



Frequently Asked Questions (FAQs) regarding Immunizations

Documentation

Question (Q): What type of documentation is acceptable for my immunizations?

Answer (A): We accept records from your healthcare provider, childhood immunization records, and records from your employer, when employed with a hospital system. All current immunization documentation must include:

- Your name and provider name
- Vaccination type (MMR, etc.)
- Lot # and expiration date
- Date of vaccination
- Injection site
- For TB, must have interpretation (negative or positive) along with the actual mm of induration (ranges not accepted)
- Name or initials of individual who administered the injection
- When submitting a titer, include the lab report and interpretation. Please note, MMR must be listed separately (Mumps, Measles, Rubella) with lab value for each.

Acceptable documentation of immunizations includes ONE of the following:

- A completed immunization form that is signed by your health care provider.
- Documentation of vaccines administered that includes the signature or stamp of the physician or his/her designee, or public health personnel.
- An official immunization record generated from a state or local health authority, such as a county health department.

Q: I have a religious, conscientious, or other objection to receiving one or more of the vaccines. Can I submit documentation of this?

A: No, the vaccine requirements are requirements of our hospital sites and the DFW Hospital Council.

Q: I have a record from my elementary or high school and/or another college or school of nursing. May I submit that?

A: No, we do not accept public education records. Additionally, we do not accept records from other colleges.

Q: I have a childhood immunization and/or county health record but it doesn't have lot numbers or expiration dates. May I submit that?

A: Yes, we do accept childhood immunization records and county health records without lot #, etc. as long they are signed or stamped by your provider or the county clerk.

Q. What Vaccinations must I receive?

A: The following vaccinations and titers are required

- Hep B vaccinations and surface antibody titer
 - Documentation of 3 Hep B immunizations AND Surface Antibody titer (Anti-HBs, HBsAB) lab report showing immunity OR
 - Surface Antibody titer (Anti-HBs, HBsAB) lab report showing immunity OR
 - Documentation of 2 full series of immunizations followed by 1 Surface Antibody titer showing not immune status PLUS Hepatitis B Non-Responder Form
- Hep A - antibody titer showing immunity or titer not showing immunity followed by 2 vaccinations
- MMR - antibody titer showing immunity or titer not showing immunity followed by 2 vaccinations
- Varicella - antibody titer showing immunity or titer not showing immunity followed by 2 vaccinations
- Tdap - 1 vaccination within past 10 years
- Influenza (flu) - 1 vaccination each Fall/Winter
- TB testing annually

Titers

Q: What is a titer?

A: A titer is a laboratory test that measures the presence and amount of antibodies in blood. A titer may be used to prove immunity to disease. A blood sample is taken and tested. If the test is positive (above a particular known value) the individual has immunity. This is not the same as a vaccination. Any titers submitted must be quantitative.

Q: I have a Hep B Varicella, MMR, and/or Hep A titer that shows immunity, but I don't have documentation of my immunization series. Is the titer sufficient or do I have to do the series over again?

A: For now, the titer proving immunity is sufficient. Please note, some clinical sites (such as the pediatric hospitals and units, for example) may require documentation of the series as well as the titer. In that instance, you would need to locate the series.

Q: My titer for Measles, Mumps, Rubella, Hep B, Hep A or Varicella is equivocal or negative. What do I do?

A: If your Hepatitis B titer is equivocal or negative you will need to repeat the immunization series in full and then run a titer six weeks later (Hep B only). If you have already completed the series twice and still receive an equivocal or negative result, you may be a non-responder and will need to sign a document waiving further Hep B vaccinations. You will also need to provide documentation of both immunization attempts.

For an equivocal or negative Rubella titer, you need one additional MMR booster. You do not need to run an additional antibody titer.

For an equivocal or negative Hep A, Mumps, Measles, or Varicella titer, you must complete the full series (Hepatitis A or Twinrix for Hep A, MMR for Mumps or Measles; Varicella for Varicella) again. You do not need to run an additional antibody titer.

Hep B

Q: How long does it take to complete the Hepatitis B Series?

A: A series for Hepatitis B requires **one** of the following options:

- **Traditional Dosing:** 3 shots administered over a period of approximately 6 months (schedule of 0,1,6 months). The second shot is due 1-2 months after the first, and the third shot is due 5-6 months after the second. The minimum interval between the first two doses is 4 weeks, and the minimum interval between the second and third doses is 8 weeks. However, the first and third doses should be separated by no less than 16 weeks.
- **Heplisav-B:** 2 shots administered with 28 days between them
- **Travel "Accelerated" Dosing:** 4 shots administered over a period of approximately 12 months (schedule of 0, 7, and 21–30 days) with a booster 12 months after the last dose to promote long-term immunity and to complete the series.

Q: Can I do the Twinrix (Hep A/Hep B combo) series?

A: Yes, you may do Twinrix if you need to start both Hep A and Hep B. Please note, if you start the Twinrix series, you must finish the Twinrix series. Do not switch to the single Hep A or Hep B midstream.

Q: I had my Hep B series as a teenager or young child and have the record. Is this sufficient for the school?

A: Yes; however, you will still be required to have a Hep B Surface Antibody titer to ensure immunity.

Q: Do I have to have the Hep B titer if I've already completed the series?

A: Yes, the surface antibody titer is required for Hep B even if you have documentation of the series.

Q: What if my titer shows that I am not immune? What do I do if I have to repeat the series?

A: If you do not show immunity to Hepatitis B, you must:

1. Take one dose of Hepatitis B, wait 28 days and retiter.
2. If you still showing no/low immunity after a challenge/booster dose you must complete the series and retiter.

Q: What if my second titer shows that I am not immune?

A: Students who have had 2 complete Hepatitis B series and 2 titers showing non-immune must contact the Program Coordinators for next steps.

Hep A

Q: Do I have to have a titer for Hepatitis A?

A: Yes, a titer is required for Hep A.

Q: I had one dose of Hep A more than 6 months ago. Do I have to start the series over?

A: No, you would only need to receive 1 additional dose of the Hep A vaccine.

Q: My first dose of Hep A was done less than 6 months ago. Can I get my second dose early to meet the admission deadline?

A: Getting your second Hep A dose before 6 months will result in you needing to get an additional dose in the correct time frame. You are required to have documentation of 1 dose of the Hep A vaccine at time of acceptance. You cannot be due or past due for your second dose at that time.

MMR

Q: How long does it take to complete the 2 MMR vaccines?

A: MMR vaccines are given 4 weeks apart.

Q: Do I have to have a titer for MMR?

A: Yes, antibody titers are required for Measles, Mumps and Rubella. If your titer does not show immunity to Measles or Mumps you will need to get 2 doses of the vaccine after the negative or equivocal titer. If your titer does not show immunity to Rubella you will need to get 1 dose of the vaccine after the negative or equivocal titer.

Please note: MMR and Varicella are live vaccines. These must be completed at the same time otherwise you must wait at least 28 days until you can receive the next vaccine. These live vaccines can cause false positive results with TB testing, so 28 days is required between a receiving a live vaccine and a TB test.

Varicella

Q: I had Chicken Pox as a child. Do I still need to get the Varicella vaccinations?

A: A history of chicken pox is not proof of immunity. Only a titer can be used as proof of immunity. If you have had chicken pox in the past, you can get an IgG quantitative titer drawn. You do not have to get the vaccinations, but you must get a titer to show that you have the immunity.

Q: I had only one Varicella shot and then I got a positive titer. Do I have to complete the second shot since my titer is positive?

A: Yes, if you submit only one Varicella shot and a positive titer, you still have to complete the series, per the pediatrics unit on that rotation.

Q: Do I have to have a titer for Varicella?

A: You are required to provide a titer for Varicella. If your titer does not show immunity you will need to get 2 doses of the vaccine after the negative or equivocal titer.

Please note: MMR and Varicella are live vaccines. These must be completed at the same time otherwise you must wait at least 28 days until you can receive the next vaccine. These live vaccines can cause false positive results with TB testing, so 28 days is required between a receiving a live vaccine and a TB test.

Tdap

Q: My tetanus/diphtheria (Td) immunization was within the past 10 years. Do I still need to get a Tdap?

A: You must have a Tdap within the last 10 years regardless of when your Td was completed.

Q: I received my Tdap over 10 years ago. Do I have to get another one or will a new Td suffice? What is the expiration date for Tdap?

A: If your Tdap was taken more than 10 years ago, you must receive an updated vaccine.

Q: I had Td/DPT/DtaP in the past. Will this meet the requirement?

A: Only the Tdap vaccination will meet the requirement. Td/DPT/DtaP will not meet the requirement.

Influenza (Flu) Vaccine

Q: The flu vaccination is not available this time of year and I have not had it within the last year. What do I do?

A: You will not be penalized for missing the flu vaccination requirement unless it is the appropriate time of year and you have not had it. As soon as the flu vaccination is offered, you will need to be vaccinated and upload documentation to the immunization portal. You will need to receive the flu vaccination every year around September or October.

TB Testing

Q: How is the Tuberculin Skin Test Administered?

A: The tuberculin skin test (TST) is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The skin test reaction should be read between 48 and 72 hours after administration. If it is not read within 72 hours will need to be rescheduled for another skin test. A 2 step PPD is 2 skin tests taken 1-3 weeks apart. Two-step testing is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. You can [read more about the test on the CDC website](#).

Q: What is a 2-step TB test and why do we need to receive a 2 step?

A: A 2-step TB test just means that you take the TB test **twice**; once as a baseline and then again one to three weeks later. After that, you renew annually with just one TB test. You can find additional information regarding the TB two-step on the [CDC Website](#):

Q: I was told my tuberculosis screening was good for two years. DO I have to get screened again this year?

A: Any screening for Tb expires after 1 year. This includes all forms of screening. If you received a skin test, x-ray or blood test, it will expire in our system after exactly 1 year and you will need to provide updated documentation.

Q: My 2-step TB skin test was negative and done within the past year but will not cover the last 2 weeks of clinical. Can I update my TB test when it comes due?

A: No, your TB test **must** be valid for the entire upcoming academic term. That will be the case for all four terms. If your TB is due for renewal anytime during an academic term, you must renew before the term starts by the due date assigned. For example, if your TB is technically due for renewal in October, but the term goes through December, you must renew your TB in July or August (program coordinator will assign a due date each term based on facility requirements).

Q: I have received TB tests annually with my employer for several years. Do I still have to do the two-step?

A: It depends. Provided you started out with a two-step upon employment and have renewed annually on time, you may be fine, as long as the most recent TB skin test or blood test covers the duration of the JR1 term. If any of these conditions do not apply, you may still be required to get the two-step.

Q: I got a blood test for TB-do I still have to do the two-step?

A: If you have a negative blood test taken within the last year and it will be valid through the entire JR1 term, that will be sufficient, and you do not need to get the TB skin test.

Q: Can I use a chest x-ray for TB clearance?

A: A chest x-ray is only accepted with documentation of a positive TB skin or positive/indeterminate blood test. If you do not have documentation of a positive test you cannot use a chest x-ray for clearance.

Q: My TB skin test was positive. What do I do now?

A: You will need to submit proof of the positive skin test with millimeters of induration along with a copy of your negative chest x-ray report.

Q: I have a history of positive TB skin tests because I had the BCG immunization. What do I do?

A: You may either do a Quantiferon or T-spot OR you may submit documentation of a positive TB skin test along with a negative chest x-ray taken within the last year.

Q: What do I do if I have tested positive in the past to a PPD?

A: You will need to submit documentation of the positive test and receive a chest x-ray to prove that you do not currently have tuberculosis.