

Yale Health Center
Incoming Healthcare Professions Student Immunization Program

Dear Incoming Healthcare Professions Student,

Welcome to Yale University!

In advance of your arrival, the following information is designed to assist you and your Healthcare Provider with gaining an understanding of the Connecticut State Department of Public Health's Immunization Requirements (and the associated form) for all Incoming Healthcare Professions Students.

Please read this information carefully and please provide this information to your healthcare provider. This will save you both time and expense.

Your completed Yale Health Professions Vaccination Form must be received by us by the deadline date of July 18th.

**The process of receiving these vaccinations, titers, etc. and meeting these requirements may take up to six months to complete, so please make an appointment with your healthcare provider as quickly as possible.
PLEASE BEGIN THIS PROCESS NOW.**

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Essential Information for all Incoming Healthcare Students & their Healthcare Providers
Guidelines for Completing the Yale Health Professions Vaccination Form

Primary Hepatitis B Series:

- Laboratory Report (attach) from a **Quantitative Hepatitis B Surface Antibody Titer** (drawn at least 30 days after last Hepatitis B Vaccination)

AND

- Dates of three Hepatitis B Vaccinations administered at the following intervals;
(First vaccination, Second vaccination administered 30 days later, and third vaccination 6 months after the first.)

Secondary Hepatitis B Series:

If the primary Quantitative Hepatitis B Surface Antibody Titer was determined to have been negative, complete a second Hepatitis B Series (following the same vaccination schedule as first series), followed by another Quantitative Hepatitis B Surface Antibody Titer lab test. (Secondary Series)

If the second Quantitative Hepatitis B Surface Antibody Titer remains negative after a second series, additional testing should include Hepatitis B Surface Antigen testing.

All of this Documentation Must Be Provided To The Incoming Student Immunization Program.

Tuberculosis Screening:

- Documentation of the result of PPD screening, within the past 6 months (January through July of current year) is required. However, if you have ever had a positive PPD reading, do not have a PPD administered. Please move on to Step 2, for IGRA Testing.

Step 2:

- IGRA blood testing, within the past six months (January through July of the current year) is required regardless of prior BCG status. If IGRA Testing Result is Positive, please proceed to Step 3, for Chest X-Ray Result reporting.

Step 3:

- Chest X-Ray: Please supply information regarding all evaluation and treatment information including a Chest X-ray Reading Report completed by a Radiologist.

MMR (Measles, Mumps & Rubella):

- **Two** measles, mumps and rubella vaccinations (administered AFTER your FIRST BIRTHDAY and administered at least 28 DAYS APART)
OR
- Quantitative Serum IgG Titers which demonstrates your immunity to these three diseases.
(Attach the lab report to your completed Immunization Form)

If the Quantitative Serum IgG Titer result is negative, request revaccination by your healthcare provider (now and again at least 28 days later) and provide the dates of these two MMR vaccinations.

Varicella:

- **Two** varicella vaccinations (administered AFTER your FIRST BIRTHDAY and administered at least 28 DAYS APART)
OR
- Documentation of date of disease as witnessed/treated by your Healthcare Provider
OR
- Quantitative Serum IgG Titer which demonstrates your immunity to varicella.
(Attach the lab report to your completed Immunization Form)

If your Quantitative Serum IgG Titer result is negative, request revaccination by your healthcare provider (now and again at least 28 days later) and provide the dates of the two Varicella vaccinations.

Meningitis:

- If you will be living in on-campus congregate housing (dormitory facility), you are required to document the administration of one Quadrivalent Meningitis Vaccination administered within the past five years. (Named vaccines: ACWY, Menveo, Nimenrix, Menactra, Mencevax, Menomune)
- Campus housing includes all the undergraduate residential colleges and the following graduate dormitories: 254 Prospect Street; 276 Prospect Street; Hall of Graduate Studies; Harkness Dormitory (Medical School) and Helen Hadley Hall.

Recommended (Not Required)

Tdap: Tetanus-diphtheria and pertussis:

- Documentation of one Tdap Vaccination administered within the past ten years is recommended.

Polio:

- Documentation of the most recent dose of Polio Vaccination

Important Information about Titers and Vaccinations (PLEASE READ CAREFULLY)

Serum Titers are blood tests that measure whether or not you are immune to a given disease. More specifically a QUANTITATIVE SERUM TITER is a titer with a numerical value indicating your actual degree of immunity to a disease. When providing Quantitative Titer results, please **provide a copy of the official LABORATORY REPORT containing the numerical values and the lab's reference ranges for a positive result.**

1. For all Vaccination Requirements: If you do not have a record of the previous vaccinations you have received, please get your titers drawn first.
 - o *Why? Measure your immunity before getting vaccinated. Your titers may indicate a high level of immunity to a specific disease, in which case you won't need to be vaccinated for that disease.*
2. Please get the EXACT TYPE OF TITER that you are being asked to provide.

The Most Common Mistakes: (Resulting in Delays and Additional Cost)

- Quantitative vs Qualitative Titers: Quantitative Titers have a numerical value, Qualitative titers merely measure "immunity vs. non-immunity" (with no numerical value). **Be sure to get Quantitative Titers. If you do not get Quantitative Titers done, we will ask you to get them redone and this will result in both time delays and additional cost to you for testing.**
- IgG vs. IgM Titers: You need **IgG Titers; Please do not have IgM Titers drawn**
- HbsAb IgG vs. HbsAG IgG Titers – You need Quantitative Hep B Ab (Antibody) Titers *not* Hep B Antigen Titers
- Reports (laboratory, chest x-ray readings, etc.) AND FORMS are not submitted in the English language. **(All information must be translated and documented in the English language before submission)**
- If the titer for a specific disease shows that you are not immune, you need to get vaccinated or re-vaccinated.
 - o Note: This is where previous vaccination records are helpful. Vaccinations for different diseases have different timelines and number of vaccinations needed (e.g. Varicella – 2 vaccinations administered at least 30 days apart vs. Hepatitis B – 3 vaccination series administered over the course of a five month period). If a specific titer indicates non-immunity please have the vaccination series repeated.

- Varicella and MMR Vaccinations: If you need to be vaccinated or re-vaccinated against these diseases, please ask your healthcare provider to administer the first MMR and Varicella Vaccinations **On the same day**. The second vaccination in the series should include MMR and Varicella vaccination(s) administered together, no less than 30 days later.
 - These are live vaccines, so if they are not administered together on the same day, it will take 120 days to complete both series, rather than 60 days, when administered together.

What To Do If Any Of Your Quantitative Titers Are Reported To Be Negative (Not-Immune):

1. Consult your healthcare provider about your vaccination history – how many vaccinations have you already received for this disease?
2. If you haven't already had it, start the vaccination series for the disease to which you have no immunity. If you are partially completed, finish the series.
3. After completing the series, wait 30 days and then have a follow-up titer drawn.

What To Do If Your Follow-up Titer Result Remains Negative (Non-responder)

1. If you have received all of the immunizations possible (by completing all of the series and repeat series, if necessary), you may not convert to an immune status. At this point, it is okay to stop. We will need all of your documentation for all vaccinations and titers. While you will be permitted to fully participate in your clinical rotations, you will also be advised to meet with the Yale Health Center's Department of Student Health to discuss risk potential and the steps which you will need to take to prevent contracting that particular disease.

Yale HEALTH

Health Professions Vaccination Record 2016-2017 Academic Year

(check one)

- School of Medicine
 School of Nursing
 Physician Associate Program

Due: **July 18, 2016**

See **page 2** for submission instructions

Last Name	First Name	Date of Birth: ____/____/____ Month Day Year
E-mail	Phone	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender

REQUIRED VACCINATIONS or PROOF OF IMMUNITY:			
Quantitative Hepatitis B Surface Antibody Titer	Titer Results: _____mIU/ml (Positive result must be greater than 10 mIU/ml)		PLEASE ATTACH LAB REPORT TITER RESULTS.
Hepatitis B Vaccine	Date of Dose #1: ____/____/____ Month Day Year	Date of Dose #2: ____/____/____ Month Day Year	Date of Dose #3: ____/____/____ Month Day Year
Tuberculosis Skin Test (PPD) Within the Past 6 Months, OR Quantiferon Lab Test OR Chest Xray (if history of positive PPD)	Date of PPD Test: ____/____/____ Month Day Year Result: _____mm	Date of Quantiferon Test: ____/____/____ Month Day Year Result: _____ Date of Chest Xray: ____/____/____ Month Day Year Result: _____	PLEASE ATTACH QUANTIFERON LAB RESULT OR CHEST XRAY RESULT IF APPLICABLE
Measles-Mumps-Rubella Vaccine	Date of Dose #1: ____/____/____ Month Day Year	Date of Dose #2: ____/____/____ Month Day Year	
OR Positive Titers for: Measles (Rubeola) Mumps Rubella	Titer Results: Measles: _____ Mumps: _____ Rubella: _____		PLEASE ATTACH ALL LABORATORY TITER RESULTS.
Varicella Vaccine	Date of Dose #1: ____/____/____ Month Day Year	Date of Dose #2: ____/____/____ Month Day Year	
OR Positive Titer for Varicella OR Physician Documented Disease (chicken pox).	Varicella Titer Results: _____	Date of Disease: ____/____/____ Month Day Year MD Signature: _____	PLEASE ATTACH ALL TITER RESULTS.
Meningococcal Vaccine - Quadrivalent Within the Past 5 Years (ONLY IF LIVING ON CAMPUS*).	Date of Last Dose: ____/____/____ Month Day Year	<i>Select Type:</i> Menactra ACWY Menveo Mencevax Nimenrix Menomune	

RECOMMENDED VACCINATIONS: (Not Required)			
Tetanus-Diphtheria-Pertussis Within the Past 10 Years	Date of Most Recent Dose: ____/____/____ Month Day Year	Select: Td or Tdap	
Polio	Date of Most Recent Dose: ____/____/____ Month Day Year	<i>Select:</i> Oral (OPV) or Injection (IPV)	
Clinician Name	Clinician Signature		Date
Address (Include city and state)	Email	Telephone	Fax

*Campus housing includes all the undergraduate residential colleges and the following graduate dormitories: 254 Prospect Street; 276 Prospect Street; Hall of Graduate Studies; Harkness Dormitory (Medical School) and Helen Hadley Hall.

It is MANDATORY that you complete the requirements and submit proof of immunizations before your arrival at Yale University.

Mail your completed forms and documentation to:

Yale Health

New Student Forms

P.O. Box 208237

New Haven, CT 06520-8237

USA

Courier address:

Yale Health

c/o Reginald MacDonald

HIS Department

55 Lock Street

New Haven, CT 06511

USA

Questions? Visit our Frequently Asked Questions (FAQ's): yalehealth.yale.edu/immunization or e-mail us immunization@yale.edu (this email address cannot accept your form).