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## **POLICY: Immunizations and Tuberculosis Screening**

All Bryant University Students must provide proof of immunization as required by the [State of Rhode Island](#) and must meet the requirements based on the current [CDC recommendations](#) for health professionals.

The following immunizations are required prior to enrollment at Bryant University:

- **Tetanus-Diphtheria and Acellular Pertussis (TDaP)**: Proof of a completed primary series in childhood. Student must have booster within seven (7) years of program start.
- **Measles, Mumps, Rubella (MMR)**: at least two (2) doses of live attenuated vaccine after one year of age or serological proof of immunity. Individual vaccinations may be substituted for an MMR if they meet the following guidelines:
  - **Rubeola (measles)**: at least two (2) doses of live attenuated vaccine after one year of age **or** serological proof of immunity.
  - **Mumps**: at least two (2) doses of live attenuated vaccine after one year of age **or** serological proof of immunity.
  - **Rubella (German measles)**: at least one (1) doses of live attenuated vaccine after one year of age or serological proof of immunity.
- **Hepatitis B**: Three (3) doses with quantitative proof of immunity (>10 mIU/ml). A student who cannot provide proof of immunity or non-responders after initial vaccination series must complete an additional three (3) Hepatitis B vaccinations and repeat titer. Failure to respond after six vaccinations will be documented on the Bryant University PA Program Certificate of Health Compliance and student will be counseled.
- **Varicella (chicken pox)**: Two (2) doses or serological proof of immunity. History of prior infection is not sufficient for meeting this requirement.

The following immunizations are required for enrollment in the Physician Assistant Program

- Influenza (current annual vaccine).
- Two-step TB Screening (**TWO** negative PPD skin tests) within twelve (12) months. The most recent must be administered and read within three months of the program start date. A negative QuantiFERON-TB Gold may be substituted for the two-step PPD if PPD testing not clinically indicated or contraindicated. Students with a history of latent or active TB must show documentation of evaluation and treatment. A negative chest radiograph must be documented after completion of therapy.

The following vaccinations are recommended for all students:

- Meningococcal (meningitis): 2 doses
- Hepatitis A: 2 doses
- Gardasil (HPV): 3 doses

Those students participating in *International, Department of Defense, or Department of Public Health* sponsored clinical rotation sites will be screened prior to departure to that rotation. Any further immunizations recommended by the [CDC for International Travel](#) or by the sponsoring agency will be administered by the university as necessary. These immunizations will be documented in the student health record and on the Bryant University PA Program Certificate of Health Compliance.

In order to ensure compliance and to meet the requirements of the State, all students accepted to the Bryant University PA Program must submit a completed proof of immunization form directly to University Health Services. This form will be used to complete the Bryant University PA Program Certificate of Health Compliance (attachment 1).

Students will receive an annual influenza vaccination and TB screening while enrolled in the program. Other vaccinations will be available at Health Services to insure all students maintain required vaccines throughout the program.

Clinical sites require the PA Program to validate immunizations before beginning supervised clinical practice experiences (rotations). Students who are not in compliance **will not** be allowed to participate in rotations. All students will complete a Medical Release of Information form that will allow the Program and Health Services to release immunization information regarding compliance to our clinical affiliates. Students who fail to complete immunization updates may be removed from class or clinical rotations until such requirements are completed. Lost time will be the responsibility of the student and may result in delay or dismissal from the program.

Students with extenuating circumstances (severe allergies, Guillain-Barre) preventing them from receiving the required vaccines should promptly notify the Director of Clinical Education to allow early resolution and prevent a delay in starting a rotation. The Bryant PA Program does not allow for personal exemptions for vaccinations or PPD surveillance. Clinical sites may not accept an individual's reason for non-compliance which may prevent students from completing one or more required clinical rotations which would lead to an inability to complete the requirements of the program. The program cannot be responsible for finding sites that will accommodate non-vaccinated students.

**Standard A3.07** The program must have and implement a policy on immunization of students and such policy must be based on current Centers for Disease Control recommendations for health professionals.

**ANNOTATION:** Programs offering rotations at international sites are expected to have policies that include information on CDC recommendations for international travel.

Review: 12/13/17

Medical Director

Director of Clinical Education

Forwarded for Approval: 12/14/17

Associate Program Director

Approved: 12/14/17

Program Director



**Bryant University**  
 School of Health Sciences  
 PA Program  
 Permanent Immunization Record

**Certificate of Health Compliance**

Student Name: [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#)

**Required Immunizations**

**Tuberculosis**  **Two Step PPD**

PPD#1 | Planted: [Click here to enter a date.](#) | Read: [Click here to enter a date.](#) | Result [Click here to enter text.](#) mm

PPD#2 | Planted: [Click here to enter a date.](#) | Read: [Click here to enter a date.](#) | Result [Click here to enter text.](#) mm

QuantiFERON-TB Gold Assay | Date: [Click here to enter a date.](#) | Result: Choose an item.

*Students with a positive PPD/QuantiFERON Assay require documentation of a chest radiograph and evidence of completion of chemoprophylaxis:*

Positive PPD | Result [Click here to enter text.](#)mm  Chest Radiograph | Result [Click here to enter text.](#)

Chemoprophylaxis Completed (documentation reviewed)

**Varicella**  **SQ**

Varicella #1 | [Click here to enter a date.](#)

Varicella #2 | [Click here to enter a date.](#)

Titer [Click here to enter a date.](#) Result: Choose an item.

**Tetanus, Diphtheria, acellular Pertussis (TDaP)**  **IM**

TDaP #1 [Click here to enter a date.](#)

TDaP #2 [Click here to enter a date.](#)

**Measles, Mumps, Rubella**  **SQ**

MMR #1 | [Click here to enter a date.](#)

MMR #2 | [Click here to enter a date.](#)

Titer [Click here to enter a date.](#) Result: Choose an item.

Rubeola (measles) | #1 [Click here to enter a date.](#) #2 [Click here to enter a date.](#)

Mumps: | #1 [Click here to enter a date.](#) #2 [Click here to enter a date.](#)

Rubella: | #1 [Click here to enter a date.](#) #2 [Click here to enter a date.](#)

**Influenza** **IM** **Annual**

2017 [Click here to enter a date.](#)

2018 [Click here to enter a date.](#)

2019 [Click here to enter a date.](#)

2020 [Click here to enter a date.](#)

2021 [Click here to enter a date.](#)

2022 [Click here to enter a date.](#)

**Hepatitis B**  **IM**

Hepatitis B #1 [Click here to enter a date.](#)

Hepatitis B #2 [Click here to enter a date.](#)

Hepatitis B #3 [Click here to enter a date.](#)

Titer [Click here to enter text.](#) | [Click here to enter a date.](#) Result: Choose an item.

**if anti-HBs <10mIU/ml**

Hepatitis B #4 [Click here to enter a date.](#)

Hepatitis B #5 [Click here to enter a date.](#)

Hepatitis B #6 [Click here to enter a date.](#)

**Inactivated Polio Vaccine**

Adult Polio Booster: [Click here to enter a date.](#)

**N95 Respirator Fit Test**

Date Completed: [Click here to enter a date.](#) Result: Choose an item.

Provider Name: [Click here to enter text.](#)

Signature:

Date: [Click here to enter a date.](#)



**FORM: Hepatitis B Non Responder**

[Click here to enter a date.](#)

From: Bryant University PA Program

To: [Click here to enter text.](#)

The PA Program has been notified by Health Services that you have completed two (2) complete Hepatitis B Vaccination Series and continue to have a negative (<10 mIU/ml) titer for HBsAb. According to the Centers for Disease Control (CDC) you are considered a vaccine non-responder. A vaccine non-responder is an individual who does not mount an adequate immune response after adequate immunization. This is important for health care workers who are at increased risk of exposure to the hepatitis B virus.

One reason for an individual not responding to the hepatitis B vaccination series is chronic hepatitis infection. You must be tested for Hepatitis B before starting/continuing clinical rotations.

As a vaccine non-responder, you are considered susceptible to HBV infection (non-immune). You should take extra precaution to prevent exposure to blood and body fluids while participating in clinical rotations. Should an exposure take place, you should immediately notify your preceptor and the PA Program Director of Clinical Education. You should be evaluated in the nearest emergency room and receive Hepatitis B Immune Globulin if warranted. You should receive a second dose of HBIG one month later.

- Completed Primary Hepatitis B Vaccine Series
- Initial Titer for Hepatitis B was <10 mIU/ml
- Completed Second Hepatitis B Vaccine Series
- Subsequent Titer for Hepatitis B was <10 mIU/ml
- Patient was tested for Hepatitis B Virus
  - Hepatitis B surface antigen (HBsAg)
  - Hepatitis B surface antibody (anti-HBs)
  - Hepatitis B core antibody (anti-HBc)
  - IgM antibody to Hepatitis B core antigen (IgM anti HBc)
- Student was counseled regarding non-immunity and given instructions on actions to take following a potential exposure

I have counseled this student on Hepatitis B, exposure risk, and actions to take in the event of an exposure

Director of Clinical Education: \_\_\_\_\_

I understand that I am a vaccine non-responder, have been appropriately counseled on my risk, and wish to continue in my clinical training. I fully understand the risks associated with this decision.

Student: \_\_\_\_\_

Reviewed: 12/13/17

Medical Director

Director of Clinical Education

- Copy to student
- Copy to student file
- Copy to Health Services

Entered in student file: 12/14/17

Associate Program Director

Aware: 12/14/17

Program Director