

# Vaccination Questions and Answers for Panel Physicians

## General Administration

### 1. What can be considered proof of valid immunizations?

Acceptable immunization documentation must come from a vaccination record, either a personal vaccination record or a copy of the medical record with entries made by a physician or appropriate medical personnel. In general, written vaccination records may be considered valid if the vaccine, date of administration, interval between doses, and age of the patient at the time of vaccination would be appropriate for a comparable vaccine produced in the United States. In addition, knowledge of available vaccines in the panel physician's respective country must be considered. If a panel physician has good reason to believe that vaccination records presented by an applicant are fraudulent, the physician should disregard the records and consider the applicant to be unvaccinated.

### 2. What if the panel physician does not know the age of a child?

In rare cases in which neither the applicant's caregiver nor the panel physician knows the age of a child presenting for immunization, the panel physician should estimate the child's age. If the child has no contraindications and no proof of prior immunization, the child should receive the first dose of a series of vaccines appropriate for the estimated age of the child. Remaining doses of a series can be administered after entry into the United States.

### 3. What vaccines should be administered to a person with an inadequately documented vaccine history?

If the applicant is unable to produce a written vaccination record or if in the panel physician's opinion the record is inadequate, then the applicant should be considered to be unvaccinated. Every effort should be made to vaccinate the applicant unless a contraindication exists, in which case a waiver may be necessary. A child with an HIV-infected parent must be tested for HIV infection before receiving live vaccines.

### 4. For a person who has had no vaccines or whose vaccines are not up to date, do all doses of the required vaccines need to be given before departure for the United States?

Because completion of the vaccine series often requires several months, immigrant visa applicants are not required to have received all doses of the required vaccines prior to departure. Rather, applicants are required to have received at least one dose of each vaccine and are encouraged to receive as many additional doses as possible to complete the series, prior to departure for the United States.

### 5. Is there an immunization requirement for children adopted from other countries by U.S. residents?

Children 10 years of age or younger who are adopted from other countries are exempt from vaccination requirements if the parent adopting the child signs an affidavit that he or she will ensure that the child receives the required vaccinations within 30 days after the child's arrival into the United States.

**6. Is there any risk to the applicant if travel to the United States is initiated shortly after receiving vaccinations?**

There is normally no risk in initiating travel shortly (e.g., the same day) after receiving one or more vaccinations. Even though there is normally no risk in travel shortly after vaccinations, panel physicians may advise that, when feasible, travel be delayed for a few days in case the applicant develops any adverse reaction following vaccination.

**7. What if a child vomits after taking oral polio vaccine (OPV) or rotavirus vaccine?**

Infants can sometimes fail to swallow oral preparations, such as OPV or rotavirus vaccine, after administration. If, in the judgment of the person administering the vaccine, a substantial amount of vaccine is spit out, regurgitated, or vomited shortly after administration (that is, within 5 to 10 minutes), another dose can be administered at the same visit. If this repeat dose is not retained, neither dose should be counted, and the vaccine should be re-administered at the next visit.

**8. What if a required vaccine is not immediately available through the panel physician?**

Normally, the panel physician should refer the applicant to a facility where the vaccine is available. If a vaccine is not routinely available in a country, a medical waiver may be granted. It is the panel physician's responsibility to ensure the quality of all vaccine given to applicants. For example, the panel physician should verify that the cold chain is maintained at outside facilities to which he or she refers applicants.

**9. Is it an acceptable practice to administer several of the required vaccines simultaneously?**

Yes, many of the commonly used vaccines can be safely and effectively administered simultaneously (that is, on the same day but not at the same anatomical site). The simultaneous administration of the most widely used live and inactivated vaccines has not resulted in impaired antibody responses or increased rates of adverse reactions.

**10. If vaccines are administered simultaneously, how and where on the body should they be administered?**

Vaccinators should be familiar with the structural anatomy of the area into which they are injecting a vaccine. An individual decision on needle size and site of injection must be made for each person based on age, the volume of the material to be administered, the size of the muscle, and the depth below the muscle surface into which the material is to be injected. Depending on the age of the recipient, needle length may vary from 5/8 inch (1.6 centimeters) to 1.5 inches (3.8 centimeters). A 22- to 25-gauge needle is appropriate for

most intramuscular vaccines. For subcutaneous injections, a 23- or 25-gauge needle, 5/8 inch (1.6 centimeters) to 3/4 inch (1.9 centimeters) long is recommended. The deltoid muscle is recommended for routine intramuscular vaccination of adults.

The following vaccines are given intramuscularly:

- Diphtheria and tetanus toxoids and pertussis vaccine (DTP)
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)
- Diphtheria and tetanus toxoids for pediatric use (DT)
- Tetanus and diphtheria toxoids for adult use (Td)
- Tetanus and diphtheria toxoids and acellular pertussis vaccine for adult use (Tdap)
- Inactivated poliovirus vaccine (IPV) - can be given subcutaneously
- *Haemophilus influenzae* type b conjugate vaccine (Hib)
- Hepatitis A vaccine (HepA)
- Hepatitis B vaccine (HepB)
- Meningococcal conjugate
- Human papillomavirus (HPV)
- Pneumococcal conjugate (PCV)
- Pneumococcal polysaccharide - can be given subcutaneously
- Trivalent inactivated influenza (TIV)

The following vaccines are given subcutaneously:

- Measles-mumps-rubella (MMR)
- Meningococcal polysaccharide
- Varicella

With regard to an ideal distance between injection sites for multiple vaccinations in the same arm, CDC recommends the following:

- If more than one vaccine preparation is administered simultaneously, it is preferable to administer each at a different anatomic site.
- It is preferable to avoid administering two intramuscular injections in the same limb, especially if DTP is one of the products administered.
- If more than one injection must be administered in a single limb, the thigh is usually the preferred site because of the greater muscle mass; the injections should be sufficiently separated (1 to 2 inches [2.5 to 5.1 centimeters] apart) so that any local reactions are unlikely to overlap.

## 11. Is the storage and handling of vaccines important?

Failure to adhere to recommended specifications for storage and handling of vaccines can weaken these products or make them ineffective. Recommendations included in a product's package inserts, including recommendations for reconstitution, should be followed closely to ensure maximum potency of vaccines. Vaccines should be stored at recommended temperatures immediately upon receipt.

The following vaccines are very sensitive to increased temperature:

- OPV
- Varicella

The following vaccines are sensitive to freezing:

- DTP/DTaP/DT
- Td/Tdap
- IPV
- Hib
- HepA
- HepB
- Meningococcal vaccine
- Rotavirus vaccine
- Pneumococcal vaccine
- Influenza vaccine