



DISASTER RECOVERY INFORMATION

Interim Immunization Recommendations for Individuals Displaced by a Disaster

The purpose of these recommendations is two-fold:

1. **To ensure that children, adolescents, and adults are protected against vaccine-preventable diseases in accordance with current recommendations.** Immunization records are unlikely to be available for a large number of adult and child evacuees. It is important that immunizations are kept current if possible.
2. **To reduce the likelihood of outbreaks of vaccine-preventable diseases in large crowded group settings.** Hepatitis A incidence is low in the United States ; therefore, evacuees housed temporarily in congregate settings should not need hepatitis A vaccine unless they have been evacuated from an area where exposure to hepatitis A virus is likely or have been exposed to persons with suspected or proven hepatitis A infection. Persons who evacuate their homes under orderly conditions at the advisement of state or local officials to a congregate setting where sanitary conditions prevail should not require hepatitis A vaccine.

I. Recommended Immunizations

If immunization records are available:

Children and adults should be vaccinated according to the recommended child, adolescent, and adult immunization schedules.

See:

- Childhood and Adolescent Immunization Schedule. (www.cdc.gov/nip/recs/child-schedule.htm)
- Adult Immunization Schedule (<http://www.cdc.gov/nip/recs/adult-schedule.htm>)

If immunization records are not available:

Children aged 10 years and younger should be treated as if they were up-to-date with recommended immunizations and given any doses that are recommended for their current age. This includes the following vaccines:

- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)
- Inactivated Poliovirus vaccine (IPV)
- *Haemophilus influenzae* type b vaccine (Hib)
- Hepatitis B vaccine (HepB)
- Pneumococcal conjugate vaccine (PCV)
- Measles-mumps-rubella vaccine (MMR)
- Varicella vaccine unless reliable history of chickenpox

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- Influenza vaccine for all children 6-59 months of age, and all children 6 months through 10 years of age with an underlying medical condition that increases the risk for complication of influenza (MMWR 2006 Jul 28;55[RR10]:1-42)
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>.
- As of May 2006, Hepatitis A vaccination is recommended for children 1 year of age and older in the United States (MMWR 2006 May 19;55[RR07]:1-23)
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>.

Children and adolescents (aged 11-18 years) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap)
- Meningococcal conjugate vaccine (MCV) (ages 11-12 and 15 years only)
- Influenza vaccine for all children 6-59 months of age, and all children 6 months through 10 years of age with an underlying medical condition that increases the risk for complication of influenza (MMWR 2006 Jul 28;55[RR10]:1-42)
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>.

Adults (over 18 years of age) should receive the following recommended immunizations:

- Adult formulation tetanus and diphtheria toxoids (Td) if 10 years or more since receipt of any tetanus toxoid-containing vaccine.
- Pneumococcal polysaccharide vaccine (PPV) for adults 65 years of age or older or with a high risk condition (MMWR 1997 Apr 4;46[RR-08]:12-13)
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>.
- Influenza vaccine (MMWR 2006 Jul 28;55[RR10]:1-42)
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>.

School requirements

It is not necessary to repeat vaccinations for children displaced by the disaster, unless the provider has reason to believe the child was not in compliance with applicable state requirements.

II. Crowded Group Settings

In addition to the vaccines given routinely as part of the child and adolescent schedules, the following vaccines should be given to evacuees living in crowded group settings, unless the person has written documentation of having already receive them:

- **Influenza:** everyone 6 months of age or older should receive influenza vaccine. Children 8 years old or younger should receive 2 doses, at least one month apart, **unless they have a documented record of a previous dose of influenza vaccine, in which case they should receive 1 dose of influenza vaccine** (MMWR 2006 Jul 28;55[RR10]:1-42).
See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm>.
- **Varicella:** everyone 12 months of age or older should receive one dose of this vaccine unless they have a reliable history of chickenpox or a documented record of immunization.
- **MMR:** everyone 12 months of age or older and born during or after 1957 should receive one dose of this vaccine unless they have a documented record of 2 doses of MMR.

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- **Hepatitis A:** although hepatitis A vaccine is recommended for all children in the U.S. aged 12-23 months, evacuation itself is not a specific indication for hepatitis A vaccination of previously unvaccinated children per se unless exposure to hepatitis A virus is suspected. Persons who evacuate their homes under orderly conditions at the advisement of state or local officials to a congregate setting where sanitary conditions prevail should not require hepatitis A vaccine, unless they have been evacuated from an area where exposure to hepatitis A virus is likely or have been exposed to persons with suspected or proven hepatitis A infection.

Immunocompromised individuals, such as HIV-infected persons, pregnant women, and those on systemic steroids, should not receive the live viral vaccines, varicella and MMR. Screening should be performed by self-report.

Documentation

It is critical that all vaccines administered be properly documented. Immunization records should be provided in accordance with the practice of the state in which the vaccine is administered. Immunization cards should be provided to individuals at the time of vaccination.

Standard immunization practices should be followed for delivery of all vaccines, including provision of Vaccine Information Statements. See: <http://www.cdc.gov/nip/publications/VIS/default.htm>.

Diarrheal diseases

Vaccination against typhoid and cholera are not recommended. Both diseases are extremely rare in the United States, and there is no vaccine against cholera licensed for use in the United States.

Rabies

Rabies vaccine should only be used for post-exposure prophylaxis (e.g., after an animal bite or bat exposure) according to CDC guidelines.

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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