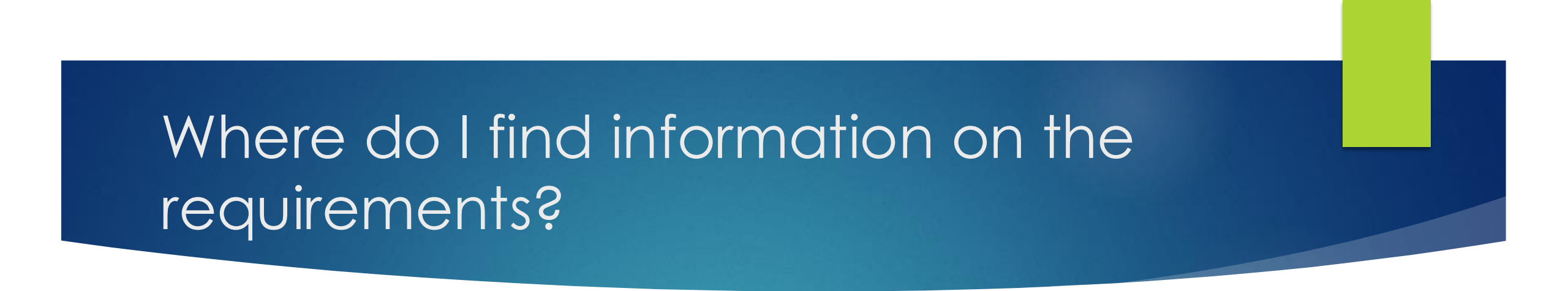


# IMMUNIZATION REQUIREMENTS



Where do I find information on the requirements?

<https://www.uta.edu/academics/schools-colleges/conhi/academics/undergrad-programs/imm-prelic>

Go to <https://www.uta.edu/academics/schools-colleges/conhi/academics>; Academic Program; Bachelor of Science in Nursing; Under Upper-Division Program Admissions Process click on “Pre-Licensure Nursing Immunization Requirements”



# Immunization Requirements

What do I have to  
submit?

# What is a titer?

- ▶ A titer is a blood test that measures your immunity to a disease. Get quantitative, IgG (NOT IgM) titers. Upload lab report.
- ▶ For more information visit website.

Test Name	Result	Flag	Reference Range
HEPATITIS B SURFACE ANTIBODY (QUANT)			
HEPATITIS B SURFACE ANTIBODY (QUANT)	69		mIU/mL
Patient has immunity to hepatitis B virus.			
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.			
RUBELLA IMMUNE STATUS			
RUBELLA ANTIBODY (IGG)	3.89		
	Value	Interpretation	
	-----	-----	
	< or = 0.90	Negative	
	0.91-1.09	Equivocal	
	> or = 1.10	Positive	
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.			
VARICELLA ZOSTER VIRUS ANTIBODY (IGG)			
VARICELLA ZOSTER VIRUS ANTIBODY	1.50		index
Index	Explanation	of Results	

# Not acceptable titer documentation

## Immunization Exemptions

Vaccine	Exemption	Expiration Date
HEP B	Medical Immune	Indefinite
HEP A	Medical Immune	Indefinite
VARICELLA	Medical Immune	Indefinite
<b>LAST ITEM</b> <b>DO NOT MAKE ENTRIES BELOW THIS BLOCK</b>		

# Hepatitis B

Documentation of Series  
3 Vaccinations



1 month after  
first

4-5 months after  
second

AND

Titer showing Immunity

drawn no less than 28 days after  
most recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)9		
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

# Hepatitis B continued-1

Documentation of Heplisav-B Series  
2 Vaccinations



AND

1 month after  
first dose



Titer showing Immunity  
no less than 28 days after most  
recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)	9	
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

## Hepatitis B continued-2

- ▶ A negative antibody titer will be accepted for Hepatitis B if the following conditions are met.
  - ▶ Student has received 2 full series of Hepatitis B vaccine  
AND
  - ▶ Titer is drawn no less than 28 days after the last dose received.



# Twinrix (Hepatitis A & B)

Documentation of Series  
3 Vaccinations



1 month after  
first

4-5 months after  
second

AND

Titer showing Immunity  
no less than 28 days after most  
recent dose!!

Test Name	Result	Flag
HEPATITIS B SURFACE ANTIBODY (QUANT)		
HEPATITIS B SURFACE ANTIBODY (QUANT)	9	
Patient has immunity to hepatitis B virus.		
This test was performed using the Siemens chemiluminescent method effective November 21, 2013. Quantitative values from the previous Ortho Vitros method should not be used interchangeably.		

# “Accelerated” Hep B or Twinrix

- ▶ The accelerated Hep B or Twinrix is a four (4) dose series which take 12 months to complete.
  - ▶ Dose 2 = 7 days after dose 1, Dose 3 = 21-30 days after dose 1, Dose 4 = 12 months after dose 1
- ▶ This will not be accepted by UTA CON UNLESS you have all 4 doses.

# MMR (Measles, Mumps, Rubella)

Titer showing Immunity

```
RUBELLA IMMUNE STATUS
RUBELLA ANTIBODY (IGG)      3.89
Value      Interpretation
-----
< or = 0.90  Negative
0.91-1.09    Equivocal
```

```
MEASLES ANTIBODY (IGG)
MEASLES ANTIBODY (IGG)      1.99
Index      Explanation of Test Results
-----
< or = 0.90  Negative - No Rubella (Measles) IgG
              Antibody detected
0.91 - 1.09  Equivocal
> or = 1.10  Positive - Rubella (Measles) IgG
              Antibody detected
```

Positive results suggest recent or previous infection

```
MUMPS VIRUS ANTIBODY (IGG)
MUMPS VIRUS ANTIBODY (IGG)  2.55
Index      Interpretation
-----
< or = 0.90  Negative
0.91-1.09    Equivocal
> or = 1.10  Positive
```

OR

Negative Antibody lab report  
and Documentation of Series



#2 no less than 28  
days after first dose

# Varicella (Chickenpox)

## Titer showing Immunity

VARICELLA ZOSTER VIRUS ANTIBODY (IGG)

VARICELLA ZOSTER VIRUS ANTIBODY 1.50

Index	Explanation of Results
< or = 0.90	Negative - No VZV IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - VZV IgG Antibody detected

A positive result indicates that the patient has antibody to VZV but does not differentiate between infection (active or past) and vaccination. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not always be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.

OR

Negative Antibody lab report  
and Documentation of Series



#2 no less than 28  
days after first dose

# Varicella (Chickenpox continued)

NOT

History of Chickenpox  
Disease



# Tdap (not DPT, Dtap or Td)

1 Vaccination



If Tdap is 10+ years old:

Updated Tdap is required



# Tuberculosis Screening (TB)

You should NOT complete TB testing until you are accepted to the Upper Division program!

Upon acceptance you will receive a deadline to receive and upload test results!

# Tuberculosis Screening (TB) continued

## Initial Screening

Blood Test  
(Quantiferon or T-Spot)



Chest X-Ray Results  
(with positive test only)



dreamstime.com



# Influenza (Flu)

1 Vaccination annually



Only during flu season:  
September - March

# Documentation

- This is acceptable documentation  
IF it includes the student's name!

**OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED**  
Autres vaccinations/prophylaxies reçues

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.)

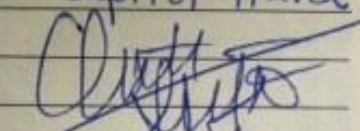
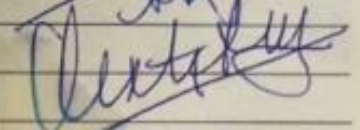
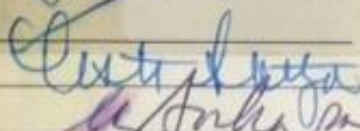
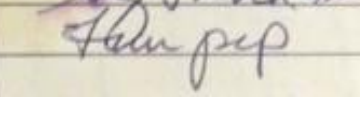
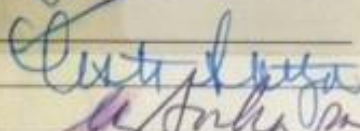
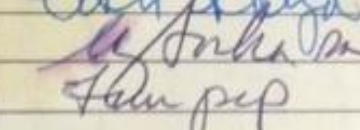
Date	Vaccine/prophylactic drug vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
APR 25 2008	HEPATITIS A	1.0ml.	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2008	HEPATITIS B	1.0mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2008	TETANUS/DIPHTHERIA	0.5 mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2008	TYPHOID	ORAL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
APR 25 2008	POLIO	0.5 mL	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
MAY 17 2008	RABAVERT	1.0ml	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
MAY 18 2008	RABAVERT	1.0ml	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
JUN 28 2008	RABIES (IMOVAX)	1.0 ML	HEALTHY TRAVELER CLINIC BRIAN Q. TERRY M.D.
JUN 28 2008	HEPATITIS B	1.0 mL	BRIAN TERRY MD

# Good Documentation

IF it includes the student's name!

**OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED**  
**Autres vaccinations/prophylaxies reçues** JB.

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.).  
Reservez dans cet espace les vaccinations ou prophylaxies non obligatoires pour l'admission dans un pays, mais qui ont été effectuées pour une protection accrue (immunoglobulines, paludisme, rougeole...).

Date	Vaccine/prophylactic drug Vaccin/médicament prophylactique	Dose	Physician's signature Signature du médecin
11.3.05	Hepatitis A #1	1.0 ML	Given by
11.3.05	Polio (IPOL)	0.5 ML	Capitol Travel
10.12.12	Hepatitis A #2	1.0 ML	
10.12.12	Hepatitis B #1	1.0 ML	
10.12.12	Typhoid VI	0.5 ML	
10.19.12	Hepatitis B #2	1.0 ML	
10.19.12	Meningo (Meningitis)	0.5 ML	
10.19.12	Tdap	0.5 ML	
11.9.12	Hepatitis B #3	1.0 ML	
Oct 14.13	Hep B #4	1 ml	
Oct 13	Influenza	0.5 ml	Farm prep

# Not accepted Documentation

IMMUNIZATION HISTORY		I	II	III	IV
		Date	Date	Date	Date
POLIO (all ages)	Oral Type:	6-15-65	9/23/65		
	Injection:	8/10/65			
DPT SERIES & BOOSTER (infancy and preschool)		4-6-65	5-11-65	6-15-65	
DT—every 3 years (school & adult ages)					
SMALLPOX—every 3-5 years (all ages)					
MEASLES (infancy & preschool)	Type:				
OTHERS					
TUBERCULIN SKIN TEST (all ages)	Type:				
	Results:				

The jet age brings communicable disease closer to every community. Smallpox, polio, diphtheria (D), whooping cough (P), tetanus (T), and measles can be prevented by periodic immunization.

# Documentation additional

- ▶ We cannot accept records from a school district.
- ▶ Prescription forms are not accepted. Vaccines can be received at a pharmacy, but documentation must include administration information.
- ▶ The records must be original records of vaccine and must be signed or stamped by a physician.
- ▶ Documentation can be on clinic or doctor's letterhead.
- ▶ County Health Department records that include the date of vaccine, but not the lot number or administration information are accepted.

# Deadline

All required immunizations and titers are expected to be complete at time of acceptance to the Upper Division program. This is March for Fall admissions and September for spring admissions.

You will not be allowed to start the Upper Division program until all requirements are met. Acceptance to the UD program is contingent upon your immunization clearance being complete.

- ❑ You may use any facility to get your vaccines and titers.
  - ❑ UTA Student Health Center
  - ❑ County Health Department
  - ❑ Doctor's Office
  - ❑ Pharmacy

# Questions?

► Email us at:

[BSNImmunizations@uta.edu](mailto:BSNImmunizations@uta.edu)

You may send us a copy of your immunization records for review.