I. IMMUNIZATION REQUIREMENTS AND RESOURCES

A. Introduction and Purpose
All students entering Rosalind Franklin University of Medicine and Science (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 the Immunization Action Coalition.

B. Procedures and Policies for All Programs
Each student must provide evidence that he/she has met the immunization requirements as outlined on the Pre-Matriculation Immunization Form. In accordance with the University requirements set forth by the Division of Student Affairs, 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 he/she is enrolled in; Clinical or Non-Clinical immunization requirements are assigned to a student’s CastleBranch/MedProctor account, accordingly:

Clinical Programs: College of Health Professions (CHP), Chicago Medical School (CMS), College of Pharmacy (COP), and Scholl College of Podiatric Medicine (SCPM)

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

In addition to the immunization requirements, every student must complete a physical exam within one year prior to the start of classes. He/she 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.

Students can obtain the required immunizations, antibody titers and physical exam through the Rosalind Franklin University Health Clinics (RFUHC) or elsewhere. Orders for these immunizations and titers can be obtained from an appropriate licensed provider including providers at RFUHC. All first-time appointments at RFUHC for immunizations and titers require a 15-minute visit with a healthcare provider to establish a patient-provider relationship. 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.

Students who request exemptions to this policy will be referred to the Division
of Student Affairs and Inclusion at RFUMS to determine whether the exemptions will be
permitted (RFUMS Student Handbook: Student Health and Wellbeing, Immunization
Requirements and Resources).

C. Specific Procedures for Clinical Programs
   Applies only to students enrolled in CHP, CMS, COP, and SCPM

The student must upload to their CastleBranch/MedProctor personal profile all titer lab reports,
including initial titer results that are negative, along with proof of immunizations where necessary.
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 vaccine within the past 10 years
is required.

2. IgG antibody titer results must be submitted for measles (rubeola), mumps,
rubella, varicella, and hepatitis B surface antibody [after completion of the 3-dose
hepatitis B (HepB-alum) vaccine series or the 2-dose Heplisav-B (HepB-CpG) vaccine
series]. 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.

3. 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 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.

4. 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 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.

5. 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 Heplisav-B (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

6. If the student has received a properly spaced series of hepatitis B vaccine but the hepatitis B surface antibody titer 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 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. He/she must be seen by a primary care physician 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 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.

7. Each student must undergo a 2-Step PPD (two tuberculosis skin tests administered 7-21 days apart) testing within six months prior to the start of classes, regardless of bacille Calmette-Guerin (BCG) vaccination status. Alternatively, a QuantiFERON Gold tuberculosis (Tb) blood test within six months prior to the start of classes is accepted.

   a. For students with a new or history of a positive Tb test [PPD > 10mm induration or an 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 IGRA lab report, a copy of the chest x-ray report, and a completed annual Tb Symptom Screening Questionnaire.

   b. Students with a new positive Tb skin test (PPD) must be referred to a physician for follow-up.

   c. After the initial 2-Step PPD, students must maintain annual 1-Step PPD updates. Annual tuberculosis skin testing will be provided through the Health Clinics at no charge to the student once the entry PPDs have been completed. Alternatively, annual QuantiFERON Gold Tb testing is accepted (this is not provided through the Health Clinics).

   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.

8. Seasonal influenza vaccination is required annually, before October 1st, after matriculation.

9. By August 16, 2021, all students must have shown proof of vaccination or approved exemption to the COVID-19 vaccination requirement. Vaccinations accepted to meet this requirement include any WHO approved vaccination.

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 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 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 1-Step PPD testing within six months prior to the start of classes, 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 (> 10mm induration) tuberculosis skin test (new or history of), he/she must provide documentation of the positive PPD and have a baseline chest x-ray or QuantiFERON Gold Tb test within the 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), and a copy of the chest x-ray report or QuantiFERON Gold Tb test. 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.

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. RFUHC:
   a. Serve as a clinical resource regarding vaccines and immunizations.
   b. Monitor and report student immunization status (compliant, in-process, non-
compliant) to the Division of Student Affairs and Inclusion at RFUMS.

C. Ensure coherence between immunization requirements and documentation tracking in CastleBranch/MedProctor.

3. Student Health Leadership Taskforce:
   a. Determine student immunization requirements and communicate with the Division of Student Affairs and Inclusion at RFUMS about immunization requirements.
   b. Ensure that clinical policy supports educational requirements.
   c. Update immunization policy as needed according to CDC guidelines.

G. REFERENCES
Centers for Disease Control and Prevention: https://www.cdc.gov


Immunization Action Coalition: http://www.immunize.org/
