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<td>Tetanus/Diphtheria (Td) and TDAP</td>
<td>1. For those who have never received this toxoid, the primary immunization is <strong>2 doses</strong>, 4-8 weeks apart, <strong>with a 3rd dose</strong> 6-12 months after the 2nd.</td>
<td>1. All hospital personnel should received Td toxoid boosters every 10 years (ideally every 6 yrs). 2. TDAP , as of June 2011, now required.</td>
<td>Completed by the end of Semester 1 or Bridge Semester.</td>
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<td>Polio</td>
<td>1. Series with boosters confers lifetime immunity. 2. IPV: 2 doses, 4-8 weeks apart. Third dose 6-12 months after 2nd dose. 3. IPV is for primary vaccination of adults who have never received any polio vaccine before. 4. For those partially immunized with OPV, complete with OPV or IPV. 5. OPV: 2 doses, 6-8 weeks apart with 3rd dose 6-12 months after 2nd dose.</td>
<td>1. Avoid immunizing pregnant woman. 2. OPV should not be given to immunocompromised individuals or those with known immunocompromised family members. Instead IPV should be used. 3. OPV sheds for 4-6 weeks through urine and stool ONLY. MUST USE UNIVERSAL PRECAUTIONS to protect patients who are immunocompromised, children or the aged. 4. IPV eliminates shedding from any future oral polio. 5. There is no shedding from IPV.</td>
<td>Completed by the end of Semester 1 or Bridge Semester.</td>
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<tr>
<td>Tuberculin (T.B.) or PPD Skin Test Mantoux</td>
<td>A The quantiferon test is done annually to detect exposure to TB.  OR Most agencies still accept the PPD.  B. 1. Initially, a <strong>two-step PPD</strong> must be done on entry to The Valley Foundation School of Nursing (see clinical documentation form information sheet). 2. Then, if negative, <strong>done every year</strong>. 3. Those with BCG vaccine or positive Mantoux test, need chest X-ray, one time only, and annual TB symptom review; follow-up as warranted by Dr.</td>
<td>1. Those with positive TB tuberculin skin test must submit verification of negative X-ray one time only. <strong>IF</strong> asymptomatic, an <strong>annual</strong> symptom review. (available on website online, under “forms”) is completed with health provider.</td>
<td>Yearly (if not positive) or more often as requested by the health care agency. <strong>-Annual TB symptom review if positive (available online under forms).</strong></td>
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<td>Hepatitis B Vaccine</td>
<td>1. A series of immunizations: requires 3 doses, with 2nd injection given 1 month after first dose, and the third vaccination would be <strong>given 4 to 6 months</strong> after the first injection. 2. Need for booster is unknown. 3. <strong>Blood titer:</strong> 1 month after last immuniz.</td>
<td>1. Do not start over if sequence is interrupted (check with health provider). 2. Contraindicated in pregnancy and immunocompromised persons. 3. Previous immunization is not a contraindication. 4. Follow-up Hep B titers may be requested and must be positive to be allowed in clinical agency.</td>
<td>Series of 3 doses and a positive blood titer completed by the end of Semester 1 or Bridge Semester.</td>
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### Varicella (Chickenpox)
**Live Attenuated Virus Vaccine (Varimax)**

1. One dose to persons ages 12 mo. to 12 yrs. Persons 13 yrs. or older 2 doses, 4-8 weeks apart.
2. Individuals should be considered immune **ONLY** if they have documented Varicella seropositivity titer or documented receipt of two doses of chickenpox vaccine on or after the first birthday.

**Notes:**
- Completion by the end of 4 weeks prior to the end of Semester 1 or Bridge Semester.

### Measles

1. Those born in 1957 or later and at risk of contact with infected patients should be considered immune **ONLY** if they have documented measles seropositivity (i.e. titer) or documented receipt of two doses of chickenpox vaccine on or after the first birthday.
2. Documentation of **2 doses**, at least 1 month apart of vaccine is acceptable.

**Notes:**
- Series is to be completed by the end of Semester 1 or Bridge Semester.

### Rubella

1. Before immunizing, serologic screening is required.
2. It requires documentation of one dose, no booster.

**Notes:**
- Completed by the end of Semester 1 or Bridge Semester.

### Influenza Vaccine

**Required annually** each fall semester (see clinical documentation form and web site form)

**Notes:**
- Declination form available on The Valley Foundation School of Nursing website.
- Each fall semester (for all levels)- declination form required if decides not to do test.

References:
1. Recommended immunizations for hospital and medical outpatient facility personnel. Infectious Disease Branch, California Department of Health Services, 1990.
2. County of Santa Clara, Public Health Department, Disease Control and Prevention (L. Levin, PHN).
4. Consultation Line for Health Care Staff: 1-800-9-VARIVAX.
5. Centers for Communicable Diseases (CDC) website.