Immunization Guidelines, Emory University & Summary of CDC's Recommendations for Adult Immunizations

1. Measles, Mumps and Rubella Requirement:

   Anyone born on or after January 1, 1957 must meet this requirement, either by having been vaccinated against the three diseases (either as the combined vaccine MMR or individual vaccinations against the 3 diseases) or showing laboratory evidence of immunity to all 3 diseases:

   EITHER:

   **Measles, Mumps, Rubella (MMR)**

   ✓ • Dose 1: At 12 month of age or older (provide month and year) and
   ✓ • Dose 2: At 4-6 years of age or older (provide month and year)

   **OR ALL THREE OF THE FOLLOWING:**

   **Measles (Rubeola, Red Measles or Ten-Day Measles)** - both doses of vaccine or a positive antibody titer

   ✓ • Dose 1: At 12 month of age or older (provide month and year) and
   ✓ • Dose 2: At 4-6 years of age or older (provide month and year), or
   ✓ • Positive Antibody Titer (include copy of lab result)

   **Mumps** - a single dose of vaccine or a positive antibody titer

   ✓ • Vaccine at 12 months of age or older (provide month and year), or
   ✓ • Positive Antibody Titer (include copy of lab result)

   **Rubella (German Measles or Three-Day Measles)** - a single dose of vaccine or a positive antibody titer

   ✓ • Vaccine at 12 months of age or older (provide month and year), or
   ✓ • Positive Antibody Titer (include copy of lab result)

2. Tetanus-Diphtheria Requirement:

   Must have the basic primary series of 3 doses of Diphtheria and Tetanus Toxoid (DT or Td). These are usually given with Pertussis vaccine (DPT) in infancy. In addition, all clinical faculty must have a Td booster within the past 10 years.

   ✓ • Primary series of 3 doses of Diphtheria and Tetanus immunizations (provide completion date of series), and
   ✓ • Td booster within the past 10 years

3. Hepatitis B Requirement:

   All clinical faculty must have a series of 3 Hepatitis B vaccinations (an initial dose, followed by a dose at 1-2 months and a dose at 4-6 months or later). A post-vaccine antibody titer (to demonstrate immunity) is required for clinical faculty in healthcare fields.
4. **Varicella (Chicken Pox) Requirement:**

   *All faculty must have a history of Varicella (chicken pox), a positive Varicella antibody titer or 2 doses of vaccine given at least 1 month apart.*

5. **Tuberculosis Screening Requirement:**

   *All Allied Health, Medical and Nursing Faculty, students and International Students from certain countries with endemic Tuberculosis must meet Emory's Tuberculosis Screening Requirement. This requirement is in keeping with current CDC guidelines.*

   **Emory University requires Tuberculosis (TB) screening (PPD skin testing and/or chest x-ray) within 6 months of matriculation of all Allied Health, Medical and Nursing Students and all International Students who have arrived in the United States within the past 5 years from countries in which Tuberculosis is endemic.** Allied Health and Medical Students will also need a second PPD (the "two step" PPD process) after their arrival at Emory. Emory's guidelines are based upon the recommendations of the CDC, the American Thoracic Society and the American College Health Association. Because TB is so common globally, it is easier to list countries of low TB prevalence rather than high. Therefore, all International Students who have arrived in the United States within the past 5 years are required to undergo Tuberculosis (TB) screening **EXCEPT** those from the following countries:

   Canada, Jamaica, St. Kitts and Nevis, St. Lucia, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marcos, Sweden, Switzerland, United Kingdom, American Samoa, Australia or New Zealand

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**Summary of CDC's Recommendations for Adult Immunizations**

A summary of the CDC's recommendations regarding adult immunizations follows, including indications and contraindications for each vaccine. These recommendations are adapted from the CDC's Advisory Committee on Immunization Practices (ACIP) by the Immunization Action Coalition with review by ad hoc team October 2000 (Interim)

**Please see below for any of the highlighted vaccines below for more complete information:**

- **Influenza or Flu shot**
- **Pneumococcal**
- **Hepatitis A**
- **MMR (Measles, Mumps, Rubella)**
- **Polio**

Emory University Student Health Services also provides the **Meningitis** vaccination.
**Influenza Vaccine (The “flu shot”)**

**For whom is it recommended?**

- People who are 50 years of age or older.
- People 6 months to 50 years of age with medical problems such as heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression, and/or those living in chronic care facilities. Adults working or living with these people should be vaccinated as well.
- All healthcare workers and those who provide key community services.
- Healthy pregnant women who will be in their 2nd or 3rd trimesters during the influenza season. Pregnant women who have underlying medical conditions should be vaccinated before the flu season, regardless of the stage of pregnancy.
- Anyone who wishes to reduce the likelihood of becoming ill with influenza.
- Travelers to areas where influenza activity exists or when traveling among people from areas of the world where there is current influenza activity.

**What is the usual schedule?**

- October through November is the optimal time to receive a flu shot to maximize protection, but the vaccine may be given at any time during the influenza season (typically December through March).
- Given every year.

**Schedule for those who have fallen behind:**

- May be given at anytime during the influenza season.

**Contraindications and precautions:**

- Previous anaphylactic reaction to this vaccine, to any of its components, or to eggs
- Moderate or severe acute illness.

**Rules of simultaneous administration:**

- Can be given with all others but at a separate site.

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**Pneumococcal Vaccine**

**For whom is it recommended?**

- People who are 65 or older.
- People 2 years to 65 years of age who have chronic illness or other risk factors including chronic cardiac and pulmonary diseases, anatomic (including splenectomy) or functional asplenia (including sickle cell disease), chronic liver disease, alcoholism, diabetes mellitus, CSF leaks, as well as persons living in special environments or social settings (including Alaska natives and certain American Indian populations). Others at high risk include immunocompromised persons including such as those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephrotic syndrome, those receiving immunosuppressive chemotherapy (including corticosteroids), and those who received an organ or bone marrow transplant.

**What is the usual schedule?**
• Routinely given as a one-time dose. Administer if previous vaccination history is unknown.
• One-time revaccination is recommended 5 years after first dose for people at highest risk of fatal pneumococcal infection (e.g., renal disease), and for people over age 65 if the first dose was given prior to age 65 and five or more years have elapsed since previous dose.

Schedule for those who have fallen behind:
• Give as soon as need is recognized.

Contraindications and precautions:
• Previous anaphylactic reaction to this vaccine or to any of its components.
• Moderate or severe acute illness.

Rules of simultaneous administration:
• Can be given with all others, but at a separate site.

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**Hepatitis A (Hep-A) Vaccine**

For whom is it recommended?
• Adults who travel outside of the U.S. (except for Northern and Western Europe, New Zealand, Australia, Canada, and Japan).
• People with chronic liver disease; all people with hepatitis C virus infection; people with hepatitis B who have chronic liver disease; illicit drug users; men who have sex with men; people with clotting-factor disorders; people who work with hepatitis A virus in experimental lab settings (this does not refer to routine medical laboratories); and food handlers where health authorities or private employers determine vaccination to be cost-effective.
• Note: Pre vaccination testing is likely to be cost effective for persons older than 40 as well as for younger persons in certain age groups with a prevalence of high hepatitis A virus infection.
• Anyone wishing to reduce the risk of developing hepatitis A.

What is the usual schedule?
• Two doses are needed.
• The minimum interval between dose #1 and dose #2 is 6 months.

Schedule for those who have fallen behind:
• If dose #2 is delayed, do not repeat dose #1. Just give dose #2.

Contraindications and precautions:
• Previous anaphylactic reaction to this vaccine or to any of its components.
• Moderate or severe acute illness.
• Safety during pregnancy has not been determined, so benefits must be weighed against potential risks

Rules of simultaneous administration:
• Can be given with all others but at a separate site.
**MMR (Measles, Mumps, Rubella) Vaccine**

For whom is it recommended?

- Adults born in 1957 or later who are 18 or older (including those born outside of the U.S.) should receive at least one dose of MMR if there is no serologic proof of immunity or documentation of a dose given on or after 1st birthday.

- Adults in high-risk groups, such as health care workers, **students entering colleges and other post high school educational institutions**, and international travelers **should receive a total of two doses**.

- All women of childbearing age (i.e. adolescent girls and premenopausal adult women) who do not have acceptable evidence of rubella immunity or vaccination.

- Note: Adults born before 1957 are usually considered immune but proof of immunity may be considered for health care workers.

What is the usual schedule?

- One or two doses are needed, but **all college students should receive two doses**.

- Dose #2, if recommended, is given no sooner that 4 weeks after dose #1.

Schedule for those who have fallen behind:

- Dose #2 may be given as early as 4 weeks after dose #1.

Contraindications and precautions:

- Previous anaphylactic reaction to this vaccine, or to any of its components. *(Anaphylactic reaction to eggs is no longer a contraindication to MMR, and skin testing isn't needed prior to vaccination.)*

- Pregnancy or possibility of pregnancy within 3 months.

- HIV positivity is not a contraindication to MMR except for those who are severely immunocompromised.

- Immunocompromised persons due to cancer, leukemia, lymphoma, immunosuppressive drug therapy, including high-dose steroids or radiation therapy.

- If blood products or immune globulin have been administered during the past 11 months, consult the ACIP recommendations regarding time to wait before vaccinating.

- Moderate or severe acute illness.

- Note: MMR is **not** contraindicated if a PPD test (a screening test for Tuberculosis) was done recently. However, if PPD and MMR weren't given on the same day, delay PPD for 4-6 weeks after MMR.

Rules of simultaneous administration:

- Can be given with all others, but at a separate site.

- If varicella is not given at the same time, space varicella and MMR at least 4 weeks apart.
**Varicella (Chicken Pox) Vaccine**

For whom is it recommended?

- **All susceptible adults and adolescents** should be vaccinated. Special efforts should be made to vaccinate: susceptible persons who have close contact with persons at high risk for serious complications (e.g. health care workers and family contacts of immunocompromised persons) and susceptible persons who are at high risk of exposure (e.g. teachers of young children, day care employees, residents and staff in institutional settings such as colleges and correctional institutions, as well as non-pregnant women of childbearing age, and international travelers who do not have evidence of immunity).

- **Note:** Adults with reliable histories of chickenpox (such as self or parental report of disease) can be assumed to be immune. For adults who have no reliable history, serologic testing may be cost effective since most adults with a negative or uncertain history of varicella are immune.

What is the usual schedule?

- **Two** doses are needed. Dose #2 is given 4-8 weeks after dose #1.

Schedule for those who have fallen behind:

- Give dose #2 no sooner than 4 weeks after dose #1.
- If second dose is delayed, do not repeat dose #1, just give dose #2.

Contraindications and precautions:

- Previous anaphylactic reaction to this vaccine or to any of its components.
- Pregnancy or possibility of pregnancy within 1 month.
- Immunocompromised persons due to malignancies and primary or acquired immunodeficiency including HIV/AIDS.
- If blood products or immune globulin have been administered during the past 5 months, consult the ACIP recommendations regarding time to wait before vaccinating.
- Moderate or severe acute illness.
- **Note:** For those on high dose immunosuppressive therapy, consult ACIP recommendations regarding delay time.
- **Note:** Manufacturer recommends salicylates (i.e., aspirin) be avoided for 6 weeks following varicella vaccination because of a theoretical risk of Reye's syndrome.

Rules of simultaneous administration:

- Can give with all others, but at a separate site.
- If MMR is not given on the same day, space MMR and varicella 4 weeks apart.

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**Polio Vaccine**

Refer to ACIP recommendations regarding unique situations, schedules, contraindications, precautions, and dosing information. If polio vaccine is indicated for adults, IPV is generally preferred.

For whom is it recommended?
• Not routinely recommended for adults 18 and over.
• Note: Adults living in the US who never received or completed a primary series of polio vaccine need not be vaccinated unless they intend to travel to areas where exposure to wild-type virus is likely. Previously vaccinated adults should receive one booster if traveling to polio endemic areas.

Rules of simultaneous administration:
• Can give with all others, but at a separate site.

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**Meningococcus (Serogroups A, C, Y & W-135) Vaccine**

For whom is it recommended?

• At its October 20, 1999 meeting, the Advisory Committee on Immunization Practices, cited results of two studies done in 1998 which identified the slightly higher risk among college freshmen dormitory residents for contracting bacterial meningitis. They recommended that those who provide medical care for this group give information to students and their parents about meningococcal disease and the benefits of vaccination. For more information about meningococcal disease and vaccination benefits please also check the American College Health Association's web site for projects and programs about meningitis at [www.acha.org/projects_programs/men.cfm](http://www.acha.org/projects_programs/men.cfm).

• College students are considered at higher risk that the general population for contracting this disease due to dormitory living, prevalence of alcohol and tobacco use, sharing of personal items (i.e. drinking cups), and inattention to healthful behavior such as regular meals and adequate rest.

• Meningococcal vaccine is also recommended for international travelers visiting parts of Africa and Asia. As of this writing travelers to Mecca for the Haj are required to receive the vaccine.

What is the usual schedule?

• **One** dose at least two weeks before arriving in high-risk location. Repeat every three years if still at risk.

Schedule for those who have fallen behind:

• One dose at least two weeks before arriving in high-risk location. Repeat every three years if still at risk.

Contraindications and precautions:

• Previous anaphylactic reaction to this vaccine or to any of its components.

• Moderate or severe acute illness.

Rules of simultaneous administration:

• Can be given with all others, but at a separate site.

SOURCE:
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