



June 16, 2022

MEMORANDUM

**TO: 2022 Entering Class Students
College of Human Medicine**

**FROM: Wanda D. Lipscomb, Ph.D.
Associate Dean for Student Affairs
Senior Associate Dean for Diversity and Inclusion**

**Judith E. Brady, Ph.D.
Assistant Dean for Student Wellness and Engagement
Office of Student Affairs and Services**

**SUBJECT: 2022 Entering Class Information from Student Affairs - Mailing Two
Immunization and Vaccination Requirements for Entering Students**

We hope that you are continuing to enjoy your summer plans. This is our second mailing to the entering class. This mailing outlines the immunization and vaccination requirements for all entering students. Please read this information carefully, and if you have any questions, please don't hesitate to contact Dr. Judith Brady at bradyj@msu.edu as soon as possible. It is critical to your success as an entering student to complete the verification of requirements in a timely manner as you must be compliant with all required immunizations to be eligible to participate in patient-care related activities.

Please review the first mailing that was sent Friday, June 3rd if you have not already done so. There are many important details and deadlines included in that mailing that are not included in this mailing.

Immunization and Vaccination Requirements:

You are preparing to enter a profession committed to protecting and promoting the public well-being. Health care settings and providers of health care are regulated by a variety of rules and guidelines established to protect the public. As a medical student who will be training in these settings, you are required to meet established guidelines for health care professionals. In your future practice as a health care professional, you will be expected to continue to maintain compliance with immunization and vaccination requirements.

College of Human Medicine COVID-19 Vaccine Requirements for Entering Students: Due July 12, 2022

All College of Human Medicine students are required to be fully vaccinated for COVID-19 and to have had at least one booster vaccine. Fully COVID-19 vaccinated is defined as having received two doses of the Pfizer vaccine or two doses of the Moderna vaccine or one single dose of the Johnson & Johnson vaccine. The single booster may be any one of these three FDA approved vaccines. In order for the College of Human Medicine to verify vaccination status, each student in the entering class is required to complete the College of Human Medicine COVID-19 Vaccination Status Form.

You will receive an email later today with a personal link to complete the COVID-19 Vaccination Status Form. The email will come from “Tamra Dillingham noreply@gemailserv.com”. Please use the link to complete the form by Tuesday, July 12, 2022.

Please provide your personal vaccination information and proof of your vaccination no later than 8:00 a.m. on Tuesday, July 12, 2022. Be prepared to upload a copy of your vaccine card or other form of documentation at the end of the form.

The information collected from the COVID-19 Vaccination Status Form will be stored within the College of Human Medicine Office of Student Affairs and Services, and only accessible to a very limited number of individuals including the Associate Dean for Student Affairs and the Assistant Dean for Student Wellness and Engagement. The information will be used solely for the purpose of verifying vaccine status.

The College of Human Medicine requires all students to submit documentation of their COVID vaccination status for verification. The College of Human Medicine and our clinical partners have been committed to safeguarding the safety of patients, students, faculty, and staff throughout the pandemic. Our clinical partners require the College of Human Medicine to verify that all students placed on rotations are fully vaccinated against COVID-19. This requirement is analogous to the College’s obligation to confirm that students placed in clinical rotations have met other immunization requirements for health care professionals.

Small group sessions will begin during orientation, and simulation with standardized patients will follow shortly after. You will be in clinical settings with other health care team members and patients within the first few weeks of the curriculum. Vaccination protects from severe illness and decreases shedding of virus to others. We put multiple layers of safety in place, and vaccination is a critical part of protecting people and your educational experience.

In the future, you will receive information from Michigan State University regarding COVID-19 vaccination requirements for all Michigan State University students, faculty, and staff. The communication from university is independent and separate from the information regarding College of Human Medicine students provided above. Vaccine status is sensitive health information, and the college is not permitted to forward vaccine verification information on your behalf to the university.

Michigan State University Healthcare Professional Student Immunization and Vaccine Requirements: Due July 12, 2022

All health professional students at Michigan State University are required to show proof of vaccination and immunity to certain communicable diseases as well as documentation of an annual tuberculin test. **Proof of compliance with all required immunizations must be provided prior to matriculation.** The Michigan State University Office of the University Physician is charged with the responsibility of maintaining healthcare professional student immunization records. The Office of University Physician is separate and independent of the college.

- For a list of the immunizations required by Michigan State University and instructions on how to submit your immunization records, go to the Office of the University Physician’s Healthcare Professional Students website: <http://www.uphys.msu.edu/resources/healthcare-professional-student-immunizations>.
- In the right navigation column of the Healthcare Professional Students website, you will find a link to download student forms for submitting documentation of your required immunizations. Instructions and copies of the form for submitting your records are also attached in this email.

Please Note the Following:

- **You must submit documentation** of your immunizations in addition to recording their receipt on the required form. Keep original copies of documentation for your own records.
- **History of illness is not sufficient to demonstrate immunity. Serologic evidence of immunity is required. So you must submit documentation of titers for Measles, Mumps, Rubella, Varicella, and Hepatitis B.** One blood draw should be sufficient to test for all required immunities.
- **To meet the Tuberculin (TB) requirement:**
 - You may submit documentation of **two TB skin tests read more than 7 days and less than 21 days of each other. Documentation of both tests with the results reported in millimeters must be submitted to the Office of the University Physician.** A single annual TB skin test will be required in each subsequent year of medical education.

OR

 - You may submit documentation **a single QuantiFERON-TB Gold blood test.**
 - **If you have ever had a positive TB skin test or a positive TB blood test, or if you have additional questions or concerns, please contact the Office of the University Physician for assistance in meeting the TB requirement (517-353-8933).**
 - **TB TESTING SHOULD BE DEFERRED UNTIL 4 OR MORE WEEKS AFTER COMPLETION OF COVID-19 VACCINATION.** For this reason, obtaining the single TB blood test may be the most efficient way to fulfill the TB requirement.
- **To meet the Hepatitis B requirement:**
 - **Healthcare professionals must document a positive titer following three documented Hep B vaccines administered according to the prescribed schedule for Hep B or meet the Center for Disease Control requirements to be deemed a non-responder.**
 - The CDC has recently added the two-dose series Heplisav-B as an accepted option to fulfill the Hep B requirement. The Heplisav-B vaccine is administered as a two-dose-series spaced at least 4 weeks apart. A titer is still required following this two-dose series
 - **If titer results for Hep B are negative after an appropriately spaced vaccine series, additional vaccine doses and titer(s) will be required. Please contact the Office of the University Physician for instructions on next steps following a negative Hep B titer.**

Emailing your completed Student Immunization Record and supporting documentation to uphys@msu.edu is recommended, however, you may fax or mail your immunization records including serologic evidence of your immunity to:

Email:
uphys@msu.edu

Fax:
517- 355- 0332

Mailing Address:
HCP Student Immunizations
Office of the University Physician
Olin Memorial Health Center
463 East Circle Drive, Room 123
East Lansing, MI 48824

Please keep the originals for your permanent records. Please submit your records to the Office of the University Physician by **Tuesday, July 12, 2022** to fulfill your pre-matriculation requirements.

Questions? Contact the Office of the University Physician at (517) 353-8933 or at uphys@msu.edu.

You must be compliant with all required immunizations to be eligible to participate in patient-care related activities. If you have any questions about health-related requirements, please contact Dr. Judith Brady, Assistant Dean for Student Wellness and Engagement at bradyj@msu.edu.

cc: Dr. Andrea Wendling, Interim Senior Associate Dean for Academic Affairs
Dr. Robin DeMuth, Associate Dean for Undergraduate Medical Education
Dr. Colleen Bush, Interim Assistant Dean for Clinical Experiences
Dr. Migdalisel Colón-Berlingeri, Director of the Early Clinical Experience

Attachment: Instructions for Completing the Healthcare Student Immunization Record

Instructions for Completing the Healthcare Student Immunization Record

The Office of the University Physician at Michigan State University must have complete and accurate documentation about your immunization status to ensure that you and your patients are protected during clinical training. **Healthcare professional students will not be allowed to participate in clinical experiences until this information has been submitted, evaluated, and is in compliance with the Centers for Disease Control and Prevention Guidelines for Healthcare Workers.** Your information will be entered into a secure web based record. You will have access to this website and be able to print out your information. The website is www.hcpimmunize.msu.edu.

Please complete the Healthcare Professional Student Immunization form and attach COPIES of your immunization records, titers (blood tests), and TB test results. Send to the Office of the University Physician, 463 East Circle Drive – Room 123, Olin Memorial Health Center, Michigan State University, East Lansing, MI 48824-1037. **Please keep the originals for your permanent records.**

Once your information is received, it will be evaluated. A monthly message will be sent to your MSU email that indicates your compliance status. To ensure that you will receive these emails, we recommend you add uphys@msu.edu to your “Accepted List” on mail.msu.edu so you can receive the monthly messages and communicate with the Office of the University Physician via email about your vaccinations. To do this, please follow these steps:

1. Log in to mail.msu.edu
2. Click Options (left navigation bar) and then Filters
3. On the right side of the window change Edit Options for: to Mail
4. Under the category of **Other Options** select **Filters**
5. Click **Edit your Accepted List**
6. Add uphys@msu.edu to the list.
7. Click **Save**.

Costs associated with immunizations, monitoring, and titers are the responsibility of the student. Check with your insurance company to determine what vaccines may be covered and if there are restrictions on where you may receive them. MSU Student Health Services (SHS) will bill your insurance for vaccinations. The appointment line for SHS is 517-353-4660. The Office of the University Physician does NOT bill insurance. If you have questions or want to make an appointment with the Office of the University Physician, please call us at 517-353-9101 or email uphys@msu.edu.

Ref #	Vaccine Type	Requirements and Instructions
1)	Measles (Rubeola)	Two doses of live measles vaccine, given on or after the first birthday and spaced <i>at least 28 days apart</i> and a titer OR positive titer
2)	Mumps	Same requirements as Measles
3)	Rubella	One dose of live rubella vaccine given on or after the first birthday and a titer OR positive titer Rubella vaccine is often given along with the two doses of Measles and Mump vaccine (MMR). Please indicate both dates of vaccine administration if you received this type of vaccination series.
4)	Varicella (chickenpox)	Two doses of varicella vaccine given on or after the first birthday and spaced <i>at least 28 days apart if given at age 13 or older, 3 months if given before age 13, and</i> a titer OR positive titer (if you have had chicken pox disease, you must titer to prove immunity)
5)	Hepatitis B	Two or three doses of appropriately spaced Hepatitis B vaccine (Two dose series Hepatitis B only applies when two doses of Heplisav-B are used at least 4 weeks apart) AND a positive titer OR history of disease verified by lab evidence *Titer instructions- Wait 28 days after the 2 nd or 3 rd dose of vaccine before getting a titer (Titering after 2 nd dose only applies when two doses of Heplisav-B are used at least 4 weeks apart); it is important to have a titer done within two months of vaccine completion in order to get accurate results. If negative titer results after an appropriately spaced initial vaccine series, additional doses of vaccine will be required.
6)	Tetanus, Diphtheria and Pertussis	One adult dose of Pertussis containing vaccine AND Tetanus and Diphtheria vaccine within 10 years. An adult dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) satisfies the requirement for all, if given within the last 10 years. There is no minimum interval required between last Td and Tdap.
7)	Polio	Three appropriately spaced doses of vaccine are recommended .
8)	Tuberculin Test	A two-step tuberculin skin test and tuberculin skin test annually thereafter. Test results must be reported in millimeters. "Negative" is an interpretation and not an acceptable result. Second step tuberculin skin test must be read 1-3 weeks after the first. OR A single blood test and annually thereafter. If prior history of a positive tuberculin skin test: Present documentation of reactive TB skin test, chest X-ray results, treatment plan, and symptom monitor. Each situation will be assessed on an individual basis by the University Physician staff. Annual follow-up will be determined based the assessment. If prior history of a positive blood test: Present documentation of positive blood test, chest X-ray results, treatment plan, and symptom monitor. Symptom monitors will be required annually.
9)	Influenza	Influenza vaccine annually prior to November 1. Exceptions will be made for those with detailed documentation of valid medical contraindications.

The major source of this information comes from the Centers for Disease Control and Prevention. Immunization of Health Care Workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). The guidelines are available on line at: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Name: _____, _____ PID: _____ College: COM CON CHM
 Last Name First Name

Birth Date: _____ Entering Semester: _____
 Semester (Fall, Spring, or Summer) Year



Healthcare Professional Student (HCP) Immunization Form

Ref#	Vaccine	Dates			Titer		
1	Measles (Rubeola)	M / D / YYYY	M / D / YYYY		M / D / YYYY	Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Mumps	M / D / YYYY	M / D / YYYY		M / D / YYYY	Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Rubella	M / D / YYYY	M / D / YYYY		M / D / YYYY	Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Varicella (Chickenpox)	M / D / YYYY	M / D / YYYY		M / D / YYYY	Immune: Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Hepatitis B	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY	Immune: Yes <input type="checkbox"/> No <input type="checkbox"/> If quantitative titer, enter number _____ MIU/mL	
6	ADULT - Tdap Tetanus, Diphtheria, Pertussis	M / D / YYYY					
7	Polio (Recommended) Mark Type: IPV <input type="checkbox"/> OPV <input type="checkbox"/>	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY	M / D / YYYY
8	Tuberculin Test	M / D / YYYY	Skin Test Results: _____ mm	Blood Test Results: _____		IF history of a reactive or positive TB test, go to http://www.uphys.msu.edu/files/attachment/18/original/TB_Initial.pdf , print out an Initial TB Symptom Monitor, complete it, and send it in with this form.	
		M / D / YYYY	Skin Test Results: _____ mm	Blood Test Results: _____			