

Newcomer Immunization Guidance for Health Professionals

Minnesota has welcomed an increasing number of newcomers. Many of those arriving are from Central and South America (Mexico, Venezuela, Colombia, Ecuador), West Africa, and Eastern Europe. Depending on their country of origin and immigration status, a newcomer's vaccination status may be uncertain. It is critical to assess immunization status of newcomers and provide vaccination at the earliest opportunity due to the high risk for disease outbreak in congregate settings. Utilize these recommendations and resources to evaluate and update immunizations when working with newcomers.

Evaluation of vaccination records

Self-reported vaccine doses without written documentation are not acceptable. If vaccination records are not available, vaccination is necessary.

- Determine which vaccines are due based on current Advisory Committee on Immunization Practices (ACIP) recommendations, age, and immunization history and provide vaccinations as needed.
- Vaccine doses administered outside the U.S. should be accepted as valid if:
 - Schedules and doses are compatible with current [CDC: ACIP Vaccine Recommendations and Schedules \(www.cdc.gov/vaccines/acip/recommendations.html\)](http://www.cdc.gov/vaccines/acip/recommendations.html).
 - Dates of vaccine receipt (month, day, and year) are provided. Consider possible reversal of month and day [dd-mm-yyyy]) as is the standard in many countries outside of the U.S.
 - The document does not appear to have been altered and dates of vaccinations are reasonable. While falsification of records is rare, if there is a concern about the validity of documented vaccines, revaccination is recommended.
- Invalid doses should be repeated (e.g., record indicates a vaccine dose was given before birth, spacing or timing of vaccination is not compatible with ACIP recommendations).
- Vaccine names may be documented in languages other than English, or the names or components of vaccines may be unfamiliar to US clinicians. Language translation assistance is available at:
 - [VaxRef Form https://forms.web.health.state.mn.us/form/vaxref](https://forms.web.health.state.mn.us/form/vaxref)
 - [WHO Immunization Data portal \(https://immunizationdata.who.int/global?topic=Vaccination-schedule&location=COL\)](https://immunizationdata.who.int/global?topic=Vaccination-schedule&location=COL)
 - [CDC: Pink Book Appendix B: Vaccines \(www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/vpd-multiple-languages.pdf\)](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/vpd-multiple-languages.pdf)
 - [NMDOH: Foreign Language Terms - Aids to translating foreign immunization records \(www.nmhealth.org/publication/view/help/453/\)](http://www.nmhealth.org/publication/view/help/453/)

Check the Minnesota Immunization Information Connection (MIIC) for immunization records. Enter historical records and all vaccines administered into MIIC. Provide newcomers with a printed copy of their immunization record. For more information visit [Minnesota Immunization Information Connection \(MIIC\) \(www.health.state.mn.us/people/immunize/miic/index.html\)](http://www.health.state.mn.us/people/immunize/miic/index.html).

Serologic testing before vaccination

Serologic testing is generally not recommended. When vaccination records are unavailable, an age-appropriate vaccination schedule should be initiated. The cost of testing may be a deterrent to patients and may lead to a missed opportunity to vaccinate. Serologic testing for certain antigens may be considered when the clinician determines that it is in the best interest of the patient. Follow [CDC: ACIP Vaccine Information Sources Guidelines for Immunization \(www.cdc.gov/vaccines/hcp/acip-recs/general-recs/special-situations.html\)](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/special-situations.html).

Vaccination administration

Extra doses of vaccines

Adverse events attributed to excess vaccination are rare and side effects are generally mild. All adverse events requiring medical attention should be reported to the [Vaccine Adverse Event Reporting System \(http://vaers.hhs.gov/index\)](http://vaers.hhs.gov/index). Give all vaccines that are due. If the patient objects, discuss a plan of action for how to return to complete needed vaccinations. Consider the likelihood of returns as part of this plan. [CDC: ACIP Timing and Spacing Guidelines for Immunization \(www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html\)](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html).

Identify potential contraindications and precautions to vaccination

Document any contraindications or precautions to vaccines. Use [CDC: ACIP Contraindications Guidelines for Immunization \(www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html\)](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html). Vaccines should be deferred when a precaution or contraindication is present.

Vaccine Information Statements (VISs)

The National Childhood Vaccine Injury Act requires all health care providers in the U.S. who administer vaccine to provide a copy of the relevant VIS to either the adult receiving a vaccine or, in the case of a minor, to the parent or legal representative. Vaccine information sheets are available in over 40 languages on [Immunize.org: VIS Translations \(www.immunize.org/vis-translations/spanish/\)](http://www.immunize.org/vis-translations/spanish/).

Vaccination prioritization

Vaccine prioritization should include the patient's risk for contracting or spreading specific infections, concerns about certain vaccines or number of vaccines recommended, and resources available at the clinics serving the newcomer population.

Children

All ACIP recommended vaccinations should be offered to children in need. It is especially important to provide MMR and varicella vaccinations to prevent disease outbreaks when children are living in congregate settings.

The Minnesota Vaccines for Children Program (MnVFC) provides free vaccine to all uninsured, underinsured and Medicaid-eligible children in Minnesota. If you have questions about vaccine supply for the children you are serving visit [Minnesota Vaccines for Children Program \(MnVFC\) \(www.health.state.mn.us/people/immunize/hcp/mnvfc/index.html\)](http://www.health.state.mn.us/people/immunize/hcp/mnvfc/index.html).

Child care and school requirements for children

Following the ACIP guidelines for all recommended immunizations will assure that every child is eligible for child care and school attendance. Use [CDC: Birth-18 Years Immunization Schedule \(www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html\)](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html) to determine when children should return for their next dose of vaccine. Details on Minnesota's Immunization Law and what is required for child care and

school can be found on [Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](http://www.health.state.mn.us/people/immunize/basics/kids.html). If possible, provide parents with a copy of their child's immunization record to share with child care providers and schools.

Adults

The Uninsured and Underinsured Adult Vaccine Program (UUAV) provides vaccine to uninsured and underinsured adults throughout Minnesota. If you have questions about enrolling in the program to obtain vaccine for the uninsured adults you are serving visit [Uninsured and Underinsured Adult Vaccine Program \(www.health.state.mn.us/people/immunize/hcp/uuav/index.html\)](http://www.health.state.mn.us/people/immunize/hcp/uuav/index.html).

Uninsured adult newcomers staying in congregate settings rely on a vaccine supply with limited resources. Use the following list to prioritize which vaccine(s) should be given. They are prioritized due to outbreak transmission risk:

- MMR (if born in 1957 or later)
- Varicella (if no history of chickenpox disease)
- Tdap
- COVID-19
- Influenza (seasonal administration)

If an adult newcomer does not have documentation of receiving these vaccines, a dose of each should be given if possible. Additional vaccines should be given according to patient need, vaccine availability and the [CDC: Adult Immunization Schedule by Age \(www.cdc.gov/vaccines/schedules/hcp/imz/adult.html\)](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html).

Questions?

If you have questions about vaccine administration for newcomers contact the Minnesota Department of Health (MDH) at health.vaccineSME@state.mn.us.

Minnesota Department of Health
Refugee and International Health Program | refugeehealth@state.mn.us
Vaccine-Preventable Disease Section | health.vaccine.SME@state.mn.us
PO Box 64975, St. Paul, MN 55164-0975
www.health.state.mn.us/refugee and www.health.state.mn.us/immunize

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To obtain this information in a different format, call: 651-201-5414.