

## I. IMMUNIZATION REQUIREMENTS AND RESOURCES

### A. Introduction and Purpose

Students entering the programs listed in B.1. below at RFUMS are required to show proof of immunity through immunization records, and (in the case of clinical programs), blood titers in order to ensure that the spread of communicable diseases is minimized. Each student must also complete a health history and physical form documenting their health status.

These requirements comply with the State of Illinois College Immunization Code (77 ILL. ADM. Code 694) as well as follow guidelines and recommendations from the Centers for Disease Control and Prevention and [immunize.org](http://immunize.org).

### B. Procedures and Policies for All Programs

1. Each student must provide evidence that they meet the immunization requirements as outlined on the Pre-Matriculation Immunization Form. In accordance with the University requirements set forth by the Division of Student Success and Wellness, each student will create a personal profile through CastleBranch or MedProctor, as directed by the Division of Strategic Enrollment Management. The CastleBranch/MedProctor portal requires a student to select the program they are enrolled in; Clinical or Non-Clinical immunization requirements are assigned to a student's CastleBranch/MedProctor account, accordingly to the following designations:

**Clinical Programs:** Chicago Medical School (CMS), College of Pharmacy (COP), College of Nursing (CON), Scholl College of Podiatric Medicine (SCPM), Physical Therapy, Clinical Psychology, Psychology Clinical Counseling, Physician Assistant, and Pathologists' Assistant.

**Non-Clinical Programs:** Biomedical Sciences (BMS), Board Review, Pre-Matriculation Program (PMP), and School of Graduate and Postdoctoral Studies (SGPS)

2. History and Physical: Every student must complete a physical exam within one year prior to the start of classes. The student must submit a completed Health History and Physical Form signed by a healthcare provider and the student.

All students, irrespective of the program they're enrolled in, can obtain the two required forms (Pre-Matriculation Immunization AND Health History and Physical) from their CastleBranch/MedProctor account. The forms are to be downloaded, completed, and re-uploaded to their CastleBranch/MedProctor profile. All documents must include the student's first and last name.

Pre-matriculation requirements are the responsibility of the student and should be fulfilled prior to matriculation. After matriculation students can obtain further antibody titers and a physical exam through the Student Health and Wellness Center or elsewhere.

First-time appointments at the Student Health and Wellness Center with a healthcare provider requires a 15-minute visit to establish a patient-provider relationship. Orders can then be written for lab testing or recommendations for immunizations. Visits are at no cost to students.

If subsequent visits are required, it will be determined by the provider after the initial visit. It is the student's responsibility to bring paper copies of all immunization records, including any previous titer (blood test) lab reports, and the Student Health History and Physical Form (if completed elsewhere) to the first appointment. If these documents are not supplied, the appointment will be rescheduled.

3. Exemptions: Students who request exemptions to this policy will be referred to the Division of Student Success and Wellness at RFUMS and must request their exemption for medical or religious reasons on the Immunization Exemption Form.

Students are not considered compliant with immunization requirements with an exemption until they have received an approval/waiver letter and the letter is uploaded and accepted to their Medproctor/Castlebranch account.

If an exemption is granted, it may limit exempted students' ability to rotate at certain clinical sites which require the vaccines and do not allow for individual exemptions. Every effort will be made to place exempted students at sites that allow for exemptions but this placement is not guaranteed. This issue may affect exempted students' ability to progress if sites that allow exemptions are not able to be identified.

### **C. Specific Procedures for Clinical Programs**

The student must upload to their CastleBranch/MedProctor personal profile all titer laboratory reports, including initial titer results that are negative, along with proof of immunizations which are copies of childhood and adult immunization records. All documents must include first and last name.

NOTE: The student must continue to upload documents for any subsequent requirements that appear in their CastleBranch/MedProctor personal profile.

1. Proof of one Tdap vaccine in adolescence or adulthood is required. If the Tdap vaccine was more than 10 years ago, proof of a Td or Tdap vaccine within the past 10 years is required.
2. IgG QUALITATIVE antibody titer results must be submitted for measles (rubeola), mumps, rubella (MMR), and varicella.
3. A QUANTITATIVE hepatitis B surface antibody (HepBsAb quantitative titer) is required. This has a numerical value i.e. 560.1 mIU/mL This titer can be done if a childhood series of Hepatitis B vaccine was completed; either a 3-dose vaccine of HepB-alum or a 2-dose vaccine of Heplisav-B.

4. The MMR and Varicella IgG antibody titers show a range of negative or positive immunity. A positive immunity is required. The Hepatitis (HepBsAb) titer requires a numerical number that falls in the immunity range. These five antibody titers must show levels in the immune or positive range; a quantitative numerical result is required for the hepatitis B surface antibody.
5. If the titers for measles (rubeola), mumps or rubella are negative or equivocal, then the prior MMR immunization history should be reviewed.
  - a. A student with negative titers who has never received MMR vaccination should receive two MMR vaccinations four weeks apart with titers drawn not less than four weeks post the second vaccination. If the repeat titers are negative, the student should receive one more MMR vaccine with titers drawn not less than four weeks post vaccination.
  - b. A student with negative titers who has documentation of two prior MMR vaccines should receive one MMR booster vaccine with titers drawn not less than four weeks post vaccination.
  - c. If the student has had three documented MMR vaccinations and the follow up titers are still negative, no further MMR vaccination is required. The student must contact a healthcare provider to obtain written documentation stating that they are a vaccine non-responder. This document must be uploaded to CastleBranch/MedProctor. The student should be counseled by their healthcare provider regarding risks of exposure to measles (rubeola), mumps, or rubella. Precautions to prevent infection should be outlined by their healthcare provider.
6. If the titer for varicella is negative or equivocal, the prior varicella immunization history should be reviewed.
  - a. If the student has no documentation of past varicella immunization, the student needs to complete a series of two varicella immunizations administered at least 28 days apart (even if the student has had chicken pox). A titer should be redrawn not less than four weeks post the second vaccination. If the titer is negative, the student should receive one more varicella vaccine with a titer redrawn not less than four weeks post vaccination.
  - b. If the student has documentation of two prior varicella vaccines, the student should receive one varicella vaccine and the titer should be redrawn not less than four weeks post vaccination.
  - c. If students have had three documented varicella vaccines and the follow up titer is still negative, no further varicella vaccination is required. The student must contact a healthcare provider to obtain written documentation stating that they are a vaccine non-responder. This document must be uploaded to CastleBranch/MedProctor. The student should be counseled by their healthcare provider regarding risks of exposure to varicella. Precautions to prevent infection should be outlined by their healthcare provider.
7. If the student has never received either the 3-dose hepatitis B (HepB- alum) vaccine series or the 2-dose Heplisav-B (HepB-CpG) vaccine series, one of the following vaccination schedules needs to be initiated.
  - a. 3-dose hepatitis B (HepB-alum) vaccine series schedule:

- The second vaccination should be given one month after the first.
  - The third vaccination should be administered five months after the second.
  - A hepatitis B surface antibody quantitative titer is drawn one month after the third vaccination.
- b.** 2-dose HepB-CpG vaccine series schedule:
- The second vaccination should be given one month after the first.
  - A hepatitis B surface antibody quantitative titer is drawn one month after the second vaccination
- 8.** If the student has received a properly spaced series of hepatitis B vaccine but the hepatitis B surface antibody titer number comes back negative or equivocal, the student should receive a single “booster” dose of hepatitis B vaccine.
- a.** A repeat hepatitis B surface antibody quantitative titer is to be drawn not less than four weeks after the booster dose.
  - b.** If the repeat hepatitis B surface antibody titer number is negative or equivocal after the booster dose, a second series of hepatitis B vaccine on the usual schedule should be completed and the titer tested again not less than four weeks after the final dose.
  - c.** If the test is still negative after a second vaccine series, the hepatitis B surface antigen and total hepatitis B core antibody should be tested.
  - d.** If the hepatitis B surface antigen or total hepatitis B core antibody is positive, the student needs further evaluation to determine their hepatitis B status. The student must be seen by either a primary care physician, Gastroenterologist or Infectious Disease doctor for follow-up.
  - e.** If the student’s hepatitis B surface antigen and total hepatitis B core antibody are negative, the student should be considered a vaccine non-responder and must obtain written documentation from their healthcare provider stating such. This document must be uploaded to CastleBranch/MedProctor. The student should be counseled by their healthcare provider regarding risks of exposure to hepatitis B virus, precautions to prevent infection, and post-exposure hepatitis B immune globulin prophylaxis for known or likely exposure to blood that is positive for hepatitis B surface antigen.
- 9.** Each student must undergo either a QuantiFERON Gold (QFT) tuberculosis (Tb) blood test or a 2-Step PPD (two tuberculosis skin tests administered 9 - 21 days apart) testing within six months prior to the start of classes, regardless of bacille Calmette-Guerin (BCG) vaccination status. A QFT is preferred if the student received a BCG because of potential of a false positive PPD.
- a.** For students with a new or history of a positive Tb test [PPD  $\geq$  10mm induration or a QFT/Interferon Gamma Release Assay (IGRA) blood test] a baseline chest x-ray is required within 12 months prior to the start of classes. The student must provide documentation of the positive PPD skin test (date administered, date read, and millimeters of induration) or QFT/IGRA lab report, a copy of the chest x-ray report, and a completed annual Tb Symptom Screening Questionnaire and upload it to CastleBranch/MedProctor.
  - b.** Students with a new positive Tb skin test (PPD) must be referred to a physician for follow-up or their local Tuberculosis Center.

- c. After the initial 2-Step PPD or QFT, students must maintain annual QFT blood test through the Student Health and Wellness Center at no charge to the student or through their own provider at their expense.
  - d. A student with a known past positive Tb test must complete an annual Tb Symptom Screening Questionnaire. Any student who develops Tb symptoms must follow up with a physician and have an updated chest x-ray and are exempted from any PPD testing.
10. Seasonal influenza vaccination is required annually, before October 1<sup>st</sup>, after matriculation.
11. COVID-19 vaccination is required of all students with one of the following.
- Pfizer (two doses, 21 days apart; booster six months after initial doses)
  - Moderna (two doses, 28 days apart; booster six months after initial doses)
  - Johnson & Johnson (one dose; booster two months after initial doses)

**D. Specific Procedures for Non-Clinical Programs**

***Applies only to students enrolled in BMS, Board Review, PMP, and SGPS***

The student must upload to their CastleBranch/MedProctor personal profile proof of immunizations. All documents must include first and last name.

NOTE: The student must continue to upload documents for any subsequent requirements that appear in their CastleBranch/MedProctor personal profile.

1. Proof of one Tdap vaccine in adolescence or adulthood is required. If the Tdap vaccine was more than 10 years ago, proof of a Td or Tdap vaccine within the past 10 years is required.
2. Documentation of two MMR vaccines from childhood must be documented.
3. Documentation of the 3-dose hepatitis B (HepB-alum) vaccine series, the 2-dose Heplisav-B (HepB-CpG) vaccine series, OR an immune QUANTITATIVE hepatitis B surface antibody titer.
4. Hepatitis A and meningococcal vaccines are optional at this time. Documentation should be submitted if they have been completed.
5. Each student must undergo either a QuantiFERON Gold Tuberculosis (QFT) test or a 1-Step PPD testing within six months prior to the start of classes. A QFT is preferred for those with a BCG vaccination status to avoid a false positive PPD result regardless of BCG vaccination status. Alternatively, a QuantiFERON Gold Tb test within six months prior to the start of classes is accepted.
  - a. For students with a known positive QFT or positive PPD ( $\geq 10$ mm induration) tuberculosis skin test (new or history of), they must provide documentation of the positive PPD and have a baseline chest x-ray. The student must provide documentation of the positive PPD skin test (date administered, date read, and millimeters of induration), and a copy of the chest x-ray report. Students must also complete an annual Tb Symptom Screening Questionnaire.

- b. Students with a new positive Tb skin test (PPD) must be referred to a physician for follow-up.
- 6. Seasonal influenza vaccination is recommended annually.
- 7. COVID-19 – all students must meet the COVID-19 Vaccination requirements with one of the following.
  - Pfizer (two doses, 21 days apart; booster six months after initial doses)
  - Moderna (two doses, 28 days apart; booster six months after initial doses)
  - Johnson & Johnson (one dose; booster two months after initial doses)

## **E. Consequences**

If students do not complete their immunization requirements within one month of matriculation, students will be placed on a registration hold and will be unable to register for classes next quarter. Once students complete the requirements, the registration hold will be removed. If students are in the process of receiving a vaccination series (e.g. Hepatitis B series) after matriculation, students will not be placed on a registration hold as long as they continue the necessary follow-up to meet the immunization requirements.

## **F. Responsibilities**

### **1. Students:**

- a. Ensure that immunization requirements are fulfilled prior to matriculation.
- b. Submit proof of immunizations to CastleBranch/MedProctor prior to matriculation.
- c. Maintain up-to-date immunizations during their time as students at RFUMS.
- d. Maintain awareness of upcoming immunization needs.

### **2. RFU Student Health and Wellness Center:**

- a. Serve as a clinical resource regarding yearly influenza immunizations, annual QFT and follow-up titers.
- b. Monitor and report student immunization status (compliant, in-process, non-compliant) to the Division of Student Success and Wellness at RFUMS.
- c. Ensure coherence between immunization requirements and documentation tracking in CastleBranch/MedProctor.
- d. Determine student immunization requirements and communicate with the Division of Student Success and Wellness at RFUMS about immunization requirements.
- e. Ensure that clinical policy supports educational requirements.
- f. Update immunization policy as needed according to CDC guidelines.

## **G. REFERENCES**

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