METHODIST UNIVERSITY

PHYSICIAN ASSISTANT PROGRAM

Health Screening and Immunization Policy

After academic approval and prior to matriculation, all applicants to the MUPAP must submit certification of immunizations and a completed health packet to the Program by emailing the completed health packet to the Director of Admissions & Alumni Development at jmish@methodist.edu. Students are able to upload immunization information into their student portal at myMU portal. North Carolina Statute 130A-155.1 requires every university student to present a certificate of proof of immunization against "childhood diseases", free of communicable diseases, and in compliance with CDC guidelines and any local/state/university required immunizations.

Physician Assistant students must update their immunization prior to entering the program and must ensure immunization requirements remain up-to-date throughout their enrollment in the Program. Any student who does not have immunizations updated within 30 days of registration cannot be readmitted to class until they are completed. The student is still held accountable for all material missed while they are out of class.

During the credentialing process for students during clinical year, many sites require a copy of the student's immunization records. These records must be updated prior to beginning the rotation. If a student does not complete requirements within the requested time frame there could be a delay in meeting graduation requirements and the student will be responsible for any expenses incurred due to this delay in graduation.

Immunization Requirements

DTP (3 Doses): 3 Doses of the Tetanus/diphtheria toxoid of which one must be a tetanus/diphtheria/pertussis (Tdap). *Must have documentation of a Tdap vaccination within the past 10 years*.

Polio (3 Doses): An individual attending school who has attained his or her 18th birthday is not required to receive the polio vaccine.

Measles (2 Doses): Documentation of two (2) doses of vaccine, administered 4 weeks apart. An individual born prior to 1957 is not required to submit proof of immunizations. However, they must submit a titer lab report documenting that they have a protective antibody against Measles.

Mumps (2 Doses): Documentation of two (2) doses of vaccine, administered 4 weeks apart. An individual born prior to 1957 is not required to submit proof of immunizations. However, they must submit a titer lab report documenting that they have a protective antibody against Mumps.

Rubella (2 Doses): Documentation of two (2) doses of vaccine, administered 4 weeks apart. An individual born prior to 1957 is not required to submit proof of immunizations. However, they must submit a titer lab report documenting that they have a protective antibody against Rubella.

**Note – MMR titer results may be required by some clinical sites and students will be notified in advance if a titer is needed*.

Meningococcal (2 Doses): An individual born prior to January1, 2003 is not required to submit proof of immunizations, all other students should document 2 doses of vaccine.

Hepatitis B (3 Doses): Documentation of three (3) doses of vaccine **AND** positive titer results.

Varicella (2 Doses): Documentation of two (2) doses of vaccine, 28 days apart or previous diagnosis of varicella with documented positive titer results.

Influenza: Documentation of annual vaccination required.

Covid: May be required by some clinical sites. Students will be notified in advance if vaccination is required.

Tuberculin

Documentation of a Baseline individual TB risk assessment, TB symptom evaluation, and either Option A or B below.

- **(Health Care Personnel (HCP) Baseline Individual TB Risk Assessment (cdc.gov))**

Option A

- Two-step Tuberculin Skin Test (2nd step must be within 1-3 weeks)

Option B

- Quantiferon Gold Blood Test

If results for either Option A or Option B are positive, Chest X-Ray is required.

TB Risk Assessment is required annually. Complete the TB Risk Assessment form found at the link above annually and submit to Methodist University Health Services at muhc@methodist.edu

CDC Guidelines

Hepatitis B

If previously unvaccinated, give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #3.

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive a 3-dose series of hepatitis B vaccine at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #3 to document immunity.

- If anti-HBs are at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remain less than 10 mIU/mL after 6 doses is considered a "non-responder."

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid expo-sure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM. Live attenuated influenza vaccine (LAIV) is given intranasally.

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

MMR

For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously.

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 that do not have laboratory evidence of disease

or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella (chickenpox)

For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give subcutaneously.

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus, diphtheria, pertussis

Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy. Give Td boosters every 10 years thereafter. Give IM.

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, with-out regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

PPD (Tuberculosis)

Either a 2-step PPD test (1-3 weeks apart) *or* QuantiFERON Gold Blood Test. If your results are positive, you must submit a clear chest X-ray (lab report required).

1. Administer TB blood test following proper protocol.
2. Review result, using the individual TB risk assessment to help interpret test results.
    a. If the result is negative, consider not infected.
    b. If the result is positive **and** the health care personnel is at low risk, administer a second test.

c. If the result of the second test is also positive (for health care personnel at low risk) **or** the health care personnel is at risk, consider the health care personnel to be infected with TB and evaluate for TB disease.

3. Document result.

Using a TB blood test for baseline testing of health care personnel does **not** require two-step testing.

TB blood tests are the preferred TB test for people who have received the Bacille Calmette-Guérin (BCG) vaccine.

Step 1

1. Administer first TB skin test following proper protocol.
2. Review result, using the individual TB risk assessment to help interpret test results.
    a. If the result is negative, a second TB skin test is needed (see step 2). Retest the health care personnel 1 to 3 weeks after the first TB skin test result is read.
    b. If the result is positive **and** the health care personnel is at low risk, administer a second test.
    c. If the result of the second test is also positive (for health care personnel at low risk) **or** the health care personnel is at risk, consider the health care personnel to be infected with TB and evaluate for TB disease.
3. Document result.

Step 2

1. Administer second TB skin test 1 to 3 weeks after the first TB skin test following proper protocol.
2. Review results. If positive, consider the health care personnel to be infected with TB and evaluate for TB disease. Use the individual TB risk assessment to help interpret test results. If negative, consider not infected.
3. Document result.

- If a person has had a documented negative TB skin test result within the previous 12 months, a single TB skin test can be administered.
- This additional TB skin test represents the second stage of two-step testing.

References

1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).

2 CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Post exposure Management, *MMWR*, 2013; 62(10):1–19.

3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

4 (2022, July). *Healthcare Personnel Vaccination Recommendations*. Immunize.org. Retrieved June 24, 2024, from http://www.immunize.org/catg.d/p2017.pdf

5 (2023, December 19). *Clinical Testing Guidance for Tuberculosis: Health Care Personnel*. CDC. Retrieved June 24, 2024, from https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/index.html

Vaccine Exemptions

If a student has exemptions for required vaccines to enter Methodist University, the student must apply for an exemption for the vaccine requirements at each clinical site. Neither Methodist University nor the PA Program can guarantee an exception will be granted at the clinical sites. If not granted, the student will not be able to participate in the rotation which could delay graduation.

Updating Vaccines

Students are required to keep up to date on their immunizations. They will be notified by MUPAP personnel when it is time to update their annual TB Risk Assessment and influenza vaccines. Failing to stay up to date with vaccinations may interfere with credentialing for clinical rotations.

Health Packet

Incoming students must complete a health packet prior to matriculation. This packet must be submitted to Methodist University Physician Assistant Program by email at jmish@methodist.edu. The forms can be found in the Enrollment Manual provided to students that are accepted and enrolled in the PA program. The health packet includes an immunization record certification as well as an attestation by a healthcare provider that the student is able to meet the MUPA program Technical Standards.