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UPDATED VACCINATION REQUIREMENTS FOR IMMIGRANTS

DGMQ and Vaccines:

CDC's Division of Global Migration and Quarantine (DGMQ) writes Technical Instructions for medical examinations of immigrants and refugees. Proof of vaccination is a required part of the immigrant assessment to protect the public and individuals from specific preventable diseases.

Vaccination Criteria for Immigrants:

DGMQ uses the criteria for ACIP*-recommended vaccines at regular periods, as needed, to decide which vaccines will be required for U.S. immigration:

- The vaccine must be age-appropriate* for the immigrant applicant, AND
- The vaccine must protect against a disease that has the potential to cause an outbreak, OR
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States.

**ACIP recommends vaccines for the general U.S. population. These ACIP recommendations are used to decide which vaccines are age-appropriate for immigrant applicants.*

Physicians with questions regarding which vaccines should be required of an immigrant applicant can refer to the vaccination chart (back of form) and the following websites:

<http://www.cdc.gov/vaccines/schedules> and

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



Vaccination Requirements:

As of December 14, 2009, proof of vaccination against these diseases is required*:

- | | |
|---------------------------------------|--------------------------------------|
| • Haemophilus influenzae type B (Hib) | • Pneumococcal Disease |
| • Hepatitis A | • Polio |
| • Hepatitis B | • Rotavirus |
| • Influenza | • Tetanus, Pertussis, and Diphtheria |
| • Measles, Mumps, and Rubella | • Varicella |
| • Meningococcal Disease | |



If you have an application on your smartphone that will read QR codes, or a camera on your phone, you can scan the code shown here to get immediate access to online content!

**As of December 14, 2009 the human papillomavirus (HPV) and zoster vaccines are not required for immigrants.*

General Vaccination Tips:

- For vaccines that entail a series of doses, only one dose is required for admission to the United States.
- Multiple vaccines may be given simultaneously, but multiple body sites should be used. There is no limit to the number of vaccines that may be given simultaneously.

Department of State (DS)-3025 Vaccination Documentation Worksheet:

- The panel physician should not sign the Worksheet until after vaccines are administered.
- Every row should have at least one notation or check mark.
- Most applicants will require a blanket waiver (no application needed).
- The panel physician should provide a copy of the DS-3025 Worksheet directly to each applicant.



Table: Requirements for routine vaccination of immigrants examined overseas who are not fully vaccinated or lack documentation.

Vaccine	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	NO		"YES. For 7 through 10 years old, Tdap required if not fully immunized with DTaP; if Tdap not available, Td acceptable." "YES. For ≥ 11 years old, Tdap required; if Tdap not available, Td acceptable."			
Polio (IPV/OPV)	NO	YES				NO	
Measles, Mumps, and Rubella		NO		YES, if born in 1957 or later			
Rotavirus*	NO	YES 6 weeks to 8 months	NO		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 (MCV)		NO	NO		Yes 11 through 18 years old	NO	
Varicella		NO			YES		
Pneumococcal	NO	YES, 2 through 59 months old (administer PCV)			NO		YES (administer PPSV)
Influenza	NO	YES, ≥ 6 months (annually each flu season in country of exam).					

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 (Boostrix for persons ≥ 10 years old; Adacel for persons 11through 64 years old); IPV=inactivated poliovirus vaccine (killed); OPV=oral poliovirus vaccine (live); Hib=Haemophilus influenzae type b conjugate vaccine; MCV=meningococcal conjugate vaccine; PCV=pneumococcal conjugate vaccine; PPSV=pneumococcal polysaccharide vaccine.

*Rotavirus vaccination should not be initiated for infants aged 14 weeks 6 days or older.

Adapted from ACIP recommendations.



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