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To: Public Health and Health Care Providers

From: Vaccine Preventable Disease Program

Date: August 29, 2014

Subject: Unaccompanied Children

What is the situation regarding unaccompanied children entering this country from the Southern US Border?

A: Thousands of children from Central America are currently being sheltered and cared for at U.S. government facilities. They have arrived in recent weeks unaccompanied by a parent or guardian and are seeking refuge from violence, economic conditions, and poverty in their countries. Upon arrival at the border, they are directed to Customs and Border Protection (CBP) and eventually placed in either permanent or temporary Office of Refugee Resettlement (ORR) shelters or a safe and secure environment.

What vaccines are currently being offered in ORR facilities?

A: Vaccines are age-dependent and in accordance with the catch-up schedule recommended by the Advisory Committee on Immunization Practices (ACIP). For example, our older unaccompanied children typically receive:

- Measles, mumps, rubella (MMR)
- Varicella
- Tetanus, diphtheria, pertussis (Tdap or DTaP)
- Meningococcal disease (MCV4)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Polio (IPV)
- Influenza vaccine when available: extended date IIV (routinely during flu season, and since July 11, 2014 in crowded settings)
- Pneumococcal conjugate vaccine (PCV13): Interim recommendation for a single dose of PCV13, since July 18, 2014)

Why are influenza and PCV13 vaccines being given in the ORR facilities?

A: From July 10, 2014 through July 24, 2014, seven cases of severe pneumococcal pneumonia have been identified among unaccompanied children in ORR shelters, 6 of whom were treated in pediatric intensive care units. No deaths have been reported. There is also an increased risk of influenza among these children. H1N1 and influenza B have been detected in several children in ORR shelters. Two possible sources of influenza viruses exist in U.S. shelters – introduction from persons in the US-Mexico border region and introduction from children infected in their home countries in Central America (surveillance rates have shown that influenza rates peak in the summer months in Central American countries). The risk of transmission of influenza in the centers is expected to be higher than transmission in the community, analogous to other closed settings (e.g., long-term care facilities).

To address these outbreaks of pneumococcal pneumonia and the increased risk of influenza transmission, interim recommendations have been made to facilities and shelters housing unaccompanied children and are outlined below:

Pneumococcal vaccine

- All unaccompanied children, regardless of their point of entry or pathway to ORR shelters, should receive a single dose of PCV13 as soon as possible after apprehension. Those currently in shelters should be vaccinated as soon as feasible.

Influenza vaccine

- Once the 2014-15 vaccines are available, all children 6 months of age or older will be vaccinated with the 2014-15 influenza vaccine formulation.
- In the interim, until the 2014 – 2015 vaccines are available, children are being vaccinated with the IIV 2013 – 2014 vaccine.
- *It should be noted that FDA has created a pathway to extend the expiry dates of specific formulations of 2013-14 vaccines. Eligible vaccines would be IIV formulations for which 12- or 18-month stability data are available. Doses of 2013-2014 influenza vaccine with this extended expiration date may be ordered through CDC. Only doses ordered through CDC will have the extended expiration date and leftover vaccines from the 2013-2014 season should not be used.*

Are children aged 9-18 years who receive 2013-2014 inactivated influenza vaccine (IIV) in July or August recommended to also receive 2014-2015 vaccine when it becomes available?

A: No, for children 9-18 years of age who received the 2013-14 influenza vaccine in ORR shelters during the period after June 30, 2014, there is no need to be revaccinated with the 2014-15 influenza vaccine formulation once it becomes available. The rationale is:

- 1) The antigens in the 2013-14 and the 2014-15 influenza vaccines are identical.
- 2) Children of this age should have been adequately primed through either natural infection or prior vaccination, so would be expected to mount a sufficiently robust immune response to a single dose; and
- 3) One would expect that the protection against influenza in the upcoming U.S. influenza season conferred by receipt of vaccine in July-August would be comparable to protection conferred by a vaccine administered in the fall in this age group. However, if a child who received the 2013-14 influenza vaccine after June 30, 2014 wishes to receive the 2014-15 vaccine or receives the vaccine as part of routine care, it is safe and acceptable to do so. There are no expected added risks of receiving two doses of influenza vaccine during a single influenza season.

Are we allowed to use leftover vaccine that we have on hand for the children who receive extended-date 2013-2014 IIV?

A: No. This extended date approval only applies to vaccines that are shipped expressly for this purpose and does not apply to doses that a provider may have from earlier in the season. The extended date flu vaccine expires at the end of August 2014 and is being administered in ORR facilities.

Why is PCV-13 being given to unaccompanied children over the age of 5 years who are in ORR shelters? Is this considered an off-label use?

A: PCV13 is recommended for unaccompanied children because of several cases of serious pneumococcal disease that were detected in July 2014. PCV13 is not routinely recommended for children 5-18 years of age but is recommended now (July 2014) because of these unique circumstances and is covered under the VFC resolution on outbreak response. Due to recent cases of pneumococcal disease occurring in some of these facilities, all unaccompanied children, regardless of their point of entry or pathway to ORR shelters, should receive a single dose of PCV13 as soon as possible after apprehension. Those currently in shelters should be vaccinated as soon as feasible. This is not an off-label use and these are interim recommendations.

Since ORR is taking care of unaccompanied children, states are not receiving the vaccine records which will create challenges in getting them into school. Vaccine records are often a requirement to enter school. Could you provide guidance on this?

A: When a child in ORR custody is released to a sponsor, the program requires grantees to provide the sponsor with a copy of the child's medical and immunization records compiled during their time in custody. The first page of the Sponsor Handbook, which ORR grantees provide to sponsors in both English and Spanish as part of the placement process, outlines the sponsor's responsibilities regarding enrolling the child in school upon release. This information makes clear that a sponsor may be required to

provide a series of documents, including immunization records, to the school upon enrollment, depending on the local school district's policies.

If a sponsor does not have a copy of the child's medical or immunization records, a new copy can be requested from ORR. Requesting parties seeking copies of an unaccompanied child's case files, specific information contained in a case file, or other confidential information pertaining to a child must make their request in writing to the ORR/DCS Division Director. This can be done via email – the request should be emailed to Requests.DUCS@acf.hhs.gov. Requesting parties also must file an Authorization for Release of Records form (ORR UAC/C-5) and include all supporting documentation as necessary. Additional information is available through the Department of Education website at <http://education.state.nj.us/broadcasts/2014/AUG/26/11823/Enrollment%20of%20Homeless-Immigrant-Undocumented%20Students%202014.pdf>

How should schools and local health departments handle these children upon school entry since they might not meet all immunization requirements or not have documentation of all immunizations?

A: Unaccompanied children entering NJ schools should be treated like any other student coming in from out-of-state or out-of-country. A 30-day grace period can apply to these students; however, it may not be necessary as these children should have been provided the necessary vaccines at the ORR facilities upon entry into the United States and should have vaccine documentation. If documentation is not available please refer to question above for information on how obtain it. In the event that the child is not fully vaccinated, he or she can enter/attend NJ schools provisionally as long as they received a minimum of one dose of all of the required vaccines and are in the process of receiving the remaining doses in accordance with the CDC/ACIP Catch-Up schedule, <http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>