THE UNIVERSITY OF SOUTH DAKOTA
HEALTH AFFAIRS IMMUNIZATION POLICY

With your entrance into the medical field it is important for your own personal safety, as well as that of your patients, that your immunizations are up to date and documented to ensure compliance with Center for Disease Control Guidelines and the affiliation agreements with multiple clinical sites.

Health Affairs Requirements:

- Students are required to follow the Immunization Compliance Policy of their specific program.
- For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

1. **Measles (Rubeola), Mumps, Rubella.** One of the following is required:
   A. All students born after December 31, 1956 are required to have medically signed proof of TWO properly administered immunizations.
   **OR**
   B. Immune titers for measles (rubeola), mumps, and rubella.

2. **Hepatitis B immunization.** ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three dose series are required prior to the start of classes.* A positive Hep B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.
   **AND**
   **Hepatitis B titer.**
   A. Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
   B. Students admitted with *documented* prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.
   C. A copy of titer report must accompany immunization form or be provided as soon as it is available.
   D. Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization. If after a second series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV.
   E. Those who do not seroconvert when the titer has been delayed since the initial series may choose to obtain one additional booster dose the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.

3. **Varicella/Chicken Pox immunity.** One of the following is required:
   A. Varicella titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
   **OR**
   B. Two doses of varicella immunization is indicated if there no history of the disease or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

*Updated 06/01/2015*
4. **Tdap (tetanus, diphtheria, adult pertussis).** One time dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.

5. **Upon admission: TB Skin Tests or Interferon Gamma Release Assay (IGRA)**

   **Initial Two-Step TB Skin Test:** Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)

   **OR**

   **Interferon Gamma Release Assay (IGRA)**

   History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

**During enrollment:**

6. **Annual TB Skin Test:**

   A. Students are required to have an annual TB Skin Test.

   **OR**

   B. IGRA

   **OR**

   C. Annual symptom checklist if history of latent TB.

**Students with a positive TB skin test or IGRA:** Are required to provide the following:

- Documentation from their health care provider regarding if this is a latent TB infection or active TB disease (including result of the positive TB skin test or IGRA and the actual chest x-ray report). Students who have active TB disease will be restricted from school and patient contact until they have provided documentation from their health care provider stating they are non-contagious and may resume all activities.

- Students who have latent TB disease will provide documentation from their health care provider upon completion of treatment stating the treatment, and when it was started and completed.

- Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually.

7. **Annual Influenza vaccination:**

   The influenza vaccine is required by December 1st annually.

**Recommended Immunizations:**

- **Meningococcal (meningitis) vaccine.** Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.
Name: ____________________________  DOB: ____________________________  USD ID# ____________________________


**Health Affairs Requirements:** For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

**REQUIRED IMMUNIZATIONS:**

**A. MMR (Measles, Mumps, Rubella) Vaccine.** Two doses required for all students born after 12/31/56.

Dates: 1.____/____/____   2._____/____/_____  

**OR** individual vaccine/proof of immunity as noted below.

1. **Measles (Rubeola)**
   
   Vaccine Dates: 1.____/____/____   2._____/____/_____  

   **OR**
   
   Has report of positive immune titer. Date:____/____/____  ATTACH LAB REPORT

2. **Rubella (German Measles)**
   
   Vaccine Dates: 1.____/____/____   2._____/____/_____  

   **OR**
   
   Has report of positive immune titer. Date:____/____/____  ATTACH LAB REPORT

3. **Mumps**
   
   Vaccine Dates: 1.____/____/____   2._____/____/_____  

   **OR**
   
   Has report of positive immune titer. Date:____/____/____  ATTACH LAB REPORT

**B. Date of Tdap (tetanus, diphtheria, adult pertussis):**  Date:____/____/____  

If longer than 10 years; date of latest booster Date:____/____/____  Td or Tdap (circle one)

**C. Varicella (Chicken Pox) One of the following is required:**

Documentation of positive varicella titer. Date:____/____/____  ATTACH LAB REPORT

**OR**

Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.

Dates: 1.____/____/____   2._____/____/_____  

**D. Hepatitis B Vaccine** - Three doses and positive titer required.(If unable to obtain dates of immunizations a positive titer is acceptable)

1st dose Date:____/____/____  

2nd dose Date:____/____/____  (1 month after 1st dose)  

3rd dose Date:____/____/____  (6 months after 1st dose)  

**AND**

**Hepatitis B Titer** (HbsAB or Anti-HBs – hepatitis B surface antibodies)

Immunity demonstrated by hepatitis B titer - ATTACH LAB REPORT

Date:____/____/____  Positive/Reactive_____  Negative/Nonreactive_____  

(if neg. see immunization policy)  

Updated 6/1/2015
University of South Dakota Health Affairs
REQUIRED IMMUNIZATION FORM

Name          DOB          USD ID#

E. **Tuberculosis Skin Test** - PPD (Mantoux) – Two-step TB skin test required initially or Interferon Gamma Release Assay

Two-Step TB Skin Test; recommended 1-3 weeks apart. *Note any two documented TB skin tests completed within a 12 month period shall be considered a two-step.

Step 1 (Date placed) ___/___/____  Step 1 (Date read) ___/___/____  Results: __________mm

Step 2 (Date placed) ___/___/____  Step 2 (Date read) ___/___/____  Results: __________mm

If two-step was completed more than 12 months prior to start of classes, an annual TB skin test is required

Date placed _____/_____/_____  Date read _____/_____/_____  Results: __________mm

Interferon Gamma Release Assay (IGRA):  Date:_____/_____/_____  Positive_____  Negative_____

**ATTACH LAB REPORT**

History of Positive TB Skin Test:

Date placed _____/_____/_____  Date read _____/_____/_____  Results: __________mm

**ATTACH COPY OF CHEST X-RAY REPORT AND DOCUMENTATION FROM HEALTHCARE PROVIDER.**

See immunization policy.

History of BCG vaccination:  Date _______/_______/_______ (TB skin test required regardless of prior BCG vaccination)

F. **Influenza vaccine.** Required by Dec. 1st annually  Date:_____/_____/_____

Not required prior to admission if starting in the summer or fall

RECOMMENDED IMMUNIZATIONS:

G. **Meningococcal Vaccine** (Meningitis vaccine). Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.

Date:_____/_____/_____

H. **Childhood DTP/TDaP/DPT immunizations:**

Dates of Primary Series:  1.____/_____/_____  2._____/_____/_____  3._____/_____/_____

4._____/_____/_____  5._____/_____/_____  

I. **Polio immunizations:**

Dates of Primary Series:  1.____/_____/_____  2._____/_____/_____  3._____/_____/_____

4._____/_____/_____  5._____/_____/_____  Type of vaccine:  Oral (OPV)___  Inactivated (IPV)___

SIGNATURE  X ___________________________________________  Date _____/_____/_____

Must be signed by Healthcare Provider (Physician, PA, NP, Nurse)

PRINT NAME ___________________________________________

Hospital/Clinic Address of physician or nurse verifying this information:  Hospital/Clinic Phone # __________________________

_____________________________________________________

A copy of titer/lab reports must be provided with this form as indicated above.  Updated 6/1/2015