MD Program

Communicable Disease Screening Protocol

Student Conduct Component: *Procedure #SC-08P*
Corresponding Policy: *Policy #SC-08*
Supersedes: *none*
Lead Writer: *Communicable Disease Advisory Group*
Revisions: *May 2014*
February 2015
December 2016
June 2021
March 5, 2024
February 4, 2025

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 Tuberculosis

2.1. 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.

2.2. 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)

2.3. 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.

3.0 Measles/Mumps/Rubella

3.1. General information:

Measles 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.

3.2. Requirements:

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

4.0 Varicella (Chickenpox)

4.1. 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.

4.2. Requirements:

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

4.3. Non- immune students who have a contraindication to receiving the varicella vaccine must inform the MD Program upon enrollment and will be referred to the Assistant Dean, Student Affairs.

5.0 Polio

5.1. 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.

5.2. 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.

6.0 Tetanus/Diphtheria/Pertussis

6.1. 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.

6.2. 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.

7.0 Influenza

7.1. 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 highly recommended that students receive their flu vaccine.

7.2. 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 be immunized against influenza implies failure in their duty of care to their patients".*

8.0 Novel Coronavirus Disease 2019 (COVID-19)

Novel coronavirus disease 2019 (COVID-19) vaccination is required for encounters with standardized patients, volunteer patients and clinical placements. Medical learners should follow NACI recommendations on the use of COVID-19 vaccines. Medical learners who choose not to have COVID-19 vaccination should be notified that hospital policies may preclude them from clinical placements or require antiviral prophylaxis and immunization in the event of a COVID-19 outbreak.

8.1 Requirements:

Students are required to provide proof of initial primary vaccine series (2 doses); OR proof of one dose of the current COVID-19 vaccine within the past 6 months. Proof of vaccination must be submitted to Learner Wellness. Failure to do so may result in restrictions on clinical placements or other academic activities.

9.0. HIV and Hep C serology

We no longer require documentation of HIV or Hepatitis C serology given how effective antiviral treatment is and the inherently low risk of transmission. This is in keeping with most hospital requirements, and also reflects the College of Physicians and Surgeons of Ontario who no longer require documentation of serology to perform exposure prone procedures.

10.0 The College of Physicians and Surgeons states:

CPSO recognizes that members encounter health conditions, just as patients and other health care providers do and expects its members to address their health concerns as needed to ensure patient safety. This includes mental health, and substance use disorders, physical conditions including unmanaged blood borne viruses (HIV.HCV. and HBV) where it is relevant to their practice, or any condition that might impair their ability to practice. Members must not practice while their ability is impaired. At all times, physicians must only practise medicine when they have the required capacity to do so, act in the best interests of their patients, and ensure patient safety. The OMAs Physician Health Program (PHP) (https://php.oma.org) is available to all physicians and provides confidential support for individuals who are struggling with substance use and mental health concerns, as well as with other behaviours that have a personal and professional impact. Members who perform or assist in performing exposure prone procedures are reminded that knowing one's serologic status is essential to protecting both their own health and the health of their patients.

11.0 References

Canadian Immunization Guide
https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

Canadian Tuberculosis Standards 7TH Edition (2014)
https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition.html

Council of Ontario Faculties of Medicine, COFM Immunization Policy (April 2022) COFM Immunization and Screening Policy - Council of Ontario Universities

OHA/OMA Communicable Diseases Surveillance Protocols
Ontario Hospital Association Communicable Disease Surveillance Protocol Guide (oha.com)