IMMUNIZATION REQUIREMENTS
See Healthcare Personnel Vaccination Recommendations – Appendix B

Documented immunizations and TB skin tests required for admission to the College of Nursing include:

| 1. Tetanus-Diphtheria with Pertussis Booster | Required: |
| | One time dose of Tdap AND Current Td booster |
| | Tetanus vaccination must be done every 10 years, and one of the updates must include pertussis booster. After the Tdap is received once then further tetanus vaccinations are required to be only Td. |

| 2. Measles, Mumps, Rubella | Required: |
| | Documentation of 2 doses MMR vaccination OR A positive titer is required. |
| | If able to provide documentation of two MMR doses, no titer is required. If unable to provide documentation of two MMR doses, a titer must be completed. If the titer is non-responsive, or equivocal, documentation of a repeat series, 2 doses of MMR vaccine, is required. |

<p>| 3. Hepatitis B Vaccination | Required: Students must provide a titer showing immunity to Hepatitis B OR at a minimum must have completed the first vaccination of the series before the immunization verification deadline. |
| | Documentation of positive titer results showing immunity to Hepatitis B must be completed and submitted to the College of Nursing within 7 months of student’s acceptance to the program. If documentation of the progress of the vaccination series and/or titer results are not received within 7 months of student’s acceptance to the program, s/he will not be allowed to proceed in the program and/or receive a Level II Infraction. |
| | 1. Series completed while growing up or greater than 8 weeks before the verification deadline: Students must submit a titer showing immunity to Hepatitis B. |
| | 2. Series completed within 8 weeks of the verification deadline: Students must submit a titer to document immunity. The titer must be drawn after 4 weeks, but not greater than 8 weeks following the third dose in the series. |
| | 3. Series initiated but not completed by the verification deadline: Students must submit verification of initiation of the series by the immunization verification deadline. Students are required to submit verification of subsequent doses of the vaccination series as they are received. AND Upon completion of the 3-vaccination series, a titer must be drawn after 4 weeks but not greater than 8 weeks following the third dose in the series. |</p>
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<tbody>
<tr>
<td>Students with negative titer results are required to provide documentation of a second series of three re-vaccinations AND provide positive titer results drawn after 4 weeks but not greater than 8 weeks following the third dose in the series.</td>
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<tr>
<td>If the student has a negative titer after 6 doses of the vaccine, the student is considered a non-responder. Non-responders are considered susceptible to Hepatitis B, and the student should take appropriate precautions to prevent exposure and infection to Hepatitis B. Testing for Hepatitis B surface antigen should be considered. Students found to be Hepatitis B surface positive should be medically evaluated.</td>
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<tr>
<td>The student is responsible to have the titer drawn in the event of clinical exposure to blood or other potentially infectious body fluids as stated in the CON Blood Borne Pathogen Policy.</td>
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<tr>
<td>4. Varicella (Chicken Pox)</td>
<td>Required:</td>
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<tr>
<td>□ 2 doses of Varicella vaccination OR positive titer</td>
<td>Documentation of 2 doses of Varicella vaccination OR A positive titer is required.</td>
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<td></td>
<td>If able to provide documentation of two Varicella doses, no titer is required. If unable to provide documentation of two Varicella doses, a titer must be completed. If the titer is non-responsive, or equivocal, documentation of a repeat series, 2 doses of Varicella vaccine, is required.</td>
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<td></td>
<td>If the student has had chicken pox, a Varicella titer is required to verify immunity. If the titer is non-responsive, or equivocal, documentation of a repeat series, 2 doses of Varicella vaccine, is required.</td>
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<tr>
<td>5. Tuberculosis (TB) skin test</td>
<td>All students enrolled in ISU’s College of Nursing must be free of active signs and symptoms of Tuberculosis.</td>
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<tr>
<td>□ A current negative TB skin test screening.</td>
<td>Students with a previously positive skin test OR have had the BCG immunization: It is not recommended that the student receive another TB skin test. Student must submit negative chest x-ray interpretation, letter from physician stating completion of antibiotic therapy, and/or letter from physician stating student does not have active TB. These instances will be handled on a case by case basis. Please contact the College of Nursing for further instructions.</td>
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<tr>
<td>□ TB screening must be current throughout the entire program – TB skin test screenings must be performed annually while in the CON.</td>
<td>Students with a baseline positive or a newly recognized positive skin test: It is not recommended that the student receive another TB skin test. Student must complete the following steps: 1. Evaluation by healthcare professional a. Symptom screen; annual symptom screening is required (see Appendix K in College of Nursing Student Handbook). b. Chest x-ray i. Serial follow-up chest x-rays are not recommended for students with a previous positive skin test who have documentation of a previous clear chest x-ray unless they</td>
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</tbody>
</table>
present with symptoms of TB or a clinician recommends it.

c. If applicable, QuantiFERON TB Gold QTF-G® test,
   i. If healthcare provider recommends test to be done please submit the results to the CON.
   ii. Positive QuantiFERON TB Gold QTF-G® test: please contact the CON for further instructions.
   iii. Negative QuantiFERON TB Gold QTF-G® test: no further action required, please contact the CON.

d. If applicable, collection of sputum specimens.

2. If TB disease is diagnosed
   a. Begin anti-tuberculosis treatment and provide documentation to the CON. Please contact the SON for further instructions.

3. If Latent TB Infection (LTBI) is diagnosed
   a. Treatment for LTBI – then annual symptom screens, please contact the CON for further instructions.
   If treatment has already been completed – submit documentation and contact the CON for further instructions.

6. **Influenza**
   | ☐ 1 dose of Influenza vaccine annually between October 1 and October 30 unless a Declination Statement is signed and submitted to the CON | **Required:**
   | Documentation of annual influenza vaccine **OR** a signed Declination Statement are due by **October 30th** each year (Appendix I in College of Nursing Student Handbook). |

The student who declines WILL BE REQUIRED to wear a face mask in the College of Nursing Simulation Lab, during all activities that count as clinical hours, AND at clinical facilities regardless of the clinical facilities’ policies.

Note:

- **For students starting the Nursing program in the SPRING semester:** All immunization and vaccination records are due by the Admission Submissions Deadline listed in the Applicant Checklist.
- **For students starting the Nursing program in the FALL semester:** All immunization and vaccination records are due by the Admission Submissions Deadline listed in the Applicant Checklist **EXCEPT** the Influenza vaccination. Pay close attention to the specific date for this two item.
- **For ALL students:** The TB skin test and Influenza vaccination must be updated annually during the Nursing Program.

Maintaining current status with all immunizations listed above is the sole responsibility of the student throughout the duration of their time in the nursing program. *Failure to maintain documentation of current status of these requirements may result in failure to progress and/or dismissal of the student from the nursing program.*

Students may also be required to complete additional health status requirements as required by specific clinical agencies.

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IMMUNIZATION REQUIREMENTS CHECKLIST
See Healthcare Personnel Vaccination Recommendations – Appendix B

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 titer _______________ date

3. Hepatitis B Vaccination Series
   ☐ Documentation of positive titer _______________ date
   OR
   ☐ Documentation of 3 doses of Hepatitis B Vaccine and positive titer
     # 1 _______________ date    # 2 _______________ date    # 3 _______________ date
   AND
   Documentation of positive titer _______________ date
   ☐ If titer NEGATIVE _______________ dates of re-vaccination and second titer
     Re-vaccination # 1 _______________ date    # 2 _______________ date    # 3 _______________ date
     Documentation of titer _______________ date
   OR
   ☐ Documentation of at least the first dose in the series _______________ 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 TB vaccine, bacille Calmette–Guérin (BCG) _______________ date
   OR
   ☐ Negative TB blood test for anyone not wanting to receive a TST or is at risk of not returning for the second
     appointment to ‘read’ the TST _______________ date.
   For all other situations and questions, please contact the College of Nursing as soon as possible to address individual
   circumstances.

6. Influenza Vaccination – Vaccination received and submitted
   ☐ Vaccination _______________ date
## Healthcare Personnel Vaccination Recommendations: Appendix B

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
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<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>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 SC.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to all HCP younger than age 65 years with direct patient contact. Give IM.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitidis.</td>
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</table>

### Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unproctected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Repeat anti-HBs 1–2 months after dose #3.
- If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
- If anti-HBs is negative after 6 doses of vaccine, the patient is 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.

### 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 only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients 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, and rubella only if they have documentation of (a) laboratory confirmation of disease or immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) 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, separated by 28 days or more, and at least 1 dose of live rubella vaccine).

### 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, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

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

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTPa, DT, Td) should receive Td boosters every 10 years. As soon as feasible, HCP younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

### Meningococcal

Vaccination is recommended for microbiologists who are routinely exposed to isolates of N. meningitidis. Use of MCV4 is preferred for persons younger than age 56 years; give IM. Use MPSV4 only if there is a permanent contraindication or precaution to MCV4. Use of MPSV4 (not MCV4) is recommended for HCP older than age 55; give SC.

### References


For additional specific ACIP recommendations, refer to the official ACIP statements published in MMWR. To obtain copies, visit CDC’s website at www.cdc.gov/vaccine/techinfo/acip/acip-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org or www.vaccineinformation.org
Testing for Tuberculosis (TB)

Tuberculosis (TB) is a disease that is spread through the air from one person to another. When someone who is sick with TB coughs, speaks, laughs, sings, or sneezes, people nearby may breathe TB bacteria into their lungs. TB usually attacks the lungs, but can also attack other parts of the body, such as the brain, spine, or kidneys.

There are two types of TB:
1. Latent TB infection
2. TB disease

TB bacteria can live in the body without making a person sick. This is called latent TB infection. People with latent TB infection do not feel sick, do not have TB symptoms, and cannot spread TB bacteria to others. Some people with latent TB infection go on to develop TB disease. People with TB disease can spread the bacteria to others, feel sick, and can have symptoms including fever, night sweats, cough, and weight loss.

There are two kinds of tests that are used to determine if a person has been infected with TB bacteria: the tuberculin skin test and TB blood tests.

What does a positive TST result mean?
The TST result depends on the size of the raised, hard area or swelling. It also depends on the person’s risk of being infected with TB bacteria and the progression to TB disease if infected.
- Positive TST: This means the person’s body was infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease. A healthcare worker will then provide treatment as needed.
- Negative TST: This means the person’s body did not react to the test, and that latent TB infection or TB disease is not likely.

Who can receive a TST?
Almost everyone can receive a TST, including infants, children, pregnant women, people living with HIV, and people who have had a BCG shot. People who had a severe reaction to a previous TST should not receive another TST.

How often can a TST be given?
Usually, there is no problem with repeated TSTs unless a person has had a severe reaction to a previous TST.

Testing for TB in People with a BCG

People who have had a previous BCG shot may receive a TST. In some people, the BCG shot may cause a positive TST when they are not infected with TB bacteria. If a TST is positive, additional tests are needed.
TB Blood Tests

What is an Interferon Gamma Release Assay (IGRA)?

An IGRA is a blood test that can determine if a person has been infected with TB bacteria. An IGRA measures how strong a person’s immune system reacts to TB bacteria by testing the person’s blood in a laboratory. Two IGRA are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States:

1) QuantiFERON®-TB Gold In-Tube test (QFT-GIT)
2) T-SPOT®.TB test (T-Spot)

How does the IGRA work?

Blood is collected into special tubes using a needle. The blood is delivered to a laboratory as directed by the IGRA test instructions. The laboratory runs the test and reports the results to the health care provider.

What does a positive IGRA result mean?

- Positive IGRA: This means that the person has been infected with TB bacteria. Additional tests are needed to determine if the person has latent TB infection or TB disease. A health care worker will then provide treatment as needed.
- Negative IGRA: This means that the person’s blood did not react to the test and that latent TB infection or TB disease is not likely.

Who can receive an IGRA?

Anyone can have an IGRA in place of a TST. This can be for any situation where a TST is recommended. In general, a person should have either a TST or an IGRA, but not both. There are rare exceptions when results from both tests may be useful in deciding whether a person has been infected with TB.

IGRAs are the preferred method of TB infection testing for the following:

- People who have received the BCG shot
- People who have a difficult time returning for a second appointment to look at the TST after the test was given

How often can an IGRA be given?

There is no problem with repeated IGRAs.

Who Should Get Tested for TB?

TB tests are generally not needed for people with a low risk of infection with TB bacteria.

Certain people should be tested for TB bacteria because they are more likely to get TB disease, including:

- People who have spent time with someone who has TB disease
- People with HIV infection or another medical problem that weakens the immune system
- People who have symptoms of TB disease (fever, night sweats, cough, and weight loss)
- People from a country where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)
- People who live or work somewhere in the United States where TB disease is more common (homeless shelters, prison facilities, or some nursing homes)
- People who use illegal drugs

Choosing a TB Test

Choosing which TB test to use should be done by the person’s health care provider. Factors in selecting which test to use include the reason for testing, test availability, and cost. Generally, it is not recommended to test a person with both a TST and an IGRA.

Diagnosis of Latent TB Infection or TB Disease

If a person is found to be infected with TB bacteria, other tests are needed to see if the person has TB disease. TB disease can be diagnosed by medical history, physical examination, chest x-ray, and other laboratory tests. TB disease is treated by taking several drugs as recommended by a health care provider.

If a person does not have TB disease, but has TB bacteria in the body, then latent TB infection is diagnosed. The decision about taking treatment for latent TB infection will be based on a person's chances of developing TB disease.

Related Links

CDC. Tuberculosis (TB): http://www.cdc.gov/tb

November 2011