

**Bill Gatton College of Pharmacy
East Tennessee State University
Health and Immunization Requirements**

As a prerequisite for enrollment and/or participation in clinical rotations, Bill Gatton College of Pharmacy students are required to receive appropriate immunizations and/or testing for protection against exposure to certain infectious diseases.

I. Enrollment Requirements

Compliance with the following immunization standards is required prior to your initial enrollment as a pharmacy student. **These requirements must be met no later than July 28 before initial enrollment.**

A. Measles, Mumps, Rubella (MMR)

Proof of immunity to measles (rubeola), mumps and rubella is required of those who were born in 1957 or later. The first dose must have been given on or after the first birthday. MMR vaccinations must be given at least 30 days apart. Students born prior to 1957 are exempt from this requirement; however, it is recommended that as a future healthcare worker such students become immunized.

Proof of immunity may be met by one the following:

- i. Documentation of two MMR's after one year of age; or
- ii. Documentation of having had rubeola, mumps and rubella diseases; or
- iii. Documentation of positive rubeola, mumps and rubella titers.

B. Hepatitis B

Proof of immunity against hepatitis B is required of all students. Students are required to complete the vaccination series which consists of three injections given at recommended intervals. Additionally, students are required to obtain a blood serum titer test (quantitative hepatitis B surface antibody) that demonstrates the student has developed an adequate level of antibody protection to indicate immunity. The titer should be received 1-2 months after completing the series of three injections.

If the hepatitis B titer is negative following completion of the initial series of three injections, the student will be required to repeat the series and have a repeat titer drawn. If the titer remains negative, the student will be required to receive appropriate clinical consultation.

C. Tetanus-Diphtheria Vaccine

A current tetanus-diphtheria booster is required for all students. Students must provide documentation of receipt of a booster vaccine within 10 years of their expected graduation date. Effective October 2005, the CDC recommends administration of the TDAP in place of Td to promote protection against pertussis.

D. Varicella Immunity

Students must demonstrate immunity to varicella (chickenpox).

Proof of immunity may be met by one of the following:

- i. Documentation of receipt of the varicella vaccination series; or
- ii. Documentation of a blood serum titer indicating immunity.

E. Tuberculin (TB) Screening

Documentation of testing for tuberculosis is required of all students. Annual TB screenings are required while the student remains enrolled. If a student receives a positive test or has a history of testing positive, he or she will be required to provide documentation of a chest x-ray and the results thereof, including recommendations regarding any therapy.

F. Acknowledgement of Information about Infectious Diseases

The General Assembly of the State of Tennessee mandates that all students, upon initial enrollment in a postsecondary education institution, be informed of the risk factors and dangers of certain infectious diseases. Tennessee law requires that students complete and sign a form provided by the institution that includes detailed information about hepatitis B (HBV) and meningococcal meningitis. This form is included as part of the Bill Gatton College of Pharmacy Health and Immunization Requirements and follows at the end of listed requirements.

G. Acceptable Documentation

All medical documentation submitted to our office must include **the date of each immunization and/or titer** as well as **the results of the titer**. Acceptable documentation consists of one of the following:

- i. Statement from a **health care provider**; or
- ii. Copy of **immunization record**; or
- iii. Copy of **laboratory reports**.

II. Immunization Recommendations and General Information

A. An annual **influenza vaccination** is recommended for all students.

B. ETSU Student Health Services

Immunizations and titers are available for students through ETSU Student Health Services once they are enrolled. To schedule an appointment or to obtain more information including hours of operation and prices of immunizations and titers, students may contact the ETSU Student Health Services at (423) 439-4225.

C. Submission of Documentation

Documentation must be received by the Office of Student Affairs no later than **July 28 prior to initial enrollment**.

Mailing Address: Office of Student Affairs
ETSU Bill Gatton College of Pharmacy
P.O. Box 70414
Johnson City, TN 37614-1704

Telephone: (423) 439-6338
Facsimile: (423) 439-6370

**Bill Gatton College of Pharmacy
East Tennessee State University
Infectious Disease Information Form**

The General Assembly of the State of Tennessee mandates that all students, upon initial enrollment in a postsecondary education institution, be informed of the risk factors and dangers of certain infectious diseases. Tennessee law requires that students complete and sign a form provided by the institution that includes detailed information about the diseases.

The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and the American College Health Association.

Hepatitis B (HBV)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for hepatitis B are sexual activity and injecting drug use. This disease is completely preventable.

Hepatitis B vaccine is available to all age groups to prevent hepatitis B viral infection. A series of three (3) doses of vaccine is required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

By signing below, I hereby certify that I have read the foregoing information and agree that as a student attending the Bill Gatton College of Pharmacy that I have or will comply with the college's requirement of being vaccinated for this disease.

Printed Name: _____

Signature: _____

Date: _____

Meningococcal Meningitis

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death.

There are 5 different subtypes (called serogroups) of the bacterium that causes meningococcal meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college students (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

_____ I hereby certify that I have read the above information and have received / will receive the vaccine. (Please provide documentation of vaccine to the Office of Student Affairs.)

_____ I hereby certify that I have read the above information and have elected not to receive the vaccine.

Printed Name: _____

Signature: _____ **Date:** _____

For more information about meningococcal meningitis and hepatitis B disease and vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].