

2012 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 *MMWR* 2011;60(No.RR-2), <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>.

MEXICO

Vaccines for Infants and Adolescents

USA

DOSES RECOMMENDED BY AGE		DISEASES	DOSES RECOMMENDED BY AGE			
		Antihepatitis B at birth, 2, 6 months ¹	Hepatitis B	HepB birth, 2, 6 through 18 months	Comvax 2, 4, 12 through 15 months	Pediarix 2, 4, 6 months
		Pentavalente Acelular [§] 2, 4, 6, 18 months	H. influenzae type b	Hib 2, 4, 6 ⁵ , 12 through 15 months	Tdap 11 through 12 years (required in many states for 7th grade entry)**	Pentacel 2, 4, 6, 15 through 18 months
Tos Ferina / Pertussis	DTaP 2, 4, 6, 12 through 18 months, 4 through 6 years					
Difteria / Diphtheria						
Tétanos / Tetanus	IPV 2, 4, 6 through 18 months, 4 through 6 years		Pediarix 2, 4, 6 months			
Td 12 years	DPT 4 through 6 years	Poliomielitis / Polio	Rotavirus	RotaTeq 2, 4, 6 months or Rotarix 2, 4 months		
	Sabin (OPV) 2 doses per year, from 6 to 59 months of age (in addition to prior 2 doses of IPV)			Neumococo / Pneumococcal	PCV13 2, 4, 6, 12 through 15 months	PPSV23 2 through 18 years (high risk)
		Rotateq 2, 4, 6 months	Influenza	Influenza* (yearly) 6 months or older		
		Neumocócica Conjugada (PCV13) 2, 4 months 12 through 15 months	Sarampión / Measles	MMR 12 through 15 months, 4 through 6 years	MMRV 12 through 15 months, 4 through 6 years	
		Influenza (yearly) 6 through 59 months, 60 months through 9 years (high risk only)				Rubéola / Rubella
						Parotiditis / Mumps
	SR 12 years	Triple Viral SRP 12 months, 6 years	Varicela / Varicella	Varicella 12 through 15 months, 4 through 6 years		
		Varicela 12 months ²	Hepatitis A	HepA 12, 18 months		
		Antihepatitis A 12, 18 months ²	Meningococcal (Not offered in Mexico)	MCV4 9 months through 10 years (high-risk) 11 through 12 years, 16 years		
			Virus del Papiloma Humano / Human Papillomavirus	HPV 11 through 18 years (3 doses)		
		HPV 9 through 12 years (3 doses) (girls only)	Tuberculosis (Not offered in the U.S.)			
		BCG at birth				

FOOTNOTES

¹ For those who have not had the full series by age 12 years, give two doses 1 month apart at 12 years

² Offered to high-risk groups only

Vacunas Combinadas/ Vaccination Combinations

Triple Viral SRP = MMR

Cuádruple = DPT + Hib

[§]**Pentavalente Acelular** = DTaP+IPV+Hib (August 2007 to present)

Pentavalente = DPT + Hib + HepB (Prior to July 2007)

FOOTNOTES

* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time or who did not receive a dose of 2010-2011 seasonal influenza vaccine.

** For a listing of Tdap requirements for secondary schools, visit <http://www.immunize.org/laws/tdap.asp>. Some children who were lapsed may have received a dose of Tdap at ages 7 through 10 years.

⁵ Depending on which Hib vaccine is used, a child may not need the dose at 6 months of age.

Vaccination Combinations

Pediarix = DTaP-HepB-IPV

Comvax = Hib-HepB

ProQuad = MMRV

Pentacel = DTaP-IPV/Hib

Kinrix = DTaP-IPV

Binational Tool Protocol

CS229480-A

1. Determine what immunizations are needed for the child based on his and her age and the United States' Recommended Immunization Schedule (<http://www.cdc.gov/vaccines/recs/schedules/downloads/child/0-6yrs-schedule-pr.pdf>).

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

CARTILLA NACIONAL DE VACUNACIÓN CURP

DATOS GENERALES

Nombre: Robles Ramos, Maria
 Domicilio: [Address fields]
 Fecha de Nacimiento: 2008/1/20
 Lugar de nacimiento: [Location fields]
 Fecha de registro: [Date fields]
 Lugar de registro: [Location fields]
 Fecha de entrega: [Date fields]

ESQUEMA BÁSICO DE VACUNACIÓN

VACUNA	ENFERMEDAD QUE PREVIENE	DOSIS	EDAD	FECHA DE VACUNACIÓN
BCG	TUBERCULOSIS	UNICA	Al nacer	20/1/2008 = Jan 20, 2008
SABIN	POLIOMIELITIS	PRIMERA	2 meses	23/3/2008 Dr. Ramos
		SEGUNDA	4 meses	
		TERCERA	8 meses	
		ADICIONALES		
HEPATITIS B	HEPATITIS B	PRIMERA	A partir de los 12 años	
		SEGUNDA	Al mes de la primera	
Antineumocócica		Primera		23/3/2008 Dr. Ramos

Demographic Information

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

- Name Section Includes "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 (Age)
- 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 (other)

3. Match Mexican records with left side of guide (Mexico Doses Recommended by Age).
4. 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 footnotes, 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.



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Health and Human Services
Centers for Disease
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