

IMMUNIZATION GUIDE



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OVERVIEW

In Job Corps, immunizations prevent communicable disease outbreaks, reduce student training time lost due to preventable illness, support public health immunization efforts of the local community, and help students meet employment requirements.

The specific requirements for managing student immunizations are contained in Chapter 6 of the Job Corps Policy and Requirements Handbook (PRH). This Technical Assistance Guide (TAG) contains no additional requirements but offers technical assistance, suggestions, and guidance to assist Job Corps center operators in complying with the mandatory requirements of the PRH. Additionally, recommendations for optional vaccines are presented.

Job Corps Policy

All applicants are required to provide Admissions Counselors (AC) with current immunization records at the time of application. Records will be reviewed by center health staff on entry to determine currency of immunizations. Centers shall immunize students for the following as directed by the Office of Job Corps:

1. Immunizations or boosters if the following immunization series are incomplete or if current immunization records cannot be produced:
 - a. Tetanus and diphtheria toxoid (Td) or Tetanus-diphtheria-acellular pertussis (Tdap) vaccine
 - b. Inactivated polio vaccine (IPV) for students younger than 18 years
 - c. Measles, mumps, and rubella vaccine

2. Hepatitis B vaccine series

At a minimum, hepatitis B vaccine shall be provided to health personnel and health occupations training (HOT) students. Vaccination consent/declination must be documented in the staff member's personnel file or student health record (SHR). Vaccination of HOT students must begin at least 6 weeks prior to on-site clinical work experience.

This TAG provides information on optional immunizations (e.g., influenza vaccine) that may be recommended by the Center Physician but not required, based upon availability.

Centers should utilize the Vaccines for Children program to provide immunizations for eligible students according to the latest Centers for Disease Control and Prevention (CDC) guidelines.

A tuberculosis skin test (Mantoux) is required of all new students who do not have documented proof of a previous negative Mantoux test taken within the last 12 months. Annual tuberculin testing should be done for students in health occupations and for students at increased risk of infection. In addition, students in health occupations shall receive a Mantoux test prior to clinical work experience in accordance with state or local health department requirements.

Results of tuberculin skin testing should be interpreted without regard to a prior history of BCG vaccination.

Refer to Treatment Guidelines in the Health Care Guidelines TAG, for management of students with a positive Mantoux test available at:

<https://supportservices.jobcorps.gov/health/Pages/HCGuidelines.aspx#hcg>.

The National Childhood Vaccine Injury Act and Vaccine Information Statements

In accordance with The National Childhood Vaccine Injury Act (NCVIA) of 1986, anyone who administers vaccines must provide detailed patient education information on the potential benefits and side effects of these immunizations before they are administered. A current vaccine information statement (VIS) must be issued every time a vaccine (to include each dose of a multi-dose series) is administered. VISs are produced by the CDC to explain to vaccine recipients, their parent(s), or their legal representatives the benefits and risks of each vaccine. They can be downloaded from CDCs VIS webpage: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

VISs are available for:

- Hepatitis A
- Hepatitis B
- Haemophilus Influenzae type B (Hib)
- Influenza Inactivated
- Influenza Live Intranasal
- Measles/Mumps/Rubella (MMR)
- Meningococcal Conjugate
- Pneumococcal Polysaccharide (PPSV)
- Pneumococcal Conjugate (PCV13)
- Polio Inactivated
- Rabies
- Tetanus/diphtheria (Td)
- Tetanus/diphtheria/acellular pertussis (Tdap)
- Varicella (Chickenpox)

VISs are available in over 20 languages through the Immunization Action Coalition at: www.immunize.org/vis/index.htm.

Center health providers are not required to obtain the signature of the student or the student's parent/guardian (if a minor) acknowledging receipt of the VIS. However,

center health staff should note in the SHR the date the VIS was given to the vaccine recipient. To ensure that parents/guardians of minors are provided with vaccine information statements, centers may elect to send the statements as part of the student's pre-arrival packet with a note explaining that vaccines will only be given as indicated by the student's medical/vaccination history. A sample letter to inform parents of immunizations can be found at:

<https://supportservices.jobcorps.gov/health/Pages/ICDCDocs.aspx>.

The NCVIA requires all health care providers who administer vaccines to maintain permanent vaccination records and to report occurrences of certain adverse events specified in the Act. The NCVIA establishes an alternative to civil litigation and specifies vaccines covered by the program, conditions for which compensation may be paid without proof of causation, and the time period during which symptoms must first appear. Additional Information is available from the HRSA National Vaccine Injury Compensation Program at: <http://www.hrsa.gov/vaccinecompensation/index.html>.

IMMUNIZATION PROCEDURES

Evidence of Prior Immunization

Job Corps ACs are encouraged to have the applicant obtain documentation of prior immunizations from family, school, or health department/clinic and bring it to the center at the time of enrollment. Centers are encouraged to include a reminder of immunization documentation in pre-arrival letters or phone calls to applicants. The center must receive documentation within 14 days after the student's arrival that attests to the current immunization status of the individual by noting date(s) and dose(s) of immunization(s).

Center health staff members are encouraged to utilize state immunization registries to verify each student's past immunizations and to upload immunizations administered on center. See <http://www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html> for additional information.

Sensitivity Precautions

Individuals reporting a history of sensitivity to an immunizing agent usually should generally be exempt from that immunization. Persons with significant allergy to eggs should not be given vaccine prepared by cultivation in eggs (e.g., influenza vaccine) unless approved by the Center Physician.

Reaction Precautions

Prior to the administration of any immunizing agent, center health staff should make provisions for immediate first aid, including an emergency kit, and medical care for any anaphylactic reaction that may occur. The Center Physician is responsible for establishing, in writing, appropriate emergency procedures including the use of any drugs (with dosages) in case of immunization reactions.

Emergency Kit
<ul style="list-style-type: none"> • Syringe with needle • Aqueous epinephrine in a 1:1,000 solution • A potent injectable antihistamine (e.g. diphenhydramine hydrochloride) • A fast-acting injectable corticosteroid (e.g., hydrocortisone sodium succinate) • An albuterol metered dose inhaler

Contraindications

Immunizations may be contraindicated during pregnancy because of concerns about effects on the fetus. Live virus vaccines (e.g., MMR, varicella) must not be administered during pregnancy. When possible, inactivated vaccines and toxoids should be delayed until the second or third trimester.

For contraindications and precautions for commonly used vaccines, visit <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult-contraindications.html> for the most current information.

Immunization Intervals

The prescribed time intervals between individual doses of an immunization series are optimal and must be followed as closely as possible. If a delay occurs in the completion of a series, administer the next dose at the earliest opportunity. If any vaccine series is interrupted, it is not necessary to restart the series. Giving immunizations at less than the recommended intervals may lessen the antibody response and should not be counted as part of a primary series.

Multiple immunizations may be administered on the same day at different sites. Simultaneous administration will not result in impaired antibody responses or an increase in adverse reactions. However, there are concerns that the immune response to one live-virus vaccine might be impaired if given between 1 and 30 days of another. Live-virus vaccines not administered on the same day should be given at least 30 days apart.

Live-virus vaccines can interfere with the response to a tuberculin skin test. Tuberculin testing can either be done on the same day the live-virus vaccines are administered or 4 to 6 weeks later.

Mixing of Immunizing Agents

Two or more immunizing agents cannot be mixed in a syringe for the purpose of administering a single, simultaneous injection unless they are premixed by the manufacturer (e.g., MMR, tetanus and diphtheria toxoid). Mixing of immunizing agents by other than the manufacturer may result in biologically and/or physically incompatible products that are not potent immunologically and/or cause adverse reactions.

Expiration Dates

Immunizing agents must not be used after the recorded expiration date.

Mass Immunization

When mass immunization is required, assistance from the local health department may be requested and an automatic injection device may be used.

Exemptions and Waivers [PRH 6.12 R7 (c)]

- **Exemptions**—The Center Physician may grant exemptions for individual students. The medical reasons for the exemption must be clearly written in the SHR.

Exemption will be based on a reliable history of significant sensitivity to an immunizing agent or other medical contraindication.

- **Waivers**—The Center Physician may grant waivers of immunization requirements for religious reasons. The waiver must be documented in the SHR.

Immunization Schedules

Some immunizations require administration of more than one dose for development of an adequate antibody response. In addition, some immunizations require periodic reinforcement (booster) doses to maintain protection. The recommended immunization schedule for persons ≥ 7 years of age (primary series) who were not previously immunized is listed in Table 1. These three vaccines are required by Job Corps [PRH 6.10 R1.(d)].

TABLE 1: PRIMARY IMMUNIZATION SERIES FOR PERSONS ≥ 7 YEARS OF AGE		
Timing	Vaccine(S)	Comments
First visit	Tdap#1, IPV#1, MMR#1	IPV not to be given to persons ≥ 18 years
2 months after visit 1	Td#2, IPV#2, MMR#2	
6-12 months after visit 2	Td#3, IPV#3	
10 yrs after Td#3	Td	Repeat every 10 years throughout life

Table 2 lists additional vaccines currently recommended for adolescents by the CDC. Centers are strongly encouraged to seek public health resources (e.g., VFC) for administration of these vaccines in addition to those currently required.

TABLE 2: CDC RECOMMENDED IMMUNIZATIONS FOR ADOLESCENTS		
Vaccine	Doses	Comments
Hepatitis A (HAV)	2	Doses at least 6 months apart
Hepatitis B (HBV)	3	Doses at intervals of 0, 1, 6 months Required for health occupations students
Human Papillomavirus (HPV)	3	Doses at intervals of 0, 2, 6 months
Influenza	1	Annually
Meningococcal (MCV4)	1-2	Dormitory living associated with increased risk of disease. If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18. If the first dose is administered at age 16 years or older, a booster dose is not needed.
Varicella	2	Doses at least 4 weeks apart

CDC updates immunization recommendations annually and the most current schedules can be found at: <http://www.cdc.gov/vaccines/schedules/hcp/index.html>.

Indications for Primary Series

Students with no history of childhood immunizations should initiate a primary catch-up series over six months as outlined in Table 1.

Students may have no documentation of prior immunizations. The center must make strong efforts to obtain this documentation [see Evidence of Prior Immunization section]. For students without documentation, the center must at least give the required booster doses at enrollment [see Table 1]. The Center Physician may elect to obtain serology for evidence of immunity before administering a primary series of immunizations. Students with evidence of immunity do not require a primary series.

Adverse Reactions

Centers must discontinue use of a vaccine lot whenever significant adverse reactions occur. Centers will (1) report the reaction as a significant medical incident [refer to PRH-5, Section 5.5], (2) notify the Job Corps National Office and the state or local health department and, if required, (3) retain the vaccines under suspicion, including both open and unopened packages, pending receipt of instructions from the manufacturer regarding disposition of the suspect materials.

Center health staff must record severe individual sensitivity reactions to any biological agent in the immunization records, indicating the offending vaccine, its lot number and manufacturer, site of administration, the date administered, and the severity of reaction. Center health staff are also required to report selected adverse events occurring after immunization to the Vaccine Adverse Events Reporting System (VAERS).

VAERS, a cooperative program for vaccine safety of CDC and the Food and Drug Administration (FDA), is a safety surveillance program collecting information about adverse events that occur after the administration of U.S. licensed vaccines.

VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. You should report clinically significant adverse events even if you are unsure whether a vaccine caused the event.

The National Childhood Vaccine Injury Act (NCVIA) requires healthcare providers to report:

- Any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.
- Any event listed in the Reportable Events table that occurs within the specified time period after vaccination.

A copy of the Reportable Events Table can be obtained by calling VAERS at (800) 822-7967 or by downloading the table from:

https://vaers.hhs.gov/resources/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf.

REQUIRED IMMUNIZATIONS AND TESTS

This section presents immunization procedures for tetanus-diphtheria-pertussis, poliomyelitis, measles-mumps-rubella, and hepatitis B, and testing procedures for tuberculosis.

For contraindications and precautions for commonly used vaccines, visit CDCs Immunization Schedules webpage at: <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult-contraindications.html> for the most current information.

Tetanus-Diphtheria-Acellular Pertussis (Tdap)

- Any individual who has never received Tdap should be given a single dose, regardless of when the last Td booster was given.
- If an individual received Tdap more than 10 years ago, a Td booster should be given.
- Pregnant individuals should receive Tdap vaccination during each pregnancy (preferably at 27 to 36 weeks) regardless of the interval since they last received a Td or Tdap.
- Individuals who do not have documentation of prior immunization should receive a single injection of Tdap at enrollment. The center should proceed with efforts to obtain documentation, and if not received within 30 days, the Center Physician may exercise the option to administer the primary series [See Table 1].

Poliomyelitis

- For individuals under age 18 years with no evidence of prior immunization, give the primary series [See Table 1].
- If student has an incomplete series, complete the missing doses.
- For students ≥ 18 years of age, polio vaccination is not recommended unless travel to a country with endemic polio is imminent.

MMR: Measles (Rubeola), Mumps, and Rubella (German Measles)

- Do not administer the MMR vaccine to any student with an altered immune status (including HIV, agammaglobulinemia, or malignancy) or who is receiving steroid or other immunosuppressive therapy, unless specifically ordered by the Center Physician.
- Do not administer the vaccine to pregnant students. Pregnant students should be immunized immediately after delivery or termination of pregnancy. Inform non-

pregnant females that they should not become pregnant for 28 days after MMR vaccination because of a theoretical risk to the fetus.

- For individuals with documentation of 2 doses of MMR after 12 months of age, no vaccination is necessary.
- For individuals with a single MMR vaccination history, administer a single 0.5 ml dose of MMR vaccine subcutaneously.
- For individuals with no documentation of MMR vaccination, administer a single 0.5 ml dose of MMR and a second dose with a minimum of 4 weeks between doses.

Hepatitis B Vaccine (HBV)

Hepatitis B vaccine is a recombinant surface antigen vaccine and not a live vaccine. After three doses of hepatitis B vaccine, more than 90 percent of healthy adults will develop adequate antibody responses. The usual series for adolescents and adults consists of three 0.5 ml IM doses in the deltoid muscle [See Table 1].

Students

Centers are required to offer hepatitis B vaccination to HOT students, to begin at least 6 weeks prior to on-site clinical work experience. Student vaccination declination must be documented in the SHR. Many health facilities will require confirmation of hepatitis B immunity with serology one month after completion of the primary series.

It is recommended that centers follow CDC recommendations for Hepatitis B vaccine:

- All adolescents through age 18 years who have not previously received hepatitis B vaccine should be vaccinated.
- All unvaccinated adults (>18 years) at increased risk for HBV infection should be vaccinated. This includes sex partners of people infected with HBV, men who have sex with men, sexually active persons who are not in a mutually monogamous, long-term relationship, people being evaluated for a sexually transmitted infection (STI), or persons with HIV infection.

Staff

Centers must offer hepatitis B vaccination to all personnel identified at risk in the center's bloodborne pathogen plan. Serologic screening to document immunity is often cost-effective. Health personnel vaccination consent/declination must be documented in the staff member's personnel file. A sample Hepatitis B Vaccine Series Consent/Declination form is available at:

<https://supportservices.jobcorps.gov/health/Pages/ICDCDocs.aspx>.

Tuberculosis (TB) Testing

Individuals must be screened for tuberculosis at entry to the program. TB skin or blood testing only indicates that a person has been infected with TB bacteria. It does not indicate whether the person has latent TB infection or has progressed to active TB disease. All individuals with a positive screen must be further evaluated with a medical history, examination and chest radiograph to determine if latent or active disease is present. Additional information from CDCs Tuberculosis Testing and Diagnosis webpage is available at: <http://www.cdc.gov/tb/topic/testing/default.htm>.

TB skin test

A Mantoux tuberculin skin test has been the required test for TB screening. This remains the most commonly used test on centers. All students require TB screening on entry unless they have documentation of a negative skin or blood test within the preceding year. The procedure for test administration is as follows:

- Administer 0.1 ml PPD intradermally (intermediate strength purified protein derivative, 5 Todd Units TU).
- Read the test result 48 to 72 hours after administration. Record induration in mm.
- Repeat testing at 12 months for all HOT students with negative skin tests.
- If a student has a prior test within 12 months that was negative, no further testing is necessary until 1 year after prior testing.
- If a student has a prior test that was positive, obtain history of treatment for latent or active disease. Do not administer another PPD.

TABLE 3: CLASSIFYING THE TUBERCULIN REACTION	
≥5mm is positive in:	<ul style="list-style-type: none"> • Students who are HIV positive • Students who are recent contacts of a person with TB disease • Students who have a chest radiograph suggestive of previous TB • Students who are immunosuppressed for other reasons
≥10mm is positive in:	<ul style="list-style-type: none"> • Students with certain medical conditions, excluding HIV infection • Recent immigrants (<5 years) from areas where TB is common • Students who inject drugs • Medically underserved, low-income populations including high-risk racial and ethnic groups (including the homeless)
≥15mm is positive in:	<ul style="list-style-type: none"> • All students with no known risk factors for TB

TB blood test

TB blood tests called interferon-gamma release assays or IGRAs screen for evidence of an immune reaction to tuberculosis in the blood. Two tests are FDA approved – QuantiFERON-TB Gold (QFT-GIT) & T Spot TB. Blood tests are the preferred method

of testing for individuals who have a prior history of BCG (*Bacillus Calmette–Guérin*) immunization as the blood tests are not impacted by BCG.

- A positive blood test indicates an immune response to TB but further testing is necessary to determine if latent or active disease.
- A negative blood test indicates no immune response to TB and latent or active disease is unlikely.

RECOMMENDED IMMUNIZATIONS

In addition to the basic required immunizations outlined above, the following immunizations are recommended for certain students and staff, as indicated:

- Influenza
- Varicella
- Hepatitis A (HAV)
- Meningococcal (MCV4)
- Human papillomavirus (HPV)

Influenza Vaccine

Job Corps recommends annual vaccination against seasonal influenza for all students and staff.

Considerations involving the use of influenza vaccine are as follows:

- Vaccination should be done annually, using the vaccine prepared for the current year. Each year's vaccine contains the three or four virus strains most likely to circulate in the upcoming winter.
- Adults and children over 9 years need only one 0.5 ml IM dose of inactivated influenza vaccine. The recommended site of vaccination is the deltoid muscle.
- Adults and children ages 2 to 49 years may be given the intranasal live attenuated influenza vaccine (LAIV). Contraindications include pregnancy, immunodeficiency and chronic lung disease, including asthma.
- Inactivated influenza vaccine is generally considered safe for pregnant women. Administering the vaccine after the first trimester is a reasonable precaution to minimize any concern over the risk of teratogenicity.
- Individuals with a history of sensitivity to eggs or chick protein should not be given either influenza vaccine without consulting the Center Physician.
- Centers should offer to vaccinate all consenting students and staff in an effort to reduce the incidence, lessen the severity, and shorten the duration of cases which may be expected to occur during the influenza season.
- The vaccine may be offered to persons presenting for care beginning as soon as the new seasonal vaccine is available, and continuing throughout the influenza season.

In the case of a widespread outbreak or community epidemic, center health staff, in consultation with state or local health departments, may consider the use of antiviral medication for prophylaxis and/or treatment of influenza. In a nationwide epidemic, the National Office will provide current recommendations and instructions.

Varicella Vaccine

The risk of complications from varicella (chickenpox) is greatest for individuals age 15 and older. For students not immunized in childhood, varicella vaccine is administered in two 0.5 ml doses subcutaneously (SC) at least 4 weeks apart for persons age 13 and older. Contraindications include pregnancy and immunosuppression as this is a live, attenuated viral vaccine, or reaction to neomycin, gelatin or a prior dose of the vaccine.

Centers may elect to offer varicella vaccine as an option for all students with no reported history of chickenpox or vaccination in locations where the vaccine is available from public health sources. Serologic screening may be cost effective in this circumstance and may be required of HOT students.

Outbreaks of varicella on center should be managed with initial isolation, followed by medical leave at home until all lesions have crusted and dried, usually within 1 week. Students should not return home on public transportation. Oral acyclovir, an antiviral medication, is indicated for treatment of chickenpox in otherwise healthy people older than 12 years of age. The dose is 800 mg five times a day for 7 days, begun within 24 hours of symptom onset.

Hepatitis A Vaccine (HAV)

The hepatitis A vaccine is inactivated, whole-virus and available in pediatric and adult formulations. The vaccine is highly immunogenic with greater than 95 percent of adults developing protective antibody within 4 weeks of a single dose and nearly 100 percent after two doses. The vaccine is a 2 dose series with a minimum of 6 months between doses.

Job Corps students at increased risk for hepatitis A or at increased risk of complications from hepatitis A should be routinely vaccinated. This would include men who have sex with men, users of illegal drugs, persons with chronic liver disease or persons with clotting factor disorders.

Food handlers are not at increased risk for hepatitis A but play a role in foodborne hepatitis A transmission. Vaccination should be considered for all culinary arts students.

Centers may elect to offer hepatitis A vaccine to all students based on local availability of vaccine from public health sources.

Meningococcal Vaccine

Neisseria meningitidis is the leading cause of bacterial meningitis in older children, adolescents, and young adults. Incidence peaks in late winter and early spring, and the case fatality rate is 13 percent with meningitis and 11.5 percent with meningococemia.

Quadrivalent meningococcal conjugate vaccine (MCV4) is administered as a single 0.5 ml intramuscular injection. If the first dose is administered at age 13 through 15 years, a booster dose should be administered at age 16 through 18. If the first dose is administered at age 16 years or older, a booster dose is not needed.

MCV4 protects against serogroups A, C, Y and W-135 meningococcal infection, but not against type B. Two monovalent vaccines that protect against serogroup B (MenB) are now available in a 2 or 3 dose series for individuals 10-25 years of age.

Centers may elect to offer meningococcal vaccines as a preventive option for all students in locations where the vaccine is available from public health sources.

Human Papillomavirus Vaccine (HPV)

Human papillomavirus (HPV) infection is the most common STI in the United States, with about half of new infections occurring in adolescents and young adults. While HPV infections are asymptomatic, some types can lead to cervical cancer, one of the most common cancers in females worldwide, as well as vulvar, vaginal, anal and head and neck cancers.

The quadrivalent vaccine, HPV4, protects against four HPV types (6, 11, 16, 18) which are responsible for 70 percent of cervical cancers and 90 percent of genital warts. HPV4 is approved for use in males and females age 9-26 years. [See Table 2 for administration intervals] A new formulation, HPV 9, protects against nine HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58). HPV 9 is approved for use in males age 9-15 years and females age 9-26 years.

The vaccine has no therapeutic effect on HPV-related disease, but it can be given to those with abnormal Pap tests or genital warts. HPV vaccine is not recommended for use in pregnant females, but can be given to lactating women.

Vaccinated women should still be screened regularly for cervical cancer.

Immunization/Prophylaxis to Be Used at the Time of Exposure to Certain Diseases

Needlestick Prophylaxis

A percutaneous exposure (i.e., needlestick, sharp, or contact with blood on non-intact skin) requires evaluation for HIV, hepatitis B and hepatitis C infection. Comprehensive evaluation should be outlined in the center's bloodborne pathogen plan. The center should complete a CA-1 form.

The UCSF Clinician Consultation Center at San Francisco General Hospital provides expert guidance in managing healthcare worker exposures to HIV and hepatitis B and C. Phone consultation is available seven days a week from 9 am to 2 am ET at (888) 448-4911.

Hepatitis A Post-Exposure Prophylaxis

Post exposure prophylaxis (PEP) for hepatitis A is either a first dose of Hepatitis A vaccine or Immunglobulin (0.02 mL/kg) as soon as possible. In healthy persons age >12 months to 40 years, Hepatitis A vaccine is now the preferred option. For persons <12 months, > 40 years, with immunosuppression or chronic liver disease, IG remains the preferred option. Efficacy of either IG or Hepatitis A vaccine greater than 2 weeks post exposure has not been established. Additional information is available on CDCs Hepatitis A FAQs for Health Professionals webpage at:

<http://www.cdc.gov/hepatitis/HAV/HAVfaq.htm>.

Hepatitis B Post-Exposure Prophylaxis

PEP for hepatitis B must be offered as soon as possible, but no later than 24 hours after exposure. These individuals must also sign a PEP consent or declination form, which must be documented in the employee's personnel record or student's health record.

A Quick Guide to HBV post-exposure prophylaxis is available online at:

<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>.

Human Immunodeficiency Virus (HIV) Post-Exposure Prophylaxis

PEP for HIV infection should be initiated within hours of exposure and consists of a three drug regimen administered for 28 days. Risk of infection is greater with percutaneous exposure (e.g. needlestick) (0.3%) than with mucosal or cutaneous exposure to blood (0.09%).

A Quick Guide to HIV post-exposure prophylaxis is available online at:

<http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>.

CDCs "Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for post-exposure prophylaxis" report is available at: <http://stacks.cdc.gov/view/cdc/20711>.

Meningococcal Infection Prophylaxis

Meningococcal antimicrobial prophylaxis should be administered to close contacts within 24 hours of index case identification. Alternatives include rifampin 600 mg by mouth every 12 hours for 2 days (four doses), azithromycin 500 mg by mouth once or ceftriaxone 250 mg IM once. Nasopharyngeal cultures are not indicated, and prophylaxis is of no value more than 14 days after index case identification.

Antimicrobial prophylaxis is indicated even in close contacts who have been immunized. Centers should consult with state or local health authorities before considering the use of meningococcal vaccine in an outbreak.

See: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6202a3.htm?s_cid=rr6202a3_w

Tetanus Prophylaxis in Wound Management

Antibiotic prophylaxis against tetanus is neither practical nor useful in managing wounds; proper immunization plays the more important role. The need for active immunization, with or without passive immunization, depends on the condition of the wound and the patient's immunization history. Rarely have cases of tetanus occurred in persons with a documented primary series of tetanus toxoid.

Persons with wounds that are neither clean nor minor, and who have had 0–2 prior doses of tetanus toxoid or have an uncertain history of prior doses should receive tetanus immune globulin (TIG) as well as Td or Tdap. This is because early doses of toxoid may not induce immunity, but only prime the immune system. The TIG provides temporary immunity by directly providing antitoxin. This ensures that protective levels of antitoxin are achieved even if an immune response has not yet occurred.

Vaccination History	Clean, minor wounds		All other wounds	
	Td*	TIG	Td*	TIG
Unknown or less than 3 doses	Yes	No	Yes	Yes
3 or more doses	No+	No	No**	No

*Tdap may be substituted for Td if the person has not previously received Tdap and is 10 years or older
 + Yes, if more than 10 years since last dose
 ** Yes, if more than 5 years since last dose

Additional tetanus information from CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases The Pink Book: Course Textbook is available at:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/tetanus.pdf>.

Rabies Prophylaxis

The management of individuals who are bitten by animals has been systematized to ensure adequacy of rabies post-exposure prophylaxis and to avoid unnecessary treatment.

Rabies pre-exposure prophylaxis may be considered for students at risk of occupational exposure, such as animal control or wildlife workers.

Additional information from CDC's Rabies medical care webpage is available at:
http://www.cdc.gov/rabies/medical_care/index.html.

MANAGEMENT OF IMMUNIZING AND OTHER BIOLOGICAL AGENTS

Purchase of Immunizing Agents

Immunizing agents generally should be procured from government sources. Some state and/or local health departments provide immunizing agents at no charge. This source should be investigated first. Commercial sources may be used when their prices are more economical than governmental sources or when urgently needed items are not immediately available from the government. Government sources of supply are:

- Department of Health and Human Services (HHS), Supply Service Center Medical Supply Catalog
<http://sscweb.psc.gov/page.cfm?id=17>
- Vaccines for Children (VFC)
<http://www.cdc.gov/vaccines/programs/vfc/index.html>
- VFC State, Territory, and City Coordinators
<http://www.cdc.gov/vaccines/programs/vfc/contacts-state.html>
- State and local health departments

Catalogues are available online from the above sources and contain all necessary ordering and shipping information.

Storage and Disposal

CDC's Vaccine Storage and Handling Toolkit (May 2014) can be found online at: <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>. Topics include Vaccine Storage and Handling; Vaccine Inventory Management; Vaccine Delivery, Transport, Preparation and Disposal.

Needlestick Safety

The Needlestick Safety and Prevention Act (PL 106-430), signed into law on November 6, 2000, requires employers to identify, evaluate, and implement safer medical devices. The Act also requires maintenance of a sharps injury log and mandates involvement of non-managerial healthcare workers in evaluating and choosing devices.

Requirements of this Act apply to all blood drawing, injections and immunizations administered on center [see PRH 5.20 (R8) Bloodborne Pathogens Plan].

IMMUNIZATION RECORDS

Immunization records must be gathered and maintained for all students participating in Job Corps. Immunization records are also maintained for center staff when indicated.

Immunization Record

Initiation

The immunization record will be initiated at the time of initial vaccination of a student entering Job Corps or when a staff member is vaccinated on center.

Record Entries and Storage

Records of all immunizations of students will be entered on an immunization record. The immunization record will be filed in the SHR.

In accordance with the NCVIA, the date, name and title of the person administering the vaccine, date VIS was given, and name of the vaccine manufacturer and lot number must be recorded for each dose of covered vaccines.

Copy of Immunization Record

All students should receive a copy of their immunization records during the Career Transition Period, prior to separation from Job Corps.

Other Immunization Records

Records for Personnel Other than Students

Appropriate records will be maintained for center staff. Records of all staff hepatitis B immunizations will be recorded per the Bloodborne Pathogens Plan requirements.

Acceptance of Records of Prior Student Immunization

A written statement from a physician or an immunization record that is satisfactory to the Center Physician and attests to the immunization status of the individual by noting dates and doses is considered acceptable evidence of immunization [see Evidence of Prior Immunization]. This statement or record will be filed in the SHR.

APPENDIX A
JOB CORPS IMMUNIZATION FORMS

JOB CORPS IMMUNIZATION RECORD

Name _____ Center _____

DOB _____ DOE _____ ID Number _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to students 18 or older, or mail to minor students' parent or legal representative.

Vaccine	Date Given (m/d/y)	Vaccine Site*	Vaccine			Vaccine Information Statement (VIS)		Vaccinator Signature
			Mfr.	Lot #	Exp. Date	Date on VIS**	Date Given**	
Tetanus-Diphtheria Toxoid-Adult (Td) <i>or</i>								
Tetanus-diphtheria-acellular pertussis (Tdap)								
Inactivated Poliovirus Vaccine (IPV) – age <18								
Measles/Mumps/Rubella (MMR)	1							
	2							
Hepatitis B Vaccine (HBV)	1							
	2							
	3							
Meningococcal conjugate vaccine (MCV4)	1							
	2							
Varicella	1							
	2							

REACTIONS (use reverse as needed):

*RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).

**Record the publication date of each VIS as well as the date the VIS is given to the student.

JOB CORPS IMMUNIZATION RECORD

Name _____ Center _____

DOB _____ DOE _____ ID Number _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to students 18 or older, or mail to minor students' parent or legal representative.

Vaccine	Date Given (m/d/y)	Vaccine Site*	Vaccine			Vaccine Information Statement (VIS)		Vaccinator Signature
			Mfr.	Lot #	Exp. Date	Date on VIS**	Date Given**	
Hepatitis A (HAV)	1							
	2							
Human papillomavirus vaccine (HPV4)	1							
	2							
	3							
Influenza	1 st yr							
	2 nd yr							
Others:								

REACTIONS (use reverse as needed):

*RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).

**Record the publication date of each VIS as well as the date the VIS is given to the student.

PPD TESTING

Name _____ Center _____

DOB _____ DOE _____ ID Number _____

- Has student ever had:
1. Positive PPD skin test _____ Date (Month/Year)
 2. IGRA blood test: _____ Date/Result (+/-)
 3. Initial chest x-ray: _____ Date/Result (+/-)
 4. Treatment with INH: _____ Date/Duration (Months)

Date	Manufacturer Lot Number Expiration Date	Dose/Strength Route Injection Site	Signature	Date Read	Signature	Induration in Millimeters
						MM
						MM

Date of chest x-ray and results: _____

Date of IGRA blood test (if performed) and results: _____

Date student started on preventive treatment: _____

Reason student declined preventive treatment: _____

Student signature

Date

- Note:** Read reaction in 48-72 hours after injection
 Measure only induration
 Record results in millimeters
 Record as positive or negative per CDC guidelines
 Interpret without regard to history of BCG vaccination

CLASSIFYING THE TUBERCULIN REACTION	
≥5mm is positive in:	<ul style="list-style-type: none"> • Students who are HIV positive • Students who have had close contacts with persons with infectious TB • Students who have a chest radiograph suggestive of previous TB • Students with clinical evidence of tuberculosis • Students who inject drugs
≥10mm is positive in:	<ul style="list-style-type: none"> • Students with certain medical conditions, excluding HIV infection • Foreign-born students from areas where TB is common • Medically underserved, low-income populations including high-risk racial and ethnic groups (including the homeless)
≥15mm is positive in:	<ul style="list-style-type: none"> • All students with no known risk factors for TB

ISONIAZID (INH) CHEMOPROPHYLAXIS

Name _____ Center _____

DOB _____ DOE _____ ID Number _____

Date INH started _____ Dosage/frequency: 300 mg daily **OR** 900 mg twice weekly

Date other Rx started _____ Name/dosage/frequency _____

MONTH/YEAR	WEEK OF (DATE) (INITIALS)				

Symptoms (e.g., fever/chills, fatigue, weakness, malaise, anorexia, stomach pain, nausea/vomiting, diarrhea, tingling/numbness fingers, dark urine/pale stools, yellowness of skin/eyes, rash/itching. Note below with the date of onset.)

Additional comments or tests ordered/results:

Date _____

Date _____

Date record closed _____

Reason for termination of chemoprophylaxis (check all that apply):

- Completed treatment
- Non-compliant
- Toxicity
- AWOL
- Separation
- Other

Moved/Forwarding Address: _____
