IMMUNIZATION GUIDE

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Appendix

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 2: 2.3, R2 Health and Wellness Program, 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 services 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 at no cost for eligible students according to the latest Centers for Disease Control and Prevention (CDC) guidelines.

A tuberculosis skin test (Mantoux) or blood test (IGRA) is required of all new students who do not have documented proof of a previous negative tuberculin test taken within the last 12 months.

Students in health occupations shall receive a tuberculin test prior to clinical work experience in accordance with state or local health department requirements. Annual tuberculin testing is no longer required for students in health occupations.

Results of tuberculin skin testing should be interpreted without regard to a prior history of BCG vaccination, although an IGRA blood test is preferred for students with a history of BCG.

Refer to the Tuberculin Skin Testing and Latent Tuberculosis Treatment Guideline for management of students with a positive tuberculin test.

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.

VISs are available for:

- COVID-19
- Hepatitis A
- Hepatitis B
- Haemophilus Influenzae type B (Hib)
- Human Papilloma Virus (HPV)
- Influenza Inactivated
- Influenza Live Intranasal
- Measles/Mumps/Rubella (MMR)
- Meningococcal ACWY
- Meningococcal B
- Pneumococcal Polysaccharide (PPSV23)
- Pneumococcal Conjugate (PCV13)
- Polio
- Tetanus/diphtheria (Td)
- Tetanus/diphtheria/acellular pertussis (Tdap)
- Varicella (Chickenpox)

VISs are available in over 30 languages through the Immunization Action Coalition.

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 edition date of the VIS, the date the VIS was given to the student, the date the vaccine was administered and the vaccine manufacturer and lot number. To ensure that parents/guardians of minors are provided with VISs, 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 (sample letter to inform parents of immunizations).

The National Childhood Vaccine Injury Act (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.

IMMUNIZATION PROCEDURES

Evidence of Prior Immunization

If students fail to provide admission services with current immunization records at the time of application, admission services 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).

State Immunization Registries

Center health staff members are encouraged to utilize state immunization registries to verify each student's past immunizations and to upload to these registries any immunizations administered on center. See CDCs Immunization Information Systems (IIS) for additional information.

Sensitivity Precautions

Individuals reporting a history of sensitivity to an immunizing agent should generally be exempt from that immunization. Persons with significant allergy to eggs (i.e., any symptoms other than hives) should not be given vaccine prepared by cultivation in eggs (e.g., influenza vaccines) 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

- 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 potential effects on the fetus. For example, live virus vaccines such as MMR and 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 CDCs Vaccine Recommendations and Guidelines of the ACIP 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. Therefore, 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. To avoid this interference, 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.

Waivers [PRH-2: 2.3, R15 Waiver of Medical Care]

- **Medical Waivers**—The center physician, nurse practitioner or physician assistant may grant an immunization waiver for individual students with a valid medical contraindication to vaccination. The medical reasons for the waiver must be clearly documented in the SHR. Medical waivers will be based on a reliable history of significant sensitivity to an immunizing agent or other medical contraindication.
- **Religious Waivers**—The center physician, nurse practitioner or physician assistant may grant waivers of immunization requirements for religious reasons. The waiver must be clearly 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-2: 2.3, R2 (d) Immunizations].

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
1 month after visit 1	Td or Tdap#2, IPV#2, MMR#2	
6 months after visit 2	Td or Tdap#3, IPV#3	
10 yrs after Td#3	Td or Tdap	Repeat every 10 years throughout life
Pregnancy	Tdap	Administer preferably at 27–36 weeks of gestation for each pregnancy

Table 2 lists additional vaccines currently recommended for adolescents by the CDC. Centers are strongly encouraged to seek public health resources (e.g., Vaccines for Children (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, 1-2, 6 months Required for health occupations students
Human Papillomavirus (HPV)	3	Doses at intervals of 0, 1-2, 6 months
Influenza	1	Annually
COVID-19	1-2	Use a vaccine approved for age 16 and older
Meningococcal ACWY (Men ACWY)	1-2	Dormitory living associated with increased risk of disease. If the first dose is administered before age 16 years, a booster dose should be administered. If the first dose is administered at age 16 years or older, a booster dose is not needed.
Meningococcal B (Men B)	2-3	Shared clinical decision making
Varicella	2	Doses at least 4 weeks apart

CDC updates immunization recommendations annually and the most current schedules can be found at CDCs Immunization Schedules page.

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: 5.4 Significant Incidents], (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 by law to report selected adverse events occurring after immunization to the Vaccine Adverse Events Reporting System (VAERS).

VAERS, a cooperative program for vaccine safety of the 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 the VAERS website.

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 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 or Tdap 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 vaccine.
- 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, nurse practitioner (NP) or physician assistant (PA) may exercise the option to administer the primary series [See Table 1].
- Administer Tdap vaccine by the intramuscular route, preferably in the deltoid muscle in the upper arm for adults.

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.
- The 0.5 ml dose is administered by the intramuscular or subcutaneous route, in the deltoid muscle or the posterior triceps aspect of the upper arm, respectively.
- 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)

- Because MMR is a live-attenuated virus vaccine, do not administer the MMR vaccine to any student with an altered immune status (including agammaglobulinemia or malignancy) or who is receiving oral steroids or other immunosuppressive therapy, unless specifically ordered by the center physician. Students with HIV infection can receive MMR if they are in treatment and their CD4 count is ≥200.

- 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 further vaccination is necessary.
- For individuals with a single MMR vaccination history, administer a single 0.5 ml dose of MMR vaccine subcutaneously. The preferred site for adolescents and adults is the posterior triceps aspect of the upper arm.
- 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 hepatitis B infection should be vaccinated. This includes sex partners of people infected with hepatitis B, 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 disease (STD), 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.

Tuberculosis (TB) Testing

Individuals must be screened for tuberculosis at entry to the program. Positive 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 active disease is present. Additional information from CDCs Tuberculosis Testing and Diagnosis webpage.

TB skin test

A Mantoux tuberculin skin test remains the most commonly used TB screening 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. Instructions for reliable administration and reading of the tuberculin skin test can be found in Mantoux Tuberculin Skin Test Training Materials Kit on the CDC website. 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.
- 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 a history of any treatment for latent or active disease in the past. Do not administer another PPD.

TABLE 3: CLASSIFYING THE TUBERCULIN REACTION	
≥ 5mm is positive in:	• Recent contacts of a TB case • Students with fibrotic changes on chest x-ray consistent with old TB • HIV-infected students • Organ transplant recipients • Immunosuppressed students (e.g., taking the equivalent of > 15 mg/day of prednisone for > one month or taking TNF-α antagonists)
≥ 10mm is positive in:	• Recent immigrants (< 5 years) from high prevalence countries • Injection drug users • Residents of homeless centers
≥ 15mm is positive in:	• 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) and T-Spot TB test. 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 there is 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
- COVID-19
- Varicella
- Hepatitis A (HAV)
- Meningococcal (MenACWY)
- Meningococcal (MenB)
- 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 a vaccine prepared for the current year. Each year's vaccine contains the four virus strains most likely to circulate in the upcoming winter.

- Students need only one 0.5 ml IM dose of inactivated influenza vaccine. The recommended site of vaccination is the deltoid muscle.

- Students 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.

- Students with a history of sensitivity to eggs or chick protein who have experienced only hives after exposure to egg may receive either influenza vaccine after consulting the center physician/NP/PA. Students who report having had reactions to egg with angioedema or swelling, respiratory distress, lightheadedness, recurrent vomiting or required epinephrine or another emergency intervention must receive their vaccination supervised by a health care clinician who is able to recognize and manage severe allergic reactions.

- Centers should offer to vaccinate all consenting students 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 students presenting for care beginning as soon as September when the new seasonal vaccine is available and continuing throughout the influenza season until the end of March.

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.

COVID-19 Vaccines

Job Corps recommends that all students and staff be immunized against COVID-19 with one of the multiple vaccine regimens currently available under Emergency Use Authorization.

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 <u>all</u> 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 Vaccines

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 meningococcemia.

Quadrivalent meningococcal conjugate vaccine (MenACWY) 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.

MenACWY protects against serogroups A, C, Y and W 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 STD 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 newer formulation, HPV9, protects against nine HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58). HPV9 is approved for use in males and females age 9-45 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, starting at age 25.

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.

Hepatitis A Post-Exposure Prophylaxis

Post exposure prophylaxis (PEP) for hepatitis A is either a first dose of Hepatitis A vaccine or Immunoglobulin (IG) (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 Questions and Answers for Health Professionals webpage.

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 SHR.

A PEP Quick Guide for Occupational Exposures is available for additional guidance.

Human Immunodeficiency Virus (HIV) Post-Exposure Prophylaxis (PEP)

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%).

PEP Quick Guide for Occupational Exposures and CDCs "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis" reports are available for additional guidance.

Human Immunodeficiency Virus (HIV) Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) involves taking anti-HIV medication every day to reduce the risk of becoming infected with HIV when exposed to HIV. The currently approved medication for PrEP is a once daily combination anti-HIV medication. When taken daily, PrEP reduces the risk of becoming HIV positive.

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 CDCs Meningococcal Outbreaks webpage for additional guidance.

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.

TABLE 4: TETANUS WOUND MANAGEMENT				
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 + Yes, if more than 10 years since last dose ** Yes, if more than 5 years since last dose				

Additional tetanus information is available from CDCs Epidemiology and Prevention of Vaccine-Preventable Diseases The Pink Book: Course Textbook.

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 is available from CDCs Rabies Medical Care webpage.

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), Program Support Center (PSC), Medical Supply Fulfillment
- Vaccines for Children (VFC)
    - VFC State, Territory, and City Coordinators
- 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 (March 2021) provides information on the following topics: Vaccine Cold Chain, Staff and Training, Vaccine Storage and Temperature Monitoring Equipment, Vaccine Inventory Management; Vaccine Preparation, Vaccine Transport, and Emergency Vaccine Storage and Handling.

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 5.1,R23 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.

All immunizations administered on center must be entered into the state's immunization registry.

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

JOB CORPS IMMUNIZATION FORMS

Job Corps Immunization Record
Tuberculin Testing
Chemoprophylaxis for Latent Tuberculosis

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	Publication Date on VIS	Date Given	
REQUIRED IMMUNIZATIONS									
Tetanus-Diphtheria Toxoid-Adult (Td) *or*									
Tetanus-diphtheria-acellular pertussis (Tdap)									
Inactivated Poliovirus Vaccine (IPV) – age <18									
Measles/Mumps/Rubella (MMR)	1								
	2								
Hepatitis B Vaccine (HBV) Only required for HOT Students	1								
	2								
	3								

REACTIONS (use reverse as needed):

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

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	Publication Date on VIS	Date Given	
RECOMMENDED IMMUNIZATIONS									
COVID-19	1								
	2								
	3								
Hepatitis A (HAV)	1								
	2								
Human papillomavirus vaccine (HPV4) or (HPV9)	1								
	2								
	3								
Influenza vaccine, inactivated (IIV)	1st yr								
	2nd yr								
Influenza vaccine, live attenuated (LAIV4)	1st yr								
	2nd yr								

REACTIONS (use reverse as needed):

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

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	Publication Date on VIS	Date Given	
RECOMMENDED IMMUNIZATIONS (continued)									
Meningococcal ACWY	1								
	2								
Meningococcal B	1								
	2								
	3								
Varicella	1								
	2								
Others:									

REACTIONS (use reverse as needed):

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

TUBERCULIN 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. Chest x-ray: _____ Date/Result (+/-)
4. Treatment for latent TB: _____ Date/Duration (Months)

Tuberculin skin test (PPD)

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

Note: Read reaction in 48-72 hours after injection
Measure only induration, not erythema
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:	• Recent contacts of a TB case • Students with fibrotic changes on chest x-ray consistent with old TB • HIV-infected students • Organ transplant recipients • Immunosuppressed students (e.g., taking the equivalent of > 15 mg/day of prednisone for > one month or taking TNF-α antagonists)
≥ 10mm is positive in:	• Recent immigrants (< 5 years) from high prevalence countries • Injection drug users • Residents of homeless centers
≥ 15mm is positive in:	• No known risk factors for TB

Note that induration, not erythema, is measured in mm. Tuberculin skin test results should be interpreted without regard to a prior history of BCG vaccination.

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

Date of chest x-ray and results: _____

CHEMOPROPHYLAXIS FOR LATENT TUBERCULOSIS

Name _____ Center _____

DOB _____ DOE _____ ID Number _____

Pharmacologic management of latent tuberculosis infection includes:

Isoniazid & Rifapentine* (3HP) INH 15 mg/kg (max 900 mg) & RPT (rifapentine) ≥50 kg-900 mg (max 900 mg)	3 months	Once per week** with direct observation therapy (DOT) or self-administered therapy (SAT)	Preferred regimen with strong recommendation. Treatment recommended for individuals: • ≥2 years of age • In persons who have HIV infection, including AIDS*** Not recommended for individuals who are: • pregnant or expect to become pregnant within 12 weeks**** • presumed infected with INH or RIF-resistant TB
Rifampin RIF 10 mg/kg (max 600 mg)	4 months	Daily	Preferred regimen with strong recommendation. Pregnancy Category C

Three additional regimens have conditional recommendations and require daily dosing for 3, 6, or 9 months.

* Prescribing providers or pharmacists who are unfamiliar with rifampin and rifapentine might confuse the two drugs. They are not interchangeable, and caution should be taken to ensure that patients receive the correct medication for the intended regimen.

** Health care providers can choose the mode of administration as either DOT or SAT. Given ease of DOT in Job Corps setting, this will likely be the preferred option for centers.

*** 3HP is the recommended treatment of LTBI in persons with HIV infection including AIDS, who are otherwise healthy and not taking antiretroviral medications or are taking antiretroviral medications with acceptable drug-drug interactions with rifampin

**** In pregnancy, consider delaying treatment until after delivery unless high risk for progression to active disease (recent TB exposure, HIV infected)

Which regimen was initiated? ☐ Isoniazid & Rifapentine once per week for 12 weeks
☐ Rifampin once daily for 4 months

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: _____

_____

Date student started on preventive treatment: _____

Date student completed preventive treatment: _____

Reason student declined preventive treatment: _____

Student signature: _____ **Date:** _____