Quick Reference Guide: Understanding Immunization Records from Outside the United States

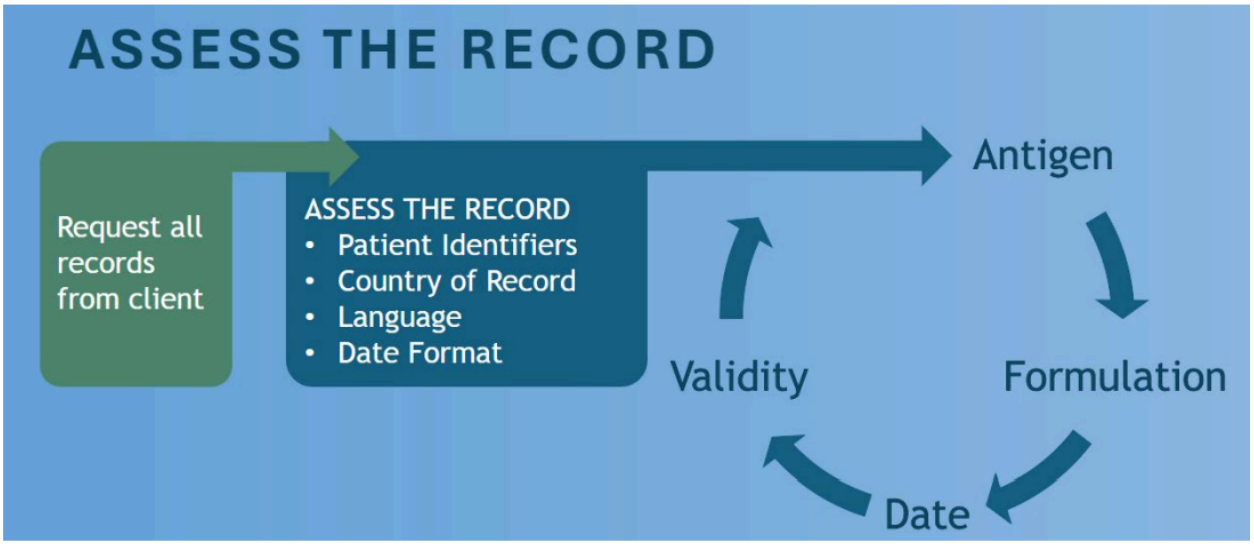
Last Revised: 10/2024

The proper translation of international immunization records prevents patients from being over- and under-vaccinated. This quick reference guide is intended to assist school nurses, administrative staff, and healthcare providers accurately understand immunization records from other countries.

General rule

Vaccine doses administered outside the United States can generally be accepted as valid if the schedule (i.e., minimum ages and intervals) is similar to that recommended in the United States according to the recommendations from the Advisory Committee on Immunization Practices (ACIP).

Assessing the immunization record



Antigen and formulation determination

Some common vaccine products provide similar protection to those used in the U.S. but have slightly different names and formulations.

Some of things of note:

- DTP, DPT, or DTwP: This vaccine, frequently found in combination products, is comparable to DTaP in the U.S. The letter “w” indicates a whole-cell inactivated pertussis vaccine; a lowercase “a” indicates an acellular pertussis component. Whole-cell pertussis is a less expensive option and is more frequently used in low-income nations. These products provide the same level of protection against pertussis, diphtheria, and tetanus.
- Many countries, including the U.S., use combination vaccines, which contain multiple vaccines combined into a single product. However, some products will contain different combinations of vaccines than those found in the U.S.
- Meningococcal vaccines are administered to infants and young children internationally. Often the vaccine used includes one or two serogroups, like A or C. These vaccine products do not replace the MenACWY vaccines administered to adolescents and young adults in the U.S.
- It is common to see measles-only or measles-rubella (MR) vaccines administered internationally. Since the mumps component is missing, these doses will not count toward MMR (measles-mumps-rubella) doses and requirements in the U.S. A mumps-only vaccine is not available in the U.S., so the patient will need to be administered MMR.

Some vaccines are administered in other countries but not routinely recommended in the U.S., or required for school entry. Common vaccines include:

- Yellow fever
- Japanese encephalitis
- Tick-borne encephalitis
- Typhoid
- Bacille Calmette-Guérin (BCG)

When inputting a patient’s record in the Wyoming Immunization Registry (WyIR), it is important to enter all vaccines from a patient’s record, even if the vaccine is not routinely administered in the U.S. or is a different formulation or combination (i.e. dose of MR or MenC). These vaccines are part of the patient’s immunization history and inputting all doses ensures an accurate and comprehensive immunization record for the patient.

Date formatting

It is important to correctly identify the date format used on the patient vaccine record. Be sure to check whether the day, or the month is listed first. Incorrectly identifying the date format can lead to unnecessary revaccination due to minimum intervals and ages not being met, or lead to situations where it appears that a patient was vaccinated before they were born.

- In the U.S., standard practice is to document dates in MM/DD/YY format, i.e. 4/5/2024 = April 5, 2024.
- Outside of the U.S., many countries document dates in DD/MM/YY format, i.e. 4/5/2024 = May 4, 2024. YY/MM/DD format is also used.

Gregorian calendar

Some countries use a calendar that is different from the Gregorian calendar used in the United States. For example, the year 1397 of the Persian calendar corresponds to 2019 of the Gregorian calendar.

Countries that use a non-Gregorian calendar include:

- Ethiopia
    - Date converter: https://ethiopian-calendar.netlify.app/
- Nepal
- Iran
- Afghanistan
- Japan
    - Year of Emperor Reign converter: https://groups.oist.jp/resource-center/japanese-year-converter

Handwritten and penciled-in dates

Administered doses of vaccine will be documented in pen (ink) on a handwritten vaccination record. Occasionally you may notice a date documented in pencil. It is common practice to write a future due date of a vaccine in pencil on the vaccination record as a reminder. The pencil date does not reflect an administered dose of vaccine. It is best practice to not accept vaccine doses recorded in pencil as administered doses of vaccine.

Handwritten numerals

The numbers 1 and 7 are sometimes handwritten differently internationally. Below is an example of 1 and 7 in standard U.S. handwriting (on the left), compared to 1 and 7 in Europe (on the right). This is important to ensure 1s are not being mistaken for 7.

U.S. numeral		
European numeral		

Dose validity

Dose validity: oral poliovirus (OPV) vaccine
OPV doses administered after April 1, 2016, are **invalid** in the United States. This is due to the vaccine moving from a trivalent (tOPV) to monovalent (mOPV) or bivalent (bOPV) formulations. Only trivalent polio vaccine doses are valid per the ACIP recommendations. However, if OPV doses are listed on a record, these should still be recorded in the WyIR as they are part of the patient's immunization history. The WyIR will recognize these doses as bOPV or mOPV, and forecast appropriate doses of trivalent polio vaccine if needed.

Doses of OPV administered before April 2016 are **valid** and count towards polio series completion unless the doses are specifically noted as administered during a vaccination campaign. All doses of inactivated polio vaccine (IPV) are trivalent and can count towards series completion.

Dose validity: unacceptable vaccine products
Per ACIP's General Best Practices, documentation of the following vaccines should **not** be accepted:

- Aimmugen, a hepatitis A vaccine
- Twinrix, Jr., a combination vaccine containing hepatitis A and hepatitis B components given to those **under 18 years of age**
    - The hepatitis B component **can be** accepted
    - The hepatitis A component is **invalid**
    - Please note that in the U.S., a Twinrix product is used for those 19 years and older. Doses of Twinrix in this population are considered valid for both antigens.

Dose validity: minimum ages and intervals
In order for an internationally administered vaccine to be valid in the U.S., it must meet the minimum ages and intervals recommended by ACIP.

Two examples of vaccines administered differently from ACIP recommendations are measles and hepatitis A. These vaccines are administered younger than 12 months of age in certain countries. In the U.S., the minimum valid age is 12 months, therefore any doses before that age are considered invalid and do not count towards series completion or school entry.

Incomplete, missing, or unclear records
Do not attempt to guess vaccine products or dates if the documentation is missing or cannot be read clearly. Revaccination is generally safe, and additional doses of vaccine do not pose a risk for increased adverse reactions.

Serological testing has limited applications, and cannot be performed for all vaccine antigens. For more guidance on serological testing for persons vaccinated outside of the U.S. with no or questionable vaccine records, see Table 9-1 of ACIP's General Best Practices for Immunization: Special Situations.

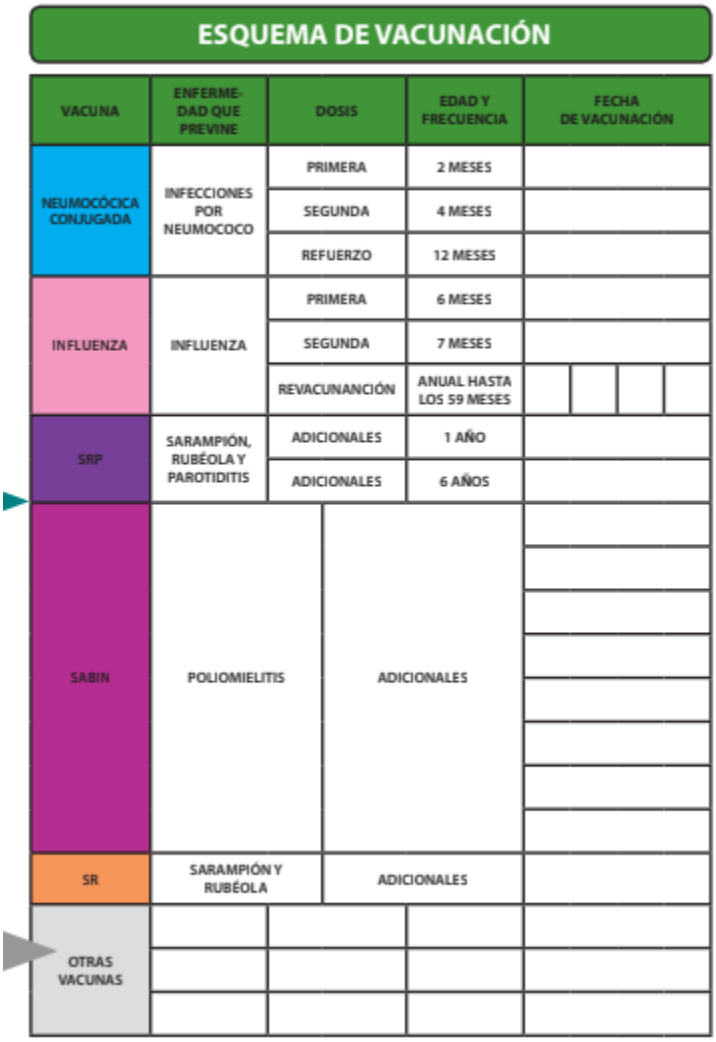
Select resources for Mexico and Spanish records

Records from Mexico and other Spanish-speaking countries are the most common international records seen in Wyoming. Generally, the names of vaccines are common across Spanish-speaking countries in North, Central, and South America (though products may vary).

Mexico Immunization Schedule **Language:** Spanish **Calendar:** Gregorian **Date format:** DD/MM/YY			
Vaccine	**Disease**	**Dose**	**Age**
Pentavalente (DTP+Hib+HepB) **Prior to July 2007**	Difteria, *Haemophilus influenzae* type B (Hib), Hepatitis B, Tosferina, Tétanos (Diphtheria, Hib, hepatitis B, pertussis, tetanus)	1	2 months
		2	4 months
		3	6 months
		4	18 months
Pentavalente Acelular (DtaP+IPV+Hib) **August 2007 to Present**	Difteria, *Haemophilus influenzae* type B (Hib), Poliomielitis, Tosferina, Tétanos (Diphtheria, Hib, polio, pertussis, tetanus)	1	2 months
		2	4 months
		3	6 months
		4	18 months
Antihepatitis B	Hepatitis B	1	Birth
		2	2 months
		3	6-18 months
BCG	Tuberculosis	1	Birth
DPT	Difteria, Tosferina,	1	4-6 years

	Tétanos (Diphtheria, pertussis, tetanus)		
Td	Tétanos, Difteria (Tetanus, diphtheria)	1	10 years
Sabin (OPV)	Poliomielitis	2 doses / year	6-59 months
Rotateq	Rotavirus	1	2 months
		2	4 months
		3	6 months
Neumocóccica Conjugada (PCV)	Neumococo (Pneumococcal)	1	2 months
		2	4 months
		3	12-15 months
Influenza	Influenza	Yearly	6-59 months routinely, 5-18 years high risk only
Triple Viral SRP	Sarampión, Rubéola, Parotiditis (Measles, rubella, mumps)	1	12 months
		2	6 years
SR	Sarampión, Rubéola (Measles, rubella)	1	10 years
Varicela	Varicela (Varicella)	1	12 months
		2	4-6 years
Antihepatitis A	Hepatitis A	1	12 months
VPH	Virus del Papiloma Humano (HPV)	2 doses	9-12 years (girls only)

The Mexican government fully covers childhood immunizations. Some families choose to seek recommended or additional vaccines through the private sector (like meningococcal). Vaccines not included in the national schedule are in a separate box from required immunizations under the heading “Otras Vacunas.”



ESQUEMA DE VACUNACIÓN

VACUNA	ENFERMEDAD QUE PREVINE	DOSIS	EDAD Y FRECUENCIA	FECHA DE VACUNACIÓN
NEUMOCÓCICA CONJUGADA	INFECCIONES POR NEUMOCOCO	PRIMERA	2 MESES	
		SEGUNDA	4 MESES	
		REFUERZO	12 MESES	
INFLUENZA	INFLUENZA	PRIMERA	6 MESES	
		SEGUNDA	7 MESES	
		REVACUNANCIÓN	ANUAL HASTA LOS 59 MESES	
SRP	SARAMPIÓN, RUBÉOLA Y PAROTIDITIS	ADICIONALES	1 AÑO	
		ADICIONALES	6 AÑOS	
SABIN	POLIOMIELITIS	ADICIONALES		
SR	SARAMPIÓN Y RUBÉOLA	ADICIONALES		
OTRAS VACUNAS				

This is an example of an official immunization record card from Mexico.

Common terms	
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)
Year(s)	Año(s)
At birth	Al nacer
Next	Próxima

Resources:

Antigen Determination
Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages (Immunize.org)
Vaccine Abbreviations (CDC)
Foreign Language Terms: Aids to translating foreign immunization records (NM Health)
Pediatric Vaccines: Global Brands and Country Availability (Medscape)
VIS Translations (Immunize.org)
VaxRef Translation (MN Department of Health)

Formulation Determination
VIEW-Hub (IVAC)

Date Determination
Calendar Converter

International Immunization Schedules
Vaccine Schedules for EU/EEA Countries (European Centre for Disease Control and Prevention)
World Health Organization Vaccination Schedules by country
Binational Immunization Schedule Tool for Mexico and U.S.
Translation Guide: Ukrainian & Russian Vaccination Records (Washington State Department of Health)

Questions? Please contact the Immunization Unit at 307-777-7952 or wdh.immunize@wyo.gov