

# VACCINATIONS IN REFUGEE CHILDREN: NEW YORK STATE AND NEW YORK CITY RECOMMENDATIONS AND GUIDELINES

## **Introduction**

In 2009, 4,720 refugees arrived in New York State (NYS), exclusive of New York City, including 1,980 aged 18 years and under. Refugees come from diverse regions of the world and bring with them varying histories of immunizations received in their countries of origin. The purpose of this document is to describe the evaluation and updating of immunizations among newly arrived refugee children in NYS.

**Definitions** (Reference: United States Citizenship and Immigration Service, [www.uscis.gov](http://www.uscis.gov))

This document is specific to refugees and others with similar status. For the purpose of this document, all eligible persons will hereafter be referred to as “refugees” unless special circumstances apply. Immigrants and non-immigrants are **not** included in these designations.

## **General Overview of Vaccination Requirements for Refugees**

Refugees, unlike most other immigrant populations, are not required to have any vaccinations before arrival in the U.S. In addition, many vaccines have limited or no availability in some developing countries or in specific refugee settings. Therefore, most refugees, including adults, will not have completed the ACIP-recommended vaccinations when they first arrive in the U.S.

Since 1996, any person, including a refugee, who seeks an immigrant visa or adjustment of status for permanent residence in the U.S., is required to show proof of having received all vaccinations of childhood as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

To allow time for immunization assessment, and possible immunization administration, vaccination requirements do not apply to refugees at the time of their initial arrival to the U.S. During the medical screening visit for new arrivals, a healthcare provider should review any written vaccination records presented by the refugee, assess reported vaccinations for adherence to acceptable U.S. recommendations, and subsequently, initiate necessary immunizations. See the following link for more information about the Refugee Health Program in NYC: <http://www.nyc.gov/html/doh/html/refugee/refugee2.shtml> or call 311 if located in NYC. For more information about the Refugee Health Program for regions outside of New York City contact the NYS Department of Health, Refugee Health Program at (518) 473 – 1178.

A translation of vaccine terminology is available to help providers determine if vaccination records are complete: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf>.

## **Medical Screening**

### *Newly Arrived Refugees*

A medical examination is mandatory for all refugees before coming to the U.S. Before arriving in the U.S., refugees must have undergone a medical examination as part of the resettlement process to identify the presence or absence of certain physical or mental disorders. There can be as much as a 12 month time span between the overseas medical examination and arrival to the U.S. In NYS, it is recommended that all refugees undergo a medical examination, preferably by a Refugee Health Program contracted medical provider, within 90 days of arrival. In addition, the refugee should be assisted with the establishment of primary care.

### *Refugee Applying For Adjustment of Status or Permanent U.S. Resident Status*

Any refugee applying for adjustment of status in the U.S. must have an evaluation by a civil surgeon of all vaccination records. A civil surgeon is a physician who has completed official training to perform medical examinations in the U.S. for aliens applying for adjustment of their immigration status to that of permanent resident. The technical instructions for civil surgeons, in their entirety, are available on the

CDC's website at: <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/technical-instructions-civil-surgeons.html>.

The civil surgeon must record the vaccination assessment results on Form I-693, and those vaccines determined to be required must be administered. The civil surgeon may refer the applicant to another healthcare provider to complete the required vaccine series. In such a case, the civil surgeon must not complete Form I-693 until the applicant returns with a written record from the referral healthcare provider that documents the vaccines administered and the dates of administration. A copy of Form I-693 can be found at: <http://www.uscis.gov/files/form/i-693.pdf>

For the purposes of **vaccination assessment for refugees only**, local health departments are given a blanket civil surgeon designation<sup>1</sup> to allow performance of this function in lieu of a civil surgeon. In NYS, county health department participation is voluntary and varies by county.

### **Vaccination Assessment**

During the medical screening visit for new arrivals, a healthcare provider (in NYS, preferably a Refugee Health Program contracted medical provider) should review any written vaccination records presented by the refugee, assess reported vaccinations for adherence to U.S. recommendations and NYS school entry requirements, and subsequently, initiate necessary immunizations. Checking for laboratory evidence of immunity (i.e., antibody levels) is an acceptable alternative to written immunization records, but should be used judiciously. Serologic testing is only acceptable for measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella when previous vaccination or disease exposure is likely. Detailed information about the immunization evaluation for newly arrived refugees can be found at: <http://www.cdc.gov/immigrantrefugeehealth/pdf/immunizations-guidelines.pdf>.

### *Required Vaccinations*

The required vaccines are those listed on the age-based immunization schedules recommended by ACIP, available at: <http://www.cdc.gov/vaccines/recs/schedules/>. Applicants are not required to have received *all* doses of the ACIP-recommended vaccines to fulfill the vaccination requirements, but at a minimum should be “in process” to complete the required vaccinations. An applicant should be considered to be “in process” for completion of required vaccinations if (a) an applicant has received at least the first dose in each immunization series required (except in the case of live vaccines in which it is acceptable for a child to wait 28 days after one live vaccine administration before receiving another live vaccine, in the event the vaccines were not given on the same day) and has age appropriate appointments to complete the immunization series or (b) an applicant is obtaining serologic tests and has age appropriate appointments to complete the immunization series once it is known serologic tests are negative. Age appropriate means that appointments are scheduled according to the age appropriate intervals defined in the most current ACIP schedule.

The following age-appropriate vaccinations are **required** for adjustment of status applicants, based on the above criteria or per INA Section 212 (8 U.S.C. § 1182)(a)(1)):

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella
- Rotavirus
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Meningococcal
- Varicella
- Pneumococcal
- Influenza

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<sup>1</sup> Blanket civil surgeon designation does not apply to the vaccination assessment of an applicant who has been granted asylum. Asylees must schedule an appointment with a physician who has been designated as a civil surgeon.

As of 2009, **human papillomavirus vaccine and zoster vaccine are no longer required.**

Further information and updates on the required vaccines are available at:

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

#### *Procedure for Vaccination Assessment Status*

1. Determine the age of each applicant
2. Review each applicant's medical history and records
3. Determine the vaccines each applicant needs
4. Assess contraindications and precautions
5. Assess each applicant's laboratory needs

#### *Vaccination Documentation*

Acceptable vaccination documentation must come from a vaccination record, either a personal vaccination record or a copy of a medical chart with entries made by a physician or other appropriate medical personnel. Only those records of doses of vaccines that include the dates of receipt (including month, year, and preferably, day) are acceptable. The document must not appear to have been altered, and dates of vaccinations should seem reasonable. **Self-reported doses of vaccines without written documentation are not acceptable.**

Since most vaccines used worldwide are from reliable local or international manufacturers, it is reasonable to assume that any vaccine received by an applicant was of adequate potency. However, the vaccination schedules should be consistent with those recommended by ACIP.

When attempting to verify the immunization status of a refugee under the age of 19 years, the New York State Immunization Information System (NYSIIS) or the NYC Citywide Immunization Registry (CIR), should be utilized. NYSIIS and CIR are web-based immunization registries, that maintain computerized immunization data of persons of all ages (but is expected at minimum to contain information about those under 19 years of age) in a confidential and secure manner. Upon administering immunizations, providers must complete refugee vaccination recording by entering this information into NYSIIS or CIR for those under the age of 19 years; this data entry will facilitate future care and assessment of immunization status.

#### *Patients with Incomplete/Nonexistent Vaccine History*

If questions exist about whether vaccines have been administered to a refugee child in the past, multiple approaches are possible:

- Assume the patient is unvaccinated and repeat the age-appropriate vaccinations. Doing so is safe and avoids the need to obtain and interpret serologic tests.
- Count only vaccinations that are well documented (i.e. including month, year, and preferably, day of vaccination).
- If patient has started a series but not completed it, continue where he/she left off.
- Judicious use of serologic testing can help to determine which vaccinations are needed but is only acceptable for the following diseases:
  - Measles, mumps, rubella, hepatitis A, hepatitis B, polio, and varicella.

While serologic testing may provide valuable information and may decrease the number of required revaccination doses, testing is expensive, time consuming, and difficult to interpret. In general, revaccination of any questionable dose is the most pragmatic option and assures the highest coverage for vaccine-preventable diseases.

## **NYS SCHOOL ENTRANCE VACCINATION REQUIREMENTS**

New York State Public Health Law (PHL) § 2164 requires immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenza type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B for all NYS students. Refugee children seeking admission to NYS schools should be allowed to attend school while the school ascertains the child's immunization status and the person in parental relation to the child arranges for immunizations, if necessary.

PHL § 2164 provides that no school shall allow a child to attend for more than 14 days without a proper certificate, or some other acceptable evidence, of immunization. Acceptable evidence of immunization includes a proper certificate of immunization (10 NYCRR § 66-1.3(a)), a statement from a physician or health facility that a child is “in process” (10 NYCRR § 66-1.3(b)), a medical exemption (10 NYCRR 66-1.3(c)), or a religious exemption (10 NYCRR 66-1.3(d)). However, when a student is transferring from another country, PHL§ 2164 states that a principal (or other designee) may allow that child to attend school for up to 30 days if there is evidence of a good faith effort to obtain immunizations or proof of past immunization via serologic testing. The NYSDOH strongly recommends that schools permit each student the maximum allowable 30 day period and continue to work with these students and their custodial guardian(s) on a case-by-case basis to achieve complete vaccination. PHL§ 2164 is meant to ensure children’s health and safety and is not meant to be used to keep refugee children from attending school.

Detailed information on NYS school entrance vaccination requirements can be found at: <http://www.health.state.ny.us/prevention/immunization/schools/>.

## **ADDITIONAL RESOURCES**

### *Vaccine Information Statements*

All healthcare providers in the U.S. who administer vaccines to children are required to provide a copy of the relevant Vaccine Information Statement (VIS) to the parent or legal representative. VISs in multiple languages are available through the Immunization Action Coalition's website at: <http://www.immunize.org>.

### *ACIP Statements*

ACIP statements are published in the *Morbidity and Mortality Weekly Report* (MMWR) periodically. Updated ACIP recommendations are available at CDC's website at: <http://www.cdc.gov/vaccines>.

### *Epidemiology and Prevention of Vaccine-Preventable Diseases*

The CDC Pink Book, *Epidemiology and Prevention of Vaccine-Preventable Diseases*, provides an overview of vaccine-preventable infectious diseases and the corresponding vaccines. It serves as a useful companion to ACIP statements and provides appendices that identify search tools and other useful resources. The Pink Book and other immunization materials are available at: <http://www.cdc.gov/vaccines/pubs/pinkbook/>.

### *Translation of Vaccine-Related Terms Into English*

Translation of foreign vaccine terms and vaccine products can be found on the Immunization Action Coalition’s website at: [www.immunize.org/izpractices/p5120.pdf](http://www.immunize.org/izpractices/p5120.pdf) and [www.immunize.org/izpractices/p5121.pdf](http://www.immunize.org/izpractices/p5121.pdf).

### *United States Citizenship and Immigration Service*

U.S. Citizenship and Immigration Services (USCIS) is the government agency that oversees lawful immigration to the U.S. Detailed immigration information can be found on their website at: [www.uscis.gov](http://www.uscis.gov).

## APPENDIX A

### DEFINITIONS:

A **refugee** is any person who is outside the country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Refugees are required to apply for Legal Permanent Resident status one year after entry into and physical presence in the U.S.

An **asylee** is an alien already in the U.S. or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or unable to seek the protection of that country because of persecution or a well-founded fear of persecution because of the alien's race, religion, nationality, membership in a particular social group, or political opinion. An asylee has made a formal application for asylum. Asylees may also petition for immediate family members who are outside of the U.S. to join them in the U.S. If the petition is approved, their family members are granted *derivative asylee status* and may join the asylee in the U.S.

A **parolee** is an alien who appears to be inadmissible to the inspecting officer but who is permitted entry into the U.S. for urgent humanitarian reasons or if entry is determined to be for significant public benefit. Under the immigration laws, parole does not constitute a formal admission to the U.S. and confers only a temporary status to the parolee, requiring him or her to depart the U.S. when the conditions supporting the parole cease to exist (600 INA 212 (d) (5) (a)).

A **Cuban and Haitian entrant** is defined as any individual granted parole status as a Cuban/Haitian entrant or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti; and any other national of Cuba or Haiti who is in removal proceedings under the Immigration and Nationality Act; or has an application for asylum pending with USCIS.

A **victim of human trafficking** is an individual who is subjected to a form of modern-day slavery in which a trafficker(s) lures the person with false promises of employment and a better life. Under Federal law, the term "severe forms of trafficking" can be broken into two categories: Sex trafficking (recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where the commercial sex act is induced by force, fraud, or coercion, or the person being induced to perform such act is under 18 years of age); or Labor trafficking (recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of involuntary servitude, peonage, debt bondage, or slavery).

A **Special Immigrant Visa** is granted for certain Iraqi nationals who have provided faithful and valuable service to the U.S. Government, while employed by or on behalf of the U.S. Government in Iraq, for not less than one year beginning on or after March 20, 2003, and who have experienced or are experiencing an ongoing serious threat as a consequence of that employment.

The following additional definitions are included to provide context.

An **adjustment of status** is a procedure allowing certain aliens already in the U.S. to apply for legal permanent resident status (“Green Card”). By regulation, a refugee is required to apply for permanent resident status one year after arrival. Refugees and asylees both must be physically present in the United States for at least one year after their refugee admission or grant of asylum before they are eligible to file an application for permanent resident status based on their refugee admission or grant of asylum.

An **alien** is any person not a citizen or national of the U.S. ([www.law.cornell.edu](http://www.law.cornell.edu))

A **child** is defined as a person 18 years of age or younger.

An **immigrant** is an alien admitted to the U.S. as a lawful permanent resident. Permanent residents are also commonly referred to as immigrants; however, the Immigration and Nationality Act (INA) defines an immigrant as any alien legally admitted for permanent residence in the U.S., except for persons legally admitted under specific nonimmigrant categories (INA section 101(a)(15)). (Immigrants voluntarily relocate for the promise of better economic conditions, education or family reasons. Refugees are forced to relocate for reasons such as fear of persecution due to war, religion or political opinion.)

A **nonimmigrant** is an alien who seeks temporary entry to the U.S. for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. Most non-immigrants can be accompanied or joined by spouses and unmarried minor (or dependent) children.

NOTE: For the purpose of this document, all eligible persons are referred to as “refugees” unless special circumstances apply. Immigrants and non-immigrants are **not** included in these designations.