

Vaccination & TB Skin Test

TIPS

***** PROGRAM REQUIREMENTS VARY*****

Consult with program directors and advisors for specific program requirements and deadlines for vaccines and TB skin test.

IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR HIS/HER SPECIFIC PROGRAM OF STUDY

Vaccine	Doses	Administration Schedule
Hepatitis A (Massage Therapy, Childcare & Culinary)	2	At least 6 months apart
Hepatitis B	3	0, 28 days, 4-6 months ^{1,2}
MMR	2	At least 28 days apart ¹
Rabies (Veterinary Tech)	3	#1 administered on day 1, #2 administered on day 7, #3 administered on day 21 or day 28.
Tdap (tetanus)	1	Every 10 years
Varicella (chicken pox)	2	At least 28 days apart ¹

¹ Second dose of varicella, MMR, hepatitis B vaccine CANNOT be given less than 4 weeks (28 days) after first dose.

² Third dose of hepatitis B vaccine MUST be given at least 2 months after second dose and 4 months after first dose. (#1 and #3 must be separated by a minimum 16 weeks)

³ Tuberculosis skin test (PPD) MUST be evaluated within 2-3 days after the skin test is administered. If not, the test is invalid and must be repeated a minimum of 1 week after the initial test and at the student's expense. The test results must be evaluated (read) by the same healthcare provider facility where the test was administered.

- 1) **Repeat vaccines:** No harm in repeating vaccines.
- 2) **Pregnant students:** Refer to OB/GYN.
- 3) **Sick students:** Vaccines can safely be administered during a minor illness unless the student is exhibiting a fever of 100.5° or above. Recovering from an illness, having a cold or taking antibiotics are not contraindications.
- 4) **Live, in activated vaccines (MMR, Varicella):**
 - a. CANNOT be given BEFORE TB skin test. If so, must wait 28 days to give TB skin test.
 - b. Live vaccines CAN be given at the SAME TIME as a TB skin test.
 - c. More than one live vaccine can be given at the same time or same day.
 - d. Dose 1 and 2 of a live vaccines (MMR, Varicella) must be separated by *minimum* 28 days
- 5) **Cannot find records** but the student wants to keep trying to locate records.
 - a. Give vaccine #1
 - b. If the student locates records before #2 is due, no need to give #2.
 - c. Giving #1 will not delay the vaccine schedule in case the records cannot be found.
- 6) **TST intervals:** Steps 1 and 2 must be separated by *minimum* 7 days between *administration* dates. The test results must be evaluated (read) at the same healthcare provider facility where the test was administered.

- 7) **Current TST:** No more than 365 days SINCE *administration* of a TST. For a *two step TST*, the 365 day time interval starts the day the second test is administered.
- 8) **One Step TST:** Administer the test, read results 2-3 days later.
- 9) **Two Step TST:** Administer the test. Read results 2-3 days later. *Minimum 7 days after administration of the first step.* Administer step 2. Read results 2-3 days later.
NOTE: The Southern Nevada Health District often provides a two step TST as follows. Administer step 1. Seven days later, read results and administer step 2. Read results 2-3 days later. *This will be accepted by CSN.*
- 10) **Positive TST readings:** A TST is considered positive if the resulting diameter of the *induration* (not area of redness) measures:
- a. 10 mm or more for foreign born individuals
 - b. 15 mm or more for US born individuals

11) **Positive TST**

- a. **NEW** positive TST
 - i. Must be referred to a healthcare provider for an evaluation, chest x-ray (CXR) and/or treatment recommendations.
 - ii. Program advisor/instructor must receive
 1. *written results* of TST
 2. *written results* of negative (no active pulmonary disease) CXR (not the actual chest x-ray)
- b. **HISTORY** positive TST
 - i. Must show documentation of clear CXR taken as follow-up to previous positive TST no older than 2 years
 - ii. Written documentation of negative CXR indicating no active pulmonary disease
 - iii. Completed ***Tuberculosis Symptoms Screening Questionnaire*** annually.
 1. If symptoms suggestive of TB develop an immediate referral to healthcare provider required.*
 - iv. Exempt from further TST (TST will always result in positive).
- c. **HISTORY** positive TST WITH documentation of successfully completing the recommended course of INH treatment
 - i. Documentation of successfully completing the recommended course of INH treatment (minimum 6 months)
 - ii. Complete ***Tuberculosis Symptom Screening Questionnaire*** annually.
 1. If symptoms suggestive of TB develop an immediate referral to healthcare provider required.*
 - iii. Exempt from further TST and chest x-rays

* **CONFIRMED** or **SUSPECTED TB INFECTION** – CSN Infection Control Manager and Southern Nevada Health District must be notified immediately.

- 12) **FOREIGN born individuals** – Many are given *BCG vaccine* as a child. BCG interacts with TST resulting in a positive skin test. This positive TST is often a false positive.
- a. CDC recommends every positive TST be evaluated further with a follow-up chest x-ray, regardless whether or not there is a history of BCG.
 - b. Must provide *written results* of negative (no active pulmonary disease) CXR (not the actual chest x-ray) no older than 2 years.
 - c. These individuals should never receive a TST again as they will always test positive. CSN requires such student to complete a ***TB Symptoms Questionnaire*** in lieu of a TST and CXR.