

University of South Dakota Health Affairs ENTERING AND VISITING STUDENT IMMUNIZATION POLICY

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to USD Student Health prior to matriculation or visit. Immunization records are maintained by USD Student Health. As these immunizations are part of the School(s) on-going affiliation agreements with our clinical sites, students will not be allowed to register or participate in any clinical activities until documentation is provided.

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:

- All students are required to have medically signed proof of TWO properly administered immunizations.

OR

- 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.

- Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
- 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.
- A copy of the titer report must accompany immunization form or be provided as soon as it is available.
- 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.
- Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of 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.

- If after a second series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV. Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. No further vaccine series are recommended. However, it is recommended the student consult with their health care provider about being tested for HBsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).
3. **Varicella/Chicken Pox immunity.** One of the following is required.
- Varicella Titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
OR
 - Two doses of varicella immunization is indicated if there is no history of the disease or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.
4. **Tdap (tetanus, diphtheria, adult pertussis).** One life 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:**

- Students are required to have an annual TB Skin Test
OR
- IGRA
OR
- Annual symptom checklist if history of latent TB.

If there is a lapse greater than 13 months between annual TB skin tests, the two-step TB skin test will be repeated.

Students with a positive TB skin test or IGRA:

Are required to provide documentation from their health care provider including the following:

- Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
- Chest x-ray report.
- Determination by the health care provider if this a latent TB infection or active TB disease.
- Treatment; including medication and dose, when started, when completed, etc.

Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see Appendix for form).

7. Annual Influenza vaccination:

The influenza vaccine is required by November 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.
- All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra[®] or Menveo[®]). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.
- **Childhood DTP/DTaP/DPT and polio vaccines.**