

Health Sciences Programs – Frequently Asked Questions for Incoming Students

I. Hepatitis B Vaccination Questions

- a. **What is Hepatitis B?** It is a viral infection of the liver, which can be transmitted through accidental exposure to blood and body fluids.
- b. **What is involved in the vaccination process?** The Hepatitis B vaccination process is a series of 3 injections (Engerix-B, PreHevbrio, Recombivax HB, or Twinrix received over a 6-month period: initial injection, 2nd injection given 30 days after the 1st, and the 3rd injection given 5 months after the 2nd. Six (6) weeks after the third injection, a Hepatitis B titer is drawn to ensure immunity.
- c. **I had my Hepatitis B vaccinations 10 or more years ago. Are they still acceptable?** Yes, but a Hepatitis B surface antibody titer will be required to demonstrate immunity. If the titer is negative, you are not protected and must repeat the 3-dose series and titer testing.
- d. **What is a Hepatitis B surface antibody (Hbs AB IgG) titer?** It is a blood test which demonstrates whether the body has produced the appropriate response to the Hepatitis B immunization process and will respond appropriately should it be exposed to the virus. A titer is reported as a numerical value showing how much of the antibody your body has made.
- e. **Which Hepatitis B blood test should my doctor perform?** The Hepatitis B surface antibody titer (Hbs AB IgG)
- f. **My Hepatitis B surface antibody titer is borderline, equivocal, or says I'm not immune. What should I do?** According to the CDC and the state health department, you should repeat the 3 shot vaccination series, and have another Hepatitis B surface antibody titer drawn 6 weeks after completing the 3 shot vaccination series.
- g. **I took the first immunization for Hepatitis B, but never followed through with the rest of the 3 shot series. It has been 6 or more months, since that immunization was received. What should I do?** It is strongly recommended you start the 3 shot process from the initial injection through the final injection. If your physician should choose to pick up at the 2nd injection in the series, 6 weeks after you have received the 3rd injection you will need to have a Hepatitis B surface antibody titer performed.
- h. **The healthcare worker at the doctor's office stated there is a 2 shot series for this that is cheaper, and I get immunized for Hepatitis A and Hepatitis B. Is this an acceptable substitute?** No, this is not an acceptable substitute. This was not designed to give the full protective immunity a healthcare worker needs. It was designed for those individuals, who like to travel to other countries, such as missionary teams. The dosing in the 2 shot Hepatitis A and B combined vaccination is different from the 3 shot series, which makes it unacceptable for the healthcare worker. The following link is a guide to the CDC's recommended immunization schedule for the healthcare worker:
The [Healthcare Personnel Vaccination Recommendations](#) info sheet is the guideline being followed by employers of healthcare workers to help ensure their safety.

II. Varicella zoster Questions

- a. **What is Varicella zoster?** *Varicella zoster* is the virus which causes chicken pox and shingles.
- b. **What is involved in the vaccination process?** It is a 2 shot series. The 2 shots are generally given at least 28 days apart. 6 weeks after the 2nd shot, one needs to have a *Varicella zoster* IgG titer performed.
- c. **I have had the chicken pox, and was never vaccinated. What should I do?** You should have a blood test to demonstrate immunity to *Varicella zoster*.
- d. **Which blood test should my doctor perform to document I have had the chicken pox and that I am immune?** Your physician should order a *Varicella zoster* IgG titer.
- e. **What should I do if my Varicella zoster IgG titer is borderline, equivocal, or says I'm not immune?** If your *Varicella zoster* IgG titer demonstrates a borderline, equivocal, or non-immune status, you will need to complete the 2 shot vaccination process, and have a titer performed 6 weeks after the 2nd shot.

III. Measles, Mumps, and Rubella (MMR) Questions

- a. **What are the measles, mumps, and rubella?** The measles, mumps, and rubella are viral infections more commonly seen in childhood, but if contracted by non-immune adults can often lead to complications.
- b. **What is involved in the vaccination process?** Individuals born after 1957 can be considered immune to MMR only if they have documentation of a laboratory confirmation of disease or immunity or appropriate vaccination against MMR (ie 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more and at least 1 dose of live rubella vaccine. It is a 2 shot series. The 2 shots are generally given 30 to 60 days apart. Titers are not required as long as documentation of

vaccination or laboratory confirmation of disease/immunity documentation is provided from a physician. For individuals born BEFORE 1957 who were not vaccinated, 2 doses of MMR vaccine should be considered for those who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for those also with no laboratory evidence of disease or immunity to rubella.

- c. **Do I need a titer to determine immunity if I have documentation of vaccinations as stated above?** It is not recommended to be serologically tested for immunity but if tested and results are negative or equivocal for measles, mumps, and/or rubella, one should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- d. **I have had the measles (or mumps, or rubella), and was never vaccinated. What should I do?** You should have Ig titers drawn.
- e. **Which blood tests should my doctor perform to document my immunity to the measles, mumps, or rubella?** Your physician should order the Rubeola IgG titer for the red measles, the mumps IgG titer for the mumps, and the rubella IgG titer for the German measles.
- f. **What should I do if my titers to the measles, mumps, or rubella are borderline, equivocal, or says I'm not immune?** If your rubeola, mumps, and rubella titers demonstrate a borderline, equivocal, or non-immune status, and you have documentation of the vaccinations, you have presumptive evidence of immunity and are not in need of additional MMR doses.

IV. TB Questions

- a. **What is TB?** TB is tuberculosis, a pulmonary infection caused by the bacteria *Mycobacterium tuberculosis*. It is highly contagious and can be spread by coughing and sneezing.
- b. **What is a PPD?** A PPD is a skin test used to check for TB; PPD stands for the purified protein derivative which is injected just under the skin to look for a reaction that would indicate exposure/infection with TB.
- c. **What is involved in a 2 step PPD?** A 2 step PPD requires having the TB skin test placed and read, and then within no less than 7 days and no more than 30 days of the first skin test having been read, a second TB skin test is placed and read. There must be a minimum of 7 days between the completion of the 1st PPD and the placement of the second, and there should be no more than 30 days between the completion of the 1st PPD and the placement of the second.
- d. **When should I get my 2 step PPD?** Your program coordinator will instruct you when to have this done once accepted into the program
- e. **Why must I have a 2 step PPD?** The 2 step PPD is done to ensure a true negative baseline at the start of your healthcare career and to rule out latent TB. After the 2-step process is completed, you will be required to do either a single placement or another 2-step placement PPD annually or post-exposure. The one or two step placement is again program specific. Check with the program coordinator for your specific program.
- f. **What is involved in a single placement PPD?** Simply having the TB skin test placed and read one time. This is not an option for some programs.
- g. **If my PPDs are positive, what must I do?** If your PPD is positive, proof of a negative chest X-Ray must be provided. The chest X-Ray should be bi-lateral (includes both the right and left lung). If the chest X-Ray is positive, proof of treatment must also be provided.
- h. **What about allergic reactions?** Allergic reactions are possible with this skin test; if this complication should arise, a chest X-Ray is presently the recommended alternative form of proof.
- i. **I've heard there is a blood test for someone who has a positive PPD or has allergic complications is this acceptable?** Yes, there is a blood test for those who have had allergic reactions. It is known as the Quantiferon TB Gold, and it is an alternative to the chest X-Ray and a better test to be performed on those who have had a serious allergic reaction to the PPD. However, not all clinical sites accept the Quantiferon TB Gold, so you will need to have the chest X-Ray to be compliant with all clinical sites. If you have had a positive PPD, this is different from an allergic reaction, and you will still need to have a chest X-ray.

V. Flu Shot Questions

- a. **What is the flu?** The flu, also known as Influenza A & B, is a nasty pulmonary virus, which is highly contagious and is spread by coughing and sneezing.
- b. **Why do I need to get a flu shot?** When working in the healthcare field, one is exposed to many different diseases. Being vaccinated (getting a flu shot), helps to minimize the risks of being infected with certain

diseases. Many of the clinical sites now require us to prove immunization for the flu.

- c. **What about allergic reactions?** As with any immunization, there is a risk of an allergic reaction. If you are allergic to any of the components in the flu shot, documentation of the allergy is required, and you are not expected to take the flu shot.
- d. **Is the inhaled vaccination acceptable?** Currently, the inhalable flu vaccination is not acceptable for our clinical contracts due to dosing differences.

VI. Tetanus Shot Questions

- a. **What is tetanus?** Tetanus is a bacterial infection caused by *Clostridium tetani*; it causes the muscles to spasm and lock into place. The most common muscles to lock are those around the jaw line, thus the common name for the disease - lock jaw.
- b. **I had a tetanus shot 10 or more years ago. Is this acceptable?** No, you must have a booster shot.
- c. **The doctor told me the tetanus shot they are now giving also includes the adult pertussis vaccine. Is this acceptable?** Yes, this is perfectly acceptable and is actually preferred.
- d. **Which is the better vaccination to have – the tetanus only vaccination or the one which includes the adult pertussis vaccine?** The tetanus shot which includes the adult pertussis vaccine is the better vaccination to have. Many healthy adults spread pertussis to pediatric patients, and this vaccination can help reduce the spread of this disease significantly.
- e. **What is a DTAP?** The DTAP is the Diphtheria, Tetanus, and Adult Pertussis vaccination, and is the preferred vaccination by healthcare facilities for healthcare workers.
- f. **What is a DPT?** The DPT is the Diphtheria, Pertussis, and Tetanus vaccination given in childhood.

VII. Meningococcal Vaccine Questions

- a. **About Meningococcal Disease: Meningococcal meningitis is a rare but potentially fatal, bacterial infection that strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths.** Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. In addition, approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and 5 to 15 students will die as a result. Many college students are potentially at higher risk due to lifestyle factors such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items. Meningococcal infection is contagious, and symptoms include fever, stiff neck, rash, nausea, and vomiting. It is frequently misdiagnosed as the flu. This disease progresses very rapidly, and these symptoms often appear unusually sudden and severe.
- b. **Why do I need to get the meningococcal vaccine?** South Carolina Code Ann. §59-101-290 (2002) requires public institutions of higher learning to notify incoming students in on-campus housing (parents or guardians for minors) of the risks of meningococcal disease. Public institutions of higher learning are to include recommendation for meningococcal vaccine in medical information given to students, prospective students, and parents or guardians. Therefore, students are strongly encouraged to receive the vaccination.
- c. **What is involved in the vaccination process?** It is a one-time immunization. If the student is under 55 years of age, the student should receive the MenACWY and MenB vaccines. Both vaccines can be given together but at different anatomic sites, if feasible.
- d. **I have allergies which prevent me from taking other vaccines. How should I proceed?** The CDC and NIH state that serious allergic reactions to this vaccine are very rare and do not list any specific components known to cause such health issues. Consult your physician and follow the advice given.
- e. **May I opt out?** It depends on the program you are enrolled in. Contact the program faculty for your specific program. For some programs, it is required.

VIII. Major Medical Insurance Questions

- a. **Why do I have to prove I have major medical insurance?** In the event of an accident or exposure incident at a clinical site, Trident Technical College's Workman's Compensation policy should cover the majority of the expenses; however, there are cases and times in which it doesn't. Major medical insurance is required by our clinical affiliates to cover those costs when/if workman's compensation does not.
- b. **Do I have to maintain major medical insurance throughout the entire program?** Yes
- c. **Do I have to pay for this insurance and how much does it cost?** Yes, it can run anywhere from about \$75/month on up depending on individual preferences and habits (e.g., smoker vs. non-smoker).
- d. **Where can I purchase this insurance?** There are numerous insurance companies that provide such policies;

it is strongly recommended for you to check on-line for the most comprehensive lists and plans including the Health Insurance Marketplace found on www.healthcare.gov

- e. **What should be included in this insurance plan?** It must include basic inpatient and outpatient hospital expenses, and physician services. It is recommended that it also include a drug plan, but a drug plan is not required.
- f. **I am covered by someone else's insurance plan and the CastleBranch Document Tracker says I need to prove I'm covered. What should I do?** If available via state or Federal human resources departments ask for a Form 1096 demonstrating proof of insurance. If this is not available, ask the insurance provider for a letter verifying your coverage under the health plan.

IX. Essential Functions/Technical Standards Questions

- a. **What are essential functions/technical standards?** Essential functions/technical standards verify an individual can see, hear, move, and have sufficient skills to meet the physical, mental, and emotional demands of the job. They also assess whether these things can be reasonably corrected (e.g., wearing glasses for vision problems).
- b. **Why are these so important?** In the healthcare environment, one must be able to respond to their environment and patient in a quick and timely fashion as this could mean life or death for a patient. One also must be able to lift and have fine motor skill coordination for many of the tasks in the healthcare profession.
- c. **If I should have a disability, what should I do?** A student may seek reasonable accommodations through the Services for Students with Disabilities at 574-6131.
- d. **Is there a disability that could make me unable to successfully complete the program?** If a student is unable to demonstrate with reasonable accommodations such as compensatory techniques or assistive devices, the ability to become proficient in these essential functions, then the disability would make one unable to successfully complete the program. This is assessed on a case by case basis and is a joint effort of the student, instructors, and the Services for Students with Disabilities.
- e. **What if I should suffer from a major illness?** After a major illness which prevented the student from attending classes, the student must have a physical and a doctor's approval to return to school and the healthcare environment.
- f. **Can I be reinstated in the program after a major illness?** Yes, a student can be reinstated in the program after a major illness. These are handled on a case by case basis with the Program Coordinator, and proof from the student's physician stating the student is fully capable of returning to school and the healthcare environment.

- X. **I have questions which weren't included on this page, who should I contact?** For questions related to any of the above topics, contact the program faculty for your specific program.