

## IMMUNIZATION REQUIREMENTS

Health care providers are commonly at risk for exposure to and possible transmission of vaccine-preventable communicable disease because of their contact with patients or infective material from patients. The health care provider has an obligation to protect patients and themselves from these transmissible infections within the healthcare setting and in the wider community.

Immunization is an important tool in preventing the transmission of infections and assists in safeguarding the health of the students during their education and beyond. The maintenance of immunity to vaccine-preventable diseases is a requirement of all nursing students.

The College of Nursing requires students to show proof of immunity against the following communicable diseases:

### 1. Measles, Mumps & Rubella (MMR)

- a. The College of Nursing requires evidence of immunity. Evidence of immunity is defined as documented receipt of 2 doses of MMR vaccines 4 weeks (28 days) apart; laboratory evidence of immunity or laboratory confirmation of disease. Reporting a history of having “had the disease” is not adequate evidence of immunity to MMR.
- b. Submit documentation of two vaccines or a positive surface antibody titer (lab report or physician verification of results required).
- c. If your series is in process, submit where you are in the series, and you will be notified to complete the vaccines series.

### 2. Varicella

- a. The College of Nursing requires evidence of immunity. Evidence of immunity is defined as documented receipt of 2 doses of vaccines; laboratory evidence of immunity or laboratory confirmation of disease. Reporting a history of having “had the disease” is not adequate evidence of immunity to Varicella; a positive titer is required.
- b. Submit documentation of two vaccines or a positive surface antibody titer (lab report or physician verification of result required) or a medically documented history of disease (Chicken Pox or Shingles accepted as history of disease).
- c. If your series is in process, submit where you are in the series and you will be notified to complete the vaccines series.

### 3. Hepatitis B

- a. The College of Nursing requires documentation of the standard three-dose schedule of hepatitis B vaccine and a quantitative antibody titer (anti-HBs) indicating response to the immunizations.
- b. Please note that additional blood work and potential revaccination may be required in the event that immunity is not documented after the primary series.
- c. If you do not have a record of the vaccination but have a titer documenting immunity, please submit the titer instead.

- d. If your series is in process, submit where you are in the series, and you will be notified to complete the vaccination series and provide your titer.
- 4. Td/Tdap (Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine)**
- The College of Nursing requires documentation of 1 Tdap vaccine. After receiving 1 dose of Tdap, you are required to have 1 Td at least every 10 years thereafter.
  - There is NO titer or serologic immunity test for the Td/Tdap immunization.
- 5. Tuberculosis (TB)**
- The College of Nursing requires documentation of a negative Tuberculosis screening such as a Tuberculin Skin Test (TST) even for those who received the BCG vaccine as a child. A blood test (IGRA) is acceptable if a skin test is not recommended.
  - Acceptable documentation of Negative Tuberculosis Screening includes:
    - an annual Mantoux (PPD) test results stating less than 10 mm induration
    - or an annual IGRA blood test stating negative results
    - or Healthcare Providers' documentation of negative CXR after positive skin/blood test and no current symptoms of active tuberculosis
- 6. Polio**
- The College of Nursing requires documentation of a complete series of polio vaccines.
  - Polio vaccine series consists of:
    - four (4) dose series is acceptable if the last dose is given between 4 and 6 years of age
    - three (3) doses if the primary series started after the age of 7 (adult dose).
- 7. COVID-19**
- The College of nursing requires documentation of a complete series of COVID-19 vaccines
  - Primary Series – FDA.** The following FDA-approved vaccines are accepted for meeting COVID-19 vaccine requirements:
    - Pfizer/BioNTech (Comirnaty®) — 2 doses; current CDC recommendation on timeframe between doses is 3-8\* weeks for ages 12 and older.
    - Moderna (Spikevax) — 2 doses; current CDC recommendation on timeframe between doses is 4-8\* weeks for ages 18 and older.
    - Johnson & Johnson/Janssen — single dose
- \*The 8-week interval may be optimal in males aged 12-39. The shorter intervals are recommended for individuals who are immunocompromised, seniors, and those who need rapid protection due to increased concern about community transmission or at high risk of severe disease.
- Primary Series: WHO EUL.** The following WHO-approved (emergency use listing, EUL) vaccines are accepted for meeting COVID-19 vaccine requirements:



- AstraZeneca\*\* (Vaxzevria)
- Convedecia
- Covovax<sup>TM\*\*</sup>
- Covishield<sup>TM\*\*</sup>
- Covaxin®\*\*
- Nuvaxovid<sup>TM\*\*</sup> (Novavax)
- Sinovac\*\* (CoronaVac)
- Sinopharm/BIBP\*\*

\*\*If you have received the first dose of any of these EUL-listed vaccines, you may follow up with a second dose of the Pfizer/BioNTech or Moderna vaccine. This will complete your primary series vaccination for COVID-19.

- d. **Booster Dose.** Students are recommended to receive a booster dose of a COVID-19 vaccine to complete the vaccine requirements.
- For recipients of the FDA-approved vaccines, Pfizer is recommended; Johnson and Johnson is also permitted for those who received a Johnson and Johnson primary series.
    - 5 months after the primary series of Pfizer
    - 5 months after the primary series of Moderna
    - 2 months after the single dose of Johnson and Johnson
  - For recipients of the EUL-approved vaccines, Pfizer is required.
    - 5 months after the primary series of an EUL vaccine. Please see the additional information chart for EUL vaccines.



### IMMUNIZATION REQUIREMENTS CHECKLIST

**1. Tetanus with Pertussis Booster**

☐ Tdap received\_\_\_\_\_date

**AND**

☐ Td received\_\_\_\_\_date (if Tdap > 10 years ago)

**2. Measles, Mumps, Rubella Vaccination**

☐ Documentation of 2 doses of MMR Vaccine

#1\_\_\_\_\_date #2\_\_\_\_\_date

**OR**

☐ Documentation of positive titers\_\_\_\_\_date

**3. Hepatitis B Vaccination Series**

☐ Documentation of titer\_\_\_\_\_date

**IF IMMUNE YOU ARE DONE, IF NOT IMMUNE start new series**

☐ If titer NEGATIVE\_\_\_\_\_dates of re-vaccination and second titer

Re-vaccination # 1\_\_\_\_\_date # 2\_\_\_\_\_date # 3

\_\_\_\_\_date Documentation of titer\_\_\_\_\_  
\_\_\_\_\_date

**4. Varicella (Chicken Pox) Vaccination**

☐ Documentation of 2 doses of Varicella vaccine

#1\_\_\_\_\_date #2\_\_\_\_\_date

**OR**

☐ Documentation of positive titer\_\_\_\_\_date

**5. Tuberculosis (TB) Skin Test: Skin test screening received**

☐ Negative (0 mm induration) TB skin test (TST)\_\_\_\_\_date

**OR**

☐ Negative TB blood tests (QuantiFERON®-TB Gold OR T-SPOT®)

\_\_\_\_\_  
date

**OR**

☐ Negative TB blood test if student has received the BCG vaccine,  
\_\_\_\_\_date

**OR.**

**6. Polio Vaccination – Vaccination received and submitted**

☐ Completed Series of Vaccination\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_date

**7. COVID 19 Vaccination or Shot Cards**

☐ COVID 19 Shot Card

*Note: Submit this form to the CoN office. Your registration is not complete until the signed form has been received.*