

IMMUNIZATIONS



**West Liberty University**  
**Confidential Mandatory Health Form**

To be completed and signed by your health care provider

Return completed form to:  
 WLU Health Service  
 208 University Drive  
 College Union Box 127  
 West Liberty, WV 26074-0295  
 or Fax: 304-336-8315

Name: \_\_\_\_\_ (Last, First, MI) Student ID: \_\_\_\_\_

Tuberculosis (TB)	<p>Must be completed within the six months prior to entering the program. Applicants with a history of positive tests must provide documentation of appropriate screening and treatment. A history of receiving the BCG vaccine is not a contraindication to skin testing. <b><i>Two-step testing is required.</i></b></p> <p>Dates given: _____/_____/_____(M/Y)</p> <p>Dates read: _____/_____/_____(M/Y) Results: _____/_____/_____mm</p> <p>Pos: [ ] Neg [ ]</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p> <p>Chest x-ray results (required if PPD test is positive): Date: _____(M/Y) Results: _____</p>
Diphtheria/Pertussis/ Tetanus	<p>Primary series of 4 doses with DTaP or DTP</p> <p>Date given: #1 _____(M/Y) #2 _____(M/Y) #3 _____(M/Y) #4 _____(M/Y)</p> <p>Tdap Booster: _____(M/Y) (must be within last 10 years)</p>
Measles-Mumps- Rubella (MMR)	<p>Series of 2 doses of live MMR vaccine separated by at least 28 days given on or after the first</p> <p>Date given: #1 _____(M/Y) Date given: _____(M/Y) <b><i>or provide MMR titers below</i></b></p> <p>Measles Antibody titer: Date _____(M/Y) Results: _____</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p>
Rubella antibody screening	<p>Rubella Antibody titer: Date _____(M/Y) Results: _____</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p>
Mumps antibody screening	<p>Mumps Antibody titer: Date _____(M/Y) Results: _____</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p>
Influenza	<p>Immunization is required each year.</p> <p>Date given: _____(M/Y)</p>
Hepatitis B	<p>Immunization is required for all students. This series of three immunizations and post- vaccination antibody titer for proof of immunity is required.</p> <p>Date given: #1 _____(M/Y) #2 _____(M/Y) #3 _____(M/Y)</p> <p>Hepatitis B surface antibody:</p> <p>Date: _____(M/Y) Results: _____</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p>
Chicken Pox (Varicella)	<p>History of disease is acceptable (titer still required). If no history, two doses of vaccine at least one month apart and titer are necessary.</p> <p>Date given: #1 _____(M/Y) #2 _____(M/Y)</p> <p>Titer date: _____(M/Y) Results: _____</p> <p style="text-align: right;"><b><i>* Results must be attached</i></b></p>
Bacterial Meningitis (highly recommended)	<p>Date given: _____(M/Y)</p>

Updated 6/20/16

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Healthcare Personnel Vaccination Recommendations

## VACCINES AND RECOMMENDATIONS IN BRIEF

**Hepatitis B** – If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

**Influenza** – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given intranasally.

**MMR** – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

**Varicella (chickenpox)** – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

**Tetanus, diphtheria, pertussis** – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

**Meningococcal** – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. Every 5 years boost with MenACWY if risk continues. Give MenACWY and MenB IM; if necessary to use MPSV4, give Subcut.

*Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.*

## Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a “non-responder.”

**For non-responders:** HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

**For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood):** HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

## Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

## Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after

the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

## Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

## Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

## Meningococcal

Vaccination with MenACWY and MenB is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

## REFERENCES

- 1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
- 2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. *MMWR*, 2013; 62(10):1–19.
- 3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at [www.immunize.org/catg.d/p2108.pdf](http://www.immunize.org/catg.d/p2108.pdf).

For additional specific ACIP recommendations, visit CDC's website at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html) or visit IAC's website at [www.immunize.org/acip](http://www.immunize.org/acip).