

Undergraduate Medical Education

Communicable Disease Screening Protocol

Student Conduct Component: Procedure #SC-08P

Corresponding Policy: Policy #SC-08

Supersedes: none

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Approved by MD PEC: TBA

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1.0 Hepatitis B

1.1. General Information:

Hepatitis B can be transmitted via blood and body fluids. Vaccination is the best prevention and usually consists of a series of 3 doses. The second dose should be administered one month after 1st and the 3rd should be administered 6 months following the 1st. Testing for the surface antibody to Hepatitis B (anti-HBs) should be done at least one month after the vaccine series is completed. Applicants to the school who have not been previously vaccinated against Hepatitis B should begin this vaccination process as soon as possible, but no later than the February 1st prior to possible registration.

1.2. Requirements:

All students must provide serological results for Hepatitis B virus (HBV). Anti-HBs levels of > 10 m IU/ml are considered protective. Students with antibody levels less than 10 m IU/ml should be revaccinated. If following revaccination, antibody levels are still undetectable, the learner needs to be assessed for HBsAg and anti-HBc to determine infection status.

1.3. Infected Individuals

Infection with Hepatitis B will show the following serological markers:

- HBsAg present
- Anti-HBc IgG or IgM depending on whether the infection is acute or chronic.

Persons infected with HBV will be referred to the Director, Student affairs for follow-up and counseling on therapy and possible accommodations for learning.

2.0 Hepatitis C

2.1. General information:

Hepatitis C is a transmitted via blood and body fluids and there is no vaccine currently available.

2.2. Requirements:

Students must provide documentation of their Hepatitis C serology. Students with anti-HCV antibody must have viral load status determined. Students with active hepatitis C will be referred to the Director, Student Affairs for follow-up and counseling on therapy and possible accommodations for learning.

3.0 HIV

3.1. General information:

HIV is transmitted via blood and body fluids and there is no vaccine currently available.

3.2. Requirements:

Students must provide documentation of their HIV serology. Students with anti-HIV antibody must have viral load status determined. Students with HIV will be referred to the Director, Student Affairs for follow-up and counseling on therapy and possible accommodations for learning.

4.0 Tuberculosis

4.1. General information:

Tuberculosis is an infectious disease primarily of the respiratory tract and is transmitted from person to person via aerosols through contact with an infected individual.

4.2. Requirements:

All students must provide documentation of a previous 2 step mantoux test (a 2 step mantoux test consists of the 1st step given and a reading is performed in 48-72 hours; the 2nd step must be at least one week, but not more than 3 weeks apart from the 1st step).

If no documentation exists or the student has not had a 2 step mantoux, then do a 2 step. If there is documentation of a previous 2 step mantoux, a single TST (tuberculin skin test) is required (within the last year) annually.

- 4.3. If the results of either the initial 2-step TST or single step TST are positive (due to BCG vaccine or any other cause) the student must obtain a chest x ray and obtain a referral to an Infectious Disease specialist (TB clinic) for further assessment. A written report of the results of the assessment must be provided to Queen's. If the student has a documented history of a previous positive TST, a repeat TST is not required. Proceed with chest x ray and follow up as above with Infectious Disease specialist.

5.0 Measles/Mumps/Rubella

- 5.1. General information:

Rubella is an infection of the respiratory system caused by a virus via respiratory droplets.

Mumps is a viral disease spread via respiratory secretions and is easily transmissible.

Rubella is an infectious disease that is spread via respiratory droplets.

Measles, Mumps and Rubella are all preventable with vaccination.

- 5.2. Requirements:

Students must provide evidence of complete vaccination series as per the Canadian Immunization Guide, or provide serological evidence of immunity.

6.0 Varicella (Chickenpox)

- 6.1. General information:

Varicella is a highly contagious virus spread by direct contact or aerosols. An effective chicken pox vaccine is used in Canada and has significantly decreased the incidence of this disease.

- 6.2. Requirements:

Students must provide serological evidence of immunity, or proof of vaccination (two doses of univalent varicella vaccine administered at least 6 weeks apart).

- 6.3. Non-immune students who have a contraindication to receiving the varicella vaccine must inform the UGME office upon enrollment and will be referred to the Director, Student Affairs.

7.0 Polio

7.1. General information:

Polio is an acute, viral infectious disease spread from person to person, primarily through the fecal-oral route. Polio is preventable with vaccination.

7.2. Requirements:

Students are required to provide documentation of having received a complete primary series of polio vaccine (4 doses for children up to 6 years old, or 3 doses if primary series started after age 7).

Adults previously immunized with polio vaccine who are at increased risk of exposure (health care workers) should receive a single lifetime booster dose of IPV containing vaccine.

If not immunized or no documentation, student should receive two doses of IPV containing vaccine given 4-8 weeks apart, followed by a third dose 6-12 months apart, after the second dose. Documentation of receipt of vaccination is required.

8.0 Tetanus/Diphtheria/Pertussis

8.1. General information:

Tetanus (“lockjaw”) is a bacterial disease that is spread through the environment, often found in soil and dirt, and usually enters the body via a break in the skin. Diphtheria is a respiratory illness caused by bacteria and most commonly spread via direct contact and airborne droplets. Pertussis (“whooping cough”) is a highly contagious respiratory infection caused by bacteria, and spread primarily through droplet contact as well as direct contact with respiratory secretions. Tetanus, Diphtheria and Pertussis are preventable via vaccination.

8.2. Requirements:

Students must provide proof of receipt of the primary series of vaccine or booster received within last 10 years for tetanus and diphtheria. Students are also strongly encouraged to receive one dose of **acellular pertussis-containing vaccine** or provide proof thereof.

9.0 Influenza

9.1. General information:

Influenza is a respiratory infection caused by Influenza A and B viruses. Influenza is spread by droplet and contact with respiratory secretions. Influenza is preventable via annual vaccine, therefore it is required that students receive their flu vaccine.

9.2. Requirements:

Students are required to obtain an annual influenza immunization and documentation must be forwarded to the UGME Office by December 1st each academic year.

9.3. Flu vaccination is a requirement of your clinical activities. In the event of an “outbreak”, learners who are not vaccinated may be required to take an antiviral drug, mask, vaccinate and/or miss work.

The National Advisory Committee on Immunization (NACI) “considers the provision of influenza vaccine for health care workers who have direct patient contact to be an essential component of the standard of care for the protection of their patients. Health care workers who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes undergoing annual influenza vaccination. In the absence of contraindications, refusal of health care workers who have direct patient contact to be immunized against influenza implies failure in their duty of care to their patients”.

9.4. Students who have a contraindication to receiving the influenza vaccine must so inform the UGME Office upon enrollment and will be referred to the Director, Student Affairs.

10.0 The College of Physicians and Surgeons states:

“Physicians performing or assisting in performing exposure prone procedures must be tested for blood borne pathogens (HBV, HCV and HIV) annually. An exposure prone procedure is one which involves one or more of the following:

- 1. digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health-care worker’s fingers and a needle or other sharp instrument or object in a blind or highly confined anatomic site (e.g., during major abdominal, cardiothoracic, vaginal and/or orthopaedic operations); or*
- 2. repair of major traumatic injuries; or*

3. *manipulation, cutting or removal of any oral or perioral tissue, including tooth structures during which blood from a health-care worker has the potential to expose the patient's open tissue to a blood borne pathogen."*

11.0 References

Canadian Immunization Guide

<http://www.phac-aspc.gc.ca/publicat/cig-gci/>

Canadian Tuberculosis Standards, 6th Edition (2007)

<http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tbstand07-eng.php>

College of Physicians and Surgeons of Ontario: Policy Statement #3-12 Blood Borne Pathogens (May 2012)

<http://www.cpso.on.ca/members/membership/default.aspx?id=4926&terms=blood+borne+pathogens>

Council of Ontario Faculties of Medicine, COFM Immunization Policy (October 2012)

OHA/OMA Communicable Diseases Surveillance Protocols

<http://www.oha.com/services/healthsafety/pages/communicablediseasesurveillanceprotocols.aspx>