

# Immunization Policies

The students must make sure that they are up-to-date on routine vaccines. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and the yearly flu shot.

Xavier University mandates the students to be vaccinated with one of the CDC recommended COVID vaccinations.

Centers for Disease Control and Prevention (CDC) recommends Hepatitis A and Typhoid vaccines

Depending on the age, health status, or lifestyle, the following vaccinations may also be recommended: Meningococcal Meningitis, Pneumococcal Pneumonia, Herpes Zoster, Haemophilus influenza type B, Rotavirus and Human Papillomavirus.

Students are required to submit copies of immunization records to the school at the time of application.

## **Recommended Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018**

Adult Immunization Schedule by Age Group (Subject to Change)

## **1. Tetanus, Diphtheria and Acellular Pertussis Vaccination**

### **General information**

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11-12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years

## **2. Measles, Mumps and Rubella Vaccination**

### **General information**

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

### Special populations

- **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu\text{L}$  for at least 6 months** and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart
- **Students in postsecondary educational institutions, international travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)
- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- Adults who **previously received  $\leq 2$  doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR

## 3. Varicella vaccination

### General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose)
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or varicella-containing vaccine at least 4 weeks apart
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider
  - Laboratory evidence of immunity or disease

### Special populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:**  
Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- Adults with **HIV infection and CD4 cell count  $\geq 200$  cells/ $\mu\text{L}$ :** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

#### 4. Zoster Vaccination

##### General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)
- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL

#### 5. Human Papillomavirus Vaccination

##### General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
  - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)

##### Special populations

- Adults with **immunocompromising conditions (including HIV infection)** through age 26 years:  
Administer 3-dose series at 0, 1–2, and 6 months

#### 6. Pneumococcal vaccination

##### General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit);

## 7. Hepatitis A vaccination

### General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix at 0 and 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months; minimum intervals: 4 weeks between first and second doses, 5 months between second and third doses

### Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
  - Travel to or work in countries with high or intermediate hepatitis A endemicity

## 8. Hepatitis B vaccination

### General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

### Special populations

- Administer HepB or HepA-HepB to adults with the following indications:
  - **Chronic liver disease** (e.g., hepatitis C infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Percutaneous or mucosal risk of exposure to blood** (e.g., household contacts of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with **diabetes mellitus** or aged 60 years or older with diabetes mellitus based on individual clinical decision; adults in pre-dialysis care or receiving **hemodialysis or peritoneal dialysis; recent or current injection drug users; health care and public safety workers** at risk for exposure to blood or blood-contaminated body fluids)

- Receive care in **settings where a high proportion of adults have risks for hepatitis B infection** (e.g., facilities providing sexually transmitted disease treatment, drug-abuse treatment and prevention services, hemodialysis and end-stage renal disease programs, institutions for developmentally disabled persons, health care settings targeting services to injection drug users or MSM, HIV testing and treatment facilities, and correctional facilities)
- **Travel** to countries with high or intermediate hepatitis B endemicity

## 9. Meningococcal vaccination

### Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease and other hemoglobinopathies)
  - **HIV infection**
  - **Persistent complement component deficiency**
  - **Eculizumab use**
- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Travel to or live in countries where meningococcal disease is hyperendemic or epidemic**, including countries in the African meningitis belt or during the Hajj
  - At risk from a **meningococcal disease outbreak attributed to serogroup A, C, W, or Y**
  - **Microbiologists** routinely exposed to *Neisseria meningitidis*
  - **Military recruits**
  - **First-year college students who live in residential housing** (if they did not receive MenACWY at age 16 years or older)

### General Information: Serogroup B meningococcal vaccine (MenB)

- May administer, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart
- MenB-4C and MenB-FHbp are not interchangeable

### Special populations: MenB

- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at 0, 1–2, and 6 months to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease)

- Persistent complement component deficiency
- Eculizumab use
- At risk from a meningococcal disease outbreak attributed to serogroup B
- Microbiologists routinely exposed to Neisseria meningitides

## 10. Haemophilus influenzae type b vaccination

### Special populations

- Administer Haemophilus influenzae type b vaccine (Hib) to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
  - **Hematopoietic stem cell transplant (HSCT)**: Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

## 11. COVID vaccination

### General information:

On August 23, FDA approved the Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine for people aged 16 years and older.

Xavier University mandates the students to be vaccinated with one of the following CDC recommended vaccinations:

Vaccine Brand Name	Who Can Get this Vaccine	How Many Shots You Will Need	When Are You Due
Pfizer-BioNTech	People 12 years and older	2 shots - Given 3 weeks (21 days) apart	2 weeks after 2nd shot
Moderna	People 18 years and older	2 shots - Given 3 weeks (21 days) apart	2 weeks after 2nd shot
Johnson & Johnson's Janssen	People 18 years and older	1 shot	2 weeks after 1st shot

**You should get a COVID-19 vaccination as soon as possible.** Do not wait for a specific brand. All currently authorized and recommended COVID-19 vaccines are [safe](#) and [effective](#), and CDC does not recommend one vaccine over another.

**COVID-19 vaccines are not interchangeable.** If you received a Pfizer-BioNTech or Moderna COVID-19 vaccine, you should get the same product for your second shot.

### Who Should NOT Get Vaccinated

- **If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction**, even if it was not severe, to any ingredient in an mRNA COVID-19 vaccine (such as polyethylene glycol), you should not get either of the mRNA COVID-19 vaccines.
- If you had a severe or immediate allergic reaction **after getting the first dose of an mRNA COVID-19 vaccine**, you should not get a second dose of either of the mRNA COVID-19 vaccines.
- A severe allergic reaction is one that needs to be treated with epinephrine or EpiPen or with medical care.
- An immediate allergic reaction means a reaction within 4 hours of exposure, including symptoms such as hives, swelling, or wheezing (respiratory distress).

If you aren't able to get an mRNA COVID-19 vaccine, you may still be able to get a different type of COVID-19 vaccine.

### Special Populations:

The CDC continues to recommend the vaccine under an emergency use authorization (EUA) for adolescents 12 through 15 years old, as well as an additional mRNA dose for moderately to severely immunocompromised people.

Students who wish to appeal against vaccination due to underlying medical conditions, religious or personal beliefs should send an appeal to the Grievances Committee seeking approval for the same. A decision made by the Grievances committee is final.

### References:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>