

# VACCINATIONS IN REFUGEE CHILDREN: NEW YORK STATE AND NEW YORK CITY RECOMMENDATIONS AND GUIDELINES

## Introduction

In 2009, 4,720 refugees arrived in New York State (NYS), exclusive of New York City, including 1,980 aged 18 years and under. Refugees come from diverse regions of the world and with varying histories of immunizations received in their countries of origin. The purpose of this document is to describe the evaluation and updating of immunizations among newly arrived refugee children in NYS.

Definitions (Reference: United States Citizenship and Immigration Services [www.uscis.gov](http://www.uscis.gov))

This document is specific to refugees and others with special status. For the purpose of this document, all eligible persons will hereafter be referred to as “refugees” unless special circumstances apply. Immigrants and non-immigrants are not included in these designations.

## General Overview of Vaccination Requirements for Refugees

Refugees, unlike most other immigrant populations, are not required to have any vaccinations before arrival in the U.S. In addition, many vaccines have limited or no availability in some developing countries or in specific refugee settings. Therefore, most refugees, including adults, will not have completed the ACIP-recommended vaccinations when they first arrive in the U.S.

Since 1996, any person, including a refugee, who seeks an immigrant visa or adjustment of status for permanent residence in the U.S., is required to provide proof of having received all vaccinations of childhood as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

To allow time for immunization assessment, and to facilitate immunization administration, vaccination requirements do not apply to refugees at the time of initial arrival to the U.S. During the medical screening visit for new arrivals, a healthcare provider should review any written vaccination records presented by (o. refuge,n assg86 0 ,er s EMI Dirst arrive in the U.S. )sg8-33sit or tim2dyC0rae i1meder, Tc 0.0t



As of 2009, human papillomavirus vaccine and zoster vaccine are no longer required.

Further information and updates on the required vaccines are available at:

<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>

#### Procedure for Vaccination Assessment Status

1. Determine the age of each applicant
2. Review each applicant's medical history and records
3. Determine the vaccines each applicant needs
4. Assess contraindications and precautions
5. Assess each applicant's laboratory needs

#### Vaccination Documentation

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 doses of vaccines that include the dates of receipt (including month, year, and preferably, day) are acceptable. Documentation must not appear to have been altered, and dates of vaccinations should seem reasonable. Self-reported doses of vaccines without written documentation are not acceptable.

Since most vaccines used worldwide are from reputable or international manufacturers, it is reasonable to assume that any vaccine received by an applicant was of adequate potency. However, the vaccination schedules should be consistent with those recommended by ACIP.

When attempting to verify the immunization status of a refugee under the age of 19 years, the New York State Immunization Information System (NYSIIS) or the NYC Citywide Immunization Registry (CIR), should be utilized. NYSIIS and CIR are web-based immunization registries, that maintain computerized immunization data of persons of all ages (but is expected at minimum to contain information about those under 19 years of age) in a confidential and secure manner. Upon administering immunizations, providers must complete refugee vaccination recording by entering this information into NYSIIS or CIR for those under the age of 19 years; this data entry will facilitate future care and assessment of immunization status.

#### Patients with Incomplete/Nonexistent Vaccine History

If questions exist about whether vaccines have been administered to a refugee child in the past, multiple approaches are possible:

- Assume the patient is unvaccinated and repeat the appropriate vaccinations. Doing so is safe and avoids the need to obtain and interpret serologic tests.
- Count only vaccinations that are well documented (including month, year, and preferably, day of vaccination).
- If patient has started a series but not completed, continue where he/she left off.
- Judicious use of serologic testing can help to determine which vaccinations are needed but is only acceptable for the following diseases:
  - Measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella.

While serologic testing may provide valuable information and may decrease the number of required revaccination doses, testing is expensive, time consuming, and difficult to interpret. In general, revaccination of any questionable dose is the most pragmatic option and assures the highest coverage for vaccine-preventable diseases.

NYS SCHOOL ENTRANCE VACCINATION REQUIREMENTS

## APPENDIX A

### DEFINITIONS:

A refugee is any person who is outside the country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution on

The following additional definitions are included to provide context.

An adjustment of status is a procedure allowing certain aliens already in the U.S. to apply for legal permanent resident status ("Green Card").