Vaccination Technical Instructions Frequently Asked Questions

Last updated October 22, 2024

Vaccination Technical Instructions for Civil Surgeons: https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/vaccination.html

*Please ensure you are using the Technical Instructions for Civil Surgeons as many of the Technical Instructions for Panel Physicians for the overseas immigration exam are different.

GENERAL

Where can I find CDC's Pink Book or information about contraindications?

Please use the Vaccination Technical Instructions sections "Contraindications and Precautions" and "Vaccine Resources for Civil Surgeons" to easily find links to relevant information found on other parts of the CDC website. We have included the links within the Technical Instructions so that you may always use the Technical Instructions as your go to resource.

Is RSV required now for the exam? Is COVID-19 still required for the exam?

Only vaccines included in the Vaccination Technical Instructions are required for the status adjustment exam. Vaccine requirements are based on the laws and regulations for the immigration exam, which state that to be included in the exam, a vaccine must be age appropriate as recommended by the ACIP for the general US population AND either protect against a disease that has the potential to cause an outbreak or has been eliminated in the United States (or is in the process of being eliminated). Therefore, the vaccines required for applicants do not include all the vaccines recommended by the ACIP. Please refer to the Technical Instructions for more details.

In summary, RSV does not meet the criteria for inclusion, but COVID-19 does. COVID-19 vaccination will remain a requirement for the status adjustment criteria unless it no longer meets the criteria for inclusion.

Do we have to give a dose of vaccine during the exam if they have documentation of a dose of vaccine in childhood?

If an applicant is not considered up to date at the time of the exam according to the ACIP recommendations, then a dose is required to be given to complete the exam.

If someone is incompletely vaccinated but their last dose in the series was a while ago and it has been longer than the recommended interval, do I need to re-start the series?

No. Just administer the next required dose at the time of the status adjustment exam and mark "insufficient time interval" if that dose is not the final dose. If the dose you provided is the final dose in the series, mark the "complete" column.

For the vaccinations included in the status adjustment exam, it is not necessary to restart a series or add doses of any vaccine because of an extended interval between doses.

Resource: CDC's Pink Book, General Best Practices, Timing and Spacing of Vaccines

Does the civil surgeon need to complete a full vaccine series for the purpose of the status adjustment exam?

For all required vaccines, the civil surgeon must review the vaccine record and determine which vaccines the applicant needs based upon age, documented immunity and information provide in Table 1. An applicant does not have to complete the full vaccine series for the purposes of the status adjustment exam but rather should be given one dose of any vaccine for which they are not currently up to date per ACIP recommendations. For instance, if an applicant has no documentation of polio vaccination, the first dose of the IPV series should be given at the status adjustment exam, and this is considered sufficient for completion of the examination.

When can I mark "complete" for a vaccination requirement?

You may check "complete" if an applicant has received all the doses for that particular vaccine that they will need throughout their life, not just for their current age group.

Can we accept laboratory titers performed prior to the status adjustment exam?

The current policy regarding laboratory testing is that it should be ordered by the civil surgeon at the time of the exam. However, if an applicant returns to you for a repeat exam and you previously ordered laboratory titers that confirmed immunity (positive) during a previous examination, those laboratory titers would still be considered valid.

At this time, the only other previous laboratory testing that would be accepted for the exam is a previous positive IGRA result, which is an acceptable IGRA exception and must be documented on the I-693 form.

Is breastfeeding a contraindication to live virus vaccines like MMR?

Breastfeeding is not a contraindication or precaution for any vaccine required for the status adjustment exam. Please see the CDC Guidelines for Vaccinating Pregnant Women (click here for the section on breastfeeding) and CDC's Pink Book Chapter on General Best Practice Guidance for Immunization for more information on contraindications, as well as the chapters for specific vaccines.

What are the vaccination contraindications for household contacts of pregnant or immunosuppressed persons?

Being a household contact of a pregnant woman or immunosuppressed person is usually not a contraindication to vaccination. Most routinely recommended vaccines can be administered to persons who are household contacts of pregnant or immunosuppressed persons. However, FluMist should not be administered to close contacts and caregivers of severely immunosuppressed persons who require a protective environment. More details can be found in CDC's Pink Book Chapter on Best Practices in the Contraindications and Precautions section under "Invalid Contraindications and Precautions to Vaccination."

Can we screen applicants for contraindications ourselves or must applicants have a letter from a physician or treating specialist?

Civil surgeons are expected to identify any past or present conditions that might be a contraindication to, or precaution for, the administration of a vaccine as a part of the status adjustment examination before prescribing vaccines. If an applicant reports a contraindication to a certain vaccine, confirm it is a true contraindication. Additional details and resources can be found in the "Identifying Potential Contraindications and Precautions to Vaccination" section of the Technical Instructions.

However, if an applicant has documentation from specialist treating their condition that the applicant is too immunocompromised to receive a live vaccine or meets other criteria for a contraindication, the civil surgeon's responsibility is to confirm that the documentation is valid. Some healthcare providers have false ideas about contraindications, especially regarding COVID-19, so it is important to confirm reported contraindications. If you have a question about a specific case, you may email us at CivilSurgeons@cdc.gov.

Can I administer MMR and Varicella together?

Yes. Live vaccines can be administered together. However, if they are not given together, they must be separated by at least 28 days.

For example, if an applicant received MMR 14 days ago but requires varicella vaccination at the time of the exam, use the "insufficient time interval" blanket waiver. Do not delay completion of the exam to administer the varicella vaccination.

Is there a limit on the number of vaccines we can give in one visit?

No, all required vaccines can be administered at the same visit.

An applicant's medical was inappropriately rejected by a USCIS officer due to a change in vaccination policy that occurred after I completed the medical or for missing a vaccine that they did not need. What should I do?

Report to OPScivilsurgeons@uscis.dhs.gov

Do we need the DS-forms for K visa applicants to verify immunization? What if they verbally say they are up to date for their immunizations?

No, the DS-forms are not needed. If a K visa applicant comes to you, it is only because they did NOT complete the vaccination portion overseas with a panel physician and you just need to complete the vaccination portion of the exam. You should review available vaccination records, administer any required vaccinations based on the Technical Instructions, and document both the vaccination history and vaccines administered on the Form I-693.

If a K visa applicant does not have documentation of vaccinations, you cannot accept verbal history of vaccination from a panel physician for the Form I-693. If they completed vaccines with the panel physician, then they do not need to visit a civil surgeon. If they are unclear of their vaccine history, they must contact the panel physician for a copy of their vaccination record if they no longer have it.

If a vaccine is contraindicated, do I have to explain it in the remarks section?

Yes, you must indicate the reason for the contraindication or precaution in the remarks box, as indicated on the Form I-693.

Is verbal confirmation of childhood polio (or Tdap) acceptable?

While verbal history of vaccination may be acceptable for certain ACIP recommendations for the US-born population in the primary care setting, verbal history is not acceptable for the status adjustment exam. Additionally, while ACIP states most adults who were born and raised in the US can assume they were vaccinated as children against polio, this assumption does not apply to the status adjustment applicants.

POLIO

Are we now required to give IPV to anyone over 2 MONTHs old who cannot show proof of a childhood vaccine series or are incompletely vaccinated?

Yes, one dose of IPV should be given to anyone 2 months or older if they are not currently up to date according to ACIP recommendations, which will include adults who cannot show proof of the childhood vaccine series. To be considered up to date, adults should have a 3-dose primary series (at least 4 weeks between the 1st and 2nd doses and at least 6 months between the 2nd and 3rd doses).

Additionally, if childhood vaccination proof is found, some previously administered polio doses administered in other countries may not be valid in the US. Doses are only considered valid if documented doses match the ACIP recommendations for appropriate spacing and minimum age requirements. For instance, the minimum age for the final dose must be 4 years old. Additionally, either IPV or trivalent OPV given before April 1, 2016, are considered valid; however, any OPV dose given after this date is bivalent OPV and does not count towards the US schedule. More details can be found in the ACIP Child Immunization Schedule Poliovirus Vaccination notes and the Table 2 Catch-up Immunization Schedule.

Is there a grace period for the new poliovirus vaccination updates?

Yes, a notification was sent out about the new vaccination requirements on April 19th, 2024, and civil surgeons were required to implement this new requirement on May 1st, 2024. Any I-693 form signed on or after May 1, 2024, or later, must comply with the new requirements.

What if I cannot find IPV for adults?

We are aware that some Civil Surgeons are having difficulty locating IPV vaccine for adult applicants who are incompletely vaccinated or unvaccinated against poliovirus. We ask that Civil Surgeons make a good faith effort to find the IPV vaccine for adults via sources such as health departments, pharmacies, travel medicine clinics, or the person's primary care doctor. However, if after a good faith effort, IPV for an adult applicant cannot be located, then the Civil Surgeon may document in the vaccine remarks section of the I-693 that IPV is not routinely available for that applicant.

Can you clarify what you meant by mentioning the ACIP Tables and the year 2025 for poliovirus vaccination?

The ACIP recommendation to administer polio vaccine to unvaccinated or incompletely vaccinated adults was published in late 2023. We are now updating our guidance to align with this recommendation which will need to be implemented by Civil Surgeons for exams conducted on or after May 1, 2024. The mention of 2025 was only meant to indicate when ACIP will move the polio vaccine recommendation into their official tables so until then you will only find this recommendation in the Poliovirus vaccination notes.

Can we give IPV vaccine to pregnant women?

While IPV is an inactivated vaccine and there is no evidence that IPV vaccine causes harm to pregnant individuals or their fetuses, pregnancy is considered a precaution for vaccination with IPV and should only be given during pregnancy if there is increased risk of infection. Therefore, for the purposes of the status adjustment exam, mark "contraindicated" for any pregnant applicant and write "pregnant" in the remarks box.

https://www.cdc.gov/vaccines/vpd/polio/hcp/contraindications-precautions.html

Where can we find a lab that provides polio titers acceptable for the exam (which includes all 3 poliovirus serotypes)?

It is very difficult to find laboratories that provide this level of testing, as most laboratories only test for two serotypes, and the test is very expensive (https://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm). Polio immunity titers that only include two serotypes are not acceptable for the exam. We do not have a recommended laboratory for titers including all 3 serotypes so although they are acceptable for the exam, you will most likely need to provide a dose of IPV if you are unable to confirm their vaccination history.

We will be readdressing the allowances for laboratory confirmation of immunity in the fall to determine if changes are needed.

Should I administer IPV to an applicant who developed paralysis after an oral poliovirus vaccine in childhood?

There are three serotypes for poliovirus and no substantial cross-immunity between serotypes, so having been infected with one serotype does not prevent infection with other serotypes. Therefore, even persons with a history of polio are eligible and recommended to be vaccinated against the other serotypes. Additionally, IPV is an inactivated vaccine and there is no risk of developing poliovirus infection from vaccination.

TETANUS, DIPHTHERIA, AND PERTUSSIS

Is there a blanket waiver for Tdap in pregnancy before 27 weeks?

ACIP recommends a Tdap dose during each pregnancy preferably given in the early parts of gestational weeks 27-36. However, only routine, age based Tdap vaccination is required for the status adjustment exam; Tdap specifically for pregnant applicants who are not otherwise due for a dose is not a requirement for this exam.

If a pregnant applicant only needs a Tdap dose at the time of the exam to be considered up to date, she must receive the dose regardless of her gestational age. Tdap can be given outside of the suggested ACIP gestational window; however, an applicant may choose to delay the completion of the exam to receive the vaccine until she enters the ACIP recommended gestational weeks. A blanket wavier in this case though is not applicable. An example would be an applicant who completed their childhood DTP vaccination series but never received a Tdap dose at age 11 years or after.

If a pregnant applicant needs multiple doses to be considered up to date because she has an unknown or no history of the primary vaccination series, the approach differs. She needs to complete a three-dose series and requires one dose at the time of exam. The three-dose series consists of one Tdap and two Td or Tdap doses; while it is preferred that the Tdap dose is given first, it may be given as any of the three doses. Therefore, an unvaccinated pregnant applicant could receive a dose of Td for the exam and receive Tdap later (potentially during gestational weeks 27-36).

What is considered the primary series for tetanus, diphtheria, and pertussis? What if an adult lacks documentation of receiving the primary series in childhood?

The primary vaccine series is given in childhood and consists of vaccination against tetanus, diphtheria, and pertussis. In the US, DTaP is administered as a 5-dose series (3-dose primary series at age 2, 4, and 6 months,

followed by a booster dose at ages 15–18 months and 4–6 years). Please review the ACIP Childhood Immunization Schedule and Catchup Schedule for more information.

For applicants over the age of 11 years who are unvaccinated or incompletely vaccinated for the primary series (or lacking vaccination documentation) , the following should be given: 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose but can be substituted for any Td dose); Td or Tdap every 10 years thereafter. As a reminder, verbal history of vaccination is not accepted for this vaccine requirement.

The entire series does not need to be given for the purpose of the status adjustment exam, only the next required dose in the series. For example, if they have not received the primary series, administer the first dose of Tdap and this is considered sufficient for the completion of the examination.

Do adult applicants who completed their childhood primary series another Tdap?

Applicants over the age of 11 years old who received their primary childhood vaccination series should receive 1 dose Tdap, then Td or Tdap every 10 years.

HEPATITIS B

Can I give Hepatitis B Vaccine to a pregnant applicant?

Pregnant women who are not up to date for Hepatitis B vaccination should be vaccinated with HepB in pregnancy, since all adults 19 through 59 years of age are recommended to receive HepB vaccination. However, Heplisav-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant women.

Most local pharmacies carry Engerix-B or RecombivaxHB. Civil surgeons must make a good faith effort to find an acceptable vaccine formulation in their area. Only checking with one vaccine provider in the area is not sufficient.

https://www.cdc.gov/vaccines-pregnancy/hcp/vaccination-guidelines/index.html

When did HepB vaccination become required for adults?

In April 2022, the HepB vaccination requirement expanded from birth through 59 years old. Previously vaccination was only required from birth through 18 years old.

Should I routinely screen for hepatitis B infection before administering a hepatitis B vaccine?

Civil surgeons should not routinely perform hepatitis B screening tests prior to vaccine administration as hepatitis B infections is not an inadmissible condition. If an applicant has known history of chronic hepatitis B, then mark “contraindicated” on the form as we do not have a specific blanket waiver for this. However, if someone has unknown hepatitis B infection, they will not be harmed by receiving the hepatitis B vaccine. Applicants can follow up with their primary care providers if they wish to be screened for hepatitis B.

Are laboratory titers acceptable for proof of immunity to Hepatitis B vaccine?

Yes.

COVID-19

How many doses of COVID-19 vaccine are required? Do they need the 2023-2024 formulation if they have received their primary vaccine series or had multiple doses of COVID-19 in the past?

As of December 8th, 2023, applicants must receive one dose of the COVID-19 vaccine if they are not considered up to date according to the ACIP recommendations, which generally includes one dose of a 2023-2024 formulation. Applicants will require a dose of the 2023-2024 formulation regardless of the number of previous doses. Additional details can be found on the Interim Clinical Considerations for Use of COVID-19 vaccines webpage and the COVID-19 vaccination section of the Vaccination Technical Instructions.

Record all available COVID-19 vaccination history on the Form I-693.

COVID-19 vaccination job aid can be found here.

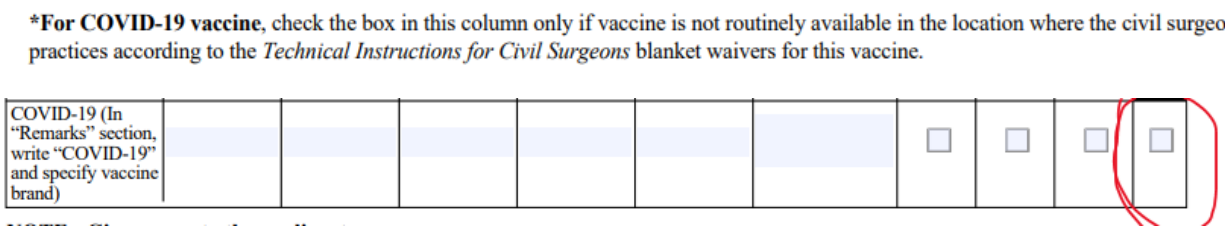
Can we accept WHO-approved COVID-19 vaccines received outside the US in November 2023 or after?

In the COVID-19 Vaccination Requirement section of the Vaccination Technical Instructions, you can find a link to the Appendix A (below) for the Interim Clinical Considerations for Use of COVID-19 vaccines, which provides details for how to evaluate a person who received COVID-19 vaccines outside the U.S. Everyone aged 6 months and older vaccinated outside of the U.S. should receive at least 1 dose of an updated (2023-2024 Formula) COVID-19 vaccine regardless of past COVID-19 vaccination history. If unable to determine if a previously received vaccine dose was an updated (2023-–-2024 Formula) COVID-19 vaccine, do not count and follow guidance for administering an updated (2023-–-2024 Formula) COVID-19 vaccine dose.

Appendix A: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html

What if I am unable to find the 2023-2024 formulation of the COVID-19 vaccine?

Many pharmacies, health departments, and other suppliers of the COVID-19 vaccine are not currently stocking vaccine in anticipation of receiving the updated formulation. If this is the case, you should indicate on the 1-693 that COVID vaccine is not currently available with the vaccine table check box as shown below, circled in red:


***For COVID-19 vaccine**, check the box in this column only if vaccine is not routinely available in the location where the civil surgeon practices according to the *Technical Instructions for Civil Surgeons* blanket waivers for this vaccine.

COVID-19 (In "Remarks" section, write "COVID-19" and specify vaccine brand)						☐	☐	☐	☐

Once the new COVID vaccine formula is in stock, as per the Vaccine Technical Instructions, applicants must continue to receive one does of the COVID-19 vaccine if due at the time of the status adjustment exam. Use the current COVID-19 Vaccine ACIP recommendation for the general population to determine if an applicant is currently due for a dose. Instructions can be found in the Interim Clinical Considerations for Use of COVID-19 vaccines webpage.

MMR

Are we required to provide MMR for applicants 65 years of age and older?

Applicants aged 12 months until those born in or after 1957 must be up to date for MMR, according to the ACIP general recommendations. As of today, people born in 1957 are 66 -67 years old and would be required to be up to date.

How many doses of MMR are required for adults to be considered up to date?

For the status adjustment exam, if an adult applicant has documentation of one or more childhood MMR vaccines administered on or after their first birthday, laboratory evidence of immunity or diseases, or birth before 1957, this is considered sufficient for presumptive immunity to measles, mumps, and rubella. Immunity titers are not required for adult applicants who have documentation of at least one childhood MMR vaccine on or after their first birthday. For adult applicants who do not meet these criteria, the ACIP standard MMR recommendation for adults is only 1 dose.

Any ACIP recommendations related to special situations like international travel, work or school exposures, or personal health conditions do not apply to the status adjustment examination. So even if an adult applicant is an international traveler, they still only need one dose of MMR to be considered up to date for the status adjustment exam.

If an adult has history of a dose of MMR vaccine but titers indicate that they are not immune to one of the included viruses, do I need to administer another dose of MMR?

No. As long as the documentation of the MMR dose is considered valid, they would be considered immune and not require additional doses.

VARICELLA

Can we accept verbal history for varicella infection?

A vague oral history of past infection or an itchy rash in childhood is not sufficient for the status adjustment exam. The Vaccination Technical Instructions Section on Laboratory Confirmation of Immunity outlines that an applicant must provide a reliable written or oral history of varicella disease VERIFIED by a health care provider.

To verify the oral history, civil surgeons should inquire about contact to another typical case or a laboratory-confirmed case. If you are unfamiliar with the presentation of chicken pox, please refer to the Pink Book Chapter on Varicella for more details. If an applicant said that they had a febrile illness from an outbreak at school or from a sibling with varicella and then developed a rash that matched the typical presentation [e.g., itchy macules to papules to vesicular lesion before crusting, first appearing on the scalp, face, or trunk and spreading to the extremities. Successive crops appear over several days, with lesions present in all stages of development at the same time] then you could accept a verbal history.

If you are unable to verify oral history, which can be difficult, you can always check titers (prices vary but can average $50-70) which may be cheaper than varicella vaccine in some areas.

INFLUENZA

How should I decide about availability of influenza vaccine in late spring or summer when some pharmacies still carry the 2023-2024 formulation?

As of now, the Vaccination Technical Instructions ask for you to refer to ACIP recommendations regarding influenza vaccination, which are detailed in an MMWR article (the link is found in the ACIP schedule notes): "*For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October. However, vaccination should continue after October and throughout the season as long as influenza viruses are circulating, and unexpired vaccine is available.*" We realize that this change has been confusing to many so we will be updating the Form I-693 to indicate that flu season for the purposes of this exam will be **September 1 until March 31**.

https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm

PNEUMONIA

Do adults need the pneumonia vaccine and which formulation should I use?

Adults 65 years of age or older are required to receive a dose of a pneumococcal vaccine if they are due for a dose at the time of the exam. However, which formulation and when is dependent on their history of pneumococcal vaccine receipt. Information on this can be found here and CDC's app can help determine an applicant's needs: https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/app.html; however, do not enter the patient's medical condition information into the app since only the standard age based ACIP recommendations apply to the status adjustment exam. Vaccination recommendations for specific medical conditions or situations are not required for the status adjustment exam.