

Vaccination Program for U.S.-bound Refugees

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Global Migration and Quarantine

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Accessible version:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html>



The table below describes the overseas immunization schedule for U.S.-bound refugees. As part of this program:

- Refugees (and, where possible, Visa 93 applicants) at participating sites are offered immunizations depending on age, vaccine history, and eligibility. Although the goal is to provide up to 2 doses of each vaccine, the vaccines administered depend on availability and logistics at each site. Receiving states should refer to each arriving refugee's U.S. Department of State's Vaccination Documentation Worksheet (DS-3025) to determine what vaccinations were received overseas.
 - Valid historical vaccination records (such as camp vaccine cards) are counted toward the immunization schedule when applicable. These will be documented in the "vaccine history" columns on the DS-3025 Vaccination Documentation Worksheet.
- First vaccine doses are given during the overseas medical examination, approximately 3–6 months before departure for most refugees.
- Second vaccine doses are typically given 1–2 months after the first dose.
- Refugees who undergo repeated medical examinations overseas may receive additional vaccine doses.
- Live-virus vaccines will not routinely be administered less than 4 weeks before departure, except during disease outbreaks. CDC will provide additional notification to states in most of these situations, but please review each refugee's DS-3025 worksheet.
 - In the event that a live-virus vaccine is given within 4 weeks of departure, tuberculin skin tests (TST), interferon-gamma release assays (IGRA), or other live-virus vaccines (e.g., varicella; oral polio vaccine (OPV); measles, mumps, and rubella (MMR); measles, mumps, rubella, and varicella (MMRV)) should not be administered for at least 28 days. More information is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>. Other routine post-arrival screening and immunization activities should continue in accordance with standard CDC guidance.
- The Technical Instructions for Polio Vaccination, which apply to U.S.-bound refugees, are available at <https://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-polio-vaccination-applicants-us-immigration.html> and <http://www.polioeradication.org/Keycountries/PolioEmergency.aspx>.
- Before hepatitis B vaccination, all refugees participating in this program are tested for hepatitis B virus infection by the hepatitis B surface antigen (HBsAg). All HBsAg results will be documented on the DS forms.
 - HBsAg-positive persons do not receive hepatitis B vaccination overseas. They are counseled about the infection and about transmission prevention. Positive results are documented on the DS forms.
 - HBsAg-negative persons receive up to two hepatitis B vaccine doses overseas, if due and there are no known contraindications.
 - HBsAg-negative household contacts of HBsAg-positive persons may be given an additional (third) dose of hepatitis B vaccine overseas to complete the series for full protection. Because the third dose may be given near the time of departure, states should be aware that HBsAg results may be falsely positive within the first

month after hepatitis B vaccination. CDC advises waiting at least 30 days following receipt of hepatitis B vaccine before testing for HBsAg.

Routine vaccination of U.S.-bound refugees before travel to the United States is not legally required. However, routine vaccinations are strongly recommended and offered overseas as part of this Vaccination Program to protect health, prevent travel delays due to disease outbreaks, and, for children, allow more rapid integration into schools after arrival in the United States.

The vaccination schedule is modified periodically based on changing Advisory Committee on Immunization Practices (ACIP) recommendations, logistics, or availability.

Vaccination Program for U.S.-bound Refugees: Immunization Schedule (updated May 2019)

Prepared by the Immigrant, Refugee, and Migrant Health Branch, Division of Global Migration and Quarantine, CDC

Vaccines Given to Eligible U.S.-bound Refugees (depending on availability and eligibility)	
Age	Vaccines¹
Birth-adult	HepB x 2 doses ²
6 wks-<15 wks	Rotavirus x 2 doses (maximum age for dose 2 is 8 mos)
6 wks-<5 yrs	Hib (x 2 doses if <15 mos; x 1 dose if 15 mos-5 yrs) ³ PCV (x 2 doses if <2 yrs; x 1 dose if 2-5 yrs) ⁴
6 wks -<7 yrs	DTP x 1 dose ⁵
6 wks-<11 yrs	Polio x 2 doses (OPV, IPV, or one of each)
7 yrs-adult	Td x 2 doses MenACWY x 1 dose
≥ 1 yr-<20 yrs ≥ 1 yr-born≥1957	Varicella x 1 dose MMR x 2 doses

Hepatitis B (HepB); Haemophilus influenzae type B (Hib); pneumococcal conjugate vaccine (PCV); diphtheria, tetanus, pertussis (DTP); oral polio vaccine (OPV); inactivated polio vaccine (IPV); tetanus, diphtheria (Td); meningococcal conjugate vaccine with protection against serogroups A, C, W, and Y (MenACWY); measles, mumps, and rubella (MMR)

¹ For some sites in Asia, those ≥6 months old (including adults) may receive the inactivated influenza vaccine (1–2 doses depending on age and vaccination history)

² Refugees are tested for hepatitis B virus infection (HBsAg) before vaccination, and are vaccinated only if negative (and if a dose is due).

³ One dose of Hib vaccine will be recommended for unimmunized asplenic persons regardless of age, and for unimmunized HIV-positive patients up to age 18 years.

⁴ When available, PCV13 will be given to children 6 weeks to <5 years of age. A second dose will be given to children up to age 2 years. One dose of PCV13 will also be recommended for all immunocompromised persons, regardless of age.

⁵ Children residing in refugee camps often receive several doses of whole-cell pertussis (DTwP) as part of the Expanded Program on Immunization (EPI). Children participating in the Vaccination Program for U.S.-bound Refugees will receive only 1 dose of DTwP/DTaP from International Organization for Migration panel physicians, if due, in order to reduce the risk of severe local reactions associated with over-vaccination with these vaccines.