) may have the most recent immunization information, don't forget to check there.
- Persons who are 18 years of age or older, including foreign-born adults, do not need polio vaccination unless they are traveling to a country where wild poliovirus still exists.
- Adults do not need measles, mumps, and/or rubella vaccine if they were born before 1957, if they have lab evidence of immunity, or if they have a physician-diagnosed disease history (for measles and mumps only). Women born prior to 1957 may be considered susceptible if they have the potential to become pregnant and serologic testing may be recommended.

- Proof of age-appropriate immunizations, documented on the USCIS form I-693 and signed by a civil surgeon, is required for all refugees and immigrants applying to change their immigration status or applying for their green card. This change of status application can be made at any time after they have resided in the U.S. a minimum of one year. The I-693 form can be completed by any public or private provider, but the refugee or immigrant must have it signed by a designated U.S. civil surgeon. Licensed medical doctors (MDs) can apply for civil surgeon status from the United States Citizenship and Immigration Services (USCIS). The number of physicians given this designation is limited by the USCIS. A list of civil surgeons who serve Minnesota and surrounding states can be found in the appendix of the Refugee Health Program section.
- A USCIS blanket waiver allows local health departments that have a licensed physician on staff to sign off on the USCIS form I-693 as a civil surgeon *for refugees only*. See the memo on page 1-D in the appendix of the Refugee Health Program section for more information.
- As with all patients, assess immunization status at every visit and provide each refugee with a personal immunization record card.
- Vaccines received through the Minnesota Vaccines for Children (MnVFC) program (www.health.state.mn.us/divs/idepc/immunize/mnvfc/index.html) may be used for refugee children through age 18 years. If you are not a MnVFC provider, please contact the Minnesota Health Department (651-201-5522 or 800-657-3970) for enrollment information.
- Refer uninsured adults 19 years of age and older to a clinic that serves un- or underinsured adults, including refugees. A look-up site is located at www.health.state.mn.us/divs/idepc/immunize/adultvax/clinicsearch.html.



Tuberculosis Testing and Vaccinations

A Mantoux tuberculin skin test (TST) and any vaccine can be administered on the same day. If the patient received a live injectable vaccine (e.g., MMR or varicella) the previous day or earlier, the TST must be delayed for at least four weeks because measles vaccination may temporarily suppress tuberculin reactivity yielding a false negative response. If the TST was placed first, there is no need to wait before administration of any vaccine.

Vaccine Information Statements (VIS) are available in many translations from the Immunization Action Coalition website: www.immunize.org/vis.