

<b>Section 3</b>	Immunization General Principles	<b>Standard # 03.500</b>
<b>Created and approved by</b>	Provincial Immunization Program Standards and Quality	
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## Preamble

Alberta Health Services (AHS) Provincial Immunization Program Standards and Quality, Provincial Population & Public Health Division provides Public Health and other partners who administer provincially funded vaccines with ongoing and timely information relating to provincial 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.

## Background

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 as per AH policy [Immunization for Individuals with Inadequate Immunization Records](#).

Individuals may present with inadequate immunization documentation for doses administered in Alberta. For historical biological products used in Alberta, see [Standard on History of Biologicals Administered in Alberta](#).

Individuals may present with inadequate immunization documentation for doses administered outside of Alberta. Refer to [Provincial and Territorial Immunization Information](#) from the Public Health Agency of Canada for biological products and immunization schedules for the specific province/territory.

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 adequate. Assessment of records for immunization given outside of Canada will follow the same principles as outlined in this standard. Current recommended immunization schedules for areas outside of Canada may be viewed on the [WHO Immunization Data Portal](#).

## Purpose

The purpose of this standard is to outline processes that will provide a consistent approach for immunizers to document previous doses of vaccines administered and assess the validity of historical immunizations. Determining validity of previous doses will assist in making an immunization plan for the client.

- Individuals present with no documentation of previous immunization (Section 1)
- Individuals present with incomplete documentation of previous immunization (Section 2)
- Individuals present with historical immunization records (Section 3).

## 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

All immunizers shall ensure that reports respecting the immunization and assessment are submitted electronically to Alberta Health (AH) as soon as possible and no later than 7 days after the immunization or assessment effective January 1, 2021, according to [Province of Alberta Public Health Act Immunization Regulation](#).

All immunizers shall document information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

All immunizers recognize and respond to the unique immunization needs of specific population.

## Definitions

**Adequate Date:** Written or electronic records containing a minimum of year/month/day 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 or electronic documentation of immunization, illegible documentation OR immunization records that have incomplete date and/or vaccine information as per the standards set forth in section 2 of 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, this would include immunization records from out of province/territory or out of country.

**High risk individual:** 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 and post-secondary healthcare students: see [Standard for Immunization of Health Care Workers](#) and [Standard for Immunization of Post-Secondary Health Care Students and Students in Other High-Risk Occupational Programs](#)
- Transplant recipients: see [Standard for Immunization of Transplant Candidates and Recipients](#)
- Immunocompromised individuals and individuals with specific medical conditions: see [Standard on the Immunization of Individuals with Chronic Health Conditions and/or Immunosuppression](#)

## Section 1: Assessment for Individuals Presenting with NO Documentation of Previous Immunization

### Children 2 months up to and including 17 years of age

Parent/guardian memory of their child's immunization history is not always accurate and should not be accepted as evidence of immunization. **Therefore, verbal reports from a parent/guardian/client of prior immunization in children will not be accepted as evidence of immunity.** According to AH Policy [Immunization for Individuals with Inadequate Immunization Records](#) and the [Immunization of Persons with Inadequate Immunization Records: Canadian Immunization Guide](#) use the following approach:

- Consider all children **2 months up to and including 17 years of age** presenting with no immunization documentation as unimmunized and start on an age-appropriate routine immunization schedule. Offer all eligible age-appropriate vaccines to these children.
- 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.
- Document the parents/guardians' verbal summary of previous immunization and dates in the nursing notes in the client's chart. Do not enter these into the detailed list of vaccines received.
- Discuss the risks and benefits of over and under immunization with parents/guardians. Respect decisions to not have children restart an immunization series. Document the decision in the provincial electronic database (EDB).

When offering immunization for children who have inadequate documentation, use the following approach:

- Assess individuals on a case-by-case basis before giving any further immunization if they recall a serious adverse event following immunization (AEFI) to a previous dose of vaccine.
- Give MMR, polio, Haemophilus influenzae type b, pneumococcal conjugate, meningococcal conjugate, hepatitis A and B, varicella and influenza vaccines, if indicated, without concern about prior doses. Adverse events following repeated immunization with these vaccines has not been demonstrated.
- Give pneumococcal conjugate vaccine, if indicated, when a record of immunization cannot be found. In most studies, local reaction rates after re-immunization have been similar to rates following initial immunization.

## Adults

Currently available literature suggests all individuals lacking written documentation for immunization be started on an age-appropriate primary immunization schedule; however, this approach is not practical for all adults. Assess adults with inadequate immunization documentation using the following approach:

- Do not offer serological testing to determine evidence of immunity prior to commencing immunization. It is not routinely recommended as per AH Policy [Immunization for Individuals with Inadequate Immunization Records](#) with the exception of hepatitis B and varicella (see vaccine specific biological pages).
- Consider all **healthy adults** 18 years of age and over immune if they report a childhood immunization series for tetanus, diphtheria, pertussis and polio but lack written documentation. Offer doses of vaccine for which they would be eligible.
  - Do not enter estimated dates of these doses as vaccines received. Document the client's verbal summary of previous immunization in the nursing notes in the client's chart.
  - Do not accept a verbal report of immunization for other antigens, such as measles, rubella, mumps, or varicella. Offer vaccine based on eligibility.
  - In the case of a measles investigation, potentially exposed individuals are required to provide documentation of two valid doses of measles containing vaccine, or serological proof of immunity. Refer to [Alberta public health disease management guidelines: measles](#).
- Consider all **healthy adults** 18 years of age and over unimmunized if they report they have not received or did not complete childhood immunization. Start on an age-appropriate routine immunization schedule.
  - Discuss the risks and benefits of over and under immunization with individuals. Respect their decision if not restarting on an immunization series. Document the decision in the provincial electronic database (EDB).
- Assess all **high-risk adults** 18 years of age and over presenting with inadequate immunization records for the vaccines they would be eligible for and offer immunization using applicable guidelines for that high-risk group.
  - See applicable section in the [Standards for Immunization of Specific Populations](#) for requirements for defined high-risk adults.
  - Estimated vaccine dates are not considered valid for high-risk adults. Re-immunize if valid records cannot be obtained.
  - Discuss the risks and benefits of over and under immunization with individuals and respect their decision to not restart an immunization series. Document the decision in the provincial electronic database (EDB).

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

- Assess individuals on a case-by-case basis before giving any further immunization if they recall a serious adverse event following immunization (AEFI) to a previous dose of vaccine.
- Give MMR, polio, Haemophilus influenzae type b, pneumococcal conjugate, meningococcal conjugate, hepatitis A and B, varicella and influenza vaccines, if indicated, without concern about prior doses. Adverse events following repeated immunization with these vaccines has not been demonstrated.
- Give pneumococcal conjugate vaccine, if indicated, when a record of immunization cannot be found. In most studies local reaction rates after re-immunization have been similar to rates following initial immunization.

## Section 2: Assessment 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, use the following approach:

- Assess if the record is adequate for a specific vaccine including:
  - If immunization dates, number of doses, intervals between doses and age at time of immunization are appropriate when compared to Alberta and/or Canadian schedules.
  - Repeat any vaccines administered that do not follow appropriate scheduling recommendations.
    - Give additional doses to correct schedules if an inadequate number of vaccine doses were administered as per AH policy: [Immunization for Individuals with Inadequate Immunization Records](#).
- To consider the immunization record authentic (paper or electronic) it must contain:
  - Individual's name and date of birth
  - Vaccine name or antigen
  - Date of immunization according to the following:
    - Measles-mumps-rubella-varicella containing vaccine(s):
      - If vaccine was given when the individual was less than 13 months of age at time of immunization, written documentation of the **day, month, and year** is required.
        - This ensures the vaccine was given on or after 12 months of age.
      - If vaccine was given when the individual was greater than or equal to 13 months of age at time of immunization, written documentation of at least the **month and year** is required. Estimate the day as the **last day of the month** when documenting this dose of vaccine.
        - All doses recorded with an estimated day **must be identified as such**. To indicate that the date was estimated, see EDB documentation guidelines.
    - Other vaccine(s):
      - Immunization records that include the month and year vaccine was administered are accepted when minimum age requirements and intervals are met. If the day of immunization is missing, estimate the day 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, see EDB documentation guidelines.
  - If the immunization record is considered authentic, enter the recorded dates on the individual's immunization record into the detailed list of vaccines received.

Written records containing less than the minimum information listed above are considered inadequate. Offer immunization following the routine age-appropriate vaccine schedule and according to the standards outlined in Section 1 to individuals with inadequate records.

## Section 3: Assessment for Individuals Presenting with Historical Immunization Records

Any vaccine given in Alberta needs to be assessed for validity and remediated using guidelines in the IPSM.

- Assess historical immunization records as individuals present. While vaccines and schedules may not mirror what is currently offered in Alberta, if the record meets the criteria in Section 1 or 2 in this Standard, accept the vaccine(s) as valid/effective dose(s). Offer the individual immunization to complete the vaccine series as per Alberta immunization standards.
  - When historical immunization records are unclear or the vaccine is recorded twice on the same date, encourage the parent/guardian/individual to obtain immunization records directly from the original healthcare provider outside of Alberta with clear details of antigens/vaccine given on the date(s).
  - Clarify where the vaccine(s) were originally given (for example, city/province/state/country) when reviewing an individual's immunization record.

- Send records that require translation to [Translation Services](#) (for providers with access to Insite). Immunization records are being translated only. Translated records require clinician assessment for validity. If discrepancies are noted following translation, re-submit the original and the translated records for clarification.
- Consult the MOH/MOH designate before entering the data into the provincial electronic database (EDB) if there are questions regarding historical records.
- Discuss the goal of protecting the individual through immunization, including the risks and benefits of over and under immunization with individuals. Respect decisions to not to be restarted on an immunization series. Document the decision in the provincial electronic database (EDB).
- Refer to the [Standard for Recommended Immunization Schedules](#) and vaccine specific biological pages when reviewing historical immunization records for minimum age and minimal intervals.
- If a vaccine is no longer available in Alberta or was given outside Alberta, this Standard can be used as well as other sources such as [WHO Immunization Data portal](#) to determine if the historical record can be entered into the EDB.
- Historical immunizations with no clinical relevance and that the client is no longer eligible for, can be entered into the EDB and marked as valid, for example rotavirus vaccine.

### Historical Assessment Guidelines for Vaccines Given Outside of Alberta

- Polio:
  - Oral polio (OPV) given at birth before April 1, 2016 is valid but not considered part of the series. In countries where OPV is given at birth due to risk of disease, infants get a minimum of 3 additional doses of polio vaccine spaced according to specified intervals.
  - Inactivated polio vaccine (IPV) given at birth is not valid as it is not licensed under 6 weeks.
  - Unspecified polio (POL) vaccine given at birth is not valid (as it could be IPV).
- DTwP/DTP/DPT containing combination vaccines:
  - Assess using the same schedule as DTaP containing vaccines.
  - Minimum age for the first dose is 6 weeks of age.
  - Minimum interval between doses of non-live vaccines is 28 days.
- DTwP-Hib-HB:
  - Often given at 6, 10, 14 weeks of age with additional doses in the second year of life.
  - If vaccine doses are 28 days apart, consider them valid.
- Vaccine documentation with unspecified antigens:
  - If a vaccine is recorded on the client record without specific antigens (for example Penta/Pentavalent, Quad/Quadravalent, Trivalent) or the vaccine brand name is not identified on the record, further assessment may be required. The following resources along with clinical judgement may be used:
    - [Standard on History of Biologicals Administered in Alberta](#)
    - [Standard For Recommended Immunization Schedules](#)
    - [WHO Immunization Data portal](#)
      - The WHO immunization data portal should not be used as guidance to determine which antigens are contained in a multiple-antigen unspecified vaccine. Various multiple-antigen vaccines are in use throughout the world and potentially within the same country. The WHO website outlines a country's current recommended schedule and may not reflect the specific vaccine product being used or what product was used in the past.
    - Country or province/territory specific searches.
  - If antigens cannot be identified, do not enter into the EDB.

Consult MOH/MOH designate as needed.

## References

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