



Standard College of Nursing

Tuberculosis Surveillance Requirements and Immunization

Recommendations for Personnel Providing Patient Care

Every person serving in a patient care role in a facility is required to provide evidence of the following communicable disease screens and/or vaccinations unless physician documented medical or religious reason for non-compliance.

DISEASE	IMMUNIZATION	EVIDENCE OF IMMUNITY
Hepatitis B	Hepatitis B Recombinant Vaccine (Must be offered - OSHA Requirement)	<ul style="list-style-type: none"> Dates of three (3) doses of Hepatitis B Recombinant Vaccine OR Serum Titer laboratory test result indicating immunity If vaccine declined, must be offered annually and must have declination statement signed and on-file annually
Influenza	Influenza (inactivated virus) Vaccine (Required or mask during flu season)	<ul style="list-style-type: none"> Annual single dose
Rubella Rubeola Mumps	Measles / Mumps I Rubella Vaccine (MMR) - live virus (Required; contraindicated if pregnant)	<ul style="list-style-type: none"> Dates of two (2) doses of live vaccine on or after their 1st birthday OR Serum Titer laboratory test result indicating immunity
Pertussis	Tdap Vaccine (Recommended; contraindicated if pregnant)	<ul style="list-style-type: none"> Tdap is a one-time single dose booster Adults need a Td (tetanus/diphtheria) booster every 10 years.
Varicella	Varicella - zoster Vaccine (live virus) (Recommended; contraindicated if pregnant)	<ul style="list-style-type: none"> Dates of two (2) doses, 4-8 weeks apart OR Serum Titer laboratory test result indicating immunity
Tuberculosis	Initial Screen: (REQUIRED) <ul style="list-style-type: none"> 2-step Tuberculin Skin Test (1ST) - Two (2) TSTs placed and read (in MM induration) at an interval 2 weeks apart TB symptom screen questionnaire 	<ul style="list-style-type: none"> If the individual provided documentation of a TST placed and read within the past 12 months, that test may be used as the 1st step of the 2-step test process. A TB symptom screen questionnaire should be conducted on all personnel annually.
	Persons with previous history of positive TB test: <ul style="list-style-type: none"> Initial Chest X-ray (CXR) A TB symptoms screen completed initially and yearly thereafter. Chest X-ray if symptomatic. 	<ul style="list-style-type: none"> For students new to the school, CXR must be current within the past year - negative, no evidence of active disease; if not current or evidence of disease, obtain CXR Chest x-ray should be obtained if symptoms exist: night sweats, weight loss, productive cough (more than 3 weeks duration), blood-tinged sputum, fever
	Annual Screen: (REQUIRED) <ul style="list-style-type: none"> (1) TST documented placed and read TB symptom screening questionnaire Chest x-ray for positive TST (only for new conversion) 	<ul style="list-style-type: none"> TST must be current within the year - negative, no evidence of active disease; if not current or evidence of disease, obtain CXR Chest x-ray should be obtained if symptoms exist: night sweats, weight loss, productive cough (more than 3 weeks duration), blood-tinged sputum, fever A TB symptom screening questionnaire is required annually on all health care providers. If the TST conversion occurred within the past (2) years and the individual was not treated with anti-tuberculosis medications, complete a TB screening questionnaire every (6) months for (2) years Chest x-rays are NOT required annually unless symptoms exist: night sweats, weight loss, productive cough (more than 3 weeks duration), blood-tinged sputum, fever