

Guide to Reviewing International Immunization Records

For Philadelphia Healthcare Providers

1. Understand the Context

- Newly arrived individuals (immigrants, refugees, asylees, and parolees) may present with immunization records from various countries.
- Countries may have different vaccine requirements, schedules, and intervals.
- Ensuring individuals arriving from outside the U.S. have accurately translated immunization records and are up-to-date on vaccines can help prevent the spread of infectious diseases.

2. Key Principles for Review

Accept Records That Are:

- Written in another language
 - If a record is not in English or cannot be easily translated into English, then request a translated version from the parent.
- Legible and include:
 - Patient name and D.O.B.
 - Vaccine name or abbreviation
 - Date of administration (**most countries will state date as day/month/year**)
 - Name and credentials of provider and/or lot number (if available)
 - Facility or clinic name

Do Not Accept Records That Are:

- Vague (e.g., “up to date”)
- Missing specific dates or the date is not legible
- Verbal reports of immunization

Did you know? Many recent immigrants have received vaccines given by a U.S. appointed civil surgeon abroad before U.S. entry. This USCIS paperwork is separate from their childhood immunization card and parents often have a copy.

3. Check for Valid Doses

Use U.S. ACIP Guidelines:

- **Ensure correct minimum age at vaccination.** Examples include:
 - Many countries provide the first dose of measles at 9 months of age. That dose does not count toward the final series in the U.S. and those children still require two doses separated by 28 days.
 - MenACWY given before age 10 years needs to be repeated at 11-12 years to be counted as valid in the U.S.
 - MMR dose #2 given before age 4 years and after 12 months of age is valid as long as 28 days have elapsed since dose #1.
 - If the final dose of hepatitis B (dose #3 or 4) is given before 24 weeks of life, children need to repeat the dose in order for it to count toward the final series in the U.S.

Guide to Reviewing International Immunization Records

- **Confirm appropriate intervals between doses**
 - Example: A minimum of 4 weeks between live vaccine doses.
- **Verify the total number of doses matches U.S. standards**
 - Note the age at vaccination for each dose as it may affect the number of doses needed.
 - Example: A 4th dose of IPV is not needed if the 3rd dose was given at age 4 years and above and at least 6 months after the last dose.
- **Note different overseas vaccine formulations**
 - Children who have received measles vaccine without rubella or mumps components will need two doses of MMR.
 - In April 2016, the oral polio vaccine (OPV) was changed from a trivalent to a bivalent formulation to decrease the risk of vaccine-associated paralytic disease. Any oral polio vaccine given after April 2016 is invalid in the U.S. and will not count towards the child's required polio series. Inactivated polio intramuscular vaccine (IPV) doses are needed to replace invalid OPV doses.
 - If it is not noted in the overseas record whether the formulation of polio given was oral or intramuscular, then record it as an unknown formulation and revaccinate with IPV to fulfill U.S. requirements.

Tool: [CDC Catch-up Schedules](#)

4. Match Foreign Vaccines to U.S. Equivalents

Use the [Immunize.org](#) and [CDC Pink Book](#) translation tables.

Examples:

- BCG = Tuberculosis (not routinely used in U.S.)
- DTP/DTwP = DTaP equivalent
- Rouvax/Priorix = MMR equivalents

Most overseas "pentavalent" formulations contain diphtheria, tetanus, pertussis, hepatitis B, and haemophilus influenzae type b (Hib). Double check the definition, often located at the bottom or on the back of the vaccination card.

Tools: [Immunize.org International Vaccine Product Guide](#); [CDC Pink Book Immunization Translation Guide](#)

5. Take Action Based on Record Review

If Records Are Not Available:

- Restart the series per the U.S. immunization schedule, providing all necessary age-appropriate vaccines.

If Records Are Complete and Valid:

- Continue with U.S. routine vaccinations.

If Records Are Incomplete:

- Do not restart the entire series.
- Use the ACIP catch-up schedule to provide missing immunizations.
- Revaccination is safe and preferred over under-immunization.

Guide to Reviewing International Immunization Records

6. Use Additional Clinical Judgment

- Accept documented history of disease when reliable (e.g., varicella).
- Consider serologic testing for:
 - o Hepatitis A/B
 - Positive hepatitis A IgG and hepatitis B surface antibody tests indicate immunity from natural disease or vaccination.
 - o Varicella
 - Positive varicella IgG indicates immunity by natural disease or vaccination.
- Attach any relevant serology to the child's health assessment form or vaccine records. For example, include varicella and hepatitis A IgG titers and indicate if the child is immune by serology/natural disease.

7. Document Carefully

- **Import overseas vaccines into the EMR** so that they are reflected in city/state immunization information systems (IIS).
- **Schedule follow-ups:** Provide a scheduled follow-up visit for the vaccine before the patient leaves the clinic and indicate "Catch-up vaccination initiated; follow-up scheduled on [date]" on the daycare or school child health assessment form.

8. Additional Resources

- **CDC Guidance:** <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/immunizations.html>
- **CHOP Interpretation Tips:** <https://www.chop.edu/vaccine-update-healthcare-professionals/newsletter/news-views-interpreting-foreign-immunization-records-and-immunizing-newly-immigrated>
- **Immunize.org Vaccine Product Names:** <https://www.immunize.org/wp-content/uploads/catg.d/p5122.pdf>

Summary Checklist for Providers

Step	Action
Verify	Are records legible and dated?
Review	Are doses age-appropriate and spaced correctly?
Translate	Match foreign product names with U.S. equivalents
Update	Use CDC catch-up schedule if records are incomplete
Document	Input validated info into EMR and/or IIS