



May 8, 2009

Division of Global Migration and Quarantine  
Centers for Disease Control and Prevention  
U.S. Department of Health and Human Services  
**Attn: Immigration Vaccination Requirements**  
1600 Clifton Road, NE., MS E-03  
Atlanta, Georgia 30333

RE: Criteria for Vaccination Requirements for U.S. Immigration Purposes

*Comments of the undersigned immigrants' rights, women's rights, public health, medical, and reproductive justice organizations in support of the Department of Health and Human Services Criteria for Vaccination Requirements for U.S. Immigration Purposes.*

I. Introduction:

We, the undersigned immigrants' rights, women's rights, public health, medical, and reproductive justice organizations write to express our support for the Proposed Criteria for Vaccination Requirements for U.S. Immigration Purposes.

The Advisory Committee on Immunization Practices (ACIP), a subdivision of the Center for Disease Control and Prevention (CDC), recommended in 2007 that Gardasil be administered to females ages 11 to 26 in the U.S. This recommendation became an automatic requirement for prospective immigrants when the government updated its vaccination list in July 2008 pursuant to Section 212 of the Immigration and Nationality Act (INA) which mandates that "an alien who seeks admission as an immigrant, or who seeks adjustment of status to one lawfully admitted for permanent residence" receive "vaccinations against vaccine-preventable diseases recommended by the [ACIP]."<sup>1</sup>

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<sup>1</sup> 8 U.S.C. 1182.

The HPV vaccination requirement and the serious financial and procedural barriers it can create for immigrant applicants are problematic. However, we are greatly encouraged that the CDC has responded to public concerns by developing the proposed Criteria for Vaccination Requirements for U.S. Immigration Purposes. As outlined below, we believe that the new criteria will reverse the HPV vaccination requirement for immigrants and alleviate the problems that had been created. We urge that the new policy be implemented as soon as possible.

## II. Criteria for Evaluating Vaccination Requirements for U.S. Immigration Purposes is Severely Needed

Currently, any ACIP recommended vaccine for the general U.S. population becomes mandatory for immigrants when the CDC updates its Technical Instructions to Civil Surgeons for Vaccination Requirements. As such, the CDC does not have the authority and flexibility to determine that it may be medically inappropriate to mandate an ACIP-recommended vaccine for immigrants.

A scientific, evidence-based approach must include an evaluation of the value of a vaccine for protecting the public health and the health of immigrants. The proposed criteria establish the foundation for an evaluation system that can protect and promote the health of both the public at large and immigrants.

## III. Application of the Proposed Criteria is an Appropriate Mechanism to Reverse the HPV Vaccination Mandate on Immigrants

Although the proposed rule does not specifically address the HPV vaccine, it will provide the CDC and USCIS with guidance in determining whether to continue to mandate it. If the rule becomes final, all existing immigrant vaccination requirements will be reassessed against the criteria. If a vaccine does not meet the criteria, it will no longer be mandated for immigrants. We discuss below why the HPV vaccination requirement for immigrants should be reversed and how application of the criteria will accomplish this.

### *A. Why the Human Papillomavirus Virus Vaccine Should Not be Mandated for Immigrants*

Unlike the other infectious diseases on the list of required vaccinations, HPV does not pose an immediate threat to public health. Dr. Jon Abramson, former ACIP chairman, has said that Gardasil should not be mandatory because HPV, unlike measles or chicken pox, is transmitted only by sexual contact. Of the 14 required vaccinations for immigrants, 12 are intended to combat infectious diseases that experts identify as highly contagious. Gardasil and the vaccine for shingles are the only exceptions.

Furthermore, while the HPV vaccine is recommended for girls and women in the U.S., it is not currently required of U.S. citizens. Immigrant women should also have the opportunity to make an informed decision about their use of the HPV vaccine, weighing both the potential costs and health benefits of this procedure.

Moreover, the high cost of the HPV vaccine creates an unfair financial barrier for immigrant women. The FDA approved regimen consists of three doses to be administered within six months. At the wholesale cost of \$130 per dose, completing the regimen would result in at least \$390 in vaccine costs and several visits to the doctor or clinic.<sup>2</sup> According to a recent survey of all designated civil surgeons in Maine that was conducted to determine the actual cost of receiving the Gardasil shots, the price of the series ranged from \$600 to \$1000. In addition, immigrant applicants must comply with up to 13 other mandatory vaccinations, and pay application fees amounting to over \$1,000.

Waiving the HPV vaccination requirement is difficult and cost-prohibitive. While civil surgeons may apply a no-cost blanket waiver to the HPV vaccination under narrow circumstances, there is a mandatory fee of \$565 for individual applicants who oppose vaccines based on their religious belief or moral convictions. We find the cost of the waiver unduly burdensome, and are concerned that immigrants may resort to getting the vaccination in lieu of paying the even more expensive waiver fee. We are equally disturbed by the fact that some young immigrant women have decided to wait until they turn 27 years old to apply for adjustment of status so that they can age out of the vaccination requirement. Immigrant women and their families should not have to choose between delaying progress toward U.S. residency and citizenship, and meeting this burdensome requirement.

#### *B. The HPV Vaccine Does not Meet the Proposed Criteria*

The HPV vaccine does not meet the CDC's second criteria that the "vaccine must protect against a disease that has the potential to cause an outbreak" or "the vaccine must protect against a disease that has been eliminated in the United States, or is in the process for elimination in the United States."

First, the HPV vaccine does not protect against a disease that has the potential to cause an outbreak. HPV is not casually transmitted. To contract the type of HPV the vaccine protects against, there must be direct skin-to-skin sexual contact.<sup>3</sup>

Second, the HPV vaccine does not protect against a disease that has been eliminated in the U.S. or is in the process of elimination in the U.S. HPV is very common within the general U.S. population.

Because the HPV vaccine does not meet the proposed criteria, the HPV vaccine should no longer be compulsory for immigrants seeking admission into the U.S. or seeking to become permanent residents if this rule becomes final. This change would address concerns voiced by reproductive health, public health, and immigrants rights organizations.

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<sup>2</sup> CDC Vaccine Price List, *available at* <http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm>.

<sup>3</sup> *Id.*

## V. Conclusion

In sum, we believe that the proposed criteria reflect an appropriate standard by which to evaluate current and potential mandatory vaccinations for immigrants. We urge you to finalize the proposed rule and implement the proposed Criteria for Vaccination Requirements for U.S. Immigration Purposes as expeditiously as possible.

Sincerely,  
National Asian Pacific American Women's Forum  
National Latina Institute for Reproductive Health  
National Partnership for Women & Families  
National Women's Health Network  
American Social Health Association  
California Latinas for Reproductive Justice

American Families United  
Asian American Justice Center  
Asian Pacific Islander Caucus for Public Health  
Black Women's Health Imperative  
Center for Reproductive Rights  
Coalition to Abolish Slavery & Trafficking  
Immigrant Legal Advocacy Project  
International Women's Health Coalition  
Korean American Resource and Cultural Center (KRCC)  
Korean Resource Center (KRC)  
Law Students for Reproductive Justice  
MAI Family Services  
Migrant Health Promotion  
National Association of Nurse Practitioners in Women's Health  
National Health Law Program  
National Immigration Law Center  
National Immigrant Justice Center  
National Institute for Reproductive Health  
National Korean American Service and Education Consortium (NAKASEC)  
NYC Latina Advocacy Network  
OCA Embracing the Hopes and Aspirations of Asian Pacific Americans  
Refugee Immigration Project, Jacksonville (FL) Area Legal Aid  
Reproductive Health Technologies Project  
Southeast Asia Resource Action Center  
Tulsa Immigrant Resource Network