# Immunization Information for Prospective Blinn College Students

## *Important Information Regarding the Bacterial Meningitis Vaccine*

The State passed Senate Bill 1107 in 2011 and recently Senate Bill 62 in 2013, which requires all students under the age of **22** entering an institution of higher education to show proof of having the vaccine. The vaccine must be administered at least 10 days prior to the start of the semester. The vaccine must be no more than 5 years old from the date the student enrolls. Please refer to the Bacterial Meningitis Information page at http://www.blinn.edu/immunization.html for exceptions to the law. The entire text of SB 1107 and SB 62 may be found here: http://www.legis.state.tx.us/tlodocs/82R/billtext/html/SB01107F.htm AND http://www.legis.state.tx.us/tlodocs/83R/billtext/html/SB00062F.htm.
Blinn College will request you submit these documents at the time you register.

## *Recommended Immunizations for all Incoming Students*

The following vaccines are recommended for students entering Blinn College, exemption of meningococcal being mandatory. Students are strongly encouraged to review their immunization records to ensure they have received the following vaccines as recommended by the American College Health Association (ACHA). We also recommend that all students have a skin test or blood test to check for Tuberculosis annually during their college career. There is no vaccine for TB, but most strains of the disease can be cured with medication.

| Vaccine | Vaccination Schedule | Major Indications | Contraindications and Precautions |
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| **Measles, Mumps, Rubella (MMR)** | Two doses of MMR at least 28 days apart after 12 months of age | **All** college students born after 1956 without lab evidence of disease or physician diagnosed disease.<br>**All** health care professional students without other evidence of immunity should receive two doses of MMR.<br>**Those** born before 1957 without other evidence of immunity should receive one dose if not in an outbreak setting and two doses if in an outbreak. | Pregnancy, history of hyper-sensitivity or anaphylaxis to any of the components in the vaccine.<br>Receipt of blood products and moderate or severe acute infection.<br>Guidelines exist for vaccination of persons with altered immunocompetence. |
| **Polio**<br>-Inactivated (IPV)<br>-Oral poliovirus (OPV-no longer available in the US) | Primary series in childhood with IPV alone, OPV alone, or IPV/OPV sequentially; IPV booster only if needed for travel after age 18 years. | **IPV** for certain international travelers to areas or countries where polio is epidemic or endemic. | History of hypersensitivity to any of the components of the vaccine. |
| **Varicella** | Two doses of varicella-containing vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years or older. | **All** college students without other evidence of immunity (e.g., born in the U.S. before 1980, a history of disease, two prior doses of varicella vaccine, or a positive antibody).<br>**All** health care professional students without a history of disease, with one prior dose of vaccine, or with a negative antibody titer should receive a total of two doses of vaccine. | Pregnancy, history of hyper-sensitivity or anaphylaxis to any of the components in the vaccine, and severe illness.<br>Guidelines exist for vaccination of persons with altered immunocompetence. |
| **Tetanus, Diphtheria,** | Primary series in childhood (4 doses: DT, | **One** dose of Tdap for all individuals, ages 11-64, regardless of interval since last Td booster. | History of hypersensitivity to any of the components of the vaccine. |

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| **Pertussis**<br>-DT<br>-DTaP<br>-DTP<br>-Td<br>-Tdap | DTaP, DTP, or Td)<br>**Booster:** For adolescents 11-18 and adults 19-64: single dose of Tdap. Tdap can be administered regardless of interval since the last tetanus or diphtheria toxoid-containing vaccine.<br>**Routine booster interval:** Adults should receive a Td booster every 10 years after receiving Tdap.<br>**Tetanus prophylaxis in wound management:** For all ages, patients who require a tetanus toxoid containing vaccine as part of wound management should receive Tdap instead of Td if they have not already received a Tdap. If Tdap is not available, Td is acceptable. | **In particular**, students enrolled in health care professional programs should receive Tdap.<br>Those adults age 65 and older who have or anticipate having close contact with an infant, ages less than 12 months, should receive a single dose of Tdap. | There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within<br>a short interval (i.e., on different<br>days). Efforts should be made to<br>administer Tdap and tetravalent<br>meningococcal conjugate (MCV4)<br>vaccines simultaneously if both<br>are indicated. If simultaneous vaccination is not feasible, Tdap<br>and MCV4 vaccines (which contain diphtheria toxoid) can be administered in any sequence. |
| **Human Papillomavirus Vaccine Bivalent** (HPV2) or **Quadrivalent** (HPV4) | **For the quadrivalent vaccine:**<br>Females 11 or 12 years old, females 13-26 years old who have not received the vaccine previously, males 11 or 12 years old, and males 13-21 years old who have not received the vaccine previously; three doses at 0, 1-2, and 6 months for the quadrivalent vaccine.<br>**For the bivalent vaccine,** females only, three doses at 0, 1, and 6 months. | **All** females 11-26 years old (bivalent or quadrivalent vaccine).<br>**All** males 11-21 years old, males 11-26 years old who have sex with men, and 11-26 year old males with compromised immune systems (quadrivalent vaccine). Other males 22-26 may be vaccinated.<br>**The** quadrivalent vaccine is indicated for prevention of cervical cancers and pre-cancers and genital warts. Quadrivalent vaccine is also indicated for use in both males and females for the prevention of anal cancer and anal intraepithelial dysplasia caused by HPV types included in the vaccine. The bivalent vaccine is indicated for prevention of cervical cancer and precancers only. | Pregnancy, history of hyper-sensitivity to yeast or to any vaccine component; moderate or severe acute illnesses (defer vaccine until improved); may be given to immunocompromised males and females, but vaccine responsiveness and efficacy may be reduced. |
| **Hepatitis A Vaccine** | Give as a series of 2 doses (given at 0, 6-12 month intervals) for age 12 months or greater. Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2, and 6-12 | **Recommended** for routine use in all adolescents through the age of 18 and in particular for adolescent and adult high-risk groups (i.e., persons traveling to countries where hep A is moderately or highly endemic, men who have sex with men, users of injectable and noninjectable drugs, | History of hypersensitivity to any of the components of the vaccine. |

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| | month intervals) for 18 years of age and older. | persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease). | |
| **Hepatitis B Vaccine** | Given as a series of 3 doses (given at 0, 1-2 month, and 6-12 month intervals) at any age. Adolescents age 11-15 years can be given 2 adult doses (given at 0, and 4-6 month interval). Combined hepatitis A and B vaccines may be given as a series of 3 doses (given at 0, 1-2, and 6-12 month intervals) for 18 years of age and older. | **All** college students. In particular students enrolled in health care professional programs should receive Hep B vaccination. | History of hypersensitivity to any of the components of the vaccine. |
| **Meningococcal Quadrivalent (A,C,Y,W-135)** -Conjugate (preferred) _Polysaccharide (Acceptable alternative if conjugate not available) | **Initial** dose of conjugate vaccine: 11-12 yrs of age **Booster** : 16 yrs of age. If initial dose given age 13-15 yr;: Booster dose at 16-18 years of age. If initial dose given 16 years or older no booster is required. Persons with persistent complement component deficiencies (e.g., C5-C9, properidin, factor H, or factor D) or asplenia should receive a 2-dose primary series administered 2 months apart and then receive a booster dose every 5 years. Adolescents age 11 through 18 years with HIV infection should be routinely vaccinated with a 2-dose primary series. Other persons with HIV who are vaccinated should receive a 2-dose primary series administered 2 months apart. All other persons at increased risk for meningococcal disease | Adolescents 11-18 years of age and other populations at increased risk, including college students living in residence halls/similar housing, etc., persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. | History of hypersensitivity or serious adverse reaction to any of the components of the vaccine. Avoid vaccinating persons who are known to have experienced Guillain-Barre (GBS) syndrome. There is a theoretical risk of increased rates of local or systemic reactions when two diphtheria toxoid-containing vaccines are administered within a short interval (i.e., on different days). Efforts should be made to administer Tdap and tetravalent meningococcal conjugate(MCV4) vaccines simultaneously if both are indicated. If simultaneous vaccination is not feasible, Tdap and MCV4 vaccines(which contain diphtheria toxoid) can be administered in any sequence. |

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| | (e.g., microbiologist or travelers to an epidemic or highly endemic country) should receive a single primary dose.<br>**For Colleges and Universities** with meningococcal vaccine policies as **a requirement of enrollment** : students under 22 years of age should have documentation of a dose of conjugate vaccine at ≥16 years of age.<br>The booster dose can be administered anytime after the 16th birthday to ensure that the booster is provided. The minimum interval between doses of meningococcal conjugate vaccine is 8 weeks.<br>Routine vaccination of healthy persons who are not at increased risk for exposure is not recommended after age 21 years of age. | | |
| **Influenza**<br>-Trivalent inactivatedinfluenza vaccine (TIV)<br>-Live attenuated influenza vaccine(LAIV; licensed for healthy, nonpregnant persons age 2-49 years) | **Annually** | All members of a campus community age 6 months or older should receive annual vaccine.<br>College students at high risk of complications from the flu such as students who have asthma, diabetes, or students with certain immune-deficiencies; and students with contact to a high-risk individual.<br>Students enrolled in health care professional programs should receive annual flu vaccination. | History of hypersensitivity to any of the components of the vaccine. |
| **Pneumococcal Polysaccharide Vaccine-23 valent** | Childhood, adolescence, adulthood | Young adults with certain medical conditions: chronic pulmonary diease(including asthma and current history of smoking for college students 19-64 years old); chronic cardio vascular disease; diabetes mellitus; chronic liver dieases, including liver disease as a result of | History of hyper sensitivity to any of the components of the vaccine. |

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| | | alcohol abuse(e.g. cirrhosis); chronic alcoholism, chronic renal failure, or nephrotic syndrome; functional or anatomic asplenia(e.g. sickle cell disease of splenectomy [if elective splenectomy is planned vaccinate at least 2 weeks before surgery]); Immunosuppressive conditions; and cochlear implants and cerebrospinal fluid leaks. Vaccinate as close to HIV diagnosis as possible.<br>Other indications: certain Alaska Natives and American indian populations and residents of nuring homes or other long-term care facilities. One-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome; Functional or anatomic asplenia ( e.g. sickle cell disease or splenectomy); or immunosuppressive conditions. For persons age 65 and older, one time revaccination if they were vaccinated greater than 5 years previously and were less than 65 years of age at primary vaccination | |

*Prepared by Blinn College Health Clinic using guidelines set by the ACHA Vaccine Preventable Diseases Advisory Committee and State Legislature.5/2014*