Rady Faculty of Health Sciences
College of Nursing

Non-Academic Admission Requirements 2017-2018

CPR
Criminal Record Search Certificate
Child Abuse Registry Check
Adult Abuse Registry Check
Personal Health Information Act (PHIA) Training
Mask Fit Testing
Immunization

This document is intended for applicants to the College of Nursing’s programs at the University of Manitoba. It provides details and steps for you to follow to meet the non-academic admission requirements. Each of these is essential for you to complete the admission process for the College of Nursing.
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The Non-Academic Admission Requirements

This document contains information about the College of Nursing’s non-academic requirements: immunizations, Criminal Records Search Certificate (including vulnerable sector search), Child Abuse Registry check, Adult Abuse Registry check, mask fit test, cardiopulmonary resuscitation (CPR) certification, and Personal Health Information Act (PHIA) training.

The non-academic admission requirements are as important as the academic requirements because your offer of admission to the College is provisional until you have submitted the non-academic admission requirements. Submit all documentation after you have received your Offer of Admission and well before the July 15th deadline (Fall intake) or the November 15th deadline (Winter intake)* so that there is time to resolve any requirement issues. Failure to comply with the deadlines associated with each requirement will result in your offer of admission being revoked. This booklet provides you with all of the information that you will need to ensure that you are able to meet the deadlines for these admission requirements.

Admission Intake

Effective September 2015, the College of Nursing will have two intakes for the Bachelor of Nursing Program (four year): one for Fall (September), and one for Winter (January)*. The due dates and deadlines for each intake are clearly set out in the following pages.

*Please note: There is NO Winter intake for BPRN or Graduate students. Follow all due dates and guidelines for the Fall intake program.

Non-Academic Admission Requirements Deadlines

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Fall Intake</th>
<th>Winter Intake</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Non-Academic Requirements are due</td>
<td>July 15, 2017</td>
<td>November 15, 2017</td>
</tr>
<tr>
<td>Student Immune Status Record (not including TST)</td>
<td>November 1, 2016</td>
<td>March 1, 2017</td>
</tr>
<tr>
<td>Criminal Record Search Certificate</td>
<td>April 1-15, 2017</td>
<td>April 1-15, 2017</td>
</tr>
<tr>
<td>Child and Adult Abuse Registry checks</td>
<td>April 1-15, 2017</td>
<td>April 1-15, 2017</td>
</tr>
<tr>
<td>CPR (HCP level) Certification</td>
<td>April 1, 2017 or later</td>
<td>April 1, 2017 or later</td>
</tr>
<tr>
<td>1 or 2 Step Tuberculin Skin Test (TST)</td>
<td>May 1, 2017 or later</td>
<td>May 1, 2017 or later</td>
</tr>
<tr>
<td>Personal Health Information Act (PHIA) Training</td>
<td>See page 9</td>
<td>See page 9</td>
</tr>
<tr>
<td>Mask-Fit Testing</td>
<td>See page 10</td>
<td>See page 10</td>
</tr>
</tbody>
</table>

Cost of the Non-Academic Admission Requirements

Students are responsible for the costs associated with compliance with the non-academic admission requirements. They are also responsible for confirming that all documents have been received by the Student Services staff and that all admission requirements have been met.
If you have any questions about the non-academic admission requirements, please contact the Student Services Assistant at the address below.

**Submission of Documents**

All Undergraduate and Graduate Program documentation must be submitted to:

Student Services Assistant  
Room 262  
Helen Glass Centre for Nursing  
Tel: 204-474-6655  
Email: nursing@umanitoba.ca  
Office hours: Monday to Friday, 8:00 a.m. - 4:00 p.m.

Documents can be submitted at the reception desk, to any Nursing student advisor, or the College of Nursing Registrar when the Student Services Assistant is unavailable. If you are submitting your documents by mail, it is recommended that you send them by registered mail or courier so that documents can be tracked.

All documents become the property of the College of Nursing unless you provide one self-addressed, stamped envelope for the return of your criminal record search certificate, Child Abuse Registry check and Adult Abuse Registry check. If you do not provide a self-addressed, stamped envelope, your documents will be confidentially destroyed.

Please note that, if you are applying for the Fall intake and your application is unsuccessful, you may use the same documents for a Winter admission, should your Winter application be successful.

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**IMPORTANT**

Remember to **copy** your documents as the College will **not** make copies for students.
Non-Academic Requirements: Details

CPR Certification

Requirement:
• CPR Health Care Provider (HCP) level
• Must be certified in Canada

Where to Certify:
• Any agency that offers CPR at the Health Care Provider level

Specific Instructions:
• Certify April 1, 2017 or later for both the Fall and Winter intakes as it must be valid for the entire academic year (to April 2018)
• Ensure it is at the HCP (Health Care Provider) level
• Submit a copy of the card
• Date of certification must be on the card or provide other proof of certification date
• DO NOT submit your original card

Due:
• July 15, 2017 – Fall intake
• November 15, 2017 – Winter intake

The agency information below is provided for your convenience only and is accurate as of November 2014. These agencies are neither connected to nor endorsed by the College of Nursing.

<table>
<thead>
<tr>
<th>Heart &amp; Stroke Foundation of Canada</th>
<th>Winnipeg First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Donald Street</td>
<td>Unit 20, 222 Osborne Street</td>
</tr>
<tr>
<td>Winnipeg, MB R3L 0K6</td>
<td>Winnipeg, MB R3L1Z3</td>
</tr>
<tr>
<td>Toll Free: 1-877-473-0333</td>
<td>Tel: 204-272-8720</td>
</tr>
<tr>
<td>Email: <a href="mailto:rsc@hsf.ca">rsc@hsf.ca</a></td>
<td>Email: <a href="mailto:info@firstaidwinnipeg.ca">info@firstaidwinnipeg.ca</a></td>
</tr>
<tr>
<td>Web: <a href="https://resuscitation.heartandstroke.ca/">https://resuscitation.heartandstroke.ca/</a></td>
<td>Web: <a href="http://firstaidwinnipeg.ca/">http://firstaidwinnipeg.ca/</a></td>
</tr>
<tr>
<td>Cost: varies ($85 average)</td>
<td>Cost: $53.99</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confident Response</th>
<th>Canadian First Aid Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-490 Lindenwood Drive East</td>
<td>Unit B - 390 Provencher Blvd.</td>
</tr>
<tr>
<td>Tel: 204-996-1282</td>
<td>Winnipeg, MB R2H 0H1</td>
</tr>
<tr>
<td>Email: <a href="mailto:dominique@confidentresponse.com">dominique@confidentresponse.com</a></td>
<td>Tel: 204-233-2328</td>
</tr>
<tr>
<td>Web: <a href="http://www.confidentresponse.com/">http://www.confidentresponse.com/</a></td>
<td>Email: <a href="mailto:info@cfat-fesc.ca">info@cfat-fesc.ca</a></td>
</tr>
<tr>
<td>Cost: $60</td>
<td>Web: <a href="http://www.canadian-training.ca/index">http://www.canadian-training.ca/index</a></td>
</tr>
<tr>
<td></td>
<td>Cost: Certification: $85 + GST</td>
</tr>
<tr>
<td></td>
<td>Renewal: $59 + GST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart Beat Inc.</th>
<th>St. John Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 2, 1692 Dublin Avenue</td>
<td>1 St. John Ambulance Way</td>
</tr>
<tr>
<td>Winnipeg, MB R3H 1A8</td>
<td>Winnipeg, MB R3G 3H5</td>
</tr>
<tr>
<td>Tel: 1-204-488-4439</td>
<td>Tel: 204-784-7000 or toll free: 1-800-471-7771</td>
</tr>
<tr>
<td>Email: <a href="mailto:info@heartbeatinc.ca">info@heartbeatinc.ca</a></td>
<td>Email: <a href="mailto:info@mb.sja.ca">info@mb.sja.ca</a></td>
</tr>
<tr>
<td>Web: <a href="http://heart-beat-inc.myshopify.com/">http://heart-beat-inc.myshopify.com/</a></td>
<td>Web: <a href="http://www.sja.ca/English/Pages/default.aspx">http://www.sja.ca/English/Pages/default.aspx</a></td>
</tr>
<tr>
<td>Cost: $99</td>
<td>Cost: $99</td>
</tr>
</tbody>
</table>
Criminal Record Search Certificate

Requirement:
• **Original** Criminal Record Search Certificate, including a **Vulnerable Sector Search**

Specific Instructions:
• Apply for the Criminal Record Search Certificate as follows to allow for processing of 4-8 weeks:
  - **Fall and Winter intakes:** apply between **April 1 and April 15**
• Do not apply before the above date as you will be required to obtain another valid Certificate
• Carefully review all instructions to ensure that your application can be processed promptly
• Be sure to check the box that indicates you are requesting a **Vulnerable Sector Search**
• If you have a criminal record:
  - Submit an original Criminal Record Transcript
  - A criminal conviction will not necessarily result in denial of admission to the College
  - The transcript will be reviewed by:
    - Undergraduate Programs – a sub-committee of the Advance Standing and Admissions Committee;
    - Graduate Programs – Curriculum, Governance, and Quality Assurance Committee
  - Decisions regarding admission will be based on the implications of the conviction in view of the College’s professional mandate to protect the public
  - The College of Nursing requirements are consistent with the employee/student requirements of the Winnipeg Regional Health Authority
• Provide our office with a **self-addressed, stamped envelope** for the return of your original documents
• If you do not provide us with an envelope, your documents will be confidentially destroyed after 6 months

Due:
• July 15, 2017 – Fall intake
• November 15, 2017 – Winter intake

Where to Obtain the Certificate:
**Winnipeg Applicants:**
Apply online at: [https://policeinformationcheck.winnipeg.ca/](https://policeinformationcheck.winnipeg.ca/)
Records Compilation
Main Floor, Public Safety Building
151 Princess Street
Winnipeg, MB
Tel: 204-986-6073
Hours: Monday to Thursday, 8:00 a.m. to 3:30 p.m.

**Other Canadian Applicants:**
Apply through your home jurisdiction or through your local RCMP.

**International Applicants:**
International applicants must submit a Canadian Criminal Record Search Certificate PLUS an equivalent document from their own country.

Students whose country of origin does not provide an equivalent document, must sign an affidavit to that effect. The affidavit can be obtained from the College of Nursing.

Cost:
• Approximately $48.50
Child Abuse Registry Check

Requirement:
- **Original** Manitoba Child Abuse Registry Check

  NOTE: The Vulnerable Sector Search on the Criminal Record Search Certificate is **not the same as the Child Abuse Registry Check. This is a separate document.**

Specific Instructions:
- Apply for the Child Abuse Registry Check as follows to allow for processing of 4-8 weeks:
  - **Fall and Winter intakes:** apply between **April 1 and April 15**
  - Do not apply before the above date as you will be required to obtain another valid Check
  - Carefully review all instructions to ensure that your application can be processed promptly
  - In jurisdictions where a Child Abuse Registry or equivalent does not exist, consult with the Student Services Office
  - Provide our office with a **self-addressed, stamped envelope** for the return of your original documents
  - **If you do not provide us with an envelope, your documents will be confidentially destroyed after 6 months**

Due:
- July 15, 2017 – Fall intake
- November 15, 2017 – Winter intake

Where to Obtain the Certificate:
- **NEW!** Apply online at: [http://www.gov.mb.ca/fs/abuseregistries.html](http://www.gov.mb.ca/fs/abuseregistries.html)
  
  Child Abuse Registry Unit
  2nd Floor – 777 Portage Avenue
  Winnipeg, MB R3G 0N3
  Tel: 204-945-6967
  Fax: 204-948-2222
  Email: car@gov.mb.ca

Cost:
- Approximately $15.00

Additional Information:
- Any applicant listed on the Child Abuse Registry will be denied admission to the College
Adult Abuse Registry Check

Requirement:
- **Original** Manitoba Adult Abuse Registry Check
  
  *NOTE: The Vulnerable Sector Search on the Criminal Record Search Certificate is not the same as the Adult Abuse Registry Check. This is a separate document.*

Specific Instructions:
- Apply for the Adult Abuse Registry Check as follows to allow for processing of 4-8 weeks:
  - **Fall and Winter intakes:** apply between **April 1 and April 15**
  - Do not apply early as you will be required to obtain another valid Check
  - Carefully review all instructions to ensure that your application can be processed promptly
  - In jurisdictions where an Adult Abuse Registry or equivalent does not exist, consult with the Student Services Office
  - Provide our office with a **self-addressed, stamped envelope** for the return of your original documents
  - If you do not provide us with an envelope, your documents will be confidentially destroyed after 6 months

Due:
- July 15, 2017 – Fall intake
- November 15, 2017 – Winter intake

Where to Obtain the Certificate:
- **NEW!** Apply online at: [http://www.gov.mb.ca/fs/abuseregistries.html](http://www.gov.mb.ca/fs/abuseregistries.html)
  
  Adult Abuse Registry Unit
  
  1st Floor – 777 Portage Avenue
  
  Winnipeg, MB R3G 0N3
  
  Tel: 204-945-4934
  
  Fax: 204-948-3388
  
  Email: aar@gov.mb.ca

Cost:
- Approximately $15.00

Additional Information:
- Any applicant on the Adult Abuse Registry will have their Check reviewed by:
  - Undergraduate Programs – a sub-committee of the Advance Standing and Admissions Committee
  - Graduate Programs – Curriculum, Governance and Quality Assurance Committee
Personal Health Information Act (PHIA) Training

Bachelor of Nursing Program (four-year) students:
- Will receive training during mandatory student orientation at the end of August/beginning of September
- No documentation is required prior to orientation

BPRN and Graduate Students are required to complete Winnipeg Regional Health Authority PHIA Training

Due:
- July 15, 2017

Where to obtain training:
- If students are currently employed by the WRHA, no further PHIA training is required; however, proof of employment is required
- If students are NOT employed by the WRHA, on-line training will be provided
- Only WRHA PHIA training is accepted
- Details regarding where to obtain the training, if required, will be included with your offer of admission/welcome information from the College of Nursing

Cost:
- There is no charge
Mask-Fit Testing

Requirement:
- Students must be mask “fit tested” with a NIOSH N95 Respirator. The respirator is a mask that is stocked and provided by WRHA practice sites in the event that airborne precautions are required.
- Testing includes basic education about the masks, precise determination of your mask size, and issue of an official card which indicates your mask size and confirms that you have met this requirement.

Specific Instructions:
- Carry the card with you for all clinical practice rotations
- Submit a copy of the card or the Fit Test Report that may have been provided with your card
- DO NOT submit your original card

Due:
- July 15, 2017 – Fall intake
- November 15, 2017 – Winter intake

Where to obtain Mask-Fit Testing:
- Several companies provide fit testing. You may contact one of the companies below or conduct an internet search for “mask fit testing” in your area. You may choose any provider as long as you complete the testing and obtain the required card with your mask size for the NIOSH N95 Respirator clearly indicated.

Levitt Safety Limited
100 Plymouth Street
Winnipeg, MB R2X 2V7
Tel: 204-633-7228
Email: csr@levitt-safety.com
Web: http://www.levitt-safety.com/service/services/fit-testing-services/
Cost: $45

Intrinsic Analytics Inc.
St. Boniface Hospital
3rd Floor, Asper Institute of Clinical Research
369 Taché Avenue
Winnipeg, MB R2H 2A6
Tel: 204-258-1500
Email: Use contact form on website
Web: http://www.intrinsicanalytics.com/occupational_mask_fit_tests.php
Cost: $45
**Immunizations**

**Requirement:**
- A complete and up-to-date immunization record that complies with the national standards for health care providers
- **All immunizations should be complete and the form provided at the end of this document filled out and signed by a health care provider prior to submission.** Exceptions to this are tetanus/diphtheria, polio, and hepatitis B. Students must have at least the first two doses administered of each series before submission of their Student Immune Status Record to the Student Services Assistant.

**Specific Instructions:**
- This is the most complex admission requirement and requires the most lead time to complete
- If your immunization record is incomplete or uncertain, you must begin to complete the immunization requirements as soon as you decide to apply to the College of Nursing
- Students who wait until an offer of admission is received to begin their immunizations risk missing the July 15 or November 15 deadlines and having their admission revoked
- The tuberculin skin test (TST) is NOT an immunization. It is a test for tuberculosis infection and should be done after May 1st, or after you are admitted to the program
- Students are required to obtain the influenza vaccine by the end of Fall Term. See page 18 for details.

**Due:**
- July 15, 2017 – Fall intake
- November 15, 2017 – Winter intake

**Where to obtain immunization services:**
- University Health Service
  104 University Centre
  Tel: 204-474-8411
  Web: [http://umanitoba.ca/student/health/](http://umanitoba.ca/student/health/)
- Winnipeg Regional Health Authority Travel Health Clinic
  490 Hargrave Street
  Winnipeg, MB R3A 0X7
  Appointment Desk: 204-940-8747 (TRIP)
  Toll-free: 1-866-502-7240
- Outside of Winnipeg, your local community health office
- Family physician

**Additional Information:**
- The following pages contain detailed information for both you and your health care provider
- If you have any questions, please contact:
  
  Student Services Assistant  
  Room 262  
  Helen Glass Centre for Nursing  
  Tel: 204-474-6655  
  Monday to Friday, 8:30 a.m. to 4:30 p.m.
Immunization Information for Students

The College of Nursing Immunization Requirements

When students enter into a new field of study in healthcare, it is important for various immunization and screening tests to be reviewed, in keeping with national occupational health recommendations. Immunizations protect patients and the student. The immunizations and/or testing outlined in these documents are a condition of enrolment and admission to the College of Nursing. Failure to maintain an up-to-date record may result in the student’s being barred from clinical activities involving patients.

If you have any questions about the collection of your personal health information, please contact the College of Nursing Student Services Office. Students may also wish to contact the FIPPA/PHIA Coordinator’s Office: (204)474-8339, University of Manitoba Archives and Special Collections, 331 Dafoe Library, Winnipeg, MB, R3T 2N2.

Completing Your Immunization Requirements

Step One: Refer to the chart titled Non-Academic Admission Requirements Chart on page 3 for deadlines.

Step Two: Determine if you are missing vaccines or are missing doses. This is discussed in the section Obtaining Old Records on page 25 in the Immunization Guide/Student Manual.

Step Three: Take a copy of Guide for Health Care Providers regarding Immune Status Requirements (pages 15 to 18) and Student Immune Status Record (pages 19 and 20) to your health care provider.

Step Four: Complete any immunizations that are missing.

Step Five: Submit your completed and signed Student Immune Status Record to the College of Nursing well before the deadline.

Frequently Asked Questions

Why is the immunization deadline for the College of Nursing so early?
Students offered admission to the College must complete all of their admission requirements, including completion of required immunizations, well before classes begin so that the College has time to confirm course enrolments and clinical placement requirements. Students begin clinical placements in institutional and community settings the first week of classes in September. The Regional Health Authorities require that all students be fully immunized prior to their placement in any facility under their jurisdiction.

Will I have to pay for my immunizations?
Yes; however, some immunizations are covered by the health care system. Your University of Manitoba Students Health Insurance or other private insurance may cover some of the vaccines. Retain your official receipts and submit them for reimbursement. The following is an example of some of the costs associated with uninsured vaccines, tests and office fees. If the vaccine is not listed, it is provided at no cost.
## Typical Cost of Vaccines and Other Immunization Expenses

<table>
<thead>
<tr>
<th>Vaccine/Test</th>
<th>Typical Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccine (3 doses)</td>
<td>$38.63/dose = $115.89</td>
</tr>
<tr>
<td>Hepatitis A and B vaccine (3 doses)</td>
<td>$69.07/dose = $207.21</td>
</tr>
<tr>
<td>Varicella vaccine (2 doses)</td>
<td>$94.16/dose = $188.32</td>
</tr>
<tr>
<td>Tuberculin Skin Test (TST)</td>
<td>$30.00 to $50.00 for each test</td>
</tr>
<tr>
<td>Office visit</td>
<td>$35.00</td>
</tr>
<tr>
<td>Serology tests</td>
<td>$35.00 to $50.00</td>
</tr>
<tr>
<td>Form fee</td>
<td>$30.00</td>
</tr>
<tr>
<td>Vaccine administration</td>
<td>$15.00/dose</td>
</tr>
</tbody>
</table>

Some vaccines may be publicly-funded (free) depending on your age and risk factors. For example, hepatitis B vaccine is free for any Manitoba residents born on or after January 1, 1989, or those who have lifestyle risks for infection regardless of age (for more information see [http://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html](http://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html)).

Many students have expressed concerns about the costs of the vaccines and wish to minimize their out-of-pocket costs should they not be offered admission to the College of Nursing. Here are some factors to consider if this is a concern for you. The College of Nursing starts sending offers of admission in early June for the Fall intake of the Bachelor of Nursing program; therefore, you need to begin immunizations **when you decide to apply to the program**. Your admission to the College of Nursing could be revoked if your immunizations are incomplete. Many of the costs are covered by Manitoba Health or your student health insurance.

**When can I begin my vaccines?**

You can begin to complete your immunization requirement as soon as you decide to apply to the College of Nursing.

Here are some tips to help you complete your **Student Immune Status Record**:

- Ensure that you have had three doses of tetanus/diphtheria and polio. If you are missing doses of these vaccines, these doses must be administered and spaced correctly. If you do not have accurate dates (month, day, year) for tetanus/diphtheria and/or polio, you will be required to begin the series again (all previously documented doses count towards the final total). A complete three dose series takes seven months to complete. You are required to have received a single adult dose of Tdap vaccine on or after age 18.

- Ensure that you have had a complete series of hepatitis B (usually three doses, however two and four dose series may also be acceptable depending on the type of vaccine used and age of recipient). If you have never had this vaccine, a complete three dose series takes six months to complete. You will also be required to provide serology demonstrating positive antibodies to hepatitis B. Allow two months to obtain the serology. Your admission will not be revoked, however, if you only have the first two doses by July 15 (November 15 for Winter intake) your third dose and serology can be submitted after July 15 (November 15 for Winter intake).

**Before May 1:**

- If you require any doses of live measles/mumps/rubella (MMR) vaccine, ensure that these are completed before May 1 to allow you enough time to have the two-step TST done before the deadline for submission of non-academic admission requirements. The MMR vaccine can temporarily affect the TST. If skin testing for tuberculosis is required, it should be done on the same day as a live viral immunization or delayed for four weeks.

- Arrange for serology for varicella (chickenpox) and/or administration of the required number of doses of the vaccine as soon as you receive your offer of admission.
After May 1, or as soon as you receive your offer of admission:

- See your health care provider to have a one or two-step TST performed. If you have had a two-step in the past, you only need a one-step TST. The second TST is performed 7-28 days after the first. Should you have a positive result (usually one that is 10 mm or greater), a chest x-ray will also be necessary.

Please print and take the following
Guide for Health Care Providers and
the Student Immune Status Record form
to your health care provider.
This document provides health care providers with information about the immunizations and tests that are required or recommended for students enrolled in the College of Nursing, University of Manitoba. Students who cannot be immunized due to allergies or family planning reasons must provide a health care provider’s note, and speak to the Associate Dean, Undergraduate Programs or designate.

Some students may have compromised immune systems due to the use of immune-suppressing medications, certain infections (e.g. human immunodeficiency virus (HIV) infection), or genetic disorders. Special immunization or serological testing requirements which are different from those listed in this document may be recommended for these students. Consultation with an infectious diseases expert is recommended in such situations.

For more information on immunizations or tuberculosis, please refer to the Canadian Immunization Guide and Canadian Tuberculosis Standards (www.phac-aspc.gc.ca/publicat/cig-gci and http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tb-canada-7/index-eng.php. For questions relating to these policies, contact the College of Nursing Student Services Office at (204)474-6655.

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**Tetanus, Diphtheria and Pertussis (Whooping Cough)**

**Tetanus and Diphtheria Immunization Requirement**
All students are required to provide documentation of a primary immunization series for both tetanus and diphtheria (*at least 3 doses*, usually completed in childhood). The dates must be specific – month, day, and year. Records indicating that a childhood series was received are insufficient. Students who have not had a primary series must complete a primary adult immunization series, as outlined in the Canadian Immunization Guide.

**Pertussis (Whooping Cough)**

**Pertussis Immunization Requirement**
All students are required to have a *single* adult dose of tetanus/diphtheria/acellular pertussis (Tdap) on or *after 18 years of age.* This is regardless of: when the last dose of tetanus/diphtheria was given; when the next dose of tetanus/diphtheria is due; whether or not a dose of Tdap was given in adolescence.

**Polio**

**Polio Immunization Requirements**
All students are required to provide documentation of a primary immunization series for polio (*at least 3 doses*, usually completed in childhood). The dates must be specific – month, day, and year. Records indicating that a childhood series was received are insufficient. Students who have not had a primary series must complete a primary adult immunization series, as outlined in the Canadian Immunization Guide.

**Polio Booster**
A repeat polio booster is not required for students who have received a complete primary series, unless work is expected in a high-risk area.
Measles

**Measles Immunization Requirement**
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with **TWO** doses of measles-containing vaccine, given at least a month apart, starting on or after the first birthday; OR
b. Serology showing antibodies to measles (date of test and serology/titre results required).

Mumps

**Mumps Immunization Requirement**
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with **TWO** doses of mumps-containing vaccine, given at least a month apart, starting on or after the first birthday; OR
b. Serology showing antibodies to mumps (date of test and serology/titre results required).

Rubella

**Rubella Immunization Requirement**
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with **ONE** dose of rubella-containing vaccine on or after the first birthday. Note: Since rubella is usually given in combination with MMR, there may be **2** doses of the vaccine documented; OR
b. Serology showing antibodies to rubella (date of test and serology/titre results required).

MMR Vaccine
Measles, mumps and rubella vaccine is currently only available in Canada combined (MMR). If two doses of MMR vaccine are given, the doses should be separated by a month or more.

Varicella (Chickenpox)

**Varicella Immunization Requirement**
Students require one of the following:

a. Documentation of positive varicella serology; OR
b. Documentation of varicella vaccine, given as two doses at least six weeks apart for adults.

Those with an uncertain or absent history of varicella disease should have serology drawn as the majority of such individuals will have positive serology. Those with negative serology should be vaccinated as outlined above. Post-vaccination serology is not recommended as the test may not be sensitive enough to detect antibodies produced as a result of vaccination.

Hepatitis B

**Hepatitis B Immunization Requirement**
Students must have **documented immunity** to hepatitis B virus (HBV), demonstrated as a protective level of antibody to hepatitis B surface antigen (anti-HBs ≥10 mIU/mL). For the majority of new healthcare students in Canada this will be achieved through a complete series of three hepatitis B immunizations, and post-vaccination serology being drawn 1-2 months after the final dose of the series (some students may have a complete two or four dose series documented; this may be adequate depending on the type of vaccine used and age of recipient). The following recommendations are made for various clinical scenarios:
• **Students without a Prior History of HBV Vaccination:** Pre-vaccination serology is not necessary, unless the student comes from a background with a high likelihood of previous hepatitis B infection. A three-dose series should be given at 0, 1, and 6 months. **Documentation of the first 2 doses must be submitted by July 15 (Fall intake) or November 15 (Winter intake) to the Student Services office.** The rapid-dosing schedule for hepatitis B IS NOT recommended. Post-vaccination serology should be drawn 1-2 months after the final dose of the series.

• **Students with a History of an Incomplete HBV Vaccination Series:** The vaccination series does not need to be re-started. The final dose(s) of the series should be completed, regardless of how long ago the initial dose(s) were given, as long as the minimal intervals between vaccines are respected. Post-vaccination serology should be drawn 1-2 months after the final dose. Vaccines produced by different manufacturers can be used interchangeably, provided that the age-appropriate dosages are used.

• **Students with a History of a Complete HBV Vaccination Series:** Serology should be drawn for anti-HBs immediately, although it should be recognized that serology can be falsely negative if drawn >6 months after the initial vaccination series was completed. If protective levels are shown, no further work-up is indicated. If anti-HBs levels are lower than this or absent, a single hepatitis B vaccination should be given immediately and repeat serology drawn one month later. If anti-HBs levels are still not protective, the second and third doses of vaccine should be given at the appropriate times to complete the second series, with post-vaccination serology for anti-HBs drawn 1-2 months after the final dose.

• **Students Found to have Chronic Hepatitis B Infection:** The presence of chronic hepatitis B infection (hepatitis B surface antigen positive [HBsAg+]) should be excluded if a second 3-dose hepatitis B vaccination series fails to provide protective levels of anti-HBs. **Students with chronic hepatitis B infection must consult with the Associate Dean or designate.**

**Hepatitis A**

Hepatitis A vaccination is not required for the majority of healthcare providers practicing within Canada at this time. However, some students may wish to be vaccinated against hepatitis A at the same time as hepatitis B using a combination hepatitis A and B vaccine. For those not requiring additional hepatitis B immunizations, a two-dose plain hepatitis A series is available, with doses spaced six or more months apart; this is not a required immunization.

**Tuberculosis (TB)**

**Tuberculin Skin Test Requirement**

Students without contraindications must have a one or two-step TST performed after May 1, 2017 or later. A two-step TST generally only needs to be done once in a student’s lifetime. The second TST is performed 7-28 days after the first. All further TSTs can be one-step. Students have the option of waiting until after being admitted to receive the TST, provided that the document submission deadline can be met.

**Influenza**

**Influenza Immunization Requirement (not required on July 15)**

All Bachelor of Nursing students are **required** to obtain an annual influenza vaccination and submit documentation confirming the vaccination by the end of Fall Term. Students may have their health care provider fill out and sign the Confirmation of Influenza Vaccination form (Appendix A) or provide other proof of vaccination. There are only two reasons why a student would be exempt from receiving an influenza vaccination:

1. Student could have an anaphylactic reaction; or
2. Student could develop Guillain-Barré Syndrome.
Students who qualify for an exemption under one of these categories must have their health care provider sign the Influenza Vaccination Waiver Form (Appendix B), or supporting documentation prohibiting the vaccination. Students must either submit proof of vaccination or submit a signed waiver form by the published deadline date or he/she will be de-registered from Winter Term clinical practice courses. Students may continue with other courses.

Information regarding deadlines and documentation will be on the website and forwarded to all students.

Please note: If you have already had your health care provider complete and sign a 2017/2018 Student Immune Status Record, you will not be required to complete a new form.
**Student Immune Status Record**  
**2017/2018**  
**College of Nursing, Faculty of Health Sciences**

<table>
<thead>
<tr>
<th>Student name: ____________________________</th>
<th>Year of Admission: _______________</th>
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<tbody>
<tr>
<td>Student #: ____________________________</td>
<td>Phone #: ________________________</td>
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<tr>
<td>Date of Birth: ________________________</td>
<td>MM/DD/YYYY</td>
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</table>
| Program:  
  □ Bachelor of Nursing  
  □ BPRN  
  □ Masters  
  □ PhD |

1. **Tetanus, diphtheria**  
   Document 3 most recent doses; last dose must be within the last 10 years.

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<tr>
<th>Date: MM/DD/YYYY</th>
<th>Vaccine: __________</th>
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</tr>
<tr>
<td>Date: MM/DD/YYYY</td>
<td>Vaccine: __________</td>
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</tbody>
</table>

2. **Pertussis** (Whooping Cough)  
   A single dose of Tdap (pertussis) vaccination is required on or after age 18.

| Date: MM/DD/YYYY | Vaccine: __________ |

3. **Polio**  
   Document 3 most recent doses. Booster doses generally not required.

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<tr>
<th>Date: MM/DD/YYYY</th>
<th>Vaccine: __________</th>
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<td>Date: MM/DD/YYYY</td>
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4. **Measles**  
   Measles vaccine: Two doses required at least a month apart starting on or after the first birthday.

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5. **Mumps**  
   Mumps vaccine: Two doses required at least a month apart starting on or after the first birthday.

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6. **Rubella**  
   Rubella vaccine: One dose required on or after the first birthday; also document any additional doses.

<table>
<thead>
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<th>Date: MM/DD/YYYY</th>
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7. **Varicella**  
   Varicella vaccine: Only indicated for those with negative serology. For adults, two doses required at least 6 weeks apart. Post-vaccination serology not required.

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**All submitted documents become the property of the College of Nursing. Students should RETAIN A COPY of this document for their own records (or potential employer or clinical sites) PRIOR to submitting it and other supporting documents to the Student Services Assistant. Students may, upon program completion, retrieve their immunization records from their file. Forms NOT retrieved will be DESTROYED after graduation.**
8. Hepatitis B
Serology showing immunity is required for students (anti-HBs ≥ 10 mIU/mL). Most students will require a series of three vaccinations to achieve this, and a single test for anti-HBs. Hepatitis vaccination can be given as either hepatitis B alone, or as combined hepatitis A and B vaccine.
If series is interrupted, do not re-start (for a 3-dose series, 0, 1, and 6 months is recommended, minimal spacing between doses requires; at least 1 month between the first and second dose, 2 months between the second and third dose, and 4 months between the first and the third dose).
Rapid dose series is NOT recommended.

### Hepatitis B vaccine:
- Given at 0, 1, and 6 months.

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*Serology result after final dose with documented presence of antibodies is required.

### Hepatitis A + B vaccine:
- Given at 0, 1, and 6 months.

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<tr>
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*Serology result after final dose with documented presence of antibodies is required.

### Serology (anti-HBs):
- Draw anti-HBs prior to vaccine series ONLY if immunity already suspected, or else 1-2 months after final dose of vaccination series.
- Once immunity has been documented, no further testing or vaccinations are required.
- If initial post-vaccination serology is low or negative, additional doses and testing is indicated. Work-up for chronic hepatitis B infection (HBsAg positive) after a second failed 3 dose series.

*Serology results required after HBV 3 with documented presence of antibodies.

<table>
<thead>
<tr>
<th>Date of anti-HBs</th>
<th>Result</th>
<th>MM/DD/YYYY</th>
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Follow-up for chronic infection required:

8. Tuberculosis
If no previous testing, will require a two-step TST, with step 2 administered 7-28 days after step 1.

NOTE: For healthcare providers a significant TST is usually defined as one ≥ 10 mm induration, although the provider must be aware of situations where a TST <10 mm may be considered significant (for further details please refer to the Canadian Tuberculosis Standards, 7th edition, 2014).

Note: Self-reading of TST’s is not acceptable.

### Tuberculin Skin Test (TST):
May 1 or later
A two-step TST needs to be done only once; all further TSTs can be a one-step. Repeat TSTs are not required during the program unless the student experiences a high-risk exposure to TB. TST results must be read by a trained healthcare worker 48-72 hours after administration and recorded in millimetres of induration.

#### Current 2017 test dates:
- Date administered: (1) _______________ Read: ____________________ mm
- Reading (millimeters of induration): _______________
- Interpretation (circle one): POSITIVE NEGATIVE
- Date administered: (2) _______________ Read: ____________________ mm
- Reading (millimeters of induration): _______________
- Interpretation (circle one): POSITIVE NEGATIVE

### Previous TST tests:
- Date: _______________ Result: _______________
- Date: _______________ Result: _______________

Follow-up for a significant TST, positive IGRA, previous diagnosis of latent TB infection, or active TB disease: Students must submit details of follow-up measures taken for any of these conditions; for a significant TST discovered, or if significant TST already documented but previous chest x-ray report is unavailable. If an x-ray was done previously, submit the old report.

Are any of these conditions present?  Yes  No  Details:

<table>
<thead>
<tr>
<th>Chest x-ray required?</th>
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<thead>
<tr>
<th>Chest x-ray report</th>
<th>Date of Repeat anti-HBs</th>
<th>Result</th>
<th>MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report attached</td>
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</table>

The health care provider signing below indicates that the information listed on this form is an accurate account of the student’s current immune status.

Name of health care provider: __________________________ Date: _______________ MM/DD/YYYY
Address: __________________________ Phone: __________________________

Signature: __________________________

Students are not permitted to fill out or sign these forms.

This personal information is being collected under the authority of the University of Manitoba Act. It will be used to document your immune status in order to determine your ability to participate in patient-related activities during your elective placement with the College of Nursing. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, contact the FIPPA/PHIA Coordinator's Office: (204) 474-8339, University of Manitoba Archives and Special Collections, 331 D
Immunization Program

Student Manual

Fall and Winter Intake 2017/2018

Acknowledgement

This document is adapted from the Faculty of Health Sciences Immune Status Program Student Manual. Thank you to Dr. William Libich, College of Medicine, for his assistance with this project.
Vaccine Basics

**What are vaccines?**
Vaccines are also called immunizations, needles, or baby shots. Vaccines allow the immune system to learn how to recognize and fight bacteria and viruses that cause diseases. Vaccines not only protect the people who are immunized, but may also protect those who cannot be immunized for medical reasons: It is more difficult to maintain a chain of person-to-person infection when large numbers of a population are immune (this is also called “herd-immunity”). Most vaccines are given in childhood, although some vaccines are given at other points in one’s life. For some vaccines, booster (extra) needles are needed to maintain protection against certain diseases, since the protection given by the original immunizations begins to drop with time.

Before vaccines were available, little could be done to prevent serious diseases such as diphtheria, pertussis (whooping cough), tetanus (lockjaw), measles, and polio, to name a few. Now, very few Canadians get sick or die from these diseases because people are protected by immunization. However, in some countries where immunization rates have dropped to low levels, rates of disease can quickly rise. Diseases that are rare in Canada have the potential to once again cause significant suffering and death if we do not continue to immunize individuals against them.

Some vaccines are live, containing living but weakened versions of the organisms they are being used to protect against; examples of this include MMR (measles, mumps, rubella) and varicella (chickenpox). Other vaccinations do not contain living organisms; these include diphtheria, hepatitis A and B, influenza, polio, pertussis, and tetanus.

**What are antibodies?**
Once an individual is exposed to a virus or bacteria, his or her immune system will attempt to create small proteins in the bloodstream called antibodies, in order to fight the infection. If the immune system is successful in creating antibodies, the next time an individual is exposed to the same virus or bacteria, he or she will be more successful in fighting off an infection, as there are now antibodies readily available. This is the basic concept behind vaccinations: an individual’s immune system is exposed to small particles in the vaccine that mimic the appearance of viruses or bacteria; this trains the immune system to recognize and fight future infections.

For some diseases, antibody levels in the bloodstream can be measured through a simple blood test. This can be used to determine if the individual is likely protected against a disease, if an exposure were to occur in the future. The most common example of this is the antibody level that is checked for hepatitis B after vaccination in all students in healthcare disciplines. However, in most situations it is not necessary to test antibodies after an immunization series is given.

**Are vaccines necessary?**
One of the greatest achievements by public health systems throughout the world is the reduction of infectious diseases resulting from the use of vaccines. Routine immunization has eradicated smallpox from the globe and led to the near elimination of wild poliovirus. The diseases that vaccines prevent are at an all-time low in developed countries, and now few people experience the devastating effects of measles, polio, tetanus, pertussis, and other illnesses. Newer vaccines are being created to further reduce the toll that infectious agents take on human health.

**Are vaccines safe?**
Prior to approval by Health Canada, vaccines are tested extensively to ensure they are effective and safe. Vaccines are the best defence we have against certain infectious diseases; however, no vaccine is 100% safe or effective. Differences in the way individual immune systems react to a vaccine account for rare occasions when people are not protected following immunization or when they experience side effects. Unfortunately, as the incidence of infectious diseases continues to decline, some people have become less interested in the consequences of preventable illnesses. Instead, they have become increasingly concerned about the risks associated with vaccines. Since vaccination is such a common and memorable event, any illness following immunization may be attributed to the vaccine. While some of these reactions may be caused by the vaccine, many of them are unrelated events that occur after vaccination by coincidence.
Multiple Injections

Is it safe to receive more than one vaccine at the same time? Are there more side effects?
One of the most important principles of vaccination administration is that vaccines can almost always be given at the same time. Doing so will not increase the rate of side effects than when each individual vaccine is given alone. In fact, there are increasingly more vaccine manufacturers that are supplying combination vaccines where one needle contains up to five or six vaccines. The body’s immune system is exposed to thousands of antigens (foreign substances such as bacteria and viruses) every day; giving more than one vaccine at one clinic visit is a very small fraction of the total number daily antigens the body encounters. (NOTE: If two live vaccines or a live vaccine and a tuberculin skin test are not given at the same visit, a short period of time must elapse after a live vaccination before any other live vaccines or tuberculin skin tests can be given.)

Gaps In Vaccine Schedules

If it has been a long time since I started a particular vaccination series but did not finish, does the series need to be started over?
Many vaccinations require multiple doses given over a period of weeks or months, following a set schedule (e.g., hepatitis B; measles/mumps/rubella). If a lengthy period of time has elapsed since starting the series, the series does not need to be restarted, even if it has been years since the previous dose was given. There are minimum time intervals between vaccinations that need to be respected, but there are no maximum time intervals. (NOTE: The only exception to this rule is some situations where oral typhoid vaccination is given.)

What are the side effects of vaccinations?

Common side effects (all vaccinations): With any vaccination that is administered, local reactions are common and normal, and may include soreness and redness at the injection site for up to two days. Other reactions can include fever, headache or myalgia (tenderness or pain in the muscles). A few individuals will faint during or after an immunization, or when they are having blood drawn, which is one reason individuals should remain at the clinic 15 minutes after being immunized.

Rare side effects: about one in five hundred thousand vaccinations are associated with a severe allergic reaction (anaphylaxis), manifest by painless swelling about the face and mouth, an itchy rash (90% of cases), and respiratory symptoms, such as coughing, wheezing, and laboured breathing. Individuals should always mention any known allergies to their healthcare provider prior to receiving any vaccination. Some vaccinations (e.g., influenza) have been associated with Guillain-Barré syndrome, which is a form of paralysis that is usually temporary (occurs once in every one million vaccinations; also occurs in individuals who have not been vaccinated).

Adult pertussis boosters: If it has only been a short amount of time (e.g., less than two years) since the last tetanus/diphtheria booster was received, receiving a combination tetanus/diphtheria/pertussis vaccine now may cause more local reactions, such as redness, pain, and swelling around the area the vaccine is given; these reactions are not serious, and concern over such side effects should not lead to a delay in receiving this immunization.

Live Viral Vaccinations

MMR: A red rash five to 12 days after immunization occurs in about five per cent of people receiving MMR vaccine who are not immune to measles or rubella; sometimes the rash can cover the whole body. The rash disappears by itself and is NOT passed on to other people. Temporary swelling of lymph glands, especially those of the head and neck, occurs in about five to 15 per cent of people who are not immune to rubella.

Chickenpox: Some people will get a rash that looks like chickenpox one to four weeks after getting the chickenpox vaccine, usually with fewer than 50 spots or blisters. The fluid in the blisters MAY be contagious, although transmission of the disease from a vaccine rash is rare. The rash should be covered if possible, and contact with people who have not had chickenpox should be minimized.
**Pregnant Women**

Some vaccines (e.g., influenza) are approved for use in pregnancy, while others are not; this is due to the (largely theoretical) risk some vaccinations may pose to pregnant women. Females should always advise their healthcare provider if they are pregnant before receiving a vaccination. **Women should not receive a live vaccine (e.g., MMR; varicella) if they are pregnant, and women should avoid pregnancy for one month after receiving these vaccines.**

**Donating Blood After Receiving an Immunization**

Many students wish to help others through blood donation, and students who qualify as eligible blood donors are strongly encouraged to do this. Students should be aware that a recent vaccination might result in a temporary deferral period introduced, when an individual will not be able to donate blood. The deferral period ranges from a few days to several weeks, depending on the type of vaccination given. Students should always mention recent vaccinations they have received when donating blood. For complete donor eligibility criteria or to speak to a trained Canadian Blood Services health professional, please call 1-888-2-DONATE (1-888-236-6283) or go to [www.bloodservices.ca](http://www.bloodservices.ca).
Obtaining Old Records

It is very important that a student’s previous immunization and testing records be in order to determine a student’s outstanding immunization and testing requirements. In general proper records (signed and dated by a healthcare provider) are required for proof of immunizations or tests; verbal histories of these are not acceptable. For example, an immunization record should state the following:
- The name of the immunization provided
- The date it was provided
- The name, designation, and signature of the nurse or physician completing the record
- The date the record was completed

Relevant records: Only certain records are relevant to the program, including:
- Bacille Calmette-Guérin vaccination (BCG) vaccination
- Hepatitis B vaccination
- Hepatitis A vaccination (particularly if a student wishes to obtain any hepatitis A doses)
- Measles, mumps, rubella vaccination
- Pertussis vaccination (adult)
- Polio vaccination
- Tetanus and diphtheria vaccination
- Varicella (chickenpox) vaccination
- Any previous tuberculin skin tests (TSTs or Mantoux)
- Chest x-ray reports obtained after a positive TST
- A previous diagnosis of, or therapy for, latent tuberculosis infection (LTBI) or active tuberculosis disease

Some records are NOT relevant to the program and do NOT need to be submitted; this includes: vaccinations records for cholera, human papillomavirus (HPV), previous influenza, meningococcal, pneumococcus, rabies, typhoid, or yellow fever; nor do students need to provide records for any screening tests that were conducted, such as syphilis, hepatitis C, or human immunodeficiency virus (HIV).

Locating records: Records may exist in various locations, including at the office of a student’s former pediatrician or family physician, or a local public health unit. Students may also have immunization papers or pocket cards in their own possession. If vaccinations were given but the records are not available, the student should speak to the Associate Dean, Undergraduate Programs or designate about this.

Provincial Immunization Registry: Many students will have immunizations entered into the provincial immunization registry (this was previously known as the “Manitoba Immunization Monitoring System” or MIMS; it is now called “Panorama”). Students, or those providing care to students, can request a copy of the immunization registry record by contacting the local public health unit. For a list of public health offices, please refer to http://www.gov.mb.ca/health/publichealth/offices.html. Please see the box below for a description of the provincial immunization registry.

However, vaccination records may exist that are not listed in the provincial immunization registry; this includes: records that are from out-of-province; recent travel immunizations that may not have been entered into the registry by physicians; or older records (i.e., before the early 1980s). In addition, students may also have records in their possession that are relevant (e.g., immunization pocket cards).

What is the provincial immunization registry? The Manitoba Immunization Monitoring System (MIMS) was an electronic provincial immunization database kept by Manitoba Health; it began as a pilot for some regions in Manitoba in 1981, and was rolled out for all regions in 1984 (some back-entry of old records may also have occurred). In 2015, all of the MIMS data was entered into a new public health database called Panorama. All immunizations that are billed by physicians or offered by Public Health Nurses in schools or clinics, and any other records that are sent to public health by healthcare providers are entered into the provincial immunization registry. The database is not 100% complete, as not all healthcare providers will send vaccination records for entry, as mentioned above. It is recommended that students request immunization records be for entry into the provincial immunization registry.
Tetanus

What is tetanus?
Tetanus is a rapid and often fatal disease caused by an extremely potent neurotoxin (nerve toxin) produced by the bacterium Clostridium tetani. The organism is found in soil, and also the intestines of animals and humans. Wounds that are contaminated with soil or feces (stool) and that are associated with tissue injury are most frequently associated with tetanus; cases have also been reported related to injection drug use, animal bites/lacerations, burns, or surgery. Once inside the body, the tetanus bacteria produce a neurotoxin that causes prolonged, painful contraction of muscles; usually starting in the jaw (“lockjaw”, causing difficulty with opening the mouth or swallowing), and then progressing to other areas of the body. Death occurs in over 10% of cases.

How can tetanus be spread?
Exposure occurs when tetanus bacteria from soil or stool gain entry into the body, usually through an open wound; about a third of cases occur without a known injury. Tetanus is not spread person-to-person.

Canada
Prior to vaccination, there were about 40 to 50 deaths from tetanus each year in Canada. From 2005 to 2011 there were between 0 and 6 cases of tetanus in Canada each year; cases occur almost exclusively among individuals who are under-immunized or with uncertain immunization histories.

How can tetanus be prevented?
Most cases of tetanus can be prevented through vaccination. All individuals should receive a primary (childhood) series of vaccinations with tetanus vaccine. Adults with an unclear or absent history of vaccination should also be given a primary series. A booster dose of tetanus vaccine should then be given every ten years (comes combined with diphtheria vaccine). Sometimes special wound treatment may be required after an injury, depending on the level of contamination of the wound and the immunization status of the individual. Precautions should always be exercised when individuals handle soil or animal feces (e.g., gloves should always be worn while gardening).

After a tetanus/diphtheria immunization is given, when is the next dose of tetanus/diphtheria due?
After a tetanus/diphtheria (Td) or tetanus/diphtheria/acellular pertussis (Tdap) immunization is given in adulthood one would need another routine Td shot in 10 years. However, if a fully immunized adult sustains a wound that is serious and/or dirty, and it has been more than five years since the last dose of a tetanus-containing vaccine was given, then another dose of Td should be given.

Why is this disease important to a healthcare worker?
Although there is no risk of spread of tetanus person-to-person, healthcare workers should know the risk of tetanus for themselves and their clients, and take the appropriate control measures for wound management.

<table>
<thead>
<tr>
<th>Tetanus and Diphtheria Immunization Requirement</th>
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<tbody>
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<td>All students are required to provide documentation of a primary immunization series for both diphtheria and tetanus (at least 3 doses, usually completed in childhood). The dates must be specific – month, day, and year. Records indicating that a childhood series was received are insufficient. Students who have not had a primary series must complete a primary adult immunization series, as outlined in the Canadian Immunization Guide.</td>
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</table>
**Diphtheria**

*What is diphtheria?*
Diphtheria is a communicable disease caused by certain toxin-producing strains of the bacterium *Corynebacterium diphtheriae*. Infection can occur in the respiratory tract (lungs and connecting airways) and/or skin. One characteristic sign of diphtheria is an adherent, grey membrane that forms over the mucous membrane of the tonsils or throat; attempts to remove the membrane can cause bleeding. Large membranes may cause life-threatening airway obstruction. The diphtheria organisms can produce a toxin, which damages the heart and central nervous system. About 5% to 10% of those with diphtheria of the respiratory system will die; most at risk are the very young and the elderly. About 3% to 5% of healthy persons with no symptoms may have diphtheria bacteria living on the skin or in the nose and throat.

*How can diphtheria be spread?*
Diphtheria is spread by person-to-person transmission through respiratory secretions, and physical contact with skin lesions infected with diphtheria bacteria.

*Canada*
Prior to universal diphtheria vaccination there were thousands of cases of diphtheria in Canada each year, now there are 0 - 5 positive diphtheria cultures reported annually. Occasionally imported cases of diphtheria are reported.

*How can diphtheria be prevented?*
Diphtheria can usually be prevented through vaccination. All individuals should receive a primary (childhood) series of vaccination with diphtheria vaccine. Adults with an unclear or absent history of vaccination should also be given a primary series. A booster dose of diphtheria vaccine should then be given every ten years (comes combined with tetanus vaccine). Studies of healthy adult populations in Canada indicate that approximately 20% of adults (higher in some age groups) do not have protective levels of antibody to diphtheria. Infection can occur in immunized persons, however, disease is most common and most severe in those not immunized, or just partially immunized. Taking precautions to minimize contact with respiratory secretions or skin lesions is also important in limiting the spread of diphtheria, and many other infections.

*Why is this disease important to a healthcare worker?*
If diphtheria protection is not maintained through immunization and infection control precautions, there is a potential for disease reemergence. Healthcare workers are in a unique position to be affected by diphtheria themselves, and to spread the disease to vulnerable patients.

See Tetanus page for Diphtheria requirements.
Pertussis (Whooping Cough)

What is pertussis?
Pertussis (or whooping cough) is an infectious disease caused by the bacterium Bordetella pertussis. The disease can affect individuals of any age; however, severity is greatest among young infants. Symptoms include fever, vomiting and severe coughing spasms, which may or may not be associated with the classic “whoop” made when breathing in (hence the popular name “whooping cough”). The cough gets progressively worse, to the point where some individuals will have difficulty breathing and become exhausted. Rare complications of pertussis include pneumonia, seizures, brain damage and death. Death is estimated to occur in 1 in 200 cases in children less than one year of age.

How is pertussis spread?
The virus is transmitted person-to-person, through direct contact with or inhalation of the secretions from an infected person’s nose or mouth.

Canada and Manitoba
There are 1000 to 3000 cases of pertussis every year in Canada, with one to three deaths annually. Those most affected are infants too young to have begun their immunization and in partially immunized infants (e.g., those who have received only one or two doses). From 2002 to 2012, Manitoba averaged 37 cases a year, with one death occurring in 2012; there were likely many other cases that went unrecognized and unreported.

How can pertussis be prevented?
The majority of pertussis cases can be prevented through vaccination. Since the introduction of the pertussis vaccine in 1943, rates of pertussis have decreased over 90% in Canada, although outbreaks continue to occur. Hand washing, covering one’s cough, and other routine infection control practices are important strategies to prevent the transmission of many infections, including pertussis.

Why is this disease important to a healthcare worker?
Healthcare workers are capable of acquiring pertussis infection, and of spreading the disease to vulnerable patients, particularly vulnerable babies who are at greatest risk of complications or death after the disease. Vaccination should also be considered for individuals who may be raising young children at home, now or in the future. Receiving adult pertussis vaccine might prevent a healthcare worker from transmitting pertussis to younger, more vulnerable individuals (e.g., babies), some of whom are too young to be properly immunized; and it may also save the healthcare worker from getting a chronic cough (caused by pertussis) lasting several weeks at some point in their lives.

Didn’t I already get vaccinated against pertussis in childhood?
Pertussis vaccination is part of the routine childhood series of vaccinations, but after childhood individuals did not traditionally receive any further doses. When it was recognized that adults could be afflicted by pertussis (pertussis is the cause of about 20% of “post-viral” chronic coughs that last several weeks in adults), an adult booster of pertussis vaccine was made available.

How soon after a tetanus/diphtheria immunization can a dose of pertussis vaccine be given?
The Tdap immunization can be administered regardless of the interval since the last dose of tetanus and diphtheria toxoid-containing vaccine.

After a Tdap immunization when is the next dose of tetanus/diphtheria due?
A Tdap booster given now would count as the regular tetanus/diphtheria (Td) booster that is due every ten years. After a Tdap vaccination is given in adulthood, one would need another routine Td shot in 10 years. However, if a fully immunized adult sustains a wound that is serious and/or dirty, and it has been more than five years since the last dose of a tetanus-containing vaccine was given, then another dose of Td should be given.

Pertussis Immunization Requirement
All students are required to have single adult dose of tetanus/diphtheria/acellular pertussis (Tdap) on or after 18 years of age. This is regardless of: when the last dose of tetanus/diphtheria was given; when the next dose of tetanus/diphtheria is due; whether or not a dose of Tdap was given in adolescence.
Polio

**What is poliomyelitis (polio)?**
Polio is a very contagious infection caused by the poliovirus. Over 90% of polio infections produce no symptoms or mild symptoms. Some individuals however will experience a severe infection with lasting complications. Symptoms of polio infection begin with minor fever, headache, and vomiting. The virus can attack the cells surrounding nerve cells in the spinal column or the brain stem, causing damage to these nerves and associated muscles. Individuals so affected may experience a major illness with severe muscle pain and stiffness of the neck and back. In less than 1% of infections paralysis of muscles at one or more parts of the body may occur; the paralysis is usually asymmetric (e.g., one arm affected more than the other, or one leg affected more than the other). Paralysis of the muscles of the lungs or the throat can be life threatening.

**How can polio be spread?**
Polio is spread person-to-person through the “fecal-oral route”; infection usually occurs when secretions from an infected person’s mouth or the person’s feces are passed into another person’s body through the mouth. The virus is extremely stable and can remain viable in the environment for long periods of time.

**Canada**
There have been no wild cases (i.e., local spread of natural disease) of polio in Canada since 1977. Cases of poliomyelitis occurring in Canada and the United States are attributable to importation by tourists and immigrants, and to vaccine-associated strains (see OPV and IPV discussed below). Polio has almost been eradicated in most parts of the world, but it continues to be a serious threat in certain countries, particularly parts of Africa.

**How can polio be prevented?**
Polio can be prevented through vaccination. It is important for all children to receive a primary immunization series against poliovirus. Immunization with polio vaccine is also recommended for previously unimmunized adults; this is particularly important for adults who may be exposed to wild polioviruses. These include: travelers to countries where these viruses are circulating; residents of communities in which a visitor or new refugee/immigrant may be excreting the viruses; health care workers (see below); laboratory workers handling specimens that may contain the viruses.

**What is the difference between OPV and IPV?**
In the past oral poliovirus vaccine (OPV), a live vaccine, was used for polio immunization. While this was a highly efficient and effective vaccination, it caused paralytic polio disease in about one in one million vaccine recipients. Canada has since switched to the exclusive use of inactivated poliovirus vaccine (IPV), which is not a live vaccine and which cannot cause polio disease. (Note: Both OPV and IPV can be counted as valid when previous polio records are reviewed).

**Why is this disease important to a healthcare worker?**
Healthcare workers may be at higher risk of being infected by polio because they are more likely to be in close contact with individuals who may be excreting poliovirus.

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**Polio Immunization Requirement**
All students are required to provide documentation of a primary immunization series for polio (at least 3 doses, usually completed in childhood). The dates must be specific – month, day, and year. Records indicating that a childhood series was received are insufficient. Students who have not had a primary series must complete a primary adult immunization series, as outlined in the Canadian Immunization Guide.

**Polio Booster**
A repeat polio booster is not required for students who have received a complete primary series, unless work is expected in a high-risk area.
**Measles**

*What is measles?*
Measles (also called rubeola or red measles) is a highly contagious disease caused by the measles virus. Infection occurs when someone comes into contact with droplets or air contaminated with the virus. Symptoms of measles include fever, cough, runny nose, conjunctivitis (red eyes), and a characteristic red blotchy rash; these symptoms usually last one to two weeks. Complications can include diarrhea, ear infection, pneumonia, encephalitis (inflammation of the brain), seizures, coma, and death. Measles is the leading cause of vaccine-preventable deaths in children worldwide; every year over half a million children in the world die from measles.

*How is measles spread?*
Measles virus is transmitted person-to-person by direct contact with an individual’s infectious nose and throat droplets; less commonly, measles can be spread by the airborne route (carried short distances when an individual coughs or sneezes).

**Canada and Manitoba**

Despite a dramatic drop in the number of cases of measles reported after the widespread use of measles vaccine, Canada continues to see sporadic activity. The majority of cases are the result of international travelers arriving in Canada with measles, or as a result of limited spread following imported cases. Between 2005 and 2011 the number of measles cases in Canada ranged from 6 to 750 cases each year. In 2014 there was significant measles activity reported in several Canadian provinces, including Manitoba.

*How can measles be prevented?*
The best way of preventing the spread of measles in the world is through an effective vaccination program. In Canada, children now routinely get two doses of the vaccine MMR (measles, mumps, rubella) to prevent infection (the two-dose vaccine schedule was introduced around 1996-97). As measles outbreaks were so common in the past, the majority of individuals born prior to 1970 are considered immune to measles. Adults in 1970 or later should ensure that they have received at least one dose of measles vaccine. Some high-risk adults (e.g., healthcare workers; university students; those traveling to measles-endemic areas of the world; military recruits) require two doses of measles vaccine.

*Why is this disease important to a healthcare worker?*
Susceptible healthcare workers are capable of developing measles infection from patients afflicted by the infection; workers are also at higher risk of spreading the disease to vulnerable patients. Young healthcare workers such as students are at particular risk because many were born on or after 1970 and are therefore too young to have any degree of immunity from natural measles infection.

**Measles Immunization Requirement**
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with TWO doses of measles-containing vaccine, given at least a month apart, starting on or after the first birthday; OR

b. Serology showing antibodies to measles (date of test and IgG serology/titre results required).
Mumps

What is mumps?
Mumps is an infectious disease caused by the mumps virus. Symptoms include fever, headache, muscle ache, and swelling and tenderness of the parotid glands at the angle of the jaw (parotitis). Half of infections present with mild symptoms, or no symptoms at all. Less commonly, mumps infection can lead to inflammation of the testicles (orchitis; 25% of cases in adolescents or adults) or ovaries (oophoritis; 5% of cases), inflammation of the pancreas, inflammation of the meninges surrounding the brain and spinal cord (meningitis), and temporary or permanent hearing loss. Although extremely rare, if meningitis is severe mumps can prove fatal.

How is mumps spread?
Infection with the mumps virus occurs through direct contact with respiratory droplets from the nose or throat, coughing, sneezing, sharing drinks, kissing, or from contact with surfaces that have been contaminated with the mumps virus.

Canada
Prior to routine vaccination in 1969, there were about 34,000 cases of mumps in Canada each year; after universal mumps vaccinations was introduced, numbers dropped substantially. Between 2005 and 2011, the number of mumps cases in Canada ranged from 42 to 1,110 cases each year.

How can mumps be prevented?
The most effective way of preventing mumps infection is through immunization. Originally a single dose of mumps vaccine was recommended for all children as part of their routine immunization schedule; children began to receive two doses of mumps when a second dose of MMR (measles, mumps, rubella) vaccine was introduced in 1996 (the second dose was intended for enhanced measles protection). Due to a large Canadian mumps outbreak, recommendations around mumps vaccination for adults have changed (listed below).

Why is this disease important to a healthcare worker?
Susceptible healthcare workers are capable of developing mumps infection from patients afflicted by the infection; workers are also at higher risk of spreading the disease to vulnerable patients. Young healthcare workers such as students are at particular risk because (1) many were born on or after 1970 and are therefore too young to have any degree of immunity from natural mumps infection; (2) students will spend a great deal of time around vulnerable patients; and (3) young university students are known to be at high risk for mumps (this is the group that was most affected by a large 2007 mumps outbreak).

Mumps Immunization Requirement
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with TWO doses of mumps-containing vaccine, given at least a month apart, starting on or after the first birthday; OR
b. Serology showing antibodies to mumps (date of test and IgG serology/titre results required).
Rubella

What is rubella?
Rubella is an infection caused by the rubella virus, which is usually a mild illness that can occur in adults and children. It presents with a rash that starts out with red spots on the face, which spread downwards to cover the entire body. Other symptoms include fever, sore throat, eye irritation, painful joints and tender swelling of the lymph nodes located behind the ear and at the back of the head. Children usually have few or no symptoms, but adults may have a more severe illness; 70% of adolescent and adult females with rubella develop pain and swelling of large joints. Although rubella is generally a mild illness, if contracted in the early months of pregnancy it is associated with a high rate of fetal loss or a constellation of birth defects known as congenital rubella syndrome (CRS). About 20% to 50% of those who acquire rubella infection have no symptoms, and yet can still transmit the infection to others.

How is rubella spread?
Rubella is acquired by direct contact with the secretions from the nose or mouth of an infected person. It can also be acquired by directly inhaling droplets discharged from infected people when they cough or sneeze. In CRS, the virus is transmitted from an infected mother across the placenta to her baby during pregnancy.

Canada and Manitoba
After universal rubella vaccination was introduced in Canada in 1983, the average number of rubella cases reported decreased from approximately 5,300 (1971-1982) to fewer than 30 cases per year (1998-2004). Outbreaks of rubella used to occur fairly frequently, including one in Manitoba in 1997 (3,900 cases, mainly among males who were not immunized prior to 1983). In Manitoba, there was one case of rubella in 2007 and two cases in 2009.

How can rubella be prevented?
The most effective way of preventing mumps infection is through immunization. In Canada, routine infant immunization programs have resulted in sustained high rates of rubella immunity in the general population.

Why is this disease important to a healthcare worker?
Susceptible healthcare workers are capable of acquiring rubella infection from patients afflicted by the infection; workers are also at higher risk of spreading the disease to vulnerable patients, particularly pregnant women.

Rubella Immunization Requirement
One of the following criteria is required for evidence of immunity:

a. Documented evidence of vaccination with ONE dose of rubella-containing vaccine on or after the first birthday. Note: Since rubella is usually given in combination with MMR, there may be 2 doses of the vaccine documented; OR
b. Serology showing antibodies to rubella (date of test and IgG serology/titre results required).

MMR Vaccine
Measles, mumps and rubella vaccine is currently only available in Canada combined (MMR). If two doses of MMR vaccine are given, the doses should be separated by a month or more.
Varicella (Chickenpox)

What is chickenpox?
Chickenpox (also known as varicella) is an infection caused by a virus. The virus causes an itchy rash that turns into small, fluid-filled blisters. Sometimes a person may also have a fever and headache before or during the rash. Some people have only a few blisters; others can have many blisters over their entire body. While most people recover from chickenpox without lasting effects, some children and adults will suffer severe complications. These complications include: infection of the skin or organs; pneumonia; bleeding problems; inflammation of the liver, kidney, lining around the spinal cord (meningitis) or the brain (encephalitis). About 90% of all unvaccinated children get chickenpox before they reach 12 years of age. Most individuals will only get chickenpox once.

How can chickenpox be spread?
Chickenpox is one of the most contagious infections; the virus spreads easily through coughing, sneezing and contact with infected saliva or blister fluid.

What is shingles, or zoster?
After a person gets chickenpox, the virus stays in the body in an inactive form. It can become active again later causing shingles (zoster), a rash appearing on usually one isolated area of the body that can cause severe pain, sometimes lasting as long as six months. The rash is even more serious if it occurs on the face or near the eyes. In persons with weakened immune systems, shingles can sometimes spread throughout the entire body. Up to 30% of individuals who have been infected with chickenpox will get shingles. Shingles tends to occur in older individuals and those with a weak immune system.

Canada and Manitoba
In the pre-vaccine era, it is estimated that in Canada there were approximately 350,000 varicella cases and 1,500 to 2,000 varicella-related hospitalizations each year. Since the introduction of varicella immunization as part of the childhood immunization series these numbers have dropped substantially. Since 2004, the annual average number of varicella hospitalizations at Immunization Monitoring Program ACTive (IMPACT) centers has dropped from 300 (2000 to 2004) to 114 (2005 to 2009). Between 2000 and 2009, a total of 10 pediatric deaths due to varicella were reported by the (IMPACT) system, with a range of 0-3 deaths per year.

Can chickenpox be prevented?
Chickenpox vaccine decreases the chance of getting chickenpox by between 70 and 90%, and substantially decreases the likelihood of severe illness. In Canada, all children are being offered chickenpox vaccine on or after the first birthday, with a booster dose at age five to six years. Older children and adults who have already had chickenpox do not need to get vaccinated.

Why is this disease important to a healthcare worker?
Students who are not immune to chickenpox may get infected, and then transmit the virus to others in healthcare settings who are also not immune. This may include pediatric patients, and patients with weakened immune systems, who may suffer severe complications from infection. If a non-immune pregnant woman gets chickenpox, her baby may be born with birth defects. These include eye problems, scarring, or shortening of the arms and legs. If the mother has chickenpox around the time the baby is born, the newborn can suffer severe infection.

Varicella Immunization Requirement
Students require one of the following:

a. A conclusive history of the disease (i.e. physician diagnosed during the time of illness, not later); OR
b. Documentation of positive varicella serology; OR
c. Documentation of varicella vaccine, given as two doses at least six weeks apart for adults.

Those with an uncertain or absent history of varicella disease should have serology drawn as the majority of such individuals will have positive serology. Those with negative serology should be vaccinated as outlined above. Post-vaccination serology is not recommended as the test may not be sensitive enough to detect antibodies produced as a result of vaccination. Serological testing is a valid option, particularly for those who may be immune as a result of natural infection.
**Hepatitis B**

**What is hepatitis B?**
Hepatitis B is a serious infection of the liver caused by the hepatitis B virus (HBV). The virus is spread by direct exposure to the blood or body fluids of those infected with HBV. Symptoms appear usually about three months after infection occurs, and include loss of appetite, nausea and vomiting, stomach pain, fatigue, and a yellowing of the skin and eyes (jaundice). About 30% of infected adults will have few or no symptoms. It is possible after infection to completely clear the virus, and develop life-long immunity. However some people infected with HBV, especially infants and children, never completely recover and carry the virus in their blood for the rest of their lives; people who permanently carry the virus remain infectious to others. In some of these people there will be persistent inflammation of the liver and possibly cirrhosis (scarring and hardening) of the liver, liver failure and liver cancer. HBV causes 80% of all primary liver cancers worldwide.

**How can hepatitis B be spread?**
HBV is spread through exposure to the blood or body fluids of those infected with the virus. This includes: sexual contact with an infected person; sharing of drug injection equipment; transmission from an infected mother to her infant at the time of birth; or exposure to blood in the workplace. Almost one-third of infections have no identified risk factors.

**Canada and Manitoba**
Canada has low rates of hepatitis B infection; almost 5% of the population shows serological (blood) evidence of previous infection, and less than 1% are chronic HBV carriers. About 10% of those immigrating to Canada are HBV chronic carriers. In Manitoba there is marked variation from year to year in new cases; this number will likely drop due to universal immunization.

**Can hepatitis B be prevented?**
Hepatitis B infection is preventable through immunization. Universal immunization to hepatitis B is offered in all provinces and territories (in Manitoba, this started for grade 4 students in 1998). Hepatitis B vaccine is also recommended for certain groups at higher risk of infection with hepatitis B. Other steps that can be taken to reduce the risk of infection with HBV include: universal precautions for healthcare workers when handling specimens potentially contaminated with HBV (e.g., needles); safer sexual practices (e.g., reducing the number of sex partners, using latex condoms); not sharing household articles that may be contaminated with blood (e.g., toothbrushes, razors); for those who use injection drugs, not sharing injection equipment; screening all pregnant women for infection, and providing prophylaxis to newborns at birth.

**Why is this disease important to a healthcare worker?**
Handling potentially infected blood and body fluids or contaminated sharp equipment is a risk of health care. Occupational transmission of hepatitis B used to happen more frequently, but has become significantly less common since the advent of hepatitis B immunization and infection control precautions. Healthcare workers are capable of both acquiring HBV through their work, and of passing on HBV to patients.

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**Hepatitis B Immunization Requirement**
Students must have **documented immunity** to hepatitis B virus (HBV), demonstrated as a protective level of antibody to hepatitis B surface antigen (anti-HBs ≥10 mlU/mL). For the majority of new healthcare students in Canada, this will be achieved through a complete **series of three hepatitis B immunizations** (some students may have a complete two or four dose series documented; this may be adequate depending on the type of vaccine used and age of recipient), and **post-vaccination serology** being drawn 1-2 months after the final dose of the series.

The following recommendations are made for various clinical scenarios:

- **Students without a Prior History of HBV**
  **Vaccination:** Pre-vaccination serology is not necessary, unless the student comes from a background with a high likelihood of previous hepatitis B infection. A three-dose series should be given at 0, 1, and 6 months. **Documentation of the first 2 doses must be submitted by July 15 (Fall intake) or November 15 (Winter intake) to the Student Services office.** The rapid-dosing schedule for hepatitis B IS NOT recommended. Post-vaccination serology should be drawn 1-2 months after the final dose of the series.
• **Students with a History of an Incomplete HBV Vaccination Series:** The vaccination series does not need to be re-started. The final dose(s) of the series should be completed, regardless of how long ago the initial dose(s) were given, as long as the minimal intervals between vaccines are respected. Post-vaccination serology should be drawn 1-2 months after the final dose. Vaccines produced by different manufacturers can be used interchangeably, provided that the age-appropriate dosages are used.

• **Students with a History of a Complete HBV Vaccination Series:** Serology should be drawn for anti-HBs immediately, although it should be recognized that serology can be falsely negative if drawn >6 months after the initial vaccination series was completed. If protective levels are shown, no further work-up is indicated. If anti-HBs levels are lower than this or absent, a single hepatitis B vaccination should be given immediately and repeat serology drawn one month later. If anti-HBs levels are still not protective, the second and third doses of vaccine should be given at the appropriate times to complete the second series, with post-vaccination serology for anti-HBs drawn 1-2 months after the final dose.

• **Students Found to have Chronic Hepatitis B Infection:** The presence of chronic hepatitis B infection (hepatitis B surface antigen positive [HBsAg+]) should be excluded if a second 3-dose hepatitis B vaccination series fails to provide protective levels of anti-HBs. **Students with chronic hepatitis B infection must consult with the Associate Dean or designate.**
Every year students ask about hepatitis A vaccination. **Students should be aware that hepatitis A vaccination is neither required nor recommended for the majority of healthcare workers practicing within Canada at this time.** The Immunization Program only requires students to be immunized against hepatitis B, and provides this vaccine free of charge to students. However, if an individual desired protection against hepatitis A for other reasons, it may be ideal to receive hepatitis A vaccination at the same time as the hepatitis B immunization series. A combined hepatitis A and B vaccine, “Twinrix”, is available in Canada, and is usually administered using a 3-dose series. Students who are unsure if they will require hepatitis A vaccination can always be immunized against hepatitis B at this present time, and then against hepatitis A at a later date, through their family physician or local travel health clinic. A separate hepatitis A vaccination series (i.e., without hepatitis B) involves only two doses of vaccine, with the second dose given six or more months after the first.

**What is hepatitis A?**
Hepatitis A is an infection of the liver caused by the hepatitis A virus (HAV). Symptoms of hepatitis A infection include fever, loss of appetite, nausea, fatigue, stomach pain, dark urine and a yellowing of the skin and eyes (jaundice). Hepatitis A can be a serious and even fatal infection for the elderly or those with immune system problems. However, the vast majority of people with hepatitis A infection recover from their symptoms in 4 to 6 weeks. Unlike Hepatitis B and C, HAV infection is always temporary, and none of those infected will permanently carry the virus.

**How can hepatitis A be spread?**
Hepatitis A is spread person-to-person through the “fecal-oral route”; infection usually occurs when something is put in the mouth that has been contaminated with feces (stool) containing the virus; this may include food or water. The hepatitis A virus is very stable, and can live outside the human body for days or even weeks and still be capable of causing infection.

**Canada and Manitoba**
In 2007 there were 1,904 cases of hepatitis A in Canada; there are usually fewer than 20 cases occurring in Manitoba each year. Many cases are associated with a return from foreign travel, particularly in individuals who never received hepatitis A vaccine.

**Can hepatitis A be prevented?**
HAV is preventable through immunization with hepatitis A vaccine. Vaccine can be given combined with hepatitis B vaccine (hepatitis A+B, brand name “Twinrix”), or alone as hepatitis A vaccine. There are various immunization schedules for hepatitis A vaccine, depending on the type of vaccine that is used.

**Why is this disease important to a healthcare worker?**
Most healthcare workers practicing in Canada do not need to get vaccinated to protect themselves or the patients whom they serve. However, there are some remote northern communities where hepatitis A is more common, and vaccination could be considered for those working in these communities. Vaccination should be considered for those providing healthcare in foreign countries where hepatitis A is endemic; anyone who is traveling to a foreign country for other business or pleasure should also consider getting immunized against hepatitis A.
**What is the difference between tuberculosis infection and tuberculosis disease?**

Latent tuberculosis infection (LTBI) occurs when an individual has been infected with tuberculosis bacteria and now has latent (sleeping) bacteria inside the lungs. The individual has no symptoms because of this infection, and cannot transmit the bacteria to others; in this situation a chest x-ray is usually normal. The only way to test for LTBI is to administer a tuberculin skin test, or to use a new blood test called an interferon gamma release assay (IGRA).

About 10% of individuals with LTBI will progress to **active tuberculosis (TB) disease**. This occurs when the TB organisms begin to multiply, and break through the body’s immune system defenses. Individuals with tuberculosis disease usually have symptoms of TB, such as: cough lasting more than three weeks, fever, weight loss, night sweats, fatigue, and sometimes a cough that has blood in it. These individuals are usually infectious to other people through coughing or sneezing, until they receive appropriate treatment.

**What is the tuberculin skin test?**

The tuberculin skin test (TST or Mantoux test) is a test used to determine whether a person is infected with Mycobacterium tuberculosis, the bacteria that caused tuberculosis disease. The TST is a good test for tuberculosis infection, but it is not a good test for tuberculosis disease.

**How is the TST administered?**

The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm, just under the skin. When the test is done properly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter. A trained healthcare worker familiar with TST technique, interpretation, and indications for testing must perform the test. Tuberculin does not contain any living organisms.

**How is the TST read?**

The skin test must be read between 48 and 72 hours after administration. A patient who does not return for the reading within 72 hours will need to have a repeat test performed. The reaction should be measured in millimeters of induration (a hardened area of swelling); the diameter of the indurated area should be measured across the forearm (perpendicular to the long axis of the forearm). The reader should NOT measure erythema (redness).

**How are TST reactions interpreted?**

When interpreting the TST result, the healthcare provider must consider three important factors:

1. The size of the skin reaction, measured in millimeters of induration;
2. Possible causes of false-negative and false-positive reactions; and
3. The individual’s risk of development of active tuberculosis if truly infected.

For most healthcare workers, a TST reaction of 10 mm or greater is considered positive; however, there are special situations where a TST less than 10 mm might also be considered positive (see the online Canadian Tuberculosis Standards for more information on test interpretation).

**What are false-positive reactions?**

Some persons may react to the TST even though they are not infected with M. tuberculosis. Possible causes of false-positive reactions include: infection with specific bacteria found in the environment that are similar but not identical to tuberculosis bacteria; previous Bacille Calmette-Guérin (BCG) vaccination; incorrect method of TST administration; or incorrect interpretation of the reaction.

**What are false-negative reactions?**

Some persons may not react to the TST even though they are infected with M. tuberculosis. Possible causes of false-negative reactions include: a weakness in the immune system’s ability to react to foreign substances; recent tuberculosis infection (i.e., exposure to an infectious case occurred less than eight weeks ago); tuberculosis infection that occurred many years ago; very young age (less than 6 months old); recent live-virus vaccination (e.g., measles, mumps, rubella vaccine; possibly chickenpox and yellow fever vaccines); some viral illnesses (e.g., measles and chickenpox); overwhelming tuberculosis disease (this is one reason why a TST is not a good test for active tuberculosis disease); incorrect method of TST administration; incorrect interpretation of the reaction.
Is the TST safe?
Almost everyone can safely receive a TST; this includes infants and children, pregnant women, those with HIV infection, and those who have received a BCG vaccine in the past.

Who should not have a TST?
Individuals who should not receive a TST include: persons who have had a severe reaction to a previous TST (e.g., severe skin damage, blistering, or a severe allergic reaction that interferes with breathing); those with a documented previously positive TST; those with documentation of treatment for active TB disease or latent tuberculosis infection.

What are the side effects of a TST?
The TST is very well tolerated, and serious reactions are extremely rare. As with any injection through the skin, there is a small risk of infection or bleeding at the injection site, or fainting after the injection. Some individuals will notice some redness, swelling, or tenderness at the injection site. Rarely, blistering of the skin may occur. There is a very small risk (approximately one in one million) of a severe allergic reaction called anaphylaxis, manifested by an itchy body rash, swelling of the mouth and throat, and difficulty breathing. Any serious reactions should be reported to the individual’s healthcare provider.

What should be done to the area where the TST was administered?
The area of the TST should be left alone, and should not be bandaged, scratched, or have any lotions or compresses applied to it before it is read.

How often can TSTs be repeated?
In general, there is no risk associated with repeated tuberculin skin tests, as long as previous tests were tolerated. If a person does not return within 48 to 72 hours for a tuberculin skin test reading, a second test can be placed as soon as possible.

Can TSTs be given to persons receiving vaccinations?
A TST can be given at the same time as most vaccinations. However, vaccination with live viruses may interfere with TST reactions. The TST should either be given on the same day as vaccination with a live virus vaccine, or four weeks after the administration of the live virus vaccine. Live virus vaccinations include measles, mumps, rubella (MMR), varicella (chickenpox), and yellow fever vaccines; live virus vaccinations do NOT include hepatitis A or B, tetanus/diphtheria, polio, or pertussis vaccines.

What is a two-step TST?
In some persons who are infected with M. tuberculosis, the ability to react to a TST may drop over time. When the very first TST is administered years after tuberculosis infection occurred, these persons might have a false-negative reaction. However, this TST may stimulate the immune system, causing a positive (boosted) reaction to future tests. Giving a second TST after an initial negative TST reaction is called two-step testing. The second test is usually performed 7-28 days after the first.

When is a two-step TST indicated?
Two-step testing is useful for the initial skin testing of adults who may be tested again in the future, such as health care workers. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. A two-step usually only needs to be done ONCE; future TSTs can be single, one-step TSTs.

What if I have a significant or positive TST?
If you have a positive TST, this may mean that you were infected with TB bacteria at some point in your life. Your healthcare provider will provide you with additional information, and advice on what you need to do. A chest x-ray will be required to look for evidence of previous TB infection or disease. The individual will then be referred to a specialized clinical site for additional information on tuberculosis, and for consideration of LTBI therapy.

Why is tuberculosis important to a healthcare worker?
If a healthcare worker has latent (sleeping) tuberculosis infection, he or she may one day go on to develop active (infectious) tuberculosis disease. It is possible that a healthcare worker may then infect others with the tuberculosis bacteria, including vulnerable clients in healthcare settings. It is also important to document a worker’s baseline TST status, in case testing needs to be performed after a future exposure to TB disease.

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**TST Requirement**
Students must have a one or two-step TST performed after May 1, 2015 (Fall intake) or September 1, 2015 (Winter intake). A two-step TST generally only needs to be done once in a student’s lifetime. The second TST is performed 7-28 days after the first. All further TSTs can be one-step. Students have the option of waiting until after being admitted to receive the TST, provided that the document submission deadline can be met.
**What is BCG?**

BCG (Bacille Calmette-Guérin) is a live vaccine that was developed in the 1920s. It helps protect babies and young children against the most severe forms of TB disease. BCG is one of the most commonly used vaccines in the world, and is frequently used in other countries where TB infection and TB disease are more common. It is rarely used in Canada today.

**How do I know if I had a BCG vaccine?**

Students can check their immunization records or check with their parents or former guardians to see if they have ever had a BCG vaccine. Most new healthcare students today have never had a BCG vaccine, but some may have. In Manitoba, BCG vaccine was discontinued in the 1970s for healthcare workers, but it is still given to infants living in most TB-endemic Aboriginal communities in Manitoba. Most people who have had a BCG have a characteristic scar at the site at which it was administered (e.g., upper arm or shoulder). However, not everyone who had a BCG vaccination will have a scar.

**Why is BCG not used routinely in Canada?**

Since TB disease rates have dropped in most communities, the risk of infants and young children being exposed to TB is very small (the exception to this is Aboriginal infants who live in communities with high rates of TB). Also, there can be serious side effects from the BCG vaccine, particularly in individuals who have problems with their immune system. Finally, BCG may make the tuberculin skin test more difficult to interpret, limiting the usefulness of this test (see below).

**Does a history of BCG vaccination mean that the tuberculin skin test will be positive?**

People vaccinated with BCG may have a positive reaction to a tuberculin skin test (TST or Mantoux). This reaction may be due to the BCG vaccine or to a real TB infection (BCG likely does not prevent TB infection; it is intended only to prevent the development of severe TB disease in those already infected with the TB bacteria). BCG given in the first year of life will almost never cause a positive TST 10 or more years later; those who were vaccinated after the age of 6 years, or adults who had many BCG vaccinations are much more likely to have a positive TB skin test because of BCG. Since the reaction from BCG fades over time, adults who were vaccinated with BCG very early in life should consider a positive skin test as indicative of true TB infection. Healthcare workers with a history of BCG vaccination should still have a TST performed.

**How can I tell if my positive TST was caused by my previous BCG vaccination?**

Interferon gamma release assays (IGRAs) are new blood tests that can test for latent tuberculosis infection. The two IGRA tests approved for use in Canada are QuantiFERON TB Gold and T-SPOT.TB. Unlike the TST, IGRA tests are not influenced by a past history of Bacille Calmette-Guérin (BCG) vaccination. An individual who has a positive TST and who had a previous BCG vaccination may opt to have an IGRA test performed as an aid in confirming whether the individual likely has latent tuberculosis infection. Additional information on IGRA tests is available on request.
Influenza

What is influenza?
Influenza (also called “the flu”) is a common respiratory viral illness spread person-to-person. In Canada, influenza season usually runs from November to May, and sometimes later. Symptoms may include fever, headache, cough, muscle aches, runny nose, sore throat and exhaustion. Symptoms can be similar to other viral illnesses such as a cold; however, the symptoms are usually more serious than a cold, and onset of influenza is usually more sudden than other respiratory pathogens. Most individuals will recover from the illness after 7 to 10 days, but sometimes this takes longer for high-risk individuals. Some people may carry and spread the influenza virus but have no symptoms. Some individuals, particularly babies, the elderly, and those with immune system problems are particularly vulnerable to the complications of influenza, including pneumonia and meningitis.

How can influenza be spread?
Influenza virus is spread when a person who has influenza coughs, sneezes, or speaks, and sends influenza virus into the air, allowing others to inhale the virus. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches his or her own mouth or nose before washing his or her hands.

Canada and Manitoba
Between 4,000 and 8,000 Canadians can die of influenza and its complications annually, depending on the severity of the season; in addition, tens of thousands of hospitalizations occur every year due to influenza. In Manitoba surveillance is conducted to monitor patterns of seasonal influenza activity, and not the actual number of cases.

Can influenza be prevented?
The most effective way to prevent influenza is to be vaccinated each year in the fall. Other ways to reduce the risk of infection with influenza include: regular hand washing, keeping one’s hands away from the nose or mouth, and not attending school, or visiting patients in hospitals or personal care homes when ill.

What is pandemic influenza?
In addition to existing concerns over “regular” seasonal influenza, there is always concern over an impending worldwide influenza pandemic; an influenza pandemic was declared by the World Health Organization in 2009. An influenza pandemic occurs when a new influenza virus for which people have little or no immunity emerges and spreads rapidly throughout the world. The rate of infection and fatality rate may be greater than what is seen with the seasonal influenza that occurs now, particularly if an effective vaccine is not available. While it is difficult to predict when influenza pandemics will occur or their severity, governments, public health officials, and businesses should prepare for the worse. (For more on pandemic influenza and the Canadian Pandemic Influenza response plan, please see http://www.phac-aspc.gc.ca/cpip-pclcp/index-eng.php).

Why is this disease important to a healthcare worker?
Healthcare providers are in a unique position to both acquire influenza infection in the workplace, and to transmit infection to patients, many of whom are extremely vulnerable. As it is possible to transmit influenza prior to the onset of symptoms, providers may not even know that they are infectious to others.

Influenza Immunization Requirement
All Bachelor of Nursing students are required to obtain an annual influenza vaccination and submit documentation confirming the vaccination by the end of Fall Term. Those students who are unable to receive the influenza vaccination due to health reasons must submit supporting documentation from their health care provider. Students who do not obtain the influenza vaccination and submit the Confirmation of Influenza Vaccination form, or the supporting documentation prohibiting the vaccination, by the published deadline will be de-registered from Winter Term clinical practice courses. Students may continue with other courses. Information regarding deadlines and documentation will be on the website and forwarded to all students.
Influenza Vaccine Myths

Influenza Myth #1: Influenza is not a serious illness.

FACT: Each year in Canada, thousands of people die from influenza, or from complications of influenza like pneumonia. Deaths occur mainly among infants, the elderly, and those with immune system problems.

Influenza Myth #2: If you do not have a high-risk medical condition you do not need to be vaccinated.

FACT: Any person who wants to protect his or her health can consider influenza vaccination. Healthcare workers who have contact with high-risk individuals have a professional responsibility to do what they can to protect these individuals from the spread of diseases such as influenza.

Influenza Myth #3: If you have NEVER (or EVER) had influenza you do not need to be immunized.

FACT: If you have never had influenza this does not mean that you will not get it in the future. No one is completely immune from influenza viruses, even if a person has already had the disease; most people can get sick with influenza several times over the course of his or her life, since the virus changes from year to year.

Influenza Myth #4: The influenza vaccine can give you influenza.

FACT: The influenza vaccine cannot give you influenza. The injectable influenza vaccine contains non-living influenza virus particles that cannot multiply or cause infection. The intranasal influenza vaccine contains weakened living organisms that cannot cause influenza disease in an immune competent host.

Influenza Myth #5: The influenza vaccine causes severe reactions or side effects.

FACT: Influenza vaccine is very safe. Most people experience no symptoms after their influenza shot other than some redness or soreness for one or two days at the area where the needle was given; this rarely interferes with normal activities. Healthy adults receiving influenza vaccine show no increase in the frequency of fever or other systemic symptoms compared with those receiving placebo.

Influenza Myth #6: Getting an influenza shot every year may weaken your immune system.

FACT: The vaccine strengthens your body’s immune system, by preparing and boosting it to help you fight the influenza virus if you contract it. People who get the influenza shot each year are better protected against influenza than those who do not get vaccinated.

Influenza Myth #7: You should not get the influenza shot if you have a number of different allergies.

FACT: Most allergies are not a reason for refusing an influenza shot. Individuals who have had a previous allergic reaction to the influenza vaccine, or any of its components, including eggs, should talk to their doctor first before getting an influenza shot.

Influenza Myth #8: Vaccination is not necessary since there are better ways of preventing the spread of influenza, such as frequent hand-washing, covering your mouth when coughing, or staying home when you are sick.

FACT: These are all very important ways to prevent the spread of infections such as influenza, but they do not mean that influenza vaccination is not necessary. Despite our best efforts, influenza may still spread throughout the community. As well, individuals who develop influenza may be infectious to others prior to the onset of symptoms, limiting the benefit of staying home when ill.

Influenza Myth #9: The influenza vaccine protects against the viruses or bacteria that cause colds or stomach illnesses.

FACT: The influenza virus is very different and more severe than the common cold, or gastrointestinal illnesses (“stomach flu”). Influenza vaccine does not protect against the viruses or bacteria that cause colds, or gastrointestinal illnesses; the vaccine only helps the body build immunity to the viruses that cause influenza.
**Influenza Myth #10: Someone you know got the influenza vaccine and still got the flu, so this proves the vaccine doesn’t work.**

**FACT:** At any given time there are many different types of viruses being spread that can cause symptoms like influenza, but are not actually the influenza virus. The influenza vaccine contains three or four types of influenza viruses that are likely to cause influenza in the coming winter months. These are the only viruses the vaccine will protect against. Because these strains may change each year, a person needs to get the influenza shot each year to be protected against new strains. When the strains in the vaccine are well-matched to the strains of influenza virus in the community, the influenza shot prevents influenza in eight of ten vaccinated persons. In elderly people and people who have certain chronic health conditions, the vaccine may not work as well to prevent infection, but it will still decrease symptoms and the risk of serious health concerns (e.g., hospitalization and death).

**Influenza Myth #11: If you are pregnant or breastfeeding you should not have an influenza shot.**

**FACT:** An influenza vaccine is safe during pregnancy. In fact, current national Canadian guidelines recommend that all pregnant women receive a non-live influenza vaccination to protect themselves. Babies less than six months of age, especially newborns, are at high risk from the complications of influenza, but cannot be vaccinated because their immune response to influenza vaccine is not strong enough. Vaccinating their close contacts, including their mothers, can help to protect them and reduce their risk of becoming infected.
CONFIRMATION OF INFLUENZA VACCINATION
2017/2018

The College of Nursing requires all students registered in the Bachelor of Nursing program to receive annual influenza vaccine. This is consistent with the National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2014-2015 (Public Health Agency of Canada), which considers the influenza vaccination to be an essential component of the standard of care for all health care workers.

I confirm that the student named below has received the 2017/2018 influenza vaccine on:

__________________________________________.

MM/DD/YYYY

Student Name (please print)

__________________________________________

Student Number

Name of health care provider: ______________________________________________

Address:

__________________________________________

Signature: ______________________ Phone: ________________

KEEP AN ELECTRONIC OR PAPER COPY OF YOUR SIGNED FORM

Submit the original form or other proof of vaccination to:
Student Services Assistant, Room 262, College of Nursing
by NOVEMBER 18, 2017.

Students are not permitted to sign these forms.

This personal information is being collected under the authority of the University of Manitoba Act. It will be used to document your immune status in order to determine your ability to participate in patient-related activities during your elective placement with the College of Nursing. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, please contact: FIPPA/PHIA Coordinator’s Office, (204) 474-8339, University of Manitoba Archives and Special Collections, 331 D
College of Nursing, Faculty of Health Sciences

INFLUENZA VACCINATION WAIVER FORM

2017/2018

The College of Nursing requires all students registered in the Bachelor of Nursing program to receive annual influenza vaccine. This is consistent with the National Advisory Committee on Immunization (NACI) Statement on Seasonal Influenza Vaccine for 2014-2015 (Public Health Agency of Canada), which considers the influenza vaccination to be an essential component of the standard of care for all health care workers.

The NACI lists the following contraindications and precautions for influenza vaccination:

- Persons who developed an anaphylactic reaction to a previous dose of influenza vaccine or to any of the vaccine components (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within six weeks of influenza vaccination. Immunization should not be delayed because of minor acute illness, with or without fever (NACI, 2014).

NOTE: Pregnant women are encouraged to have the influenza vaccine (NACI, 2014).

I confirm that the student named below cannot receive the influenza vaccine due to the following contraindications:

- Student could have an anaphylactic reaction; or
- Student could develop Guillain-Barré Syndrome.

________________________________________
Student Name (please print)

________________________________________
Student Number

Name of health care provider: ___________________________ Date: ___________________________ MM/DD/YYYY

Address: __________________________________________

Signature: __________________________________________ Phone: __________________________

KEEP AN ELECTRONIC OR PAPER COPY OF YOUR SIGNED FORM

Submit the original form or other proof of waiver to:
Student Services Assistant, Room 262, College of Nursing
by NOVEMBER 18, 2017.

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