ACHA Guidelines

Recommendations for Institutional Prematriculation Immunizations

Immunizations offer safe and effective protection from vaccine-preventable diseases. The United States is experiencing re-emergence of these diseases, in part due to factors such as un-immunized and under-immunized persons and global travel. The American College Health Association (ACHA) strongly supports the use of vaccines to protect the health of our individual students and our campus communities. In recognition of the vital role that vaccine coverage plays in community immunity (herd immunity), ACHA discourages use of nonmedical exemptions to required vaccines.

This guidance is provided to facilitate implementation of a comprehensive institutional immunization policy. Best practices for institutions of higher education include following Recommendations for Institutional Prematriculation Immunizations (RIPI) guidelines, encouraging students who request nonmedical exemptions to required vaccines to be counseled by a health service clinician, and considering exclusion of un-immunized students from school during outbreaks of vaccine-preventable diseases. Institutions may also be to subject to additional requirements for prematriculation vaccinations and the granting of exemptions by state law

The ACHA Vaccine Preventable Diseases Advisory Committee updates this document in accordance with changing public health recommendations. These guidelines follow Advisory Committee on Immunization Practices (ACIP) recommendations published by the U.S. Centers for Disease Control and Prevention (CDC). Links to full information regarding ACIP provisional and final recommendations, including schedules, indications, precautions, and contraindications, are available at the CDC National Immunization Program website: http://www.cdc.gov/vaccines/acip/index.html.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Measles, Mumps, Rubella (MMR)	Two doses of MMR at least 28 days apart after 12 months of age.	All college students born after 1956 without lab evidence of disease. All health care professional students without other evidence of immunity should receive two doses of MMR. Those born before 1957 without other evidence of immunity should receive one dose if not in an outbreak setting and two doses if in an outbreak.	Pregnancy, history of hyper-sensitivity or anaphylaxis to any of the components in the vaccine. Receipt of blood products and moderate or severe acute infections. Guidelines exist for vaccination of persons with altered immunocompetence.
Varicella	Two doses of varicella-containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years or older.	All college students without other evidence of immunity (e.g., born in the U.S. before 1980, a history of disease, two prior doses of varicella vaccine, or a positive antibody). All health care professional students without a history of disease, with one prior dose of vaccine, or with a negative antibody titer should receive a total of two doses of vaccine.	Pregnancy, history of hyper-sensitivity or anaphylaxis to any of the components in the vaccine, and severe illness. Guidelines exist for vaccination of persons with altered immunocompetence.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Tetanus, Diphtheria, Pertussis *- DT: pediatric (<age 7 years) preparation of diphtheria and tetanus toxoids.* *- DTaP: pediatric (<age 7 years) preparation of diphtheria, tetanus toxoids, and acellular pertussis.* *- DTP (also known as DTwP): pediatric (<age 7 years) preparation of diphtheria, tetanus toxoids, and whole cell pertussis (no longer available in the U.S.).* *- Td: 7 years and older preparation of tetanus toxoid and reduced diphtheria toxoid.* *- Tdap: adolescent and older preparation of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.*	Primary series in childhood (4 doses: DT, DTaP, DTP, or Td) **Booster doses:** For adolescents 11–18 and adults 19–64: single dose of Tdap. Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine. **Routine booster dose intervals:** Adults should receive decennial Td boosters, beginning 10 years after receiving Tdap. **Tetanus prophylaxis in wound management**: For all age groups, patients who require a tetanus toxoid containing vaccine as part of wound management should receive Tdap instead of Td if they have not previously received Tdap. If Tdap is not available or was administered previously, Td should be administered.	All college students. One dose of Tdap for all individuals, ages 11–64, regardless of interval since last Td booster. In particular, students enrolled in health care professional programs should receive Tdap. Those adults age 65 years and older who have or anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap.	History of hypersensitivity or serious adverse reaction to any of the components in the vaccine. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.
Human Papillomavirus Vaccine Bivalent (HPV2) or Quadrivalent (HPV4) or 9-valent (HPV9)	For the bivalent vaccine, females only, three doses at 0, 1, and 6 months For quadrivalent and 9-valent, Females 11 or 12 years old, females 13–26 years old who have not received the vaccine previously, males 11 or 12 years old, and males 13–21 years old who have not received the vaccine previously: three doses at 0, 1–2, and 6 months for the quadrivalent vaccine. The 9-valent vaccine may be used to complete the series begun with a different product.	All females 11–26 years old (bivalent, quadrivalent vaccine or 9-valent). All males 11–21 years old, males 11–26 years old who have sex with men, and 11-26 year old males with compromised immune systems (quadrivalent vaccine or 9-valent). Other males 22-26 years old may be vaccinated. The quadrivalent and 9-valent vaccines are indicated for prevention of cervical cancers and pre-cancers and genital warts. Quadrivalent and 9-valent vaccines are also indicated for use in both females and males for the prevention of anal cancer and anal intraepithelial dysplasia caused by HPV types included in the vaccine. The bivalent vaccine is indicated for prevention of cervical cancers and precancers only. No HPV or Pap test screening is required prior to administering vaccine; routine cervical cancer screening should continue according to current recommendations.	Pregnancy, history of hyper-sensitivity to yeast or to any vaccine component; moderate or severe acute illnesses (defer vaccine until improved); may be given to immunocompromised males and females, but vaccine responsiveness and efficacy may be reduced.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Hepatitis A Vaccine	Given as a series of 2 doses (given at 0, 6–12 mo.) for age 12 months or greater. *	Recommended for routine use in all adolescents through the age of 18 and in particular for adolescent and adult high-risk groups (i.e., persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease).	History of hypersensitivity to any of the components of the vaccine.
Hepatitis B Vaccine	Given as a series of 3 age appropriate doses (given at 0, 1–2 mo., and 6–12 mo.) at any age. Adolescents ages 11–15 years can be given 2 adult doses (given at 0 and 4-6 mo.).*	All college students. In particular students enrolled in health care professional programs should receive Hepatitis B vaccination.	History of hypersensitivity to any of the components of the vaccine.
Influenza - *Inactivated influenza vaccines: Trivalent (IIV3) or Quadrivalent (IIV4) or Recombinant (RIV3)* - *Live attenuated influenza vaccine (LAIV; licensed for healthy, nonpregnant persons age 2-49 years).*	Annually (recommendation applies to any and all flu vaccines)	All members of a campus community age 6 months or older should receive annual vaccination. College students at high risk of complications from the flu due to asthma, diabetes, or certain immuno-deficiencies; and students with contact with a high-risk individual. Students enrolled in health care professional programs should receive annual influenza vaccination. Recommendations above apply to any and all flu vaccines.	History of hypersensitivity to any of the components of the vaccine (applies to any and all flu vaccines). .
Pneumococcal Vaccine - *Pneumococcal conjugate vaccine (PCV13, Prevnar13)* - *Pneumococcal Polysaccharide Vaccine-23 (PPSV23, Pneumovax 23)*	Childhood, adolescence, adulthood	Adults with certain medical conditions (see appendix A)	History of hypersensitivity to any of the components of the vaccine.
Polio - *Inactivated (IPV)* - *Oral poliovirus (OPV no longer available in U.S.)*	Primary series in childhood with IPV alone, OPV alone, or IPV/OPV sequentially; IPV booster only if needed for travel after age 18 years.	IPV for certain international travelers to areas or countries where polio is epidemic or endemic.	History of hypersensitivity to any of the components of the vaccine.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Meningococcal Quadrivalent (A, C, Y, W-135) - *Conjugate (Preferred)* - *Polysaccharide (Acceptable alternative if conjugate not available)*	Initial dose of conjugate vaccine: 11-12 yrs of age Booster dose: 16 yrs of age If initial dose given age 13-15 yrs: booster dose at 16-18 yrs of age If initial dose given age ≥16 yrs, no booster dose required Persons with persistent complement component deficiencies (e.g., C5-C9, properidin, factor H, or factor D) or asplenia should receive a 2-dose primary series administered 2 months apart and then receive a booster dose every 5 years. Adolescents aged 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series. Other persons with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart. All other persons at increased risk for meningococcal disease (e.g., microbiologists or travelers to an epidemic or highly endemic country) should receive a single primary dose. For colleges and university with meningococcal vaccine policies as a requirement of enrollment or on-campus living: students <21 years of age should have documentation of a dose of conjugate vaccine at ≥16 years of age. The booster dose can be administered any time after the 16th birthday to ensure that the booster is provided. The minimum interval between doses of meningococcal conjugate vaccine is 8 weeks. Routine vaccination of healthy persons who are not at increased risk for exposure is not recommended after age 21 years.	Adolescents 11-18 years of age and other populations at increased risk, **including college student**s living in residence halls/similar housing, etc., persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.**	History of hypersensitivity or serious adverse reaction to any of the components in the vaccine. Avoid vaccinating persons who are known to have experienced Guillain-Barre (GBS) syndrome. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate (MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence.

Other recommendations:

*Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2, and 6-12 mo.) for 18 years of age and older.

**Colleges may target all matriculating freshmen if targeting those in residence halls/similar housing is not feasible.

VACCINE	VACCINATION SCHEDULE	MAJOR INDICATIONS	CONTRAINDICATIONS AND PRECAUTIONS
Serogroup B Meningococcal Vaccines - *MenB-4C (Bexsero®, 2 dose series)* - *MenB-FHbp (Trumenba®, 3 dose series)*	For MenB-4C: 0–2 months For MenB-FHbp: 0–2–6 months	**Category A: Should be administered to:*** Persons at increased risk due to • Outbreaks of serogroup B meningococcal disease • Persistent complement component deficiencies • Treatment with eculizumab for hemolytic uremic syndrome or paroxysmal nocturnal hemoglobinuria • Anatomic or functional asplenia including sickle cell disease Laboratory workers routinely exposed to isolates of *N. meningitis* **Category B: May be administered to:**** Adolescents and young adults 16–23 for short term protection (preferred age 16–18) Serogroup B vaccines may be administered with Men ACW but at different anatomic site, if possible. Defer in pregnant or lactating females unless at increased risk.	Defer in pregnant or lactating females unless at increased risk. History of hypersensitivity to any of the components of the vaccine. Bexsero®: use with caution if hypersensitive to latex. The two vaccines are not interchangeable, so the same product must be used for all doses.

*Category A: Recommendations made for all persons in age or risk-factor group.
**Category B: Recommendations are made using individual clinical decision-making

Other recommendations:
Immunization requirements and recommendations for international travel may vary, depending on personal medical history and travel destination. Anyone anticipating international travel should contact a health care provider for specific information.

Prepared by ACHA's Vaccine-Preventable Diseases Advisory Committee

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APPENDIX A

Medical Conditions or Other Indications for Administration of 13-valent Pneumococcal Conjugate Vaccine (PCV13) and Indications for 23-valent Pneumococcal Polysaccharide Vaccine (PPSV23)

Underlying condition	PPSV23	PCV 13	Revaccination 5 years after first dose
• cigarette smoking • chronic heart or lung disease • diabetes mellitus • alcoholism • cirrhosis • liver disease	X		
• CSF leak • cochlear implant		X	
• sickle disease • congenital or acquired asplenia • HIV positive • congenital or acquired immunodeficiency • chronic renal failure • nephrotic syndrome • leukemia • lymphoma • Hodgkins, • generalized malignancy • iatrogenic immunosuppression • solid organ transplant, • multiple myeloma	X	X	X

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6434a4.htm

SAMPLE IMMUNIZATION RECORD

This is a SAMPLE immunization record form. If reproduced for use by a college or university health center, please insert your health center's contact information. This form should not be returned to ACHA.

PART I

Name _____ _____
First Name Middle Name

_____
Last Name

Address _____
Street City State Zip

Date of Entry ____/_____ Date of Birth ____/____/_____ School ID# _____
M Y M D Y

Status: Part-time _____ Full-time _____ Graduate _____ Undergraduate _____ Professional

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PART II: TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

A. MMR (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

1. Dose 1 given at age 12 months or later . ..... #1 ____/____/_____
   M D Y
2. Dose 2 given at least 28 days after first dose . ..... #2 ____/____/_____
   M D Y

B. MENINGOCOCCAL QUADRIVALENT

(A, C, Y, W-135) One or 2 doses for all college students; revaccinate every 5 years if increased risk continues.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible).

   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____
   M D Y M D Y

2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available).

   Date ____/____/_____
   M D Y

C. TETANUS, DIPHTHERIA, PERTUSSIS

1. Primary series completed? Yes ___ No ___ Date of <u>last</u> dose in series: ____/____/_____
   M D Y

2. Date of most recent booster dose: ____/____/_____ Type of booster: Td _____ Tdap _____
   M D Y *Tdap booster recommended for ages 11-64 unless contraindicated*

D. HEPATITIS B

(All college and health care professional students. Three doses of vaccine or two doses of adult vaccine in adolescents 11–15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____ c. Dose #3 ____/____/_____
   M D Y M D Y M D Y

   Adult formulation ____ Child formulation ____ Adult formulation ____ Child formulation ____ Adult formulation ____ Child formulation ____

2. Immunization (Combined hepatitis A and B vaccine)

   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____ c. Dose #3 ____/____/_____
   M D Y M D Y M D Y

3. Hepatitis B surface antibody Date ____/____/_____ Result: Reactive _____ Non-reactive _____
   M D Y

(continues)

SAMPLE IMMUNIZATION RECORD (CONTD.)

E. INFLUENZA

Trivalent (IIV3) _____ Quadrivalent (IIV4) _____ Recombinant (RIV3) _____ Live attenuated influenza vaccine (LAIV) _____

Date of last dose: ____/____/_____
M D Y

F. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes ___ No ___ or Birth in U.S. before 1980 Yes ___ No ___
2. Varicella antibody ____/____/_____ Result: Reactive _____ Non-reactive _____
   M D Y
3. Immunization
   a. Dose #1 . ..... #1 ____/____/_____
   M D Y
   b. Dose #2 given at least 12 weeks after first dose ages 1–12 years. ..... #2 ____/____/_____
   and at least 4 weeks after first dose if age 13 years or older. M D Y

G. HUMAN PAPILLOMAVIRUS VACCINE (HPV2/HPV4/HPV9)

(Three doses of vaccine for females and males 11–26 years of age at 0, 1–2, and 6 month intervals.)

Immunization (indicate which preparation, if known) Quadrivalent (HPV4) _____ or Bivalent (HPV2) _____ or 9-valent (HPV9) ____

a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____ c. Dose #3 ____/____/_____
M D Y M D Y M D Y

H. HEPATITIS A

1. Immunization (hepatitis A)
   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____
   M D Y M D Y
2. Immunization (Combined hepatitis A and B vaccine)
   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____ c. Dose #3 ____/____/_____
   M D Y M D Y M D Y

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

PCV 13 _____ Date ____/____/_____ PPSV 23 _____ Date ____/____/_____
M D Y M D Y

J. MENINGOCOCCAL SEROUGROUP B

(Two or three dose series; may be given to any college student or for outbreak control; may be given with quadrivalent meningococcal vaccine at different anatomic site. Must complete series with the same vaccine.)

1. MenB-RC (Bexsero) __ routine ____outbreak –related
   a. Dose #1____/____/_____ b. Dose #2. ____/____/_____
   M D Y M D Y

OR

1. MenB-FHbp (Trumenba) __routine ___outbreak-related
   a. Dose #1 ____/____/_____ b. Dose #2 ____/____/_____ c. Dose #3 ____/____/_____
   M D Y M D Y M D Y

I. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 ____/____/_____ #2 ____/____/_____ #3 ____/____/_____
   M D Y M D Y M D Y
2. IPV/OPV sequential: IPV #1 ____/____/_____ IPV #2 ____/____/_____ OPV #3 ____/____/_____ OPV #4 ____/____/_____
   M D Y M D Y M D Y M D Y
3. IPV alone (injected Salk four doses): #1 ____/____/_____ #2 ____/____/_____ #3 ____/____/_____ #4 ____/____/_____
   M D Y M D Y M D Y M D

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SAMPLE IMMUNIZATION RECORD (CONTD.)

M. TUBERCULOSIS (TB) SCREENING/TESTING[1]

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ❑ Yes ❑ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? ❑ Yes ❑ No
(If yes, please CIRCLE the country, below)

Afghanistan
Algeria
Angola
Anguilla
Argentina
Armenia
Azerbaijan
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
China, Hong Kong SAR
China, Macao SAR
Colombia
Comoros
Congo
Côte d'Ivoire
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
French Polynesia
Gabon
Gambia
Georgia
Ghana
Greenland
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran (Islamic Republic of)
Iraq
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Northern Mariana Islands
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Vincent and the Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia South Africa
South Sudan
Sri Lanka
Sudan
Suriname
Swaziland
Tajikistan
Thailand
Timor-Leste
Togo
Trinidad and Tobago
Tunisia
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Yemen
Zambia
Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) ❑ Yes ❑ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ❑ Yes ❑ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? ❑ Yes ❑ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ❑ Yes ❑ No

If the answer is YES to any of the above questions, [insert your college/university name] requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

* *The significance of the travel exposure should be discussed with a health care provider and evaluated.*

[1]The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit http://www.acha.org/Guidelines.

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SAMPLE IMMUNIZATION RECORD (CONTD.)

TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by **health care provider)**

Clinicians should review and verify the information above. Persons answering YES to any of the questions in Part M are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) **Yes _____ No _____**

History of BCG vaccination? (If yes, consider IGRA if possible.) **Yes _____ No _____**

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1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes _____ No _____ *If No, proceed to 2 or 3*

If yes, check below:

- ❑ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- ❑ Coughing up blood (hemoptysis)
- ❑ Chest pain
- ❑ Loss of appetite
- ❑ Unexplained weight loss
- ❑ Night sweats
- ❑ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ____/____/____ (M D Y) Date Read: ____/____/____ (M D Y)

Result: _____ mm of induration **Interpretation: positive____ negative____

Date Given: ____/____/____ (M D Y) Date Read: ____/____/____ (M D Y)

Result: _____ mm of induration **Interpretation: positive____ negative____

****Interpretation guidelines**

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (M D Y) (specify method) QFT-GIT T-Spot other_____

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: ____/____/____ (M D Y) (specify method) QFT-GIT T-Spot other_____

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

(continues)

SAMPLE IMMUNIZATION RECORD (CONTD.)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal_____
M D Y

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- ❑ Infected with HIV
- ❑ Recently infected with *M. tuberculosis* (within the past 2 years)
- ❑ History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- ❑ Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- ❑ Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- ❑ Have had a gastrectomy or jejunoileal bypass
- ❑ Weigh less than 90% of their ideal body weight
- ❑ Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

_____Student agrees to receive treatment

_____Student declines treatment at this time

HEALTH CARE PROVIDER

Name _____ Signature _____

Address _____ Phone (_____)_____

END of SAMPLE FORM

If reproduced for use by a college or university health center, please insert your health center's contact information.
This form should not be returned to ACHA.

Prepared by ACHA's Vaccine-Preventable Diseases Advisory Committee

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