THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Bill McCollum
House of Representatives
Washington, D.C. 20515

Dear Mr. McCollum:

Thank you for the opportunity to provide an update on the Department of Health and Human Services' (HHS) activities related to implementation of Section 341 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, recently signed into law as part of the fiscal year 1997 Department of Defense Appropriation Act.

As your letter indicates, the statute requires that legal immigrants seeking admission to the United States or seeking to adjust their status to that of legal permanent resident of the United States, be vaccinated against certain vaccine-preventable diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Waivers may also be granted as authorized by the statute.

The Centers for Disease Control and Prevention (CDC) is conferring with the Department of State (DOS) and the Department of Justice's (DOJ), Immigration and Naturalization Service (INS), regarding the operational aspects of the law.

To assist the INS and the DOS in implementing their administrative responsibilities in accordance with the Immigration and Nationality Act, CDC is developing guidance for the performance of medical examinations by DOS panel physicians and DOJ civil surgeons. Upon completion, this guidance will include essential provisions that will protect the American public's health by ensuring that (1) immigrants are appropriately immunized, and (2) the incentive for immigrants to produce fraudulent documentation of vaccination is minimized. Among the issues being examined by CDC are: (1) the ACIP recommendations for age-appropriate vaccination for children, adolescents, and adult aliens; (2) availability of vaccines in foreign countries and current administration of those vaccines; and (3) proper circumstances for the granting of waivers.

In conjunction with DOS and DOJ, HHS will diligently pursue efforts to develop appropriate guidance to implement this law in a timely manner. I hope this information is helpful. An identical letter is being sent to Mr. Jon Kyle who cosigned your letter.

Sincerely,

Donna E. Shalala

JON KYL
ARIZONA
702 HART SENATE OFFICE BUILDING
(202) 224-4521

COMMITTEES:
JUDICIARY
INTELLIGENCE
ENERGY AND NATURAL RESOURCES

United States Senate

WASHINGTON, DC 20510-0304

November 14, 1996

STATE OFFICES:
2200 EAST CAMELBACK ROAD
SUITE 120
PHOENIX, AZ 85016
(602) 840-1891

7315 NORTH ORACLE ROAD
SUITE 220
TUCSON, AZ 85704
(520) 575-8633

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
Washington, DC 20201

Dear Madam Secretary:

We are writing to call to your attention a provision of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, recently signed into law as part of the FY 1997 Department of Defense Appropriations Act.

Section 341 of the new act requires that legal immigrants to the United States be vaccinated against certain vaccine-preventable diseases as recommended by the Advisory Committee on Immunization Practices (ACIP). Because this new vaccination requirement applies to applications for immigrant visas or for adjustments of status filed after September 30, 1996, it is important to develop departmental guidelines and regulations to implement this section as soon as possible.

Section 341 of this new immigration law classifies as excludable any alien who fails to prove he or she is free of specified vaccine-preventable diseases. Section 341 also sets forth those circumstances under which the Attorney General, in consultation with the Secretary of Health and Human Services, may waive this ground of exclusion.

As was stated in the conference report accompanying this legislation, it is anticipated that this waiver authority would be exercised in appropriate cases to permit admission of aliens where, for example, an alien has been unable to receive a safe dosage or vaccine in the alien's country of nationality, the alien is a child who is required to complete a series of vaccinations over a specified period of time and has not had reasonable opportunity to complete that course, or other appropriate circumstances.

As the two primary authors of the immunization language, we are interested in learning how and when you plan to implement the new law. We realize that the details involved in the change need to be worked out; however, the new law passed over a month

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ago, and we are eager for it to be implemented. Please provide us by December 10 a detailed update on your plans for implementing section 341.

Thank you for your assistance in this matter. We look forward to hearing from you.

Sincerely,

JON KYL
United States Senator

BILL McCOLLUM
Member of Congress

Dear Civil Surgeon:

On September 30, 1996, the U.S. Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa or adjustment of status for permanent residence to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if: (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all adjustment of status applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that civil surgeons can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective immunization schedules. **These new immunization instructions shall apply to all medical examinations and are now in effect.**

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens in the United States, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens in the United States and The Medical Examination of Aliens Seeking Adjustment of Status Form (I-693), will be revised later this year to formally include these changes. Please note that civil surgeons should continue to give aliens the medical report in a sealed envelope for presentation to INS, however, a **copy** of the supplemental form to I-693 indicating the alien's immunization history should be given to aliens for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS IN THE UNITED STATES
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANTS

March 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since civil surgeons normally see applicants only one time, ACIP's recommendations are not completely translatable to immigrants applying for adjustment of status in the United States. As a result, these instructions and tables have been developed to provide guidance to civil surgeons performing the medical examination in the United States. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants/Refugees who are not Fully Vaccinated (or Have no Documentation) and Examined in the United States.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, *Procedure for Determining Vaccinations Status for Each Vaccine.*

5. Supplemental Form to I-693.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

INS will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. Written Vaccination History

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.* Transfer the applicant's vaccine history to the Vaccine History

section of Supplemental Form to I-693. Only those doses of vaccine that include date of receipt (month, day and year) are acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has evidence of immunity to a disease for which vaccination is required.

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written laboratory evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B, or in the case of chickenpox (varicella), if there is a reliable history of the disease (e.g., dermatologic manifestations). (Applicants who present such evidence of immunity require no further vaccination against those diseases.) (Note the date of the laboratory test, or observation regarding varicella, on the Supplemental Form to I-693).

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the civil surgeon and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine, check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above").

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to I-693**

A completed **copy** of Supplemental Form to I-693 must be provided to each applicant. Continue furnishing the medical exam report to the alien in a sealed envelope for submission to INS. Note: Only the civil surgeon should complete the Supplemental Form to I-693.

8. The civil surgeon should counsel all applicants who do not have a complete series for a vaccine to seek a private physician who can assist the applicant in becoming fully vaccinated.

[**Footnote**] [1]The civil surgeon may refer the applicant to another health care provider to receive required vaccinations. In such a case, the civil surgeon should not complete the Supplemental Form to I-693 until the applicant returns with a written record from

the referral health care provider that notes the vaccines administered and the dates of administration.

Dear Panel Physician:

On September 30, 1996, the United States Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if : (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all immigrant visa applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that panel physicians can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunization, including safe and effective immunization schedules. **These new immunization technical instructions shall apply to all medical examinations and are now in**

effect.

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens and The Medical Examination of Applicants for United States Visas Optional Form (OF-157), will be revised later this year to formally include these changes. Please note that panel physicians must give a **copy** of the supplemental form to OF-157 to all applicants for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax at (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,

Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANT VISA APPLICANTS

March 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since panel physicians normally see applicants only one time, ACIP's recommendations are not completely translatable to practices that occur in foreign countries. As a result, these instructions and tables have been developed to provide guidance to panel physicians performing the medical examination. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants/Refugees who are not Fully Vaccinated (or Have no Documentation) and Examined Overseas.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, *Procedure for Determining Vaccinations Status for Each Vaccine.*
5. Supplemental Form to OF-157.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

The consul officer will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. Written Vaccination History

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.* Transfer the applicant's vaccine history to the Vaccine History section of Supplemental Form to OF-157. Only those doses of vaccine that include date of receipt (month, day and year) are

acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has written laboratory evidence of immunity to a disease for which vaccination is required (note the date of such laboratory evidence on the Supplemental Form to OF-157).

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B. (Applicants who present written laboratory evidence of immunity require no further vaccination against those diseases.)

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not

administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. (You may also wish to consult your country's vaccination schedule, which may be available from your Ministry of Health or the vaccine manufacturer.) If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season

(Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Vaccine Unavailable in Country Where Medical Examination Performed**

When a required vaccine is not licensed and/or available in the country where the medical examination is performed, check the "Vaccine unavailable in country" waiver box for that vaccine.

F. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the panel physician and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine (or the series requirements are not known), check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above").

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to OF-157**

A completed **copy** of Supplemental Form to OF-157 must be provided to each applicant. Note: Only the panel physician should complete the Supplemental Form to OF-157.

8. The panel physician should counsel all applicants who do not have a complete series for a vaccine to seek a private physician in the United States who can assist the applicant in becoming fully vaccinated.

[**footnote**] [1]The panel physician may refer the applicant to another health care provider to receive required vaccinations. In such a case, the panel physician should not complete the Supplemental Form to OF-157 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

Table 1. **REQUIREMENTS FOR ROUTINE VACCINATION OF IMMIGRANTS/REFUGEES WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND ARE EXAMINED OVERSEAS.** **(all vaccines may be given at the same time in different sites of the body)**

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-4 years	5-6 years	7-17 years	18-64 years	65 years or older
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES			NO		
Measles or MR or MMR *	NO	YES, if born after 1956 (if dose given prior to 12 months of age, repeat dose)				NO	
Mumps if MMR * not used	NO	YES, if born after 1956				NO	
Rubella if MR or MMR * not used	NO	YES, if born after 1956				NO	
Hepatitis B	YES				NO		
Varicella	NO	YES					
Pneumococcal	NO					YES	
Influenza	NO					YES annually, each flu season	

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. **MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.**

Vaccine	**Major contraindication** **(Reasons to not give vaccine)**
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.

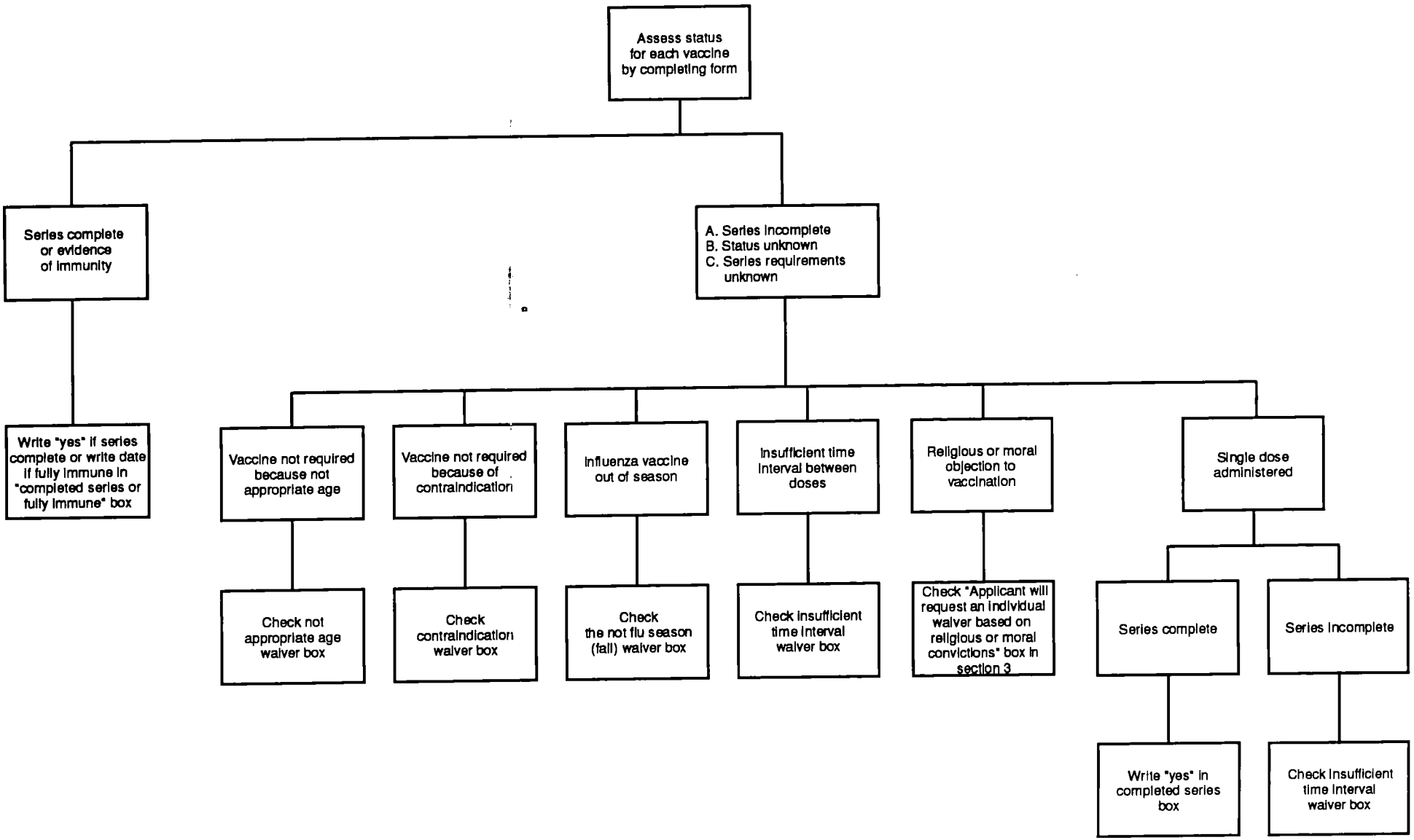
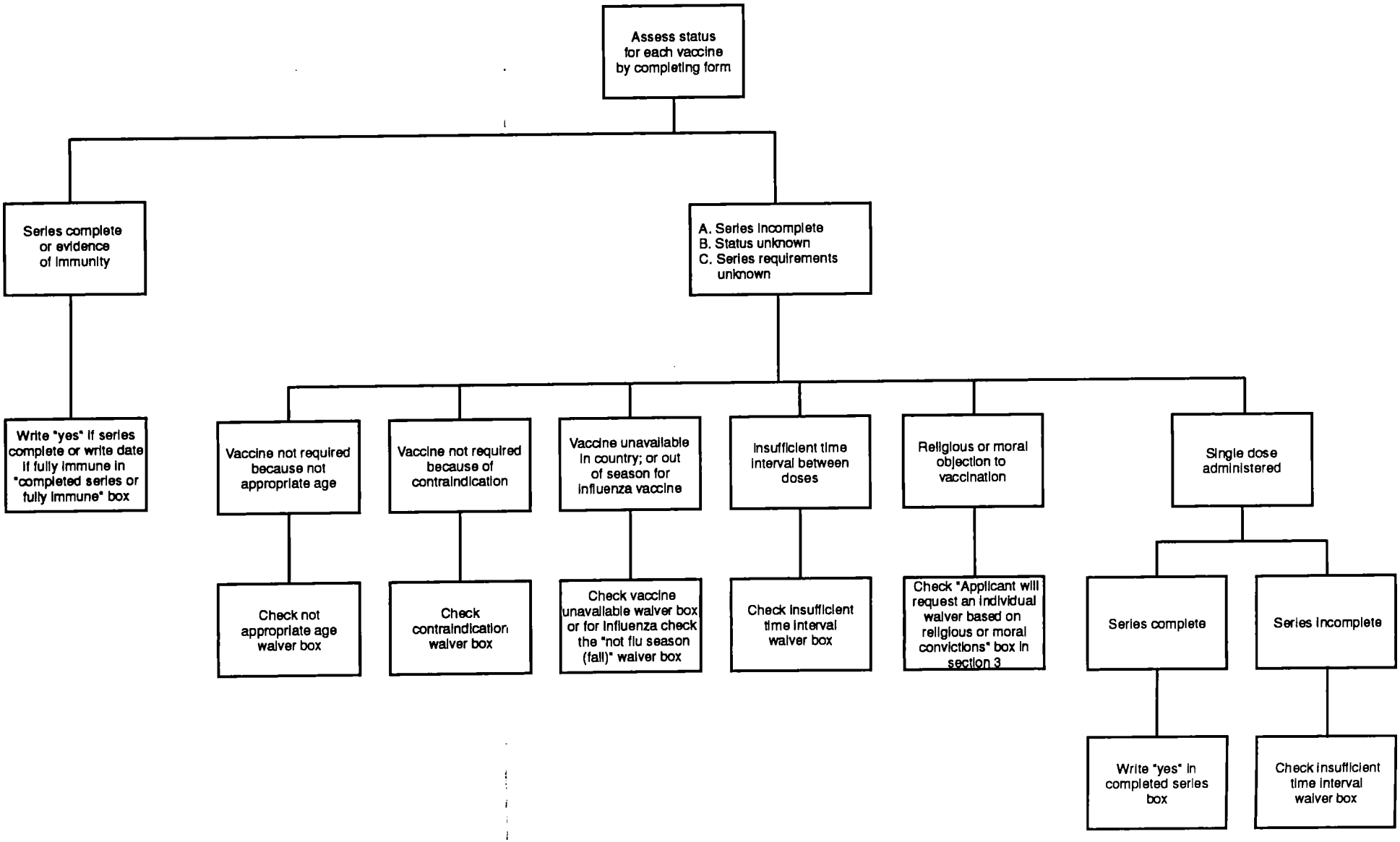


Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.



SUPPLEMENTAL FORM TO I-693

Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

_____ Date of Birth_____
(Family) (Personal) (Middle) (Month, Day, Year)

____Male____Female Passport #_____ Country_____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
							Blanket			
							Not Medically Appropriate			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr		Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season
DT/DTP										////////
Td										////////
Polio (OPV/IPV)										////////
Measles (or MR or MMR)										////////
Mumps (or MMR)										////////
Rubella (or MR or MMR)										////////
Hib										////////
Hepatitis B										////////
Varicella										////////
Pneumococcal										////////
Influenza										

3. Results

- ☐ Applicant may be eligible for blanket waiver(s) as indicated above.
- ☐ Applicant will request an individual waiver based on religious or moral convictions.
- ☐ Vaccine history complete for each vaccine, all requirements met.
- ☐ Applicant does not meet immunization requirements.

4. Civil Surgeon's Identifying Information

Civil Surgeon's Name_____ Date_____
(print or type)

Civil Surgeon's Signature_____

SUPPLEMENTAL FORM TO OF-157

Visa Applicant's Documentation of Immunization
To be completed by panel physician only

1. Applicant Identifying Information

_____ Date of Birth_____
(Family) (Personal) (Middle) (Month, Day, Year)

____Male____Female Passport #_____ Country_____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested				
							Blanket				
							Not Medically Appropriate				
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Panel Phy. Mo/Day/Yr		Not appropriate age	Contra-indication	Vaccine unavailable in country	Insufficient time interval	Not fall (flu) season
DT/DTP											////////
Td											////////
Polio (OPV/IPV)											////////
Measles (or MR or MMR)											////////
Mumps (or MMR)											////////
Rubella (or MR or MMR)											////////
Hib											////////
Hepatitis B											////////
Varicella											////////
Pneumococcal											////////
Influenza											

3. Results

☐ Applicant may be eligible for blanket waiver(s) as indicated above.

☐ Applicant will request an individual waiver based on religious or moral convictions.

☐ Vaccine history complete for each vaccine, all requirements met.

☐ Applicant does not meet immunization requirements.

4. Panel Physician's Identifying Information

Panel Physician's Name_____ Date_____
(print or type)

Panel Physician's Signature_____

Table 1. **REQUIREMEN S FOR ROUTINE VACCINATION OF ADJUSTMENT STATUS APPLICANTS WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND EXAMINED IN THE UNITED STATES. (all vaccines may be given at the same time in different sites of the body)**

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-4 years	5-6 years	7-17 years	18-64 years	65 years or older
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES			NO		
Measles or MR or MMR *	NO		YES, if born after 1956 (if dose given prior to 12 months of age, repeat dose)				NO
Mumps if MMR * not used	NO		YES, if born after 1956				NO
Rubella if MR or MMR * not used	NO		YES, if born after 1956				NO
Hepatitis B	YES				NO		
Varicella	NO		YES				
Pneumococcal	NO						YES
Influenza	NO						YES annually, each fall (flu) season

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. **MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.**

Vaccine	**Major contraindication** **(Reasons to not give vaccine)**
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 3. **VACCINE SCHEDULE FOR ROUTINE IMMUNIZATIONS** *

Vaccine	Vaccine Schedule ***
Tetanus and Diphtheria Toxoids combined and Pertussis Vaccine (DTP)	Three doses 4-6 weeks apart, fourth dose 6-12 months after third, fifth dose at 4-6 years old, if fourth dose given after four years old, no need for fifth dose at 4-6 years old. No need to repeat doses if the schedule is interrupted.
Tetanus and Diphtheria Toxoids Combined (Td)	Two doses 4-6 weeks apart, third dose 6-12 months after the second. No need to repeat doses if the schedule is interrupted. Boosters- single dose every 10 years following completion of DTP/DT/Td series.
Haemophilus influenzae type b Conjugated Vaccine	Three doses 2 months apart (for PedvaxHIB® [Merck] vaccine 2 doses only).
Poliovirus Vaccine: IPV - Inactivated vaccine; OPV - Oral (live) vaccine	OPV or IPV - two doses at 4-8 week intervals, third dose 6-12 months after second.
Measles Vaccine or MR or MMR**	At least one dose on or after first birthday.
Mumps Vaccine or MMR†	At least one dose on or after first birthday.
Rubella Vaccine or MR or MMR**	At least one dose on or after first birthday.
Hepatitis B Vaccine	Three doses: first two 1 month apart, third dose 6 months after first. No need to start series over if schedule interrupted. Can start series with one manufacturer's vaccine and finish with another.
Varicella Vaccine	Two doses separated by 4-8 weeks. If >8 weeks elapse following the first dose, the second dose can be administered without restarting the schedule. CHILDREN LESS THAN 13 YEARS OLD (12 months through 12 years): ONE DOSE ONLY.
Pneumococcal Vaccine	One dose
Influenza Vaccine	One dose annually each fall (flu) season

* Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP).
**These vaccines can be given in the combined form measles-mumps-rubella (MMR) or measles-rubella (MR). Persons already immune to one or more components can still receive MMR.
† This vaccine can be given in the combined form measles-mumps-rubella (MMR).
*** Number of doses required in a series and dose intervals may vary with vaccines used outside of the United States.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Dear Civil Surgeon:

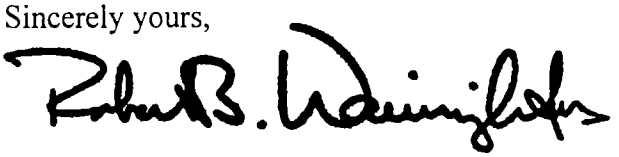
On September 30, 1996, the United States Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa or adjustment of status for permanent residence to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if: (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all adjustment of status applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that civil surgeons can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunizations, including safe and effective immunization schedules. **These new immunization instructions shall apply to all medical examinations and are now in effect.**

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens in the United States, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens in the United States and The Medical Examination of Aliens Seeking Adjustment of Status Form (I-693), will be revised later this year to formally include these changes. Please note that civil surgeons should continue to give aliens the medical report in a sealed envelope for presentation to Immigration and Naturalization Service, however, a **copy** of the supplemental form to I-693 indicating the alien's immunization history should be given to aliens for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,



Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS IN THE UNITED STATES
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANTS

April 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since civil surgeons normally see applicants only one time, ACIP's recommendations are not completely translatable to immigrants applying for adjustment of status in the United States. As a result, these instructions and tables have been developed to provide guidance to civil surgeons performing the medical examination in the United States. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Adjustment of Status Applicants who are not Fully Vaccinated (or Have no Documentation) and Examined in the United States.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.

4. Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.*
5. Supplemental Form to I-693.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

INS will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. **Written Vaccination History**

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine.* Transfer the applicant's vaccine history to the Vaccine History section of Supplemental Form to I-693. Only those doses of vaccine that include date of receipt (month, day and year) are acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has evidence of immunity to a disease for which vaccination is required.

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written laboratory evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B, or in the case of chickenpox (varicella), if there is a reliable history of the disease (e.g., dermatologic manifestations.) (Applicants who present such evidence of immunity require no further vaccination against those diseases.) (Note the date of the laboratory test, or observation regarding varicella, on the Supplemental Form to I-693.)

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity), administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the

"Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the civil surgeon and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine, check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above.")

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to I-693**

A completed **copy** of Supplemental Form to I-693 must be provided to each applicant. Continue furnishing the medical exam report to the alien in a sealed envelope for submission to INS. Note: Only the civil surgeon should complete the Supplemental Form to I-693.

8. The civil surgeon should counsel all applicants who do not have a complete series for a vaccine to seek a private physician who can assist the applicant in becoming fully vaccinated.

[**footnote**] [1]The civil surgeon may refer the applicant to another health care provider to receive required vaccinations. In such a case, the civil surgeon should not complete the Supplemental Form to I-693 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

Table 1. REQUIREMENTS FOR ROUTINE VACCINATION OF ADJUSTMENT OF STATUS APPLICANTS WHO ARE NOT FULLY VACCINATED (OR HAVE NO DOCUMENTATION) AND EXAMINED IN THE UNITED STATES. (all vaccines may be given at the same time in different sites of the bo

Vaccine	Age						
	Birth-1 month	2-11 months	12 months-4 years	5-6 years	7-17 years	18-64 years	65 years or older
DTP; may include DT *	NO	YES			NO		
Td *	NO				YES		
Hib *	NO	YES		NO			
Polio; IPV or OPV *	NO	YES				NO	
Measles or MR or MMR *	NO		YES, if born after 1956 (if dose given prior to 12 months of age, repeat dose)				NO
Mumps if MMR * not used	NO		YES, if born after 1956				NO
Rubella if MR or MMR * not used	NO		YES, if born after 1956				NO
Hepatitis B	YES					NO	
Varicella	NO		YES				
Pneumococcal	NO						YES
Influenza	NO						YES annually, each fall (flu) season

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

Table 2. **MAJOR CONTRAINDICATIONS TO VACCINATIONS LISTED ON TABLE 1.**

Vaccine	**Major contraindication** **(Reasons to not give vaccine)**
DTP *	Neurologic or severe hypersensitivity reaction to prior dose
Td *	Neurologic or severe hypersensitivity reaction to prior dose
Hib *	None identified
Polio	Pregnant; anaphylactic allergy to neomycin or streptomycin; and additionally for OPV *: vaccine recipient or household contact with immunosuppressive therapy or immunodeficiency
Measles (or MR or MMR *)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Mumps (if MMR * not used)	Pregnant; anaphylactic allergy to neomycin or streptomycin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Rubella (if MR or MMR * not used)	Pregnant or receiving immunosuppressive therapy or immunodeficiency; receiving immune globulin received within prior 5 months
Hepatitis B	Anaphylactic allergy to yeast
Varicella	Pregnant; anaphylactic allergy to neomycin or gelatin; receiving immunosuppressive therapy or immunodeficiency; immune globulin received within prior 5 months
Pneumococcal	None identified
Influenza	Anaphylactic allergy to eggs

* DT=pediatric formulation diphtheria and tetanus toxoids, DTP=diphtheria and tetanus toxoids and pertussis vaccine, Td=adult formulation tetanus and diphtheria toxoids, OPV=oral polio vaccine (live), IPV=inactivated polio vaccine (killed), MR=combined measles and rubella vaccine, MMR=combined measles, mumps, rubella vaccine, Hib=*Haemophilus influenzae* type b conjugate vaccine.

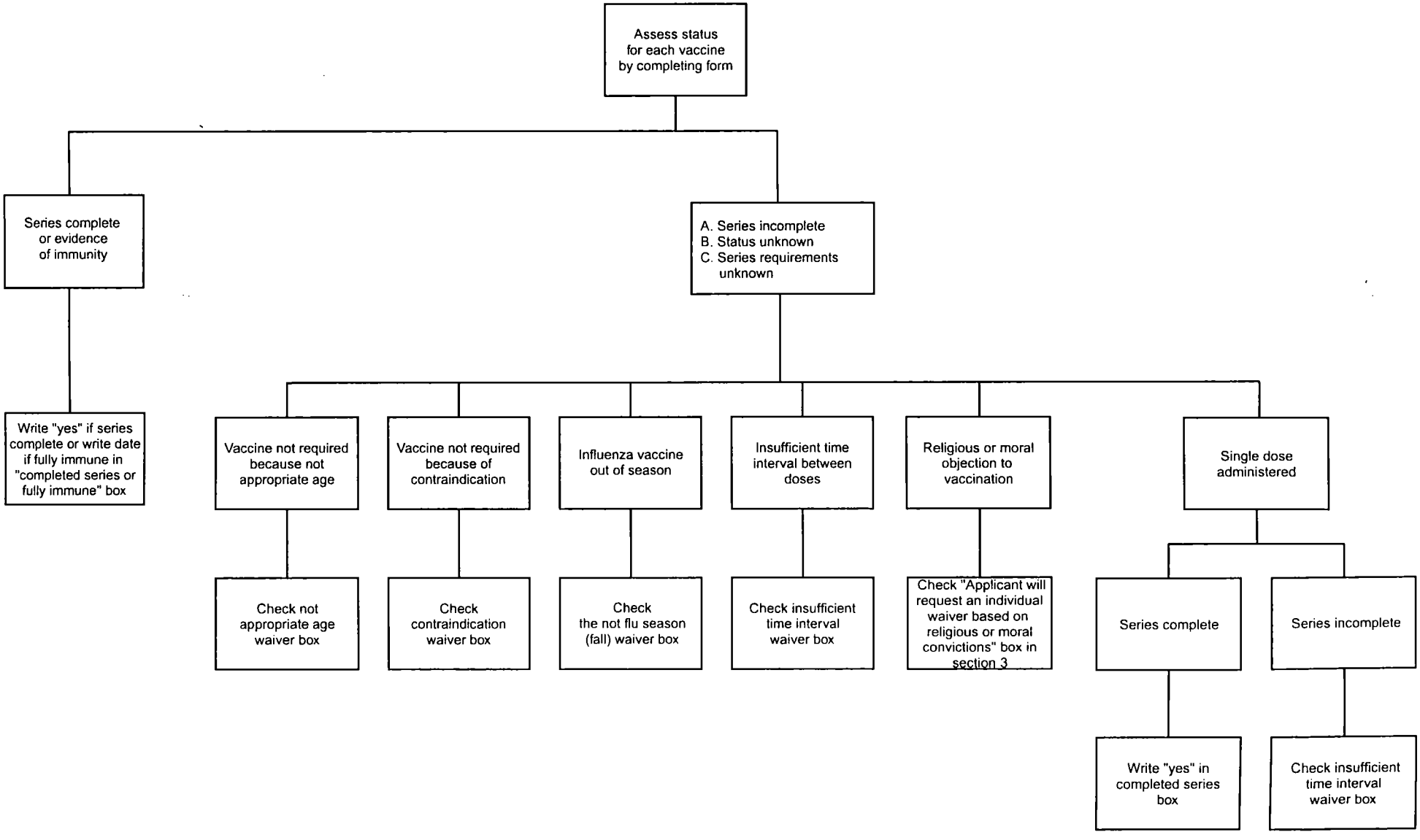
Table 3. VACCINE SCHEDULE F ROUTINE IMMUNIZATIONS *

Vaccine	Vaccine Schedule ***
Tetanus and Diphtheria Toxoids combined and Pertussis Vaccine (DTP)	Three doses 4-6 weeks apart, fourth dose 6-12 months after third, fifth dose at 4-6 years old, if fourth dose given after four years old, no need for fifth dose at 4-6 years old. No need to repeat doses if the schedule is interrupted.
Tetanus and Diphtheria Toxoids Combined (Td)	Two doses 4-6 weeks apart, third dose 6-12 months after the second. No need to repeat doses if the schedule is interrupted. Boosters- single dose every 10 years following completion of DTP/DT/Td series.
Haemophilus influenzae type b Conjugated Vaccine	Three doses 2 months apart (for PedvaxHIB® [Merck] vaccine 2 doses only).
Poliovirus Vaccine: IPV - Inactivated vaccine; OPV - Oral (live) vaccine	OPV or IPV - two doses at 4-8 week intervals, third dose 6-12 months after second.
Measles Vaccine or MR or MMR**	At least one dose on or after first birthday.
Mumps Vaccine or MMR†	At least one dose on or after first birthday.
Rubella Vaccine or MR or MMR**	At least one dose on or after first birthday.
Hepatitis B Vaccine	Three doses: first two 1 month apart, third dose 6 months after first. No need to start series over if schedule interrupted. Can start series with one manufacturer's vaccine and finish with another.
Varicella Vaccine	Two doses separated by 4-8 weeks. If >8 weeks elapse following the first dose, the second dose can be administered without restarting the schedule. CHILDREN LESS THAN 13 YEARS OLD (12 months through 12 years): ONE DOSE ONLY.
Pneumococcal Vaccine	One dose
Influenza Vaccine	One dose annually each fall (flu) season

* Adapted from the recommendations of the Advisory Committee on Immunization Practices (ACIP).
**These vaccines can be given in the combined form measles-mumps-rubella (MMR) or measles-rubella (MR). Persons already immune to one or more components can still receive MMR.
† This vaccine can be given in the combined form measles-mumps-rubella (MMR).
*** Number of doses required in a series and dose intervals may vary with vaccines used outside of the United States.

Chart 1

Procedure for Determining Applicant's Vaccination Status for Each Vaccine.



SUPPLEMENTAL FORM TO I-693

Adjustment of Status Applicant's Documentation of Immunization
To be completed by civil surgeon only

1. Applicant Identifying Information

_____ Date of Birth_____
(Family) (Personal) (Middle) (Month, Day, Year)

____Male____Female Passport #_____ Country_____

2. Immunization Record

Vaccine History Transferred from a Written Record					Vaccine Given	Completed series or Fully immune (Check if YES or write date of lab test if immune)	Waiver(s) to be Requested from INS			
							Blanket			
							Not Medically Appropriate			
Vaccine	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date Rec'd Mo/Day/Yr	Date given by Civil Surgeon Mo/Da/Yr		Not appropriate age	Contra-indication	Insufficient time interval	Not fall (flu) season
DT/DTP										////////
Td										////////
Pc (O. V)										////////
Measles (or MR or MMR)										////////
Mumps (or MMR)										////////
Rubella (or MR or MMR)										////////
Hib										////////
Hepatitis B										////////
Varicella										////////
Pneumococcal										////////
Influenza										

3. Results

☐ Applicant may be eligible for blanket waiver(s) as indicated above.
☐ Applicant will request an individual waiver based on religious or moral convictions.
☐ Vaccine history complete for each vaccine, all requirements met.
☐ Applicant does not meet immunization requirements.

4 vil Surgeon's Identifying Information

Civil Surgeon's Name_____ Date_____
(print or type)

Civil Surgeon's Signature_____

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

Dear Panel Physician:

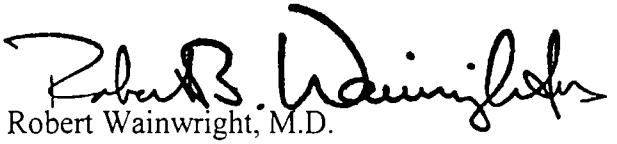
On September 30, 1996, the United States Congress amended the Immigration and Nationality Act by revising the health-related grounds of inadmissibility. A new subsection, **PROOF OF VACCINATION REQUIREMENTS FOR IMMIGRANTS**, has been added and this new subsection requires any alien who seeks an immigrant visa to show proof of having received vaccination against certain vaccine-preventable diseases. Congress also amended the Act to allow the alien to apply for a waiver if : (1) the alien receives the vaccines that were initially missing, (2) the vaccine(s) would not be medically appropriate, or (3) compliance with the vaccination requirement would be contrary to the alien's religious beliefs or moral convictions. This new vaccination requirement applies to all immigrant visa applicants and must therefore be incorporated into the medical exam process. This new vaccination requirement has necessitated that instructions be developed so that panel physicians can include the new requirement as part of the medical examination. The instructions are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP). The ACIP is an advisory committee to the United States Centers for Disease Control and Prevention (CDC) that makes general recommendations on immunization, including safe and effective immunization schedules. **These new immunization technical instructions shall apply to all medical examinations and are now in effect.**

Enclosed are the technical instructions and guidance for implementing the new vaccination requirements. These new instructions on immunization should be added to the document Technical Instructions for Medical Examination of Aliens, June 1991, and be included in the medical examination of all applicants. It is anticipated that the Technical Instructions for Medical Examination of Aliens and The Medical Examination of Applicants for United States Visas Optional Form (OF-157), will be revised later this year to formally include these changes. Please note that panel physicians must give a **copy** of the supplemental form to OF-157 to all applicants for their personal records.

If you have any questions about the new immunization instructions, please write or contact me by fax at (404) 639-2599. Also, we would appreciate receiving any comments or suggestions you might have on the new vaccination requirements.

Thank you for including this new requirement in the medical examination process.

Sincerely yours,



Robert Wainwright, M.D.
Director
Division of Quarantine
National Center for Infectious Diseases

Enclosure

**"ADDENDUM TO THE
TECHNICAL INSTRUCTION FOR
MEDICAL EXAMINATION OF ALIENS
JUNE 1991"**

VACCINATION REQUIREMENTS FOR IMMIGRANT VISA APPLICANTS

April 1997

Background

These instructions and the accompanying tables are based on recommendations made by the Advisory Committee on Immunization Practices (ACIP), an advisory committee to the United States Centers for Disease Control and Prevention (CDC). The ACIP makes general recommendations on immunizations, including safe and effective immunization schedules, for individuals in the United States. These recommendations are directed to health care providers who are in clinical and preventive medicine and who usually provide continuing care, including immunizations. However, because vaccine circumstances and disease prevalence often differ in other countries, and since panel physicians normally see applicants only one time, ACIP's recommendations are not completely translatable to practices that occur in foreign countries. As a result, these instructions and tables have been developed to provide guidance to panel physicians performing the medical examination. The following documents are provided to complement the written instructions below:

1. Table 1, Requirements for Routine Vaccination of Immigrants who are not Fully Vaccinated (or Have no Documentation) and Examined Overseas.
2. Table 2, *Major Contraindications to Vaccinations* Listed on Table 1.
3. Table 3, Vaccine Schedule for Routine Immunizations.
4. Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine*.

5. Supplemental Form to OF-157.

Summary of Vaccination Requirements

Vaccinations Required

In general, an applicant must be administered a single dose of each vaccine listed in Table 1 as part of the medical examination.

Exceptions

1. If the applicant has already received a full series of a particular vaccine (or is immune to that disease), no further doses of that vaccine are required.

or

2. A dose of a particular vaccine is not required if a waiver is requested for that vaccine.

Waivers

Waivers are available under two circumstances:

1. Blanket waivers are available when receipt of a vaccine would not be medically appropriate (categories detailed below).
2. Individual waivers are available based on an individual's religious or moral objection to vaccination.

The consul officer will determine whether the applicant is eligible to receive a particular waiver.

Procedure for Determining Vaccination Status for Each Vaccine

1. **Written Vaccination History**

Obtain the applicant's written record of vaccine history (applicant's personal immunization record). Refer to Chart 1, *Procedure for Determining Vaccination Status for Each Vaccine*.

Transfer the applicant's vaccine history to the Vaccine History section of Supplemental Form to OF-157. Only those doses of vaccine that include date of receipt (month, day and year) are acceptable. Self-reported doses of vaccine without written documentation are not acceptable.

2. **Vaccination Series Complete Prior to Medical Examination**

Review the applicant's records to determine whether the applicant has received a complete series of each vaccine, or has written laboratory evidence of immunity to a disease for which vaccination is required. (Note the date of such laboratory evidence on the Supplemental Form to OF-157.)

A. Check "Yes" in the "Completed Series or Fully Immune" box, if complete for a particular vaccine, or if there is written evidence of immunity to one of the following four diseases: measles, mumps, rubella, or hepatitis B. (Applicants who present written laboratory evidence of immunity require no further vaccination against those diseases.)

B. If the vaccine history indicates that the applicant has received a complete series of **each** vaccine (or is immune to a disease for which a vaccine series has not been completed), check the box in section 3 for "Vaccine history complete for each vaccine, all requirements met."

3. **Vaccination Series Incomplete Prior to Medical Examination - Administration of Vaccines During Medical Examination or Application for Waiver(s)**

If the vaccine history shows that the applicant has not received a complete series of each vaccine (or no evidence of immunity),

administer a single dose of each missing vaccine at the time of the medical examination,[1] note the date in the appropriate box in section 2, and check the box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above," **except** do not administer a dose under the following circumstances that require application for a blanket "Not Medically Appropriate" waiver:

A. **Not Age Appropriate**

Table 1 shows which vaccines are indicated based on the age of the applicant at the time of the medical examination. For each vaccine for which administration is not age appropriate, check the "Not appropriate age" waiver box.

B. **Contraindication**

Table 2 shows the major contraindications to vaccination for each required vaccine. If the applicant has a contraindication, check the "Contraindication" waiver box for that vaccine.

C. **Insufficient Time Interval Between Doses**

Table 3 is the recommended routine schedule for vaccines administered in the United States. (You may also wish to consult your country's vaccination schedule, which may be available from your Ministry of Health or the vaccine manufacturer.) If a dose of a required vaccine has been administered prior to the medical examination, and the minimum interval for receipt of the next dose has not passed, check the "Insufficient time interval" waiver box for that vaccine.

D. **Seasonal Administration of Influenza Vaccine**

Influenza vaccine must be administered to age appropriate applicants only during the flu season (Fall). Check the "Not Flu Season" waiver box at other times of the year.

E. **Vaccine Unavailable in Country Where Medical Examination Performed**

When a required vaccine is not licensed and/or available in the country where the medical examination is performed, check the "Vaccine unavailable in country" waiver box for that vaccine.

F. **Religious or Moral Objection to Vaccination**

When an applicant objects to vaccination based on religious or moral grounds, check the box in section 3 for "Applicant will request an individual waiver based on religious or moral convictions."

4. **Vaccination Series Incomplete <u>After</u> Medical Examination - Waiver**

Completion of a vaccine series is not required to conclude the immigration medical examination, since such a requirement would require multiple visits to the panel physician and could lead to unnecessary delay in the immigration process. If administration of the single dose of a vaccine at the time of the medical examination **does not complete** the series for that vaccine (or the series requirements are not known), check the "Insufficient time interval" waiver box to indicate that additional doses would be required to complete the series for that vaccine (and check the

box in section 3 for "Applicant may be eligible for blanket waiver(s) as indicated above.")

5. **Vaccination Series Complete After Medical Examination**

If administration of the single dose of a vaccine at the time of the medical examination completes the series for that vaccine, check "Yes" in the "Completed Series or Fully Immune" box.

6. **Immunization Requirements Not Met - No Waiver Application**

If the applicant's vaccine history is incomplete, and the applicant refuses administration of a single dose of each missing vaccine or is ineligible for a waiver, check the box in section 3 for "Applicant does not meet immunization requirements."

7. **Copy of Supplemental Form to OF-157**

A completed **copy** of Supplemental Form to OF-157 must be provided to each applicant. Note: Only the panel physician should complete the Supplemental Form to OF-157.

8. The panel physician should counsel all applicants who do not have a complete series for a vaccine to seek a private physician in the United States who can assist the applicant in becoming fully vaccinated.

[**footnote**] [1]The panel physician may refer the applicant to another health care provider to receive required vaccinations. In such a case, the panel physician should not complete the Supplemental Form to OF-157 until the applicant returns with a written record from the referral health care provider that notes the vaccines administered and the dates of administration.

JAMES L. OBERSTAR
8TH DISTRICT, MINNESOTA
2366 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2308
(202) 225-6211
FAX: (202) 225-0699

COMMITTEES:
RANKING DEMOCRAT:
TRANSPORTATION AND INFRASTRUCTURE

Congress of the United States

House of Representatives
Washington, DC 20515-2308

June 25, 1997

DISTRICT OFFICES:
BRAINERD CITY HALL
501 LAUREL STREET
BRAINERD, MN 56401
(218) 828-6460

CHISHOLM CITY HALL
316 LAKE STREET
CHISHOLM, MN 55719
(218) 254-5761

231 FEDERAL BUILDING
DULUTH, MN 55802
(218) 727-7474

ELK RIVER CITY HALL
13065 ORONO PARKWAY
ELK RIVER, MN 55330
(612) 241-0188

ADOPTION BRIEFING ON NEW VACCINATION REQUIREMENTS

Dear Colleague:

As Co-Chairs of the Congressional Coalition on Adoption, we write to invite you to attend an important briefing to update Members and staff on new federal vaccination requirements that will impact intercountry adoptions and the children who have been adopted from overseas. The briefing will take place tomorrow, June 26, from 9:30-10:30 AM in 2456 Rayburn.

A provision included in last year's immigration legislation (P.L. 104-208) requires all individuals seeking permanent entry into the United States must prove that they have been inoculated against all vaccine-preventable diseases. These new regulations are scheduled to take effect on July 1.

Many adoption advocates are concerned that children who are placed for intercountry adoption may be endangered by unsafe or ill-timed vaccinations from their host country. When these children arrive in the United States, their adopted parents typically make arrangements for the child to receive the proper immunizations.

An internationally recognized expert in the medical issues of international adoption will provide the briefing. Dana Johnson, M.D., Ph.D, is the Co-Director of the International Adoption Clinic in Minnesota. Dr. Johnson is also a Professor of Pediatrics, the Director of the Division of Neonatology and the Medial Director of the Neonatal Intensive Care Unit.

We look forward to your participation in this important briefing. If you have any questions, please do not hesitate to contact Chip Gardiner in Representative Oberstar's office at 5-6211.

Sincerely,

Larry E. Craig, U.S.S.
Co-Chair

Tom Bliley, M.C.
Co-Chair

Jim Oberstar, M.C.
Co-Chair

International Adoption Clinic
University of Minnesota

Waiving Immunization Requirements for International Adoptees

Immunizations in the country of origin pose a health risk to children

There is a worldwide shortage of sterile disposable needles/syringes, and sterilization procedures for non-disposable needles and syringes are often grossly inadequate. Hepatitis B and C as well as HIV have been transmitted to adoptees via injections in their countries of origin. Mandating immunization prior to arrival in this country will increase this rate of transmission.

Immunizations given in orphanages are ineffective

Over 50% of international adoptees entering the US during FY 1996 came from orphanages. Data from our clinic clearly show that institutionalized children whose immunization certificates document three or more tetanus and diphtheria vaccines have not developed protective titers of antibody. Reasons for this failure to respond may include factitious immunization practices or utilization of out-dated, poorly stored or biologically impotent vaccine. This poor response may also reflect the inability of children to respond to vaccines while in highly stressful environments. However, although the underlying reason is not presently understood, the implication is obvious: vaccines administered in foreign orphanages are not protective.

The immunizations mandated may not be appropriate for all children

The American Academy of Pediatrics sets the standards for childhood immunization practices. All government-mandated immunization programs should conform to the Academy's recommendations which specify the appropriate timeline for vaccine administration. In addition, particular vaccines (*e.g.*, oral polio vaccine) are contraindicated in immunocompromised children. Since children in orphanages cannot be appropriately tested for immune dysfunction while abroad, mandating vaccination may expose them to life-threatening diseases (*e.g.*, live polio virus).

Parents need to be informed about the benefits and risks of vaccines

The National Childhood Vaccine Injury Act of 1986 includes requirements for notifying patients, parent(s) and/or legal guardian(s) about vaccine benefits and risks. This legislation, as subsequently amended, mandates distribution of standardized vaccine information statements when administering vaccines for which compensation if available. Who will provide these materials to parents or legal guardians, and is this a situation that truly permits informed consent?

This requirement has the real potential of exposing international adoptees to infectious agents while not inducing protective immunity. Needless to say, a government mandate that fails to protect against childhood disease—but rather exposes infants and young children to deadly conditions such as hepatitis B, hepatitis C, HIV or polio—would be disastrous for all concerned.

Potential solutions to this problem:

- Waiving this requirement for infants and children. Parents of international adoptees are exceptionally compulsive when it comes to the health care of their children. Allowing adoptive families to obtain immunizations from their pediatrician or family physician on arrival would ensure that these children are not exposed to infectious agents or receive biologically potent vaccines, and are immunized in an age-appropriate fashion. There is little chance that international adoptees will fail to receive these vaccines since they cannot attend daycare or school without being properly immunized.

or

- The State Department could assume responsibility for providing age-appropriate immunizations in the country of origin. Because we have reviewed thousands of medical reports that are required for visas, we would not trust local physicians contracted by the State Department to safely administer vaccines. This program would have to be run by State Department personnel and be housed within Embassies or Consulates in order to assure the safety and effectiveness of immunization practices.

Adoption Briefing on New Vaccination Requirements
Thursday, June 26, 1997

This briefing was called by the Co-Chairs of Congressional Coalition on Adoption

Rep. Jim Oberstar (D-MN)
Rep. Tom Bliley (R-VA)
Rep. Larry Craig (R-ID)

Attendees included staffers to Reps. Oberstar (Chip Gardner), Bliley, and Craig as well as Rep. Kyl (Elizabeth Maier) and House Immigration Subcommittee (Ed Grant); Bob Hannon - Dept of State; Kay Stone (observer from CDC).

Presenter: Dr. Dana Johnson, International Adoption Clinic, U. Of Minnesota

Materials distributed: "Waiving Immunization Requirements for International Adoptees"

Prior to the presentation, Bob Hannon gave a brief overview of implementation procedures for the new immunization requirements and emphasized that panel physicians will follow guidance (including medical contraindications) developed by CDC in accordance with standard American guidelines.

Dr. Johnson distributed a summary of concerns (health risk of immunizations, ineffectiveness of vaccines given in orphanages, appropriateness of vaccines, and parental consent) and discussed the first three. His main concern is that safety of immunizations administered overseas cannot be guaranteed, primarily due to a shortage of sterile needles. He also questioned the qualifications and motivations of panel physicians and stated they may benefit financially from administering these immunizations. Also, children who grow up in orphanages may be immunosuppressed and immunizations may pose a risk, including paralysis from live polio vaccine. He felt that immunizations should be administered after entry into the U.S. Solutions offered by Dr. Johnson are for the State Department to (1) grant blanket waivers for adoptees (preferred option) or (2) set up immunization programs within embassies where quality can be assured.

Selected questions from audience:

Q: CDC guidelines are developed for Americans; discuss the contraindications. A. Dr. Johnson did not have a copy on hand, but mentioned that contraindications include history of previous reactions, current illness, and immunodeficiency. Orphans will have not have adequate medical histories, so panel (and other) physicians will not be able to adequately determine eligibility.

Q: Are the CDC guidelines for panel physicians final? A(Bob H): guidelines can be expanded, and additional instructions can be given to panel physicians.

Q: If panel physicians follow CDC guidelines, wouldn't this preclude use of nonsterile needles?

A (Dr. J and Bob H): not if sterile needles are not available.

Q: Are any data available on adverse reactions among currently immunized immigrant children? A(Dr J): rate of adverse reactions not likely to be higher in the future, unless prevalence of immunodeficiency is higher (and incidence of paralytic polio could increase). No data on risk of hepatitis B via immunizations.

Q: Will live polio vaccine be given? A (Dr. Johnson): physicians would determine which polio vaccine to give; probably most panel physicians will give live vaccine.

Q: What is the public health risk of delaying immunizations until after entry into U.S.? A: (Dr. J): probably none.

Q: Is there any danger of reimmunizing children? A(Dr. Johnson): no; this is addressed in ACIP guidelines.

Q: Can State Dept. issue a blanket waiver? Answer (Bob Hannon): State Dept. does not have authority.

Q: Can a waiver be issued for all children? A(Dr. J). AAP makes distinctions between children with their families versus children from orphanages. Orphanages will start giving immunizations.

Q: Can a physician diagnose immunodeficiency just by looking at the child? A(Dr. J): not in a brief exam. Growth retardation and recurrent infections may be predictors of immunodeficiency, but among orphans are too common to be good predictors of immunodeficiency.

Q: Shouldn't parents bring their own supply of clean needles from the U S.? A (Dr. J): will advise parents to bring own needles. A(Bob H): cannot advise this because in most countries it would violate laws on drug paraphernalia and import of medical supplies.

Q: Who advocated this new mandate? A(Ed Grant): mandate was broad-based, intended for all immigrants, not just children.