

Section 3:	Immunization General Principles	Standard #: 03.500
Created by:	Province-wide Immunization Program Standards and Quality	
Approved by:	Dr. Gerry Predy, Senior Medical Officer of Health, Alberta Health Services	
Approval Date:	June 1, 2011	Revised: February 15, 2018

Preamble

AHS Province-wide Immunization Program Standards and Quality, Population and Public Health Division provides Public Health and other partners who administer provincially funded vaccines with ongoing and timely information relating to province-wide immunization program standards and quality. These standards are based on currently available evidence based information, Alberta Health (AH) policy, and provincial and national guidelines. Immunizers must be knowledgeable about the specific vaccines they administer.

Immunization Standard for Individuals Presenting with Inadequate Immunization Documentation

All immunizers must maintain a complete immunization record for all immunizations provided. Appropriate documentation of previous immunization is vital for assessing if individuals are adequately protected against vaccine preventable diseases.

Individuals often present with inadequate immunization documentation of previous doses of vaccine administered. When this occurs, every attempt should be made to obtain written immunization records from the individuals' previous healthcare providers, including exact immunization dates. If the immunizer is unable to obtain written records, information via telephone from a healthcare provider can be accepted and documented on the individual's record (Immunization for Individuals with Inadequate Immunization Records, 2015).

Individuals may also present with inadequate immunization documentation for doses administered outside of Canada. Assessment of these records is challenging as they may be a verbal account of past immunization, they may be difficult to interpret because of language barriers or the quality of the record may be poor, and immunization schedules and products may differ from those used in Canada. The potency of vaccines administered in other countries can be assumed to be adequate³. Assessment of records for immunization given outside of Canada will follow the same principles as outlined in this standard.

The purpose of this standard is to outline processes that will be used by immunizers to document previous doses of vaccines administered and provide recommendations for further immunization when:

- individuals present with no documentation of previous immunization (Section 1)
- individuals present with incomplete documentation of previous immunization (Section 2)

Applicability

This standard applies to all Alberta Health Services Public Health staff assessing verbal and/or written documentation of previous doses of vaccine administered.

Immunization Competency

Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

Recognizes and responds to the unique immunization needs of certain population groups.

Definitions

Adequate Date: Written records containing a minimum of a year and month are considered adequate as per standards set forth in section 2 of this document.

Inadequate immunization documentation as defined in this standard is: No written documentation of immunization, illegible documentation OR written immunization records that have incomplete date and / or vaccine information as per the standards set forth in this document.

Historical Immunization Record as defined in this standard is: Any record for vaccine doses that were administered in a jurisdiction other than the one recording the event.

High risk as defined in the standard is: Any individual eligible to receive provincially-funded vaccines in addition to those recommended in the routine immunization schedule. Examples include but are not limited to the following:

- Healthcare workers
- Transplant recipients
- Immunocompromised individuals
- Individuals with specific medical conditions – see Standard 08.305 Standard on the Immunization of Individuals with Chronic Health Conditions and/or Immunosuppression
- Travellers

Section 1: Immunization Standards for Individuals Presenting With No Documentation of Previous Immunization

Children 2 months up to and including 17 years of age

Parental recall of prior immunization of children, in the absence of documentation provided by the administrator of the vaccine, correlates poorly with immunizations received and should not be accepted as evidence of immunization (National Advisory Committee on Immunization, 2012). **Therefore, verbal reports from a parent/client of prior immunization in children will not be accepted as evidence of immunity. The following approach should be taken:** (Immunization for Individuals with Inadequate Immunization Records, 2015; American Academy of Pediatrics, 2015; National Advisory Committee on Immunization, 2012)

- All children **2 months up to and including 17 years of age** presenting with no documentation of immunization should be considered unimmunized and started on an age appropriate routine immunization schedule. These children should be offered all doses of vaccine for which they would currently be eligible.
- Routine serological testing to determine immunity is not practical and should not generally be done for those who lack documentation of previous immunization. However, serology may be indicated for certain individuals based on Alberta immunization program guidelines.
- The parents' verbal summary of previous immunization should be documented in the nursing notes in the individual's chart. Estimated dates will not be attached to these doses and they will not be entered into the detailed list of vaccines received.
- Immunizers should discuss the risks of over versus under-immunization with parents and respect the decision of parents preferring not to have their children restarted on an immunization series. This information, including the refusal, must be documented on the immunization record and/or in the immunization database.

When offering immunization to children who have inadequate documentation of previous doses of vaccine administered the following general approach is recommended:

- Individuals who recall a serious adverse event following immunization to a previous dose of vaccine(s) should be assessed on a case-by-case basis before receiving any further immunization.

- If indicated, MMR, polio, *Haemophilus influenzae* type b, pneumococcal conjugate, meningococcal conjugate, hepatitis A and B, varicella and influenza vaccines can be given without concern about prior doses, as adverse events following repeated immunization with these vaccines has not been demonstrated (National Advisory Committee on Immunization, 2012).
- Individuals who develop a serious adverse local reaction after administration of vaccines containing tetanus, diphtheria and pertussis should be individually assessed before they receive additional doses of these vaccines. Serologic testing for diphtheria and tetanus antibodies may be helpful in determining the immune status for these two antigens in this case (National Advisory Committee on Immunization, 2012).
- If indicated, pneumococcal polysaccharide vaccine can be given when a record of immunization cannot be found, since in most studies local reaction rates after re-immunization have been similar to rates following initial immunization (National Advisory Committee on Immunization, 2012).

Adults

Currently available literature suggests all individuals lacking written documentation for immunization be started on a primary immunization schedule as appropriate for age; however this approach is not practical for all adults. When assessing adults with inadequate immunization documentation the following approach should be used:

- Serological testing to determine evidence of immunity prior to commencing immunization is not routinely recommended and would not be offered with the exception of hepatitis B and varicella when appropriate (Immunization for Individuals with Inadequate Immunization Records, 2015).
- All **healthy adults** 18 years of age and over, **reporting receipt of childhood immunization for tetanus, diphtheria, pertussis and polio** but who lack written documentation should be considered immune and should only be offered doses of vaccine for which they would be eligible as per their current age or interval since last vaccine dose as applicable.
 - Estimated dates will not be attached to these doses and they will not be entered into the detailed list of vaccines received. The individuals' verbal summary of previous immunization must be documented.
 - Verbal report of immunization for other antigens (e.g., measles, rubella, mumps, varicella) will not be accepted and vaccine should be offered based on eligibility as per their current age.
 - In the case of a measles investigation, potentially exposed individuals are required to provide documentation of two valid doses of measles containing vaccine, or risk being excluded. Refer to measles notifiable disease guidelines for details <https://open.alberta.ca/dataset/cddcf8b0-9193-4fd7-aa49-def3fded69cf/resource/7b1a399e-6d0a-4e3b-a8e4-baf4a82e0c89/download/Guidelines-Measles-2013.pdf>
- All **healthy adults** 18 years of age and over, reporting that they **have not received or did not complete childhood immunization** should be considered unimmunized and started on an age appropriate routine immunization schedule.
 - Immunizers should discuss the risks of over versus under immunization with individuals and respect their decision if preferring not to be restarted on an immunization series. This information, including the refusal, must be documented on the immunization record and/or in the immunization database.
- All **high risk adults** 18 years of age and over presenting **with inadequate immunization records** for the additional vaccines they would be eligible for should be further **assessed** and offered immunization using applicable guidelines for that high risk group.
 - See *Standards for Immunization of Special Populations*.
 - Immunizers should discuss the risks of over versus under immunization with individuals and respect their decision if preferring not to be restarted on an immunization series.

This information, including the refusal, must be documented on the immunization record and/or in the immunization database.

When offering immunization to adults who have inadequate documentation of previous doses of vaccine administered the following general approach is recommended:

- Individuals who recall a serious adverse event following immunization to a previous dose of vaccine(s) should be assessed on a case-by-case basis before receiving any further immunization.
- If indicated, MMR, polio, *Haemophilus influenzae* type b, pneumococcal conjugate, meningococcal conjugate, hepatitis A and B, varicella and influenza vaccines can be given without concern about prior doses, as adverse events following repeated immunization with these vaccines has not been demonstrated (National Advisory Committee on Immunization, 2012).
- Individuals who develop a serious adverse local reaction after administration of tetanus-diphtheria-or pertussis-containing vaccines should be individually assessed before they receive additional doses of these vaccines. Serologic testing for diphtheria and tetanus antibodies may be helpful in determining the immune status for these two antigens in this case (National Advisory Committee on Immunization, 2012).
- If indicated, pneumococcal polysaccharide vaccine can be given when a record of immunization cannot be found, since in most studies local reaction rates after re-immunization have been similar to rates following initial immunization (National Advisory Committee on Immunization, 2012).

Section 2: Immunization Standards for Individuals Presenting with Incomplete Documentation of Previous Immunization

Complete written, dated records are optimal when assessing evidence of immunization. However, many individuals present with incomplete written documentation of immunization. When determining immunization requirements for individuals who present with incomplete written documentation of previous doses of vaccine the following approach should be taken:

- The record should be assessed as adequate for a specific vaccine if the immunization dates, number of doses, intervals between doses and age at time of immunization are appropriate when compared to Alberta and/or Canadian schedules. Any vaccines administered that do not follow appropriate scheduling recommendations should be repeated, and additional vaccine doses should be given to correct schedules in which an inadequate number of vaccine doses were administered (Immunization for Individuals with Inadequate Immunization Records, 2015).
- To consider the immunization record authentic it must contain:
 - the individual's name and date of birth
 - the vaccine name or antigen
 - the date of immunization according to the following:
 - Measles-mumps-rubella-varicella containing vaccine(s):
 - Written documentation of the **day, month, and year** is required if vaccine was given when the individual was less than 13 months of age at time of immunization.
 - ❖ Age 13 months ensures the vaccine was given on or after 12 months of age.
 - Written documentation of the **month and year** would be considered adequate for doses given when the individual was greater than or equal to 13 months of age at time of immunization. When documenting this dose of vaccine the day will be estimated as the **last day of the month**. All doses recorded with an estimated day **must be identified as such** to indicate that the date was estimated.
 - Other vaccine(s):
 - Immunization records that include the month and year vaccine was administered will be accepted when minimum age requirements and intervals have been met. If the day of immunization is missing it will be estimated as the **last day of the month**. All doses recorded with an estimated day **must be identified as such** to indicate that the date was estimated.

- If the immunization record is considered authentic then dates recorded would be considered acceptable and must be entered on the individual's immunization record into the detailed list of vaccines received.

Written records containing less than the minimum information listed above will be considered inadequate. Individuals with inadequate records should be offered immunization following the routine age-appropriate vaccine schedule and according to the standards outlined in Section 1.

References

- Alberta Health. (2015, May 1). Alberta Immunization Policy. *Immunization for Individuals with Inadequate Immunization Records*. Alberta Health, Health System Accountability and Performance Division.
- American Academy of Pediatrics. (2015). Active Immunization: Unknown or Uncertain Immunization Status. In *Red Book: 2015 Report of the Committee on Infectious Diseases* (30th Edition ed., p. 38). Elk Grove, IL: American Academy of Pediatrics.
- National Advisory Committee on Immunization. (2012). *Canadian Immunization Guide* (Evergreen Edition). Ottawa, ON: Public Health Agency of Canada.