2018 Binational Immunization Resource Tool for Children from Birth Through 18 Years

Vaccine doses administered in Mexico may be counted as valid in the United States (including vaccines not licensed for use in the U.S.) if the dose or doses are documented in writing (including the date of administration) and comply with the minimum intervals and minimum ages as recommended by the Advisory Committee on Immunization Practices.

See www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

MEXICO

Vaccines for Infants and Adolescents



					UJA						
DOSES RECOMMENDED BY AC			E	DISEASES		DOSES RECOMMENDED BY AGE					
		Antihepatitis B at birth, 2, 6 months ¹	Hepatitis B	HepB birth, 2, 6 through 18 months		Pediarix 2, 4, 6 months					
			Meningococcal (Private sector only in Mexico)	MenACWY 2 months through 10 years (high-risk) 11 through 12 years, 16 years	MenB 10 through 18 years (high risk) 16 through 18 years (subject to individual clinical decision making)			1			
				H. influenzae type b	Hib 2, 4, 6 [§] , 12 through 15 months						
2	Td 10-18 years	DPT 4 through 6 years	Pentavalente Acelular [§] 2, 4, 6, 18 months	Tosferina / Pertussis	DTaP 2, 4, 6, 15 through 18 months,	Tdap 11 through 12 years (required in many states for 7th grade entry)**	Pediarix 2, 4, 6 months	Pentacel 2, 4, 6, 15 through 18 months	Kinrix or Quadrace		
				Difteria / Diphtheria							
				Tétanos / Tetanus	4 through 6 years						
	Vacunas Combinadas/ Vaccination Combinations Triple Viral SRP = MMR Pentavalente Acelular = DTaP+IPV+Hib (August 2007 to present)	Sabin (OPV) 2 doses per year ³ , from 6 to 59 months of age (administered during National Health Weeks)		Poliomielitis / Polio	IPV 2, 4, 6 through 18 months, 4 through 6 years		2, 1,0 mondis		6 years		
			Rotateq 2, 4, 6 months	Rotavirus	RotaTeq 2, 4, 6 months or Rotarix 2, 4 months		Vaccination Combon Pediarix = DTaP-HepB-ProQuad = MMRV Pentacel = DTaP-IPV/H Kinrix or Quadracel = DTaP-IPV/H		oinations		
			Neumocóccica Conjugada (PCV13) 2, 4 months 12 through 15 months	Neumococo / Pneumococcal	PCV13 2, 4, 6, 12 through 15 months, 16 months through 18 years (high risk)	PPSV23 2 through 18 years (high risk)			ib		
	Pentavalente = DPT + Hib + HepB (Prior to July 2007)		Influenza (yearly) 6 through 59 months, 60 Imonths through 18 years (high risk only) ⁴	Influenza	Influenza* (yearly) 6 months or older				FS		
	FOOTNOTES	SR 10 years	Triple Viral SRP 12 months, 6 years	Sarampión / Measles	MMR 12 through 15 months, 4 through 6 years	MMRV 12 through 15 months,		* Two doses given at least four weeks			
				Rubéola / Rubella			apart are recomm children aged 6 m		s through 8		
				Parotiditis / Mumps				years of age who are getting a flu vaccine for the first time. See Influ- enza recommendations for details: www.cdc.gov/vaccines/hcp/acip-recs/ vacc-specific/flu.html. ** For a listing of Tdap requirements			
	¹ For those who have not had the full series by age 11 years, give two doses 1 month apart at 11 years		Varicela 12 months, 4-6 years ²	Varicela / Varicella	Varicella 12 through 15 months, 4 through 6 years	4 through 6 years					
	 Offered to high-risk groups only Administered after at least 2 doses of 		Antihepatitis A 12 months ²	Hepatitis A	HepA 12, 18 months	www.immunize Some childrer may have rece ages 7 throug Depending or used, a child n		for secondary schools, visit www.immunize.org/laws/tdap.asp. Some children who were lapsed may have received a dose of Tdap at			
	IPV (Pentavalente) ⁴ Two doses given at least four weeks apart are recommended for children who are getting a flu vaccine for the		HPV 9 through 12 years (2 doses) (girls only)	Virus del Papiloma Humano / Human Papillomavirus	HPV 11 through 12 years (can start at 9) 2 or 3 doses			ages 7 through 10 year Depending on which H used, a child may not n at 6 months of age.	s. ib vaccine is		
	first time and then 1 dose per year.		BCG at birth	Tuberculosis (Not offered in the U.S.)							

See back for immunization tool protocol and translation of common terms

Binational Tool Protocol

CS272886-A

1. Determine what immunizations are needed for the child based on his or her age and the United States' Recommended Immunization Schedule (www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html).

2. Review the child's Mexican immunization record, which is part of the National Health Card (Cartilla Nacional de Salud). There are two versions of the Health Cards. One is for children from birth through age 9, and the other is for 10 through 19. These are the official documents used throughout Mexico to record immunization and other health information. The vaccine records are located on pages 10-11 of the Health Cards for the children from birth through 9 years and on pages 7-8 for the pre-teens and teens (ages 10-19).

The table below provides translations of terms that may be found on the Health Cards and the immunization records sections of those cards.

English	Spanish				
January	Enero				
February	Febrero				
March	Marzo				
April	Abril				
May	Mayo				
June	Junio				
July	Julio				
August	Agosto				
September	Septiembre				
October	Octubre				
November	Noviembre				
December	Diciembre				
Month(s)	Mes(es)				
Years(s)	Año(s)				
At birth	Al nacer				
Next	Próxima				

Demographic Information

The first section on the inside of this document contains demographic information.

- Name Section includes a "primer y segundo apellido (first and second last name)" or paternal and maternal last names, respectively.
- Dates in Mexico are written Day/Month/Year (día/mes/año). For instance, 20/1/2008 is Jan 20, 2008.

Basic Immunization Schedule

The second part of the document contains information on the basic childhood immunization schedule, outlined in 5 columns:

- 1 VACUNA (Vaccine)
- 2 ENFERMEDAD QUE PREVIENE (Preventable Disease)
- 3 DOSIS (Dose)
- 4 EDAD Y FREQUENCIA (Age & Frequency)
- 5 FECHA DE VACUNACIÓN (Date of Vaccine Administration)
 - Dates of vaccine administration are recorded in pen.
 - Next due date is always recorded in pencil.
- Clinic stamp or signature of person administering

Private Sector Vaccines

Vaccines administered in the private sector are recorded in the gray section: OTRAS VACUNAS (other vaccines)

CURP: FOTOGRAFÍA No. de Certificado de Nacimiento **IDENTIFICACIÓN:** GPO SANGUÍNEO Y RH: APELLIDOS Y NOMBRE: Robles Ramos Maria AFILIACIÓN / MATRÍCULA / EXPEDIENTE: UNIDAD MEDICA: CONSULTORIO NO. **DATOS GENERALES:** DOMICILIO: CALLE Y NÚMERO COLONIA / LOCALIDAD MUNICIPIO O DELEGACIÓN C.P. ENTIDAD FEDERATIVA LUGAR Y FECHA DE NACIMIENTO: Date of Birth 2011 20 4 LOCALIDAD MUNICIPIO O DELEGACIÓN / ENTIDAD FEDERATIVA LUGAR Y FECHA DE REGISTRO CIVIL:

MUNICIPIO O DELEGACIÓN / ENTIDAD FEDERATIVA

ESQUEMA DE VACUNACIÓN

ENFERME- DAD QUE PREVINE	DOSIS		EDAD Y FRECUENCIA	FECHA DE VACUNACIÓN			N
	PRIMERA		2 MESES				
POR	SEGUNDA		4 MESES				
nizomococo	REFUERZO		12 MESES				
	PRIMERA		6 MESES				
INFLUENZA	SEGUNDA		7 MESES				
	REVACUNANCIÓN		ANUAL HASTA LOS 59 MESES				
SARAMPIÓN, RUBÉOLA Y PAROTIDITIS	ADICIONALES		1 AÑO				
	ADICIONALES		6 AÑOS				
POLIOMIELITIS		ADICIONALES					
SR SARAMPIÓN Y RUBÉOLA			ADICIONALES				
	INFECCIONES POR NEUMOCOCO INFLUENZA SARAMPIÓN, RUBÉOLAY PAROTIDITIS POLIOMIELI SARAMPIÓN	INFECCIONES POR NEUMOCOCO REI INFLUENZA SARAMPIÓN, RUBEOLAY PAROTIDITIS POLIOMIELITIS SARAMPIÓN Y	DAD QUE PREVINE INFECCIONES POR NEUMOCOCO INFLUENZA SARAMPIÓN, RUBEOLA Y PAROTIDITIS POLIOMIELITIS ADICIONALES ADICIONALES ADICIONALES ADICIONALES ADICIONALES ADICIONALES	DOSIS FECUENCIA PREVINE PREVINE PRIMERA 2 MESES SEGUNDA 4 MESES REFUERZO 12 MESES PRIMERA 6 MESES PRIMERA 6 MESES REVACUNANCIÓN ANUAL HASTA LOS 59 MESES SARAMPIÓN, RUBÉOLA Y PAROTIDITIS POLIOMIELITIS ADICIONALES 6 AÑOS SARAMPIÓN Y ADICIONALES SARAMPIÓN Y ADICIONALES	DAD QUE PREVINE PREVINE PRIMERA 2 MESES SEGUNDA 4 MESES REFUERZO 12 MESES PRIMERA 6 MESES SEGUNDA 7 MESES REVACUNANCIÓN ANUAL HASTA LOS 59 MESES SARAMPIÓN, RUBEOLAY PAROTIDITIS POLIOMIELITIS ADICIONALES 6 AÑOS SARAMPIÓN Y ADICIONALES SARAMPIÓN Y ADICIONALES	DAD QUE PREVINE PREVINE PRIMERA 2 MESES INFECCIONES POR NEUMOCOCO REFUERZO INFLUENZA SEGUNDA PRIMERA 6 MESES REVACUNANCIÓN ANUAL HASTA LOS 59 MESES SARAMPIÓN, RUBÉOLA Y PAROTIDITIS ADICIONALES ADICIONALES ADICIONALES ADICIONALES ADICIONALES SARAMPIÓN Y ADICIONALES SARAMPIÓN Y ADICIONALES	DAD QUE PREVINE PREVINE PRIMERA 2 MESES SEGUNDA 4 MESES SEGUNDA REFUERZO 12 MESES PRIMERA 6 MESES SEGUNDA 7 MESES REVACUNANCIÓN ANUAL HASTA LOS 59 MESES SARAMPIÓN, RUBEOLAY PAROTIDITIS ADICIONALES ADICIONALES ADICIONALES ADICIONALES SARAMPIÓN Y ADICIONALES ADICIONALES ADICIONALES ADICIONALES ADICIONALES

- 3. Match Mexican records with left side of guide (Mexico Doses Recommended by Age).
- Review any immunization records obtained in the United States.
- 5. Match the U.S. records with right side of guide (USA Doses Recommended by Age).
- **6.** Check insets, as they contain important information about combination vaccines. For example, in Mexico, Pentavalente Acelular is a combination vaccine, which includes DTaP, IPV, and Hib.
- 7. If a given vaccination recommendation for particular vaccine preventable disease is fulfilled for EITHER side of the vaccination chart, the child/adolescent can be considered vaccinated against that disease.
- **8.** Check for contraindications, provide Vaccine Information Statement (VIS), and discuss any questions with the parent. Then, administer any vaccinations that are due or need to be caught up.
- **9.** Document in official chart and patient's personal medical record any vaccinations that are given.
- **10.** Encourage patient to obtain available medical records from all clinicians and healthcare providers in the future and continue to document vaccinations received. Patient should be encouraged to take these records to any subsequent healthcare visits.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention