

Recommendations of the West Virginia Bureau for Public Health: Immunizations for West Virginia College and University Students

Proof of Immunization or Naturally-Acquired Immunity Required for Some or All Students			
Vaccine	Requirement	Required for:	Notes
Measles (Rubeola), Mumps, Rubella (German Measles)	<ul style="list-style-type: none"> - first dose 12 months of age or later and second dose at least 28 days after the first dose or - Laboratory/serologic evidence of immunity 	Required for students born in 1957 or later	<ul style="list-style-type: none"> 1) Vaccinations received between 1963 – 1967 must be confirmed to have been with live (not inactivated) vaccine. 2) Due to a theoretical risk of fetal infection, women who are pregnant or considering becoming pregnant within 1 month should not receive this vaccine. 3) Guidelines exist for vaccination of persons with altered immunocompetence. ^{1,2} 4) For students born before 1957, proof of immunity may be required if enrolled in health care curriculum.
Varicella (Chicken Pox)	<ul style="list-style-type: none"> - 1 dose given at 12 months of age or later but before the student's 13th birthday or - If first dose given after the student's 13th birthday: 2 doses at least 4 weeks apart or - Reliable history of varicella disease ("chicken pox") or - Laboratory/serologic evidence of immunity 	All students	<ul style="list-style-type: none"> 1) Due to a theoretical risk of fetal infection, women who are pregnant or considering becoming pregnant within 1 month should not receive this vaccine. 2) Guidelines exist for vaccination of persons with altered immunocompetence. ^{1,2}
Tetanus, Diphtheria	<ul style="list-style-type: none"> - One Td or Tdap booster dose within 10 years prior to matriculation. <i>(Students who are unable to document a primary series of 3 doses of tetanus-containing vaccine (DTaP, DTP, or Td) are strongly advised to complete a 3- dose primary series with Td).</i> 	All students	Td boosters are recommended every 10 years throughout adulthood.

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Hepatitis B	<ul style="list-style-type: none"> - 3 dose hepatitis B series (0, 1-2, and 4-6 months) or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months) or - 2 dose hepatitis B series of Recombivax (0 and 4-6 months, given at 11-15 years of age) or - Laboratory / serologic evidence of immunity or prior infection 	<p>It is strongly recommended that all students not previously vaccinated for (or otherwise immune to) hepatitis B discuss hepatitis B immunization with their health care provider and consider vaccination against this disease.</p> <p>Should be required (along with recommended post-vaccine serologic testing) for some students in the health sciences, regardless of age at matriculation.</p>	
<p>Meningococcal vaccine</p> <p>or</p> <p>Meningococcal polysaccharide vaccine (acceptable alternative if conjugate not available)</p>	<ul style="list-style-type: none"> - 1 dose (meningococcal vaccine) or - 1 dose within 5 years prior to matriculation (meningococcal polysaccharide vaccine) or - Signed documentation that student (or parent or guardian if student <18 years old) has received and reviewed information about the disease and been offered vaccine. 	<p>All newly admitted freshmen or matriculated students planning to reside in university managed campus housing.</p>	<p>Excerpts from expert groups.</p> <p>Applies to both meningococcal vaccines: <i>ACIP (MMWR June 2000)</i></p> <ol style="list-style-type: none"> 1. Providers of medical care to incoming and current college freshmen, particularly those who plan to or already live in dormitories and residence halls, should, during routine medical care, inform these students and their parents about meningococcal disease and the benefits of vaccination. ACIP does not recommend that the level of increased risk among freshmen warrants any specific changes in living situations for freshmen. 2. College freshmen who want to reduce their risk for meningococcal disease should either be administered vaccine

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			<p>(by a doctor's office or student health service) or directed to a site where vaccine is available.</p> <p>3. The risk for meningococcal disease among non-freshmen college students is similar to that for the general population. However, the vaccine is safe and efficacious and therefore can be provided to non-freshmen undergraduates who want to reduce their risk for meningococcal disease.</p> <p>4. Colleges should inform incoming and/or current freshmen, particularly those who plan to live or already live in dormitories or residence halls, about meningococcal disease and the availability of a safe and effective vaccine.</p> <p>5. Public health agencies should provide colleges and health-care providers with information about meningococcal disease and the vaccine as well as information regarding how to obtain vaccine.</p> <p><i>ACHA Guidelines:</i></p> <ul style="list-style-type: none"> • Certain high-risk groups including persons with terminal complement deficiencies or those with asplenia. • Research or laboratory personnel who may be exposed to aerosolized meningococci. • <i>College freshmen living in dormitories are at modestly increased risk for disease and may wish to consider vaccination. (March 2003)</i>
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Other Immunizations Applicable to Some or All College/University Students		
Vaccine	Recommended Schedule	Recommended for:
Influenza	- Annual vaccination at the start of influenza season (October – March)	Refer to current ACIP recommendations (www.cdc.gov/flu)
Hepatitis A	- 2 dose hepatitis A series (0 and 6-12 months) or - 3 dose combined hepatitis A and hepatitis B series (0, 1-2, and 6-12 months)	Strongly recommended for: persons traveling to countries/areas where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, persons with clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease.
Other Vaccines	- Other vaccines may be recommended for students with underlying medical conditions and students planning international travel. - Students meeting these criteria should consult with their physicians or health clinic regarding additional vaccine recommendations.	

¹ CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP): use of vaccines and immune globulins in persons with altered immunocompetence. MMWR 1993;42(RR-4):1-18.

² CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002;51(RR-2):1-35.