Immunizations & Medications Required for Summer Programs 2024

The following immunizations and medications are **required or strongly recommended** for AMIGOS volunteers. AMIGOS consults our Medical Director, incountry Peace Corps offices, and Center for Disease Control and Prevention (CDC) guidelines in establishing volunteer vaccine and medication requirements.

Note: The <u>CDC highly recommends all international travelers</u> (https://wwwnc.cdc.gov/travel) make an appointment to get recommended vaccines at least 4-6 weeks in advance.

Chicken Pox	<u>Required</u> for all Volunteers	All volunteers are required to have proof of immunization against chickenpox, documentation of immunity to chickenpox (Varicella IgG positive status), or a physician's attestation of varicella infection. For persons without evidence of immunity, administer two doses of varicella vaccine if not previously vaccinated or the second dose if only one dose has been administered. The minimum interval between doses is 28 days.
Tetanus, Diphtheria and Pertussis	Required for all Volunteers	All volunteers must have had the DTaP and Tdap series. All volunteers must also have a booster Tdap (Adacel) within 10 years before travel. Please see the following link for more information: Tetanus Vaccination CDC (https://www.cdc.gov/vaccines/vpd/tetanus/)
Hepatitis A	Required for all Volunteers	The Hep A vaccine should be given at least two weeks before departure to the field. We recommend, when possible, that volunteers complete the 2-dose series before travel. A booster shot of Hep A should be given 6-12 months following the initial injection (this may be administered after the summer program).
Malaria	Required for all Volunteers assigned to Tierras Altas and El Pacifico, Panama Projects and Olas y Cerros, Costa Rica	Required for all volunteers in the Chiriquí and Veraguas provinces of Panama and the Limon and Alajuela provinces of Costa Rica. Recommended regimens include: Atovaquone-proguanil: start 1 to 2 days prior to entering a malaria-endemic area, continue throughout the stay and for 7 days after returning. Chloroquine: begin 1 to 2 weeks prior to exposure; continue while in endemic area and for 4 weeks after leaving endemic area, weekly on the same day each week. Doxycycline: initiate 1 to 2 days prior to travel to endemic area; continue daily during travel and for 4 weeks after leaving endemic area. Mefloquine: Begin ≥2 weeks before arrival in endemic area, administer on the same day each week, and continue weekly during travel and for 4 weeks after leaving endemic area. Primaquine: Start 1 to 2 days prior to travel, once daily and continue while in the malaria-endemic area and for 7 days after departure from the area. Tafenoquine: Start 3 days prior to travel and take once a day for total of 10 days, then once weekly, and one dose 7 days after departure from the area. Yellow Fever Vaccine & Malaria Prophylaxis Information, by Country - Chapter 2 - 2020 Yellow Book Travelers' Health CDC (https://wwwnc.cdc.gov/travel/yellowbook/2020/preparing-international-travelers/yellow-fever-vaccine-and-malaria-prophylaxis-information-by-country/panama#seldyfm948)
Measles/Mumps/ Rubella (MMR)	Required for all Volunteers	Volunteers are required to have had two doses of the measles vaccine. This may be either the initial MMR and one measles vaccination or two MMR vaccinations.
Polio	Required for all Volunteers	Volunteers are required to have completed a full series of polio vaccination. Normally, a full series is completed by entry into kindergarten/1st grade. If records of vaccination cannot be found, a booster shot of IPV is sufficient.
Tuberculosis (TB) Screening Questionnaire	Required for all Volunteers	Volunteers should inform their physician(s) that they will be living in a rural area in Latin America and will complete the TB Questionnaire BEFORE and an IGRA blood test 2 months AFTER participating in the program. Please report a positive TB test (along with chest x-ray results) to oncall@amigosinternational.org. Negative results do not need to be reported to AMIGOS.
Typhoid Fever	<u>Required</u> for all Volunteers	Volunteers can receive either an oral vaccine (4 capsules taken over 8 days) or an injection (to be received at least three weeks before departure). It is each volunteer's decision which method of administration to receive. Please note that these vaccines are good for up to two years, after which time repeat vaccination is required.

COVID-19	Strongly <u>Recommended</u> for Volunteers	AMIGOS strongly recommends volunteers to receive the most recent COVID-19 booster released after September 2023 if they have received the primary series. For those who have never received a COVID vaccination, the CDC recommends 1 dose of an updated (2023–2024 Formula) mRNA COVID-19 vaccine (i.e., Moderna, Pfizer-BioNTech) OR 2 doses of updated (2023–2024 Formula) Novavax vaccine. The COVID-19 vaccination and booster help to reduce the risk of spreading COVID-19 to our partner organizations, communities, and host families, and reduces the risk of developing more serious infection for those who receive the vaccine. All volunteers will be tested for COVID-19 twenty-four hours prior to leaving for homestays, if applicable to their project.
Hepatitis B	Recommended for Volunteers	The Centers for Disease Control (CDC) recommends all adolescents be vaccinated for Hepatitis B. Volunteers should discuss the Hepatitis B vaccine with their physician.
Influenza (Flu shot)	Recommended for Volunteers	Vaccination should be valid for current 2023-2024 flu season.
Meningitis (Menactra)	Recommended for all volunteers	Please visit the CDC for more information: Meningococcal Vaccine Recommendations CDC (https://www.cdc.gov/vaccines/vpd/mening/hcp/recommendations.html)
Rabies	Recommended for all volunteers	Pre-Exposure: There are three vaccinations available: Human Diploid Cell Vaccine (HDVC), Rabies Vaccine Adsorbed (RVA), and Purified Chick Embryo Cell Vaccine (PCEC). Please, consider the time necessary to complete vaccination and plan accordingly. Three injections are administered over a series of days (0, 7, and 21 or 28) as an intramuscular injection. HDCV may be administered an intradermal injection as well. Post-Exposure: If volunteers have been potentially exposed to rabies and did not receive the vaccinations pre-exposure, they will need to have human rabies immunoglobulin (HRIG) administered promptly in addition to the vaccinations administered over a series of days (Days 0, 3, 7, and 14). Post-exposure prevention of rabies for those who have received pre-exposure vaccines will not require use of HRIG but does require vaccinations over a shortened series of days (Days 0 and 3 only). *Human Rabies Immune globulin (HRIG) and the vaccines may be difficult to obtain in the field and if the prophylaxis are not available the volunteer will be flown home or to Houston to receive them. *For these reasons, rabies pre-exposure immunization is recommended for all volunteers. Volunteers should discuss this vaccine with their physician and check with their health insurance providers about coverage of the pre-exposure shots.
Yellow Fever	Recommended for all volunteers in Ecuador	Yellow Fever is especially endemic in these countries. One injection provides protection for 10 years. For further information see this link: https://wwwnc.cdc.gov/travel/yellowbook/2018/infectious-diseases-related-to-travel/yellow-fever Note: Yellow fever vaccine availability in the United States is currently limited.

<u>Passport Health</u> (https://www.passporthealthusa.com/book-now/) offers typhoid, rabies, yellow fever, and other immunizations not always readily found. They have locations throughout the country.