

Approaches to the Evaluation and Vaccination of Internationally Adopted Children

Vaccine	Recommended approach	Alternative approach
Measles, mumps, and rubella (MMR)	Revaccinate with MMR	Serologic testing for immunoglobulin G (IgG) antibody to measles, mumps, and rubella
<i>Haemophilus influenzae</i> type b (Hib)	Age-appropriate revaccination	None
Hepatitis A	Age-appropriate revaccination	Serologic testing for IgG antibody to hepatitis A virus
Hepatitis B (Hep B)	Age-appropriate revaccination and serologic testing for HBsAg*	None
Poliovirus	Revaccinate with inactivated poliovirus vaccine (IPV)	Serologic testing for neutralizing antibody to poliovirus types 1, 2, and 3 (limited availability)
Diphtheria and tetanus toxoids and acellular pertussis (DTaP)	Revaccination with DTaP, with serologic testing for specific IgG antibody to tetanus and diphtheria toxins in the event of a severe local reaction	Children whose records indicate receipt of ≥ 3 doses: serologic testing for specific IgG antibody to diphtheria and tetanus toxins before administering additional doses (see text), or administer a single booster dose of DTaP, followed by serological testing after 1 month for specific IgG antibody to diphtheria and tetanus toxins with revaccination as appropriate
Varicella	Age-appropriate vaccination of children who lack evidence of varicella immunity	None
Pneumococcal conjugate	Age-appropriate vaccination	None

*Very rarely, Hep B vaccine can give a false positive HBsAg result up to 18 days following vaccination; therefore, blood should be drawn to test for HBsAg before vaccinating (CDC. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: Recommendations of the Advisory Committee on Immunization Practices [ACIP]; Part I: Immunization in Infants, Children, and Adolescents. MMWR 2005;54[No. RR-16])

General Recommendations on Immunizations: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 2006; 55 No. RR-15