

American University of Antigua Student Immunization Policy

All Incoming Students are required to have the AUA Immunization Form completed by a healthcare provider and mailed to Admissions Office **prior** to registration date. Students are required to submit proof of immunity to Measles, Mumps, Rubella, Tetanus- Diphtheria & Pertussis, Varicella and Hepatitis B (as per CDC guidelines in **Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP), Recommendations and Reports, November 25, 2011/60(RR07):1-45**, as well as additions from some individual hospitals.) These records are reviewed by the Admissions Office and provided to the ICM department.

Prior to clinicals in the 3rd semester, students are required to update their AUA Immunization Form-insuring that all documentation as listed below are still up to date. These forms are evaluated by the ICM department and updates are provided as needed by the on-campus health clinic.

This process is again repeated prior to the 5th semester, ensuring that all students have the proper requirements to start their clinical rotations in the United States. The student is then required to submit a completed AUA Immunization Form to their document specialist. Upon receipt, the document specialist will ensure the record includes all of the necessary requirements for acceptance, i.e. student's name and date of birth, all required immunizations and titers.

Documentation of Immune Status:

a) MMR (Measles, Mumps, Rubella)

- If student born in 1957 or after: 2 MMR vaccines received on or after age of 12 months and both after 12/31/1967
- If born before January 1, 1957- 1 MMR vaccine received after 12/31/1967
- Copy of Immune MMR IgG Antibody Quantitative Titer report or a positive or reactive qualitative titer report with a numerical range indicating immunity – titers must be performed every 10 years
- If it is negative or equivocal, the student is given a booster followed by a repeat antibody titer after 30 days.

b) Varicella

- Copy of lab report of Immune Varicella IgG Antibody Quantitative Titer or qualitative titer with lab cut-off values indicating immunity –titers must be performed every 10 years

- If student hasn't had titers and they either had the disease or only had one dose of the vaccine- they are given a second dose and titers are checked a month later
- If it is negative or equivocal the student is given a booster followed by a repeat antibody titer after 30 days

c) Hepatitis B

- If previously immunized, provide dates of vaccines and copy of lab report of immune Hepatitis B Surface Antibody Quantitative or Quantitative with numerical range identified –titers must be performed every 10 years
- If a student has received less than 3 doses of the Twinrix Hepatitis B vaccine or less than 4 for the Engerix-B type, they must complete the series
- If hepatitis B vaccine series was given and there are no previous titers, then the hepatitis B surface antibody titer drawn. If it is negative or equivocal, the student is given a booster (another hepatitis B vaccine) followed by a repeat antibody titer after one month. If these results are still negative or equivocal, the student needs 2 additional doses thus completing the 3 vaccine series again. After completion of the series, another Hepatitis B Surface Antibody titer is drawn to determine immune status. If still non-immune, student will be considered non-responder

d) Tetanus/Diphtheria

- Documentation of Tdap booster given within the last 10 years (required every 10 years)
- Single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since their most recent Td vaccination. After one Tdap, Td can be given for future booster vaccination against tetanus and diphtheria.

e) PPD

- Initial documentation within 12 months of negative results, required annually
- If history of positive PPD with date of positive PPD provided, will need one of the following annually –CXR, and/or negative quantiferon gold/T-spot test and possible symptom screen
- If history of positive PPD without date of positive PPD test, a quantiferon gold/T-spot test will be accepted and will need to be repeated annually

- If newly positive, student should receive baseline CXR to exclude a diagnosis of TB disease with one of the following annually-CXR and/or negative quantiferon gold/T-spot test and possible symptom screen

f) Flu Shot

- Yearly as appropriate for flu season(September to May)

TUBERCULIN POSITIVE HISTORY REVIEW FORM

Please Print Name: _____

Student ID # _____ **Date** _____

___ **I have had a positive Tuberculin skin test in the past. I have had one negative CXR since my positive skin test.**

OR

___ **I have had a positive Tuberculin skin test in the past. I have had one negative CXR since my positive skin test. I have also completed the recommended course of treatment for tuberculosis infection or disease.**

This statement is to confirm that I DO NOT have symptoms consistent with pulmonary tuberculosis such as:

A cough that lasts longer than 3 weeks

Unexplained fever

Night sweats

Unexplained weight loss

Coughing up blood

Signature _____ **Date** _____