

## Individuals New to Canada

Recommended vaccines for individuals new to Canada <sup>A, B</sup>	
All routine vaccines	Immunize according to age and immunization history. See <a href="#">Part 1- Immunization Schedules</a> .
Polio vaccine <sup>C</sup>	<p>Children who have received 1 or more doses of polio vaccine before arriving in Canada should have their vaccine series completed with IPV-containing vaccine as appropriate for age.</p> <p>Routine primary immunization against polio is recommended for adults at higher risk of exposure to polioviruses: refer to <a href="#">Part 4 – Biological Products, Polio Vaccine</a>. Refer to the <a href="#">WHO Polio Global Eradication Initiative</a> for the current state of polio around the world.</p>

Immunization of individuals who have newly arrived in Canada is challenging because:

- Immunization records may not exist.
- Records that do exist may be difficult to interpret because of language barriers.
- Immunization schedules and protocols may differ from those used in Canada.

Translation of foreign terms for immunization products can be found at <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/vpd-multiple-languages.pdf>

Although the potency of vaccines administered in other countries can be generally assumed to be adequate, immunization schedules vary and the age at immunization, number of doses, and intervals between doses should be reviewed and compared to the provincial recommendations to determine the need for additional doses of vaccines.

Immunizations received outside Canada can be considered valid if the written documentation indicates the vaccine types, dates of administration, number of doses, intervals between doses, and age of the client at time of immunization are comparable with the current provincial recommendations. Only written documentation of immunization should be considered valid evidence of prior immunization.

Immunization records for certain children, especially children from orphanages, may not be accurate (e.g., MMR may be recorded but the actual product administered may be missing one of the components). Re-immunize any child immunized outside of Canada if any question exists about whether vaccines were administered.

<sup>A</sup> For specific vaccine schedule information, refer to [Part 1 - Immunization Schedules](#) and [Part 4 - Biological Products](#).

<sup>B</sup> Individuals may be eligible for additional vaccines based on health conditions or other risk factors. Live vaccines may be contraindicated (e.g., if client is HIV positive or has another immunocompromising condition). See [Part 2 - Immunization of Special Populations](#).

<sup>C</sup> Any dose(s) of oral polio vaccine (OPV) received on or after April 1, 2016 will not be considered as a valid dose within the routine BC immunization schedule. A history of two fractional doses of inactivated polio vaccine (fIPV) can be considered equivalent to a single IPV dose provided the first dose was given at a minimum age of 6 weeks with a minimum interval of 4 weeks between doses. For more information, see [Part 4 - Biological Products, Polio Vaccine, Special Considerations](#).

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Access to medical care and treatment before arrival in Canada typically differs for children who are international adoptees from children who are refugees. Many children who come to Canada as refugees may have resided in refugee processing camps for months before resettlement in Canada and may have had access to medical care and immunization in the camp.

The following vaccines are in limited use in the developing world and, therefore, individuals from such areas are unlikely to have received them:

- Hib conjugate
- Meningococcal conjugate
- Pneumococcal conjugate
- Hepatitis B vaccine
- Varicella vaccine
- Mumps and rubella vaccine (measles vaccine alone is often given)

Information on vaccination schedules in other countries can be found at <https://immunizationdata.who.int/listing.html?topic=vaccine-schedule&location=>

The epidemiology of diseases varies in other countries:

- Compared with temperate climates, in the tropics a higher proportion of varicella disease occurs in adults, meaning that children, adolescents and young adults from those areas are more likely to be susceptible to varicella.
- Hepatitis A immunity is more common in individuals from hepatitis A endemic countries.
- Individuals born in developing countries are more likely to be hepatitis B carriers, necessitating the assessment and immunization of their sexual and household contacts.

Ask the following questions when assessing the immunization status of an individual who is new in Canada:

- What country has the individual(s) come from?
- Were they in an orphanage or refugee camp?
- When did they arrive in Canada?
- What immunizations were given prior to arrival and when?
- Were the immunizations comparable to provincial recommendations, particularly:
  - Vaccine type
  - Dates of administration
  - Number of doses
  - Intervals between doses
  - Age of client at time of immunization
- What diseases were endemic in the country of previous residence?

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As part of the assessment, the following tests are particularly relevant in determining the need for some vaccines or contraindications to vaccination:

- Hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc): to identify current or chronic infection, past resolved infection, or evidence of immunization. Should any member of the family test positive for HBsAg, assess and immunize all susceptible contacts as per the [BC Communicable Disease Control Manual, Chapter 1, Hepatitis B](#).
- Hepatitis C: For information on testing and interpretation of results, see the [BC Communicable Disease Control Manual, Chapter 1, Hepatitis C](#). For individuals with hepatitis C infection, offer vaccines per Part 2 – Special Populations, Specific immunocompromising conditions, [Chronic Liver Disease](#).
- Human immunodeficiency virus (HIV): Routine HIV testing is done during the immigration medical examination for everyone 15 years of age and older and certain children (those who received blood products, those whose mother was known to be HIV positive). People from countries with generalized HIV epidemics (or “endemic” countries) are recommended to be tested on a regular basis. For more information see the [HIV Testing Guidelines for the Province of British Columbia](#).
- In the context of a complete clinical assessment in which no signs or symptoms consistent with advanced HIV/AIDS are identified and where an undiagnosed HIV infection is not considered likely (see [WHO HIV Country Profile](#)), immunization with live vaccines may proceed when HIV tests are not yet available. Live vaccines are contraindicated for individuals with advanced HIV infection. For vaccine recommendations for individuals living with HIV, see Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions, [Human Immunodeficiency Virus \(HIV\) Infection](#).

Families new to Canada may return to their country of origin to visit friends and relatives or may receive visitors from their country of origin. Encourage such families to visit a travel health professional for consultation and immunization with appropriate vaccines, particularly hepatitis A and B vaccines.

For more information on assessing those with inadequate records or uncertain immunization status, see Part 2 – Immunization of Special Populations, Select Populations, [Unknown or Uncertain Immunization Status/Inadequate Immunization Records](#).

## Tuberculin Skin Testing

Refer to:

[BC Communicable Disease Control Manual, Chapter 4: Tuberculosis](#)

[Canadian Tuberculosis Standards, 8<sup>th</sup> Edition](#)