Immunization for Individuals with Inadequate Immunization Records

Revision Date: May 01, 2015

Inadequate Immunization Records

• General Guidelines
  ➢ While written or electronic documentation of immunization is preferable, in some instances information by telephone from the individual’s health care provider with the exact dates of immunization may be acceptable.¹
  ➢ For children, parental recall of prior immunization, in the absence of documentation from the vaccine provider, correlates poorly with vaccines received and should not be accepted as evidence of immunization.¹
  ➢ Generally, a history of disease cannot be considered to imply immunity. Individuals without written documentation of immunization or serologic proof of having had the disease (except children younger than 13 years of age who have a reliable history of chickenpox disease) should be offered age-appropriate immunization according to the routine immunization schedule for their age.

• Serologic Testing for Individuals without Records
  ➢ Routine serologic testing to determine immunity of individuals without written records is generally not practical.¹ Individuals without immunization documentation should be considered unimmunized and started on an immunization schedule appropriate for their age and risk factors.¹
  ➢ Adverse effects of repeated immunization with the following vaccines have not been demonstrated: combined measles-mumps-rubella with or without varicella, inactivated polio, *Haemophilus influenzae* type b, meningococcal conjugate, hepatitis A, hepatitis B, univalent varicella and influenza vaccines.¹
  ➢ In general, local reactions are greatest after the first dose of a live vaccine and then subside with subsequent doses. In contrast, local reactions tend to increase with each subsequent dose of an inactivated vaccine.¹
  ➢ Individuals who develop a serious adverse local reaction after administration of tetanus-, diphtheria- or pertussis-containing vaccines should be individually assessed before they receive additional doses of these vaccines. Serologic testing for diphtheria and tetanus antibodies may be helpful in determining the immune status for these two antigens in this case. There are no established serologic correlates for protection against pertussis.¹

  See Adverse Events Following Immunization: *Interpretation of Diphtheria Antitoxin (DAT) and Tetanus Antitoxin (TAT) Levels.*

  Refer to: *Adverse Events Following Immunization (AEFI), Policy for Alberta Immunization Providers.*²
    ➢ Pneumococcal polysaccharide vaccine should be administered, if indicated, when a record of immunization cannot be found, as adverse events associated with repeated immunization have not been demonstrated.¹

Individuals New to Canada

• Persons new to Canada lacking adequate documentation of immunization should be considered unimmunized and started on an immunization schedule appropriate for age or risk factors.¹
• Only written records of immunization administered at ages and intervals comparable to Canadian schedules should be considered valid.¹ If there are questions or concerns about the written record, it is appropriate to re-immunize.
• Immunization records available should be reviewed carefully and compared to Alberta immunization schedules. Any doses considered invalid should be repeated and additional vaccine doses should be administered to correct schedules in which an inadequate number of vaccine doses were administered.
• Although the potency of vaccines administered in other countries can be assumed to be adequate, immunization schedules vary (age the vaccine is administered, intervals between doses and/or the number of doses).¹

• In many countries *Haemophilus influenzae* type b, hepatitis B meningococcal conjugate, mumps, pneumococcal conjugate, rubella and varicella vaccines are in limited use.¹ measles vaccine may be single antigen only.

• Obtaining responses to the following questions may assist with the assessment of immunization status on a case-by-case basis:
  - What country (countries) did the individual come from?
  - When did the individual arrive in Canada?
  - What immunizations were administered prior to arrival in Canada and when were they administered?
  - Have any vaccines been received since arrival in Canada? If so, where and when were they administered?
  - What diseases were endemic in the country of previous residence?
  - Immigration medical examinations do not routinely include a review of immunization status.¹

• Immigrants from areas where there is a high prevalence of hepatitis B (See *Hepatitis B Virus Infection – High Endemic Geographic Areas*) should have serologic testing for HBsAg, anti-HBs and anti-HBc as part of their health assessment after arrival in Canada unless test results are available from a completed immigration medical examination.¹ If the serology results for these tests are negative, hepatitis B vaccine is indicated. See Biological Products: Hepatitis B.

**Internationally Adopted Children**

• Studies have shown that despite written documentation of adequate immunization, serological evidence of protection against diphtheria and tetanus have been lacking.¹ If there are any questions or concerns about the record, it may be appropriate to re-immunize.

• Family and close contacts should be up-to-date with all age-appropriate routine immunization. Additional vaccines may also be recommended.
  - Polio vaccine – Primary series or one lifetime reinforcing dose if infant may have been immunized with oral polio vaccine (OPV). See Biological Products: Polio Vaccine for more information.
  - Hepatitis A vaccine – if child is from a hepatitis A endemic area. See Biological Products: Hepatitis A Vaccine
  - Hepatitis B vaccine – if child is from a high endemic country and is HB surface antigen (HBsAg) positive.

**References**
