ACHA Guidelines

Recommendations for Institutional Prematriculation Immunizations

The following recommendations are provided to colleges and universities to facilitate the implementation of a comprehensive institutional prematriculation immunization policy. Vaccine-preventable diseases continue to occur on American campuses. In response to changing epidemiology and the introduction of new vaccines, the ACHA Vaccine Preventable Diseases Committee monitors age-appropriate public health recommendations and updates this document accordingly.

The committee recognizes that many colleges and universities are mandated by state law to require certain vaccinations for matriculating students. States and educational institutions may require fewer or more vaccines, while some may only recommend certain vaccinations. This document is intended as a guideline that is consistent with the Advisory Committee on Immunization Practices (ACIP) recommendations. Links to complete information regarding ACIP provisional and final comprehensive recommendations, including schedules, indications, precautions, and contraindications, are available at the CDC National Immunization Program website: http://www.cdc.gov/nip/publications/ACIP-list.htm.

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 or physician diagnosed disease. All health sciences 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 hypersensitivity 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.
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.
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 sciences 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 hypersensitivity 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 with DT, DTaP, DTP, or Td. Routine tetanus toxoid and reduced diphtheria toxoid every 10 years, age 11-64 years. Tdap for next booster (single dose). For adolescents age 11-18, at least 5 years should have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine, prior to receiving Tdap. For adults 19-64 years, Tdap to replace a single dose of Td for booster immunization against tetanus, diphtheria, and pertussis. **Tetanus prophylaxis in wound management:** For both age groups above, 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. **Pertussis prophylaxis:** For both age groups above, intervals shorter than 10 years since the last Td may be used to protect against pertussis. Particularly in settings with increased risk from pertussis or its complications or for those who have or who anticipate having close contact with an infant < 12 months of age (parents, childcare providers, healthcare providers), a single dose of Tdap should be administered. The benefits of using a single dose of Tdap at a shorter interval to protect against pertussis generally outweighs the risk of local and systemic reactions after vaccination. The safety of intervals as short as 2 years between Td and Tdap are supported by studies from Canada. **Routine booster dose intervals:** Adults should receive decennial Td boosters, beginning 10 years after receiving Tdap, until guidance on subsequent Tdap booster doses is available.	One dose of Tdap replacing one decennial Td booster for all college students. Any student in the setting of: pertussis outbreaks, close contact with infants less than 12 months of age, or wound management, as appropriate. Health sciences students with patient contact should receive a single dose of Tdap at an interval as short as two years from the last Td. Health sciences students with no patient contact should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap in adults.	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.

Vaccine	Vaccination Schedule	Major Indications	Contraindications and Precautions
Quadrivalent Human Papillomavirus Vaccine (HPV)	Females 11 or 12 years old. All females age 13-26 years old who have not received the vaccine (three doses at 0, 2, and 6 months).	All female college students 11 to 26 years old. No HPV or pap test screening is required prior to administering vaccine; however, routine cervical cancer screening should continue according to prior recommendations.	Pregnancy, history of hypersensitivity to yeast or to any vaccine component; moderate or severe acute illnesses (defer vaccine until improved); may be given to immunocompromised females, but vaccine responsiveness and efficacy may be reduced.
Influenza *- Trivalent inactivated influenza vaccine (TIV)* *- Live attenuated influenza vaccine (LAIV; licensed for healthy, nonpregnant persons age 5-49 years).*	Annually	College students at high risk of complications from the flu such as diabetics, asthmatics, or patients with certain immunodeficiencies; students with contact with a high-risk individual; and any student who wants to minimize disruption of routine activities during epidemics. Health sciences students with patient contact.	History of hypersensitivity to any of the components of the vaccine.
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 age 11-15 years can be given 2 adult doses (given at 0, and 4-6 mo.).**	All college students. All health sciences students.	History of hypersensitivity to any of the components of the vaccine.
Pneumococcal Polysaccharide Vaccine-23 valent	Childhood, adolescence, adulthood	Young adults with diabetes, heart disease, chronic pulmonary or liver disease. Revaccinate every 5 years for immunodeficiency states, renal failure, recipients of clotting factor concentrates, asplenia, terminal complement component deficiencies, and HIV infection.	History of hypersensitivity to any of the components of the vaccine.

Other recommendations:

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

Vaccine	Vaccination Schedule	Major Indications	Contraindications and Precautions
Meningococcal Tetravalent (A,C,Y,W-135)		Populations at increased risk, including freshmen living in dormitories/residence halls, 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 under 25 years of age 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.
- Conjugate (Preferred)	11-55 years (data for revaccination pending).		
- Polysaccharide (Acceptable alternative if conjugate not available)	Over 2 years of age, repeat every 3-5 yrs if increased risk continues.		

Other recommendations:

+Colleges may target all matriculating freshmen if targeting those in dormitories/residence halls is not feasible.

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.

SAMPLE IMMUNIZATION RECORD

PART I

Name _____ _____
Last Name First Name

Address _____
Street City State Zip

Date of Entry ____/____ (M Y) Date of Birth ___/___/___ (M D Y) Social Security Number ___/___/___/–/___/___/–/___/___/___/___

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

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

All information must be in English.

A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health sciences 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. 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 ___/___/___ (M D Y) #2 ___/___/___ (M D Y) #3 ___/___/___ (M D Y)
2. IPV/OPV sequential: IPV #1 ___/___/___ (M D Y) IPV #2 ___/___/___ (M D Y) OPV #3 ___/___/___ (M D Y) OPV #4 ___/___/___ (M D Y)
3. IPV alone (injected Salk four doses): #1 ___/___/___ (M D Y) #2 ___/___/___ (M D Y) #3 ___/___/___ (M D Y) #4 ___/___/___ (M D Y)

C. 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 ___/___/___ (M D Y) Result: Reactive _____ Non-reactive _____
3. Immunization
   a. Dose #1 . . . . . #1 ___/___/___ (M D Y)
   b. Dose #2 given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older. #2 ___/___/___ (M D Y)

D. TETANUS-DIPHTHERIA-PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details)

1. Primary series of four doses with DTaP, DTP, DT, or Td:
   #1 ___/___/___ (M D Y) #2 ___/___/___ (M D Y) #3 ___/___/___ (M D Y) #4 ___/___/___ (M D Y)
2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible). . . . . ___/___/___ (M D Y)
3. Booster: Td within the last ten years. . . . . ___/___/___ (M D Y)

(continued)

SAMPLE IMMUNIZATION RECORD (CONTD.)

E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

Immunization (HPV)

a. Dose #1 ___/___/___ (M D Y) b. Dose #2 ___/___/___ (M D Y) c. Dose #3 ___/___/___ (M D Y)

F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date ___/___/___ (M D Y) ___/___/____ (M D Y) ___/___/____ (M D Y) ___/___/____ (M D Y) ___/___/___ (M D Y)

TIV___ LAIV___ TIV____ LAIV____ TIV____ LAIV____ TIV____ LAIV____ TIV____ LAIV____

G. HEPATITIS A

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

H. HEPATITIS B

(All college and health sciences 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 ___/___/___ (M D Y) b. Dose #2 ___/___/___ (M D Y) c. Dose #3 ___/___/___ (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 ___/___/___ (M D Y) b. Dose #2 ___/___/___ (M D Y) c. Dose #3 ___/___/___ (M D Y)
3. Hepatitis B surface antibody Date ___/___/___ (M D Y)

   Result: Reactive_____ Non-reactive_____

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)

Date ___/___/___ (M D Y)

J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, 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 under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetravalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date ___/___/___ (M D Y)

Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): Date ___/___/___ (M D Y) ___/___/___ (M D Y)

(continued)

SAMPLE IMMUNIZATION RECORD (CONTD.)

K. TUBERCULOSIS SCREENING [1]

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____
   If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the student a member of a high-risk group or is the student entering the health professions?[2] Yes _____ No _____
   If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.

3. Tuberculin Skin Test:
   Date Given: ____/____/____ (M D Y) Date Read: ____/____/____ (M D Y)
   Result: _____ (Record actual mm of induration, transverse diameter; if no induration, write "0")
   Interpretation (based on mm of induration as well as risk factors): positive____ negative____

4. Chest x-ray (required if tuberculin skin test is positive) result: normal____ abnormal____
   Date of chest x-ray: ____/____/____ (M D Y)

HEALTH CARE PROVIDER

Name _____ Address _____

Signature _____ Phone (_____) _____

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[1]The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

[2]Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndomes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

This is a SAMPLE immunization record form. If reproduced for use by a college or university health center, please remove the references to ACHA and its contact information below. Students should not return this form to ACHA.

Prepared by the ACHA Vaccine Preventable Diseases Committee

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