

Patient Information:

Immunization: Protect Yourself & Others

- Requirements & Immunization History
- Screening Test
- Required Vaccines
- Recommended Vaccines

UNDERSTANDING VACCINATION REQUIREMENTS AND THE IMMUNIZATION HISTORY FORM

The United States is continuing its national campaign to control vaccine-preventable diseases in children and adults. The terms "immunization" and "vaccine" are often used interchangeably. To achieve the full potential of vaccines, the U.S. has developed required and recommended lists for its citizens and international visitors who enroll or work in public institutions. For example: To enter the public school system, children in the United States must meet all required state immunization standards. This insures that vaccine-preventable diseases will be kept at their lowest rates.

Students enrolling at Virginia Tech must complete the *Immunization History Form* with exact dates of vaccines and the tuberculosis skin test. A link to a digital copy of the Immunization History Form can be found (and subsequently printed) by visiting www.healthcenter.vt.edu. A doctor, physician assistant, or nurse must verify the immunization dates and sign the completed *Immunization History Form*. The following information may be helpful in identifying and completing the necessary vaccinations required by Virginia State Law and Virginia Tech.

LOCAL FACILITIES PROVIDING VACCINES AND SCREENING TESTS:

(Refer to charts regarding vaccine abbreviations)

INTRAVENE TRAVEL CLINIC

call 1-877-947-3902 ext. 2172

Approximate cost per injection as of 08/03/2010. Costs & items may vary; call for specific prices and availability. Each traveler is charged a non-refundable research/nursing fee of \$35.00 during appointment scheduling. Please discuss alternatives with your immunization provider if Pertussis sensitivity exists. Additional information: www.intravene.net/travel.htm.

MMR: \$60.00	Hep-B: \$80.00 each for adults 20 years and older;
Tdap: \$50.00	\$40.00 each for adolescents under 19 years old.
IPV: \$40.00	Meningococcal: \$125.00
Tetanus:\$35.00	

MONTGOMERY COUNTY HEALTH DEPARTMENT

call 540-381-7100

Approximate cost per injection as of 08/02/2010. Prices include office visit, vaccination administration fee. All prices are subject to change based on state purchases. Cost & items may vary; call for specific prices, availability and insurance coverage. Please discuss alternatives with your immunization provider if Pertussis sensitivity exists.

MMR: \$45.00	IPV: \$45.00
Tdap: \$87.00	Hep-B: \$105.00 each for adults 20 years and older;
PPD: \$34.75	\$77.00 each for adolescents under 19 years old.
(PPD assessment & test)	Meningococcal: \$158.36
PPD: \$25.50	
(PPD assessment only)	

SCHIFFERT HEALTH CENTER

call 540-231-7621

Approximate cost per injection as of 08/05/2010 (Cost & items may vary; call for specific prices and availability.) Please discuss alternatives with your immunization provider if Pertussis sensitivity exists.

MMR: \$62.00	Hep-B: \$37.00each for adults 20 years and older;
Tdap: \$41.00	\$18.00 each for adolescents under 19 years old.
PPD: \$8.00	Meningococcal: \$114.00
IPV: \$32.00	HPV: \$155.00 each

SCREENING TEST			
Screening Test	Prevents against...	When is it administered?	In the first 24 hours after screening test injection, some people may experience:
PPD (Purified Protein Derivative) Tuberculosis (TB) Skin Test	PPD test checks for <u>Tuberculosis</u> : a potentially fatal, contagious, bacterial disease that is spread by coughing Do not give PPD if MMR has been given less than 4 weeks prior. PPD may be given before OR on the same day of MMR vaccine injection.	PPD PPD skin test is required for those who may be at risk for TB exposure (regardless of having BCG vaccine). (Please see "Tuberculosis Risk Assessment Form" to determine if you are at risk. A form can be requested at Schiffert Health Center.) <input type="checkbox"/> A return visit is required 2-3 days after initial injection so that a nurse or doctor can look at the injection area and record results. <input type="checkbox"/> If you have lived in a high-risk country, and have a negative test performed outside the United States, you must have the test repeated in the United States.	PPD Small, raised bump will appear immediately after injection. It should disappear in 5-15 minutes. Within 2-3 days, these symptoms may appear: <input type="checkbox"/> Redness <input type="checkbox"/> Raised bump area <input type="checkbox"/> Bruising Symptoms should not be painful. Contact your nurse or doctor if symptoms become painful.

For more immunization information visit: <http://www.cdc.gov/vaccines/pubs/vis/default.htm> – follow the link for Vaccine Information Sheets (VIS) translated into a variety of languages.

Immunization: Protect Yourself & Others

REQUIRED VACCINES: MMR, Tdap, Td, MENINGOCOCCAL, HEPATITIS B, IPV			
Vaccine	Prevents against...	When is it administered?	In the first 24 hours after vaccine injection, some people may experience: These usually go away by the 2nd day. If they don't, call your doctor or nurse for advice.
MMR (Measles, Mumps, Rubella) Measles Vaccine ----- Mumps Vaccine ----- Rubella Vaccine	MMR Measles: a viral infection, which can cause life threatening illness in adults ----- Mumps: a viral infection, which can cause severe illness in adults ----- Rubella (or German measles): a viral infection, which can cause serious abnormalities in babies born to infected mothers	MMR MMR/PPD must be given together. OR If MMR vaccine injection is given first, then you MUST WAIT 4 weeks to have TB test. Your vaccination record must show 2 doses (2 separate injections) of MMR. <input type="checkbox"/> Dose 1 must be given at 12 months of age or older. <input type="checkbox"/> Dose 2 may be given at any time but at least 30 days after dose 1. OR Your vaccination record must show 2 doses of measles and mumps and 1 dose of rubella. Exceptions: proof of disease for measles and mumps (not rubella) or lab proof of immunity for each (measles, mumps, and rubella)	MMR Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
Tdap (Tetanus, Diphtheria, Acellular Pertussis) Tetanus Vaccine ----- diphtheria Vaccine ----- acellular pertussis Vaccine	Tdap Tetanus (or lockjaw): a serious nervous system disease ----- Diphtheria: a bacterial disease of the respiratory system ----- Acellular Pertussis: (also known as "Whooping Cough") A bacterial infection of the respiratory system	Tdap Given once as a replacement dose for Td in the booster series (see "Td" below). Some exceptions may apply.	Tdap Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
Td (Tetanus, Diphtheria) Tetanus Vaccine ----- diphtheria Vaccine	Td Tetanus (or lockjaw): a serious nervous system disease ----- Diphtheria: a bacterial disease of the respiratory system	Td A complete vaccine series includes 3 doses (3 separate injections). <input type="checkbox"/> A booster is given every 10 years after the initial 3 dose series. Your vaccination record should show your last dose within 10 years prior to arrival at Virginia Tech.	Td Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
Meningococcal ("Meningitis vaccine")	Meningococcal Meningitis: a bacterial infection of the brain and spinal cord (can also cause blood infection)	Meningococcal 1 dose (1 injection) will last approximately 8 years. This vaccine is required for incoming students. Students have the option of completing a waiver form to refuse vaccination.	Meningococcal Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
HEP-B (Hepatitis B) Hepatitis B Vaccine	HEP-B Hepatitis B: a viral disease affecting the liver	HEP-B A complete vaccine series includes 3 doses of vaccine (3 separate injections): <input type="checkbox"/> Recommended at 0, 1, and 6 months. <input type="checkbox"/> If doses are delayed, series does not have to be restarted. <input type="checkbox"/> Students have the option of completing a waiver form to refuse vaccination.	HEP-B Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
IPV (inactivated poliovirus vaccine) Inactivated Poliovirus Vaccine	HEP-B Polio: a viral infection, which can cause paralysis or death	HEP-B A complete adult series in the United States is 3 vaccine doses. <input type="checkbox"/> If complete series is given during childhood, it is not needed in the United States for adults (unless traveling to high risk areas outside the United States). <input type="checkbox"/> If traveling to areas where risk of exposure to polio is high, 1 dose of the vaccine is recommended as an adult.	HEP-B Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)

Immunization: Protect Yourself & Others

RECOMMENDED VACCINES			
Vaccine	Prevents against...	When is it administered?	In the first 24 hours after vaccine injection, some people may experience: These usually go away by the 2nd day. If they don't, call your doctor or nurse for advice.
VAR ("chicken pox shot") Varicella	Chicken Pox: a viral disease spread by coughing and sneezing, which can cause serious disease in adults	A complete vaccine series requires 2 doses of vaccine (2 separate injections): <input type="checkbox"/> At least three months apart if given at 12 months of age to 12 years of age <input type="checkbox"/> 2 doses (2 separate injections) if given after ≥ age 13 <ul style="list-style-type: none"> ▪ Dose 2 must be given 4-8 weeks after dose 1 Recommended Not available at Schiffert Health Center	Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
INFLUENZA ("The flu shot")	Influenza: a viral infection of the respiratory system	This vaccine includes 1 dose by injection given every year. <input type="checkbox"/> The vaccine is usually available October - November and any time during the influenza season (December - March). <i>Watch for On-campus immunization clinic promotions during fall semester.</i> Recommended Available at Schiffert Health Center	Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
HPV	Human Papilloma Virus: a viral infection and most common sexually transmitted virus in the United States.	A complete vaccine series includes 3 doses (3 separate injections) Recommended schedule is: <input type="checkbox"/> Dose 2 given 2 months after dose 1 <input type="checkbox"/> Dose 3 given 6 months after dose 1 <input type="checkbox"/> If series is interrupted, it does not need to be restarted Recommended Available at Schiffert Health Center	Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Redness, pain, swelling, itching at injection site
HEP-A (Hepatitis a) Hepatitis A	Hepatitis A: a viral disease affecting the liver	A complete vaccine series includes 2 doses of vaccine (2 separate injections): <input type="checkbox"/> 6 months recommended between doses If doses are delayed, series does not have to be restarted. Available at Schiffert Health Center	Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)
RABIES	Rabies: A viral infection of the central nervous system	<input type="checkbox"/> A series of 3 injections is recommended before exposure for high risk individuals such as veterinarians and cavers. <input type="checkbox"/> If not pre-vaccinated, a series of 5 injections and RIG (Rabies Immune Globulin) is recommended after exposure (usually bite or scratch) to a wild, stray or otherwise unfamiliar animal. Recommended for Veterinary Medicine Students Available at Schiffert Health Center	Minor symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Aches <input type="checkbox"/> Chills <input type="checkbox"/> Headaches <input type="checkbox"/> Soreness (in the arm)

SELF-CARE FOR MINOR SYMPTOMS AFTER VACCINE INJECTION

(refer to the last column in each chart)

For fever & other symptoms:

- Take Tylenol[®]*, OR Aspirin*, OR Advil[®]*, OR Motrin[®]*
- *Read & follow package directions precisely or ask pharmacist how to use these products
- Drink lots of fluids
- Lukewarm bath/shower

For soreness you may try:

- Cold compresses (apply during the first 3 days)