Principles for Evaluating Foreign Vaccine Records

(Adapted from CDC & AAP Guidance)

Accepting Valid Documentation

- Written, dated records should generally be accepted if they appear official and complete.
- Verbal reports of vaccination are not reliable and should not be accepted.
- Official translations or certified copies are ideal; uncertified translations may require caution.

Assessing Vaccine Validity

- Compare foreign vaccine names with U.S. equivalents (different brand/trade names are common).
- Verify appropriate minimum ages and intervals between doses match CDC schedules.
- Ensure doses were given at appropriate chronological ages (e.g., MMR after 12 months).
- Watch for mixed schedules (different formulations or combinations used abroad).

Common Issues to Watch For

- BCG vaccine is often given abroad but not required in U.S. schedules.
- Polio: OPV may be documented; only doses after April 2016 are acceptable (bivalent OPV not valid in U.S.).
- Measles: single-antigen measles vaccines may not meet U.S. requirements for MMR.
- Combination vaccines abroad (e.g., DTP, DTwP) may differ from U.S. formulations (DTaP).

Catch-Up Immunization

- If documentation is incomplete, start a catch-up schedule rather than restarting series.
- Use CDC catch-up immunization schedule for correct spacing.
- When in doubt, revaccination is safe and preferable to under-vaccination.

Special Considerations

- Some vaccines common abroad are not used in the U.S. (e.g., typhoid, Japanese encephalitis, BCG).
- Children may lack U.S.-recommended vaccines (e.g., varicella, hepatitis A).
- Laboratory evidence of immunity (serology) can sometimes substitute for missing records (e.g., hepatitis B, varicella, MMR).

Resources

- CDC Pink Book and CDC Catch-Up Immunization Schedule
- AAP Red Book for detailed vaccine guidance
- Immunization Action Coalition: www.immunize.org

Key Takeaway: Accept valid written records, verify intervals/ages, fill gaps with catch-up schedules, and when uncertain — revaccinate or test for immunity.