

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 measles 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 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
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 they received 3 or more doses: serologic testing for specific IgG antibody to diphtheria toxin before administering DTaP (see text), or administer a second dose of DTaP, followed by serologic testing 1 month for specific IgG antibody to diphtheria toxin and tetanus toxins with appropriate follow-up
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 retested 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 Adults. *MMWR* 2005;54[No. RR-16])

General Recommendations on Immunizations: Recommendations of the Advisory Committee on Immunization Practices (ACIP) *MMWR* 2006; 55(10):1-10