

**IMMUNIZATION RECORD
FOR RETURNING PHARMACY STUDENTS
Class of 1T9 – Year 3**

**SUBMISSION OF THIS FORM IS MANDATORY IF THE RESULTS OF LAST YEAR'S TB TEST WAS NEGATIVE.
(If your TB test result from the last academic year was Positive, further testing is not required.)**

Name of Student: _____ **Student #:** _____

TUBERCULIN TEST

If you have a documented positive TB test result from a previous year, further testing is not required. If your previous TB test result was negative, further testing is required. Document the test results below.

DATE OF ONE-STEP TUBERCULIN TEST: _____ Results: Negative Positive *

Reading (induration) in mm. _____

Date of last known negative: _____ Previous treatment for TB: No Yes

CHEST X-RAY (*required if test was positive):

X-Ray Date: _____ **Results:** _____ (*normal or abnormal*)

Chest X-rays should be taken on students who:

- i. are TB skin test positive and have never been evaluated for the positive skin test;
- ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
- iii. have pulmonary symptoms that may be due to TB.

If the evaluation of a student is suggestive of TB, the health care provider **MUST** direct the student to a TB clinic for further assessment and recommendations. (For example: Toronto Western Hospital TB Clinic Tel: 416-603-5853)

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

STUDENT AUTHORIZATION (To be completed by the student):

I authorize the health professional listed below to complete the immunization record. I give my consent that the information on this form may be shared with the teaching site and administrative staff as appropriate.

Signature of Student: _____ **Date:** _____

HEALTH CARE PROVIDER AUTHORIZATION (To be completed by a health care professional; students cannot complete their own forms):

I have read and understood the requirements as instructed. I certify that the above information is complete and accurate.

Signature of health care professional: _____ Date: _____

STAMP

or Name, address, and phone number of clinic/health care centre/hospital where form was completed

After completion of the immunization requirements, students must update their information in CORE ELMS and upload the completed immunization form and any lab results required under *Requirements: TB Single Step-Annual 3*

DEADLINE DATE FOR SUBMISSION: March 2,-2018

STUDENTS MUST RETAIN ALL ORIGINAL DOCUMENTS FOR THEIR PERSONAL RECORDS.

Note: Students will be notified ONLY if immunization data has not been uploaded and entered in CORE ELMS by the deadline date.

**** INFORMATION and INSTRUCTION GUIDE FOR IMMUNIZATION RECORD ****

For Health Care provider completing the Immunization Record for the student:

Do not authorize the applicant's immunization record without evidence of immunity or written documentation as defined below. Documentary proof of current immunization/immunity against specific diseases must be provided to the University of Toronto, Leslie Dan Faculty of Pharmacy, Office of Experiential Education. Note: Proof of immunity is required for all persons carrying on activity in hospitals in Ontario under Regulation 965 of the Ontario Public Hospitals Act. The specific requirements are:

1. Hepatitis B: (not applicable for returning student)

Documented immunization of a complete series of Hepatitis B, including lab evidence of immunity Antibodies to HBsAg (Anti-HBsAg over 10IU/L = immune) must be provided at least one month after the vaccine series is complete (Section A).

Individuals who are non-immune (i.e. do not have the antibodies against HBsAg after immunization), must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B).

Those who are non-immune and HBsAg negative must undergo a second COMPLETE series of HB immunization, and subsequent lab results recorded (Section C). If lab evidence (anti-HBs) does not demonstrate immunity after the second series ('non-responder'), individual consideration should be given to the case, depending on the professional requirements. Advice of the Expert Panel on Infection Control (arranged by the Program) may be warranted to provide individual counselling (for example, in the event of a needlestick injuries. Non-responders are typically not required to undergo a third series of HB immunization.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs, however periodic testing should be conducted in hepatitis B responders who are immunosuppressed to ensure they are maintaining their anti-HBs titre.

2. Measles, Mumps, Rubella Varicella: (not applicable for returning student)

Students must demonstrate evidence of immunity. Only the following is acceptable as proof of immunity: documentation of the dates of receipt of vaccines (two doses) or positive titre results for antibodies with date. A history of Chicken Pox is NO LONGER sufficient evidence for immunity.

If this evidence of immunity is not available, the student must have (a) mumps and/or measles and/or rubella and/or varicella immunization(s) (if they had 0 doses, then two doses are required), in the form of a trivalent measles-mumps-rubella (MMR) or Varicella vaccine, unless the student is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine. Administration of the second Varicella dose should be at least 6 weeks from the first¹. (NACI) Administration of a LIVE virus vaccine MAY interfere with TB skin testing, unless administered on the SAME day, or 4-6 weeks apart.

3. Diphtheria, Tetanus Acellular Pertussis:

Immunization against **diphtheria** and **tetanus** is generally valid for ten years. Maintenance of up-to-date immunization status is required. Vaccination with **acellular pertussis** as an adolescent or adult is recommended. A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) is recommended if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the student has had a recent Td immunization.

4. Tuberculosis:

Students whose tuberculin status is unknown, and those previously identified as tuberculin negative (with only ONE single-step Mantoux), require a baseline two-step Mantoux skin test with PPD/5TU, unless there is a documented negative PPD test during the preceding 12 months, in which case a single-step test may be given. For students who have had ≥ 2 previously documented negative single step PPD tests or 1 previously documented 2-step PPD test, a single-step test may be given.^{2 3} If a student has a previously documented positive tuberculin skin test, the student does not need to receive another tuberculin skin test, but requires additional documentation.

Annual TB testing is a requirement for individuals who have previously tested negative.

A negative TB test result is valid for 12 months only.

¹ National Advisory Committee on Immunization (NACI). *Varicella Vaccination Two-Dose Recommendations*. Canada Communicable Disease Report Vol 36 ACS-8 Sept 2010. Public Health Agency of Canada (Available at: <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/10vol36/acs-8/index-eng.php>)

² *Canadian Tuberculosis Standards, 6th ed.*, Public Health Agency of Canada and The Lung Association, 2007

³ *Tuberculosis Surveillance Protocol for Ontario Hospitals*, Ontario Hospital Association and Ontario Medical Association, 2008.

Students who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed. **A history of BCG vaccine is not a contraindication to tuberculin testing.**

CONTRAINDICATIONS to tuberculin testing are:

- history of severe blistering reaction or anaphylaxis following the test in the past;
- documented active TB/clear history of treatment for TB infection or disease in the past;
- extensive burns or eczema in area of testing site;
- major viral infection (persons with a common cold may be tested; and/or
- live virus vaccine in the past 4-6 weeks (TB skin test CAN be given on SAME DAY as live virus vaccine)⁴.

NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.

Interpretation of the TB Skin Test ⁵

TB Skin Test Reaction Size (mm induration)	Situation in Which Reaction is Considered Positive
0 – 4 mm	HIV infection with immune suppression AND the expected likelihood of TB infection is high (e.g. patient is from a population with a high prevalence of TB infection, is a close contact of an active contagious case, or has an abnormal x-ray)
5-9 mm	HIV infection Close contact of active contagious case Abnormal chest x-ray with fibronodular disease Other immune suppression: TNF-alpha inhibitors, chemotherapy
≥ 10 mm	All Others

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REFERENCES and RESOURCES:

- Council of Ontario Faculties of Medicine. *COFM Immunization Policy*. Approved May 23, 2008.
- Immunization Record, Undergraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Immunization Record, Postgraduate Medical Education, University of Toronto, Faculty of Medicine, 2009
- Ontario Hospital Association, Communicable Diseases Surveillance Protocols (Available from: <http://oha.ca/>)
- Centers for Disease Control and Prevention (Available from: <http://www.cdc.gov/>)
- National Advisory Committee on Immunization (NACI) (Available from: <http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>)

⁴ Centers for Disease Control and Prevention (CDC). *Tuberculosis (TB). Fact Sheets*. June 20 2011. (Available at: <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>)

⁵ *Canadian Tuberculosis Standards, 6th ed.*, Public Health Agency of Canada and The Lung Association, 2007 (p. 63)