



TOOL  
**3**

## 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.

# TOOL 3

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

Vaccine	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					
Td/Tdap		NO					
Polio (IPV/OPV)	NO						
Measles, Mumps, and Rubella							
Rotavirus*	NO	YES	6 weeks to 8 months				
Hib	NO		2 through 59 months old				
Hepatitis A		NO		YES 12 through 23 months old			
Hepatitis B				YES, through 18 years old			
Meningococcal (MCV)					YES 11 through 18 years old		
Varicella		NO			YES 18 years old		
Pneumococcal	NO	YES, 2 through 59 months old (administer PCV)					
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 and acellular pertussis vaccine; DT=pediatric formulation diphtheria and tetanus toxoids; Td=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.

