

Unaccompanied Children: Immunization-related Issues

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Immunization Status of Unaccompanied Children

- Children are vaccinated within 48 hours of arrival with:
 - Tdap (tetanus, diphtheria, pertussis)
 - Meningococcal conjugate vaccine
 - Varicella (chicken pox)
 - MMR (measles, mumps, rubella)
 - PCV13 (pneumococcal conjugate vaccine)
 - Influenza
- Several days later are given IPV (polio), hepatitis A and hepatitis B vaccines

Immunization Records of Unaccompanied Children

- Children should have their immunization record with them
- This information should be entered into the Citywide Immunization Registry
- We've been told that if the child doesn't have their record, then it can be requested/obtained from HHS
 - Haven't verified the process
- If no immunization information is available: give 1st set of vaccines
 - Options for serology for some diseases

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2014.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are in bold.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose							3 rd dose							
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)		1 st dose	2 nd dose	3 rd dose					4 th dose			5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)		1 st dose	2 nd dose	See footnote 5				3 rd or 4 th dose See footnote 5								
Pneumococcal conjugate ⁶ (PCV13)		1 st dose	2 nd dose	3 rd dose				4 th dose								
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV) (<18 yrs)		1 st dose	2 nd dose						3 rd dose			4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8																
Measles, mumps, rubella ⁹ (MMR)									1 st dose			2 nd dose				
Varicella ¹⁰ (VAR)									1 st dose			2 nd dose				
Hepatitis A ¹¹ (HepA)																
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)																
Meningococcal ¹³ (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)																

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2014. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2014.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, tetanus, & acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁵	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12 through 14 months No further doses needed if first dose administered at age 15 months or older	4 weeks ⁵ if current age is younger than 12 months and first dose administered at < 7 months old 8 weeks and age 12 months through 59 months (as final dose) ⁵ if current age is younger than 12 months and first dose administered between 7 through 11 months (regardless of Hib vaccine [PRP-T or PRP-OMP] used for first dose); <u>OR</u> if current age is 12 through 59 months and first dose administered at younger than age 12 months; <u>OR</u> first 2 doses were PRP-OMP and administered at younger than 12 months. No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 (PRP-T) doses before age 12 months and started the primary series before age 7 months	
Pneumococcal ⁶	6 weeks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	
Inactivated poliovirus ⁷	6 weeks	4 weeks ⁷	4 weeks ⁷	6 months ⁷ minimum age 4 years for final dose	
Meningococcal ¹³	6 weeks	8 weeks ¹³	See footnote 13	See footnote 13	
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months			
Hepatitis A ¹¹	12 months	6 months			
Persons aged 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, & acellular pertussis ⁴	7 years ⁴	4 weeks	4 weeks if first dose of DTaP/DT administered at younger than age 12 months 6 months if first dose of DTaP/DT administered at age 12 months or older and then no further doses needed for catch-up	6 months if first dose of DTaP/DT administered at younger than age 12 months	
Human papillomavirus ¹²	9 years		Routine dosing intervals are recommended ¹²		
Hepatitis A ¹¹	12 months	6 months			
Hepatitis B ¹	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Inactivated poliovirus ⁷	6 weeks	4 weeks	4 weeks ⁷	6 months ⁷	
Meningococcal ¹³	6 weeks	8 weeks ¹³			
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			

Access to Free Vaccine

- Vaccines for Children Program
 - Federally mandated program that provides free vaccines for eligible children
 - Includes children on Medicaid and those who are uninsured
 - Children on SCHIP also get free vaccines
- Vaccine distributed to participating providers
 - About 1530 sites out of a ~1,800 sites
- Bottom line – these children have access to free vaccination services

Citywide Immunization Registry (CIR)

- Immunization database maintained by DOHMH
- Mandatory reporting of all immunization administered to children 0-18 yrs, voluntary for adults ≥ 19 yrs with consent
 - City Health Code, State Law
- Historical immunizations should be reported
 - Will serve as a valuable resource if these children move and/or change providers
- Well known to pediatric immunizers
- Social services organizations caring for these children would also be authorized users and can obtain access

School Immunization Requirements

- New requirements went into effect this school year
- Children need 1 dose of each required vaccine for school entry
- Children have 30 days to come into compliance
- Subsequent doses due according to catch up schedule
- Serology acceptable only for hepatitis, MMR, varicella and polio

Influenza and Invasive Pneumococcal Disease

- From 7/10/14 to 7/24/2014, seven cases of severe pneumococcal pneumonia were identified in unaccompanied children
- Increased risk of influenza based on setting
 - Influenza infections were identified
- Influenza and pneumococcal conjugate vaccine (PCV13) added to immunizations received as a result

Resources

- CDC–ACIP Immunization Schedules:
<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>
- DOHMH Bureau of Immunization website
<http://www.nyc.gov/html/doh/html/living/immun.shtml>
 - Walk-in clinic schedule
 - School requirements
- Contacts:
 - E-mail: nycimmunize@health.nyc.gov
 - Phone number: 347-396-2400
 - CIR registration: www.nyc.gov/health/cir
- 311