

<u>Campbell PA Program Student Health Immunization Requirements</u>

Regulatory and legislative authorities require that students demonstrate immunization, immunity and/or protection from multiple contagious diseases before being allowed to participate in clinical experiences. The Campbell PA (CUPA) Program requires that students meet all immunization requirements prior to matriculation and must maintain compliance with these requirements through graduation. Descriptions of immunization requirements specifically addressing Varicella, Measles, Mumps, Rubella, Hepatitis A & B, Pertussis, and COVID-19 are presented below.

Required laboratory evaluations and immunizations are subject to review and modification based on recommendations from the Centers for Disease Control (CDC), the Advisory Committee on Immunization Practices (ACIP), the United States Prevention Task Force (USPTF) and other public health agencies. Students will be notified of any changes and will be required to comply with any mandated changes upon receipt of notice from CUPA.

Important Notes Regarding Vaccination Requirements:

- 1. Clinical experiences are part of the basic curriculum to obtain a Master of Physician Assistant Practice degree and therefore CUPA does <u>not</u> waive immunization or student health requirements for religious or personal preferences.
- 2. Students will <u>not</u> be allowed to participate in any patient care activities, including but not limited to early clinical experiences, health outreach events, international mission trips and clinical rotations, until all immunization requirements have been met.
- Inability to participate in clinical experiences due to noncompliance with CUPA immunization policies may result in unexcused absences leading to failure of a course, academic probation, promotion board hearing, delay in graduation or even dismissal from the program.

CUPA immunization requirements are described in detail below. Further information will be sent by late spring outlining the online platform where students will upload this required documentation including immunization records and titers.



1. <u>Diphtheria</u>, <u>Pertussis and Tetanus</u>

- a. All students must submit documentation (clinical signature or vaccination record) of a 3 or 4 dose immunization series, likely given in childhood.
- All students must also submit documentation (clinician signature or vaccination record) of immunization with a *Tdap booster (Boostrix or Adacel) since the year 2005.
 - *Tdap is the one-time booster containing the acellular pertussis vaccine and is available only in the **Boostrix or Adacel** vaccines. This vaccine was released in 2005 and all students must demonstrate proof of immunization with this vaccine.
 - ii. Following the Tdap booster, a Td routine booster is required every 10 years
 - iii. Adults with an unknown or incomplete history of a 3-dose primary series with tetanus and diphtheria toxoid-containing vaccines should complete the primary series that includes 1 dose of Tdap. Unvaccinated adults should receive the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second dose.

2. Measles, Mumps, Rubella (MMR)

- a. Students must provide dates and verification (vaccination record) of 2 MMR vaccinations, occurring at least 28 days apart.
 - i. If the student is able to provide an immunization record or physician signature verifying the dates of these 2 vaccinations, no titer will be required.
- b. Students unable to provide immunization records or physician signature verifying completion of the MMR series have 2 options:
 - i. Repeat the MMR series of 2 vaccinations at least 28 days apart and provide documentation verifying completion of the series.
 - ii. Obtain quantitative titers for measles, mumps and rubella
 - 1. If a student elects to obtain titers and they show evidence of nonimmunity to any of the 3 components of the vaccine (measles, mumps



or rubella), they will be required to repeat the MMR series of 2 vaccinations, at least 28 days apart. The exception is if there is only non-immunity to Rubella, only one MMR vaccination will be required.

3. Varicella

- a. Students have 2 options to verify proof of varicella immunity:
 - i. Students must provide evidence of immunity to Varicella through Laboratory evidence of immunity (quantitative antibody titers) if they have had the varicella disease prior. Qualitative titers cannot be accepted

OR

ii. Students must provide dates and verification (vaccination record) of 2 varicella vaccinations, occurring at least 4 weeks apart.

4. Hepatitis B Immunization

- a. Students must provide dates and verification (vaccination record) of completing a Hepatitis B vaccination series consisting of three (3) hepatitis B injections. Injections are generally given at 0, 1 and 6 months which means injection two would be given 1 month following injection one and injection three would be given 6 months following injection one.
- b. In addition, <u>all students must provide verification of quantitative antibody titers</u> demonstrating immunity to hepatitis B. To ensure accuracy, it is recommended that antibody titer testing be performed 4-8 weeks following the 3rd and final injection in the series.
- c. Students who do not demonstrate immunity through adequate titer levels
 - Students who have received the initial series of Hepatitis B vaccine and do not seroconvert to demonstrate immunity will be <u>required to repeat the complete</u> <u>series of three immunizations</u>.
 - ii. Following completion of the repeat series of 3 Hepatitis B vaccinations, students

must obtain another **quantitative titer** to confirm immunity. To ensure accuracy, it is recommended that antibody titer testing be performed 4-8 weeks following the 3rd and final injection in the series.

- iii. Students who still do not demonstrate immunity following the second Hepatitis B immunization series will be considered a vaccine non-responder and at risk for acquiring HBV.
- iv. Students who do not attain immunity following completion of a second Hepatitis B immunization series will also be required to obtain testing for active hepatitis B infection. Please see the information below under Hepatitis testing for further details.
- d. If testing for hepatitis B infection is negative, the student will be considered non-immune to Hepatitis B and will meet with the Director of Clinical Education. Current recommendations and additional education on universal precautions, risk avoidance and treatment options if exposed to HBV will be provided to the student. The student will sign documentation of informed consent to continue their education, acknowledging the medical risk and receipt of this information, but they will not be required to continue additional HBV immunizations. Please see the CUPA Hepatitis B Non-Immunity Policy for further information.

5. Hepatitis Testing (if required)

a. In addition, per CDC guidelines, any student who does not obtain protective immunity to <u>Hepatitis B</u> after a completion of 2 vaccination series (6 total immunizations) will also be required to obtain serologic testing for Hepatitis B infection as described below. Students who attain protective immunity to Hepatitis B after either the first vaccination series of 3 immunizations or second vaccination series of 3 immunizations (if needed), are considered immune, protected and free of Hepatitis B and therefore <u>do not</u> require testing for the disease.

b. **Hepatitis B Testing**

i. Following CDC recommendations, testing for Hepatitis B is only required for

students who fail to obtain protective immunity to Hepatitis B immunization. Immunization involves a series of 3 vaccinations given at 0, 1 and 6 months, followed by a **quantitative titer** to confirm immunity drawn 4-8 weeks following the final vaccination in the series. Qualitative titers cannot be accepted. Students who do not demonstrate immunity following the initial series of 3 vaccinations will be required to be revaccinated with the complete eries of 3 vaccines, again given at 0, 1 and 6 months. 4-8 weeks following the final vaccination in this second series, another quantitative titer to evaluate for immunity to Hepatitis B will be performed and the result reported to CUPA. If this second titer also demonstrates non-immunity, the student will then be required to be tested for Hepatitis B infection.

- ii. Testing for Hepatitis B is accomplished through evaluation of **serum HBsAg** (Hepatitis B Surface Antigen) and **anti-HBc** (Total Hepatitis B core antibody).
 - Hepatitis B surface antigen (HBsAg) is a protein on the surface of HBV; it
 can be detected in high levels in serum during acute or chronic HBV
 infection. The presence of HBsAg indicates that the person is infectious.
 The body normally produces antibodies to HBsAg as part of the normal
 immune response to infection. HBsAg is the antigen used to make
 Hepatitis B vaccine.
 - Total Hepatitis B core antibody (anti-HBc) appears at the onset of symptoms in acute Hepatitis B and persists for life. The presence of anti-HBc indicates previous or ongoing infection with HBV in an undefined time frame.
- iii. Students who are required to obtain Hepatitis B testing must provide **results of both HBsAg and anti-HBc** to CUPA along with the confirmatory lab reports.
- iv. Students who show evidence of Chronic Active Hepatitis B, will also be required to obtain and report a Hepatitis B Viral Load.
- v. Results of Hepatitis B testing will not affect a student's matriculation status or offer of acceptance but will provide valuable information to ensure proper patient care safeguards and adherence to CDC recommendations for the management of Hepatitis B virus infected health care providers and students are followed. In addition, testing prior to matriculation provides a baseline status in regards to disease presence in the event that a student has an



exposure incident during subsequent clinical activities.

6. Hepatitis A Immunization

a. Students must provide dates and verification (vaccination record) of completing a Hepatitis A vaccination series consisting of two (2) hepatitis A vaccines. Vaccines are generally given 6 months apart.

7. Tuberculosis (TB) Testing

- a. Baseline TB screening is required for PA students before matriculating into the PA program. Either a 2-step PPD OR a quantiferon gold blood test is acceptable:
 - a. A 2-step PPD is required between June & July of 2022 since repeat/annual TB testing will be required the following summer just prior to the start of clinical year. A 2-step PPD requires a PPD (read within 72 hours), followed by a second PPD ideally 2-4 weeks after the first PPD.
 - b. If you choose to have a quantiferon gold blood test instead of the 2-step PPD (it does cost a little more but saves you multiple trips to receive/have read 2 PPDs), please have this drawn in June or July 2022 since it will need to be repeated just prior to clinical year.
- b. <u>If a student has had a positive TB test in the past</u>, a copy of a chest x-ray report performed in the last two years must be provided before the student may begin the program. These students will then be screened annually with a TB symptom questionnaire.

8. **COVID-19 vaccination**

- a. Most of our clinical training partners have included full vaccination for COVID-19 as a requirement.
- b. **Required:** COVID-19 Vaccine according to current CDC guidelines or as specified by clinical education partners in general or for specific sites.
- c. Exemption: Students who seek a medical or religious exemption to any immunization requirement should contact the Vice President for Student Life, who chairs the Exemption Review Panel, at 910-893-1541 or vaxexemption@campbell.edu. However, the grant of an exemption to an immunization requirement, including an exemption for the COVID-19 Vaccine, does not guarantee that a clinical rotation or experiential partner will honor the exemption. Campbell University cannot guarantee clinical or experiential placement for any student who does not comply with the vaccination requirements listed above.