IMMUNIZATION REQUIREMENTS
Where do I find information on the requirements?

http://www.uta.edu/conhi/students/imm-prelic/index.php

Go to www.uta.edu/conhi; Student Resources; Pre-Licensure Immunization Requirements on the right hand menu
Immunization Requirements

What do I have to submit?
What is a titer?

A titer is a blood test that measures your immunity to a disease. Get quantitative, IgG (NOT IgM) titers. Upload lab report.

For more information visit website.
### Immunization Exemptions

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Exemption</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEP B</td>
<td>Medical Immune</td>
<td>Indefinite</td>
</tr>
<tr>
<td>HEP A</td>
<td>Medical Immune</td>
<td>Indefinite</td>
</tr>
<tr>
<td>VARICELLA</td>
<td>Medical Immune</td>
<td>Indefinite</td>
</tr>
</tbody>
</table>

**LAST ITEM**

**DO NOT MAKE ENTRIES BELOW THIS BLOCK**
Hepatitis B

Documentation of Series
3 Vaccinations

Titer showing Immunity
AND
no less than 30 days after most recent dose!!

1 month after first
4-5 months after second

Test Name | Result
--- | ---
HEPATITIS B SURFACE ANTIBODY (QUANT) | Patient has immunity to hepatitis B virus.

This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.
Hepatitis B continued

Documentation of Heplisav-B Series

2 Vaccinations

AND

1 month after first dose

Titer showing Immunity no less than 30 days after most recent dose!!
Hepatitis B continued

- A negative antibody titer will be accepted for Hepatitis B if the following conditions are met.
  - Student has received 2 full series of Hepatitis B vaccine AND
  - Titer is drawn no less than 30 days after the last dose received.
Hepatitis A

Documentation of Series
2 Vaccinations

6 months after first dose

OR

Titer showing Immunity

Antibody lab report

no less than 30 days after most recent dose!!
Twinrix (Hepatitis A & B)

Documentation of Series
3 Vaccinations

1 month after first

AND

4-5 months after second

Titer showing Immunity
no less than 30 days after most recent dose!!

Test Name | Result |
--- | --- |
HEPATITIS B SURFACE ANTIBODY (QUANT) | Patient has immunity to hepatitis B virus. |

This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.
The accelerated Hep B or Twinrix is a four (4) dose series which take 12 months to complete.

- Dose 2 = 7 days after dose 1, Dose 3 = 21-30 days after dose 1, Dose 4 = 12 months after dose 1

This will not be accepted by UTA CON UNLESS you have all 4 doses.
MMR (Measles, Mumps, Rubella)

Documentation of Series

2 Vaccinations

OR

#2 no less than 28 days after first dose
Varicella (Chickenpox)

Documentation of Series

2 Vaccinations

OR

#2 no less than 28 days after first dose

Titer showing Immunity

<table>
<thead>
<tr>
<th>Index</th>
<th>Explanation of Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 0.90</td>
<td>Negative, no VZV IgG antibody detected</td>
</tr>
<tr>
<td>0.90 - 1.99</td>
<td>Equivocal</td>
</tr>
<tr>
<td>&gt; 1.99</td>
<td>Positive, VZV IgG Antibody detected</td>
</tr>
</tbody>
</table>

A positive result indicates that the patient has antibody to VZV but does not differentiate between infection (active or past) and vaccination. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not always be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.
Varicella (Chickenpox)

NOT

History of Chickenpox
Tdap (not DPT, Dtap or Td)

1 Vaccination

If Tdap is 10+ years old:
Updated Tdap is required
Tuberculosis Screening (TB)

You should NOT complete TB testing until you are accepted to the Upper Division program!

Upon acceptance you will receive a deadline to receive and upload test results!
Tuberculosis Screening (TB)

Initial Screening

2 Skin Tests (PPDs)
Within year

**Minimum of 7 days between tests

Blood Test
(Quantiferon or T-Spot)

Chest X-Ray Results
(with positive test only)

OR

OR
Influenza (Flu)

1 Vaccination annually

Only during flu season:
  September - March
Documentation

- This is acceptable documentation IF it includes the student's name!
Good Documentation

IF it includes the student’s name!

<table>
<thead>
<tr>
<th>Date</th>
<th>Vaccine/prophylactic</th>
<th>Dose</th>
<th>Physician’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.3.05</td>
<td>Hepatitis A #2</td>
<td>1.0 M</td>
<td></td>
</tr>
<tr>
<td>11.3.05</td>
<td>Polio (IPOL)</td>
<td>0.5 M</td>
<td></td>
</tr>
<tr>
<td>12.12.12</td>
<td>Hepatitis A #2</td>
<td>1.0 M</td>
<td></td>
</tr>
<tr>
<td>10.12.12</td>
<td>Hepatitis B</td>
<td>1.0 M</td>
<td></td>
</tr>
<tr>
<td>10.12.12</td>
<td>Typhoid</td>
<td>0.5 M</td>
<td></td>
</tr>
<tr>
<td>10.19.12</td>
<td>Hepatitis B #2</td>
<td>1.0 M</td>
<td></td>
</tr>
<tr>
<td>10.19.12</td>
<td>Meningococcal</td>
<td>0.5 M</td>
<td></td>
</tr>
<tr>
<td>10.19.12</td>
<td>Haemophilus</td>
<td>0.5 M</td>
<td></td>
</tr>
<tr>
<td>11.4.12</td>
<td>Hepatitis B #3</td>
<td>1.0 M</td>
<td>Given by Capital Travel</td>
</tr>
</tbody>
</table>

Given by Capital Travel

Signature of the Medical
The jet age brings communicable disease closer to every community. Smallpox, polio, diphtheria (D), whooping cough (P), tetanus (T), and measles can be prevented by periodic immunization.
Documentation

- We cannot accept records from a school district.
- The records must be original records of vaccine and must be signed or stamped by a physician.
- Documentation can be on clinic or doctor’s letterhead.
- County Health Department records that include the date of vaccine, but not the lot number or administration information are accepted.
Deadline

All required immunizations and titers are expected to be complete at time of acceptance to the Upper Division program. This is March for Fall admissions and September for spring admissions. You will **not** be allowed to start the Upper Division program until all requirements are met. Acceptance to the UD program is contingent upon your immunization clearance being complete.

- You may use any facility to get your vaccines and titers.
  - UTA Student Health Center
  - County Health Department
  - Doctor’s Office
Questions?

Email us at:

BSNImmunizations@uta.edu

You may send us a copy of your immunization records for review.