AMERICAN COLLEGE HEALTH ASSOCIATION

ACHA GUIDELINES

Immunization Recommendations for College Students

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The American College Health Association (ACHA) encourages institutions to implement comprehensive immunization and tuberculosis risk assessment and management programs. These efforts are among the most effective public health strategies for protecting the nation's 19 million college students and the communities in which they live, learn, and engage. Grounded in longstanding public health evidence and informed by the unique risks of congregate settings, ACHA recommends the following for immunization programs:

Implement programs and policies that promote high vaccine coverage among students.

- If possible, implement vaccine recommendation/requirement programs that include capturing and recording student vaccination records.
- Ensure vaccines are readily accessible and available for students who are missing recommended vaccines.
- Ensure that health science students and students traveling abroad are fully vaccinated against diseases that may affect them.

Strengthen patient education to help students make informed decisions about vaccines, including those recommended through shared clinical decision making.

- Communicate recommendations and requirements and help set expectations through pre-arrival materials, orientation, and first-year programming.
- Help address misconceptions, clarify risks, and support decisions through individualized, nonjudgmental conversations that balance respect for individual autonomy with the responsibility to protect community health.

Prioritize prevention of outbreaks—and be prepared to respond effectively when they occur.

- Prioritize prevention, recognizing that outbreaks are costly, disruptive, and largely avoidable.
- Maintain robust outbreak response plans and collaborate with local public health departments and campus partners.
- Ensure information systems support timely access to vaccination status data and facilitate rapid response processes for affected students.
- Implement evidence-informed exemption processes that are applied consistently and designed to protect both individual needs and overall campus health.

To create its Immunization Guidelines, ACHA derives evidence-based information from a variety of sources including U.S. federal government agencies (e.g., Centers for Disease Control and Prevention), medical professional societies, (e.g., American Academy of Pediatrics, American Academy of Family Physicians), international public health organizations (e.g., World Health Organization), and peer reviewed literature.

The ACHA Vaccine-Preventable Diseases (VPD) Advisory Committee updates these guidelines annually to reflect evolving public health recommendations. VPD also produces the Tuberculosis Risk Assessment and Management Guidelines and related FAQs on Tuberculosis Risk Assessment and Management, which outline best practices for TB screening and prevention. Together, these resources form a core framework for campus disease prevention.

Implementing an Immunization Recommendation/Requirement Program

Effective implementation of an immunization recommendation/requirement program requires support from university leadership and alignment with high-level institutional policies. Student health services typically lead the program, working with partners such as housing, international programs, legal counsel, risk management, enrollment management, and student affairs to integrate immunization requirements into admissions, housing, and registration processes.

Operational success depends on clear workflows and reliable infrastructure. Standardized record submission forms (Appendix C), medical exemption documentation, and standing orders for nurse-delivered vaccines streamline processes. Electronic portals—and, when possible, connections to state immunization information systems—reduce administrative burden and improve data quality. Compliance mechanisms should be transparent, consistently applied, and/or tied to key milestones such as orientation, housing move-in, or registration. Enforcement tools can include registration or housing holds, and they work best when paired with preemptive outreach.

Institutions can reduce barriers by offering on-campus vaccination opportunities, extended clinic hours, and partnerships with local health departments, pharmacies, and community clinics. Culturally and linguistically appropriate materials and flexible documentation options support international, first generation, and other students who may face access challenges. Clinician counseling for hesitant students or those seeking exemptions can further support informed decision-making and trust.

Institutions should monitor immunization coverage, exemption rates, and documentation gaps across student subpopulations and use these data to guide outreach to students who need catch-up vaccination. After-action reviews following outbreaks or major policy changes can identify opportunities to refine workflows, communication strategies, and partnerships. Regular reporting to institutional leadership reinforces accountability and ensures responsiveness to emerging public health needs.

Vaccine Recommendations for College Students

The following vaccines in **Table 1** are recommended for college students to have received upon entry to college. Consider catch-up vaccination if a student does not have all the vaccines listed below. Note that these vaccines are presented in alphabetical order. **See Appendix A** for more information about the vaccine-preventable diseases and related vaccines.

Table 1: Vaccine Recommendations for College Students: Series Completion and Catch-Up

Vaccine	Recommended # of doses for series completion	Catch-up for College Students
Hepatitis A	Two doses	Two doses total should be received
Hepatitis B	Two to three doses	Two dose series can be used for those age 18+ years who are not vaccinated
HPV	Two to three doses	Complete the series based on age at first vaccine (if 9-14 years, 2 doses; if 15+ years, 3 doses)
Meningococcal (ACWY)	Two doses (If the first dose is given at age 16 years or older, one dose is sufficient.)	One dose can be given for those aged less than 22 and not vaccinated
Meningitis B	Two to three doses	Two doses; both doses need to be same brand
Measles, Mumps, Rubella (MMR)	Two doses of the MMR vaccine or two doses of individual measles and mumps vaccines and one dose of rubella vaccine if vaccinated outside of the U.S.	Two doses total should be received
Mpox (optional)	Two doses for students at higher risk due to potential exposure to mpox	
Pneumococcal	For students with certain medical conditions, e.g., severe asthma, diabetes mellitus, chronic liver or kidney disease	As needed
Polio	Four doses	Administer remaining doses to complete a 3-dose series
Tetanus, Diphtheria, Pertussis	One Tdap on or after age 11 and every 10 years thereafter	One Tdap can be given for those not vaccinated
Varicella	Two doses	Two doses total should be received unless there is documented evidence of prior infection
Annual Vaccines		
COVID-19	One dose annually	
Influenza	One dose annually	

Source: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html

See **Appendix A** for specific disease/vaccine details.
See **Appendix B** for vaccine recommendations for health science students.
See **Appendix C** for more information on travel vaccines.
See **Appendix D** for a Sample Campus Immunization Submission Form.

Patient Education About Vaccine Decisions

Patient education is a key component of a campus immunization program, ensuring students have clear, accessible, science- and evidence-based, culturally responsive information to make informed decisions. Because students arrive with diverse backgrounds and varying healthcare experience, messaging should empower them and highlight how vaccination supports personal well-being, academic continuity, and community protection.

Effective education begins early and is reinforced across multiple touchpoints. Pre-arrival materials, orientation, and first-year programming can communicate immunization expectations, distinguish required versus recommended vaccines, and explain record use and confidentiality/privacy of those records. Evidence-based content tailored to young adults—videos, infographics, FAQs—helps students navigate information from peers, family, and social media.

Clinician support is essential for students with questions or hesitation about getting vaccinated. College health providers can engage in individualized, nonjudgmental conversations that explore students' values and information sources. Motivational interviewing supports addressing misconceptions, clarifying disease risks in campus settings, and guiding decisions aligned with individual and campus health goals.

Integrating vaccine education into broader health promotion efforts can help normalize immunization as part of routine self-care. Embedding content in wellness campaigns, residence hall programming, peer education, and academic courses reinforce key messages. Sometimes vaccine costs comes up in the conversation. Depending on the student's insurance status, cost can become a barrier to vaccination. For more information about discussing costs of vaccines, see **Appendix E.**

Outbreak Prevention and Response

A strong immunization infrastructure is the foundation of outbreak prevention. Institutions should maintain high vaccination coverage through clear policies, accessible vaccination services, and consistent compliance processes. Partnerships with local and state public health agencies can expand access during periods of increased risk, including regional outbreaks or travel-related exposures.

Surveillance and early detection are critical for containing outbreaks. Campus health services should monitor communicable disease trends through syndromic surveillance, laboratory reporting, and coordination with public health authorities. Providers should be trained to recognize early signs of vaccine-preventable diseases and follow established protocols for reporting, testing, and isolation. Institutions should maintain accurate student contact information and be able to quickly activate communication.

Clear and timely communication supports effective outbreak prevention. Institutions can prepare messaging templates that explain symptoms, transmission risks, prevention strategies, and when and where to seek care. Communications must be accessible, culturally responsive, and available in multiple formats. During heightened risk, targeted alerts may be needed for specific groups such as residence hall communities, Greek Life events, athletic/club sports teams, or close-contact academic programs.

Preparedness planning ensures that institutions can respond effectively when outbreaks occur. Colleges and universities should maintain updated response plans outlining roles, responsibilities, communication protocols, and decision-making processes. Plans should address case investigation, isolation and quarantine (as applicable), vaccination or prophylaxis clinics, and temporary exclusion of under-immunized individuals when recommended by public health authorities. Regular tabletop exercises and after-action reviews help refine plans and strengthen coordination. See below for more information about managing outbreaks.

Preparing for Communicable Disease Outbreaks on Campus

Campuses are especially vulnerable to communicable disease outbreaks because of dense congregate living and learning environments, exposure risk from travel to countries with potential immunity gaps, and the ease of spread of many communicable diseases. The information below provides general guidance for case and outbreak management. *Source: Preparing and Responding to Measles: Checklist for Institutions of Higher Education*, www.cdc.gov/measles/downloads/measles-checklist-institutions-higher-education.pdf.

Maintain high vaccine coverage and reliable records: strengthen immunization information systems, ensure timely documentation, and apply consistent, evidence-informed exemption processes. Make vaccination readily accessible (e.g., on-campus clinics with local partners).

Coordinate with the local health department and pre-plan: use public health guidance for testing, isolation duration, exposure definitions, exclusions, and vaccination/post-exposure prophylaxis (PEP) operations. Designate a point of contact; align campus procedures with current health department guidance/regulations; keep emergency operations plans current.

Standardize rapid clinical triage: if a communicable disease is suspected, mask immediately, isolate (home/residence hall preferred), and arrange medical evaluation; student health services should follow infection control procedures and coordinate testing with the health department.

Pre-identify isolation capacity: determine designated isolation space (private room, door that closes; window if available) and isolation housing for students who cannot go home; plan for delivery of food and other necessities and well-being checks.

Communicate clear clinical expectations: educate students on staying home or in their room when ill, seeking evaluation before returning, and monitoring symptoms after potential exposure; communicate on protecting student privacy/confidentiality.

Exposure management: work with public health to define exposures across classes/events/housing, implement exclusions and post-exposure measures as directed.

Keep response systems "always ready:" have in place surveillance and response protocols, trained clinical/operations staff, and immediate access to personal protective equipment, isolation space, and isolation housing.

Ensure continuity and support: plan to assist students in continuing education during isolation/exclusion and meeting basic needs during isolation (healthcare, food, necessities, well-being checks).

ACHA members can access important resources (e.g., listservs, webinars, etc.), support networks, and disease-specific outbreak response information. Additionally, the ACHA Public Health Surveillance, Preparedness, and Response Coalition provides information on responding to all hazards in its guidelines, Emergency Planning Guidelines for Campus Health Services: An All-Hazards Approach.

ACHA Vaccine-Preventable Diseases Advisory Committee Immunization Recommendations Workgroup

These ACHA guidelines were updated by ACHA's 2026 Immunization Recommendations Workgroup, a subgroup of the Vaccine-Preventable Diseases Advisory Committee. Members of the workgroup include: Christine Amidon, MSN, APRN, FNP-C; Albert Chang, MD, MPH; Karen Acuña Dybus, PhD, PA-C; Karen Hassler, R, BSN; Charlotte Katzin, RN, BSN; Emily Lenz, MSN, APRN, FNP-BC, CHWP; Angela Long, MS, MPH; JoLynn Montgomery, PhD, MPH; and Annette Smiach, MSN, FNP-BC.

Appendix A. About Vaccine-Preventable Diseases and Associated Vaccines

The following information explains general information about the vaccine-preventable disease or infection and related vaccines available. It provides specific information that is relevant to the college student population. The information is presented in a table format for ease of access and comprehension.

Hepatitis A	
General Information	• Acute viral infection of the liver caused by hepatitis A virus (HAV). • Symptoms include fatigue, fever, nausea, abdominal pain, jaundice, and dark urine. • Illness can last weeks to months; most recover fully without chronic disease. • Severe complications (including fulminant hepatitis) are rare but more likely in individuals with underlying liver disease, human immunodeficiency virus (HIV), and pregnant women.
Why College Students Are at Risk	• Close living environments (residence halls, shared bathrooms, dining facilities). • Exposure through contaminated food or water in campus or community settings. • International travel to regions with higher HAV prevalence. • Higher risk among students experiencing homelessness, using substances, or participating in certain social or sexual networks.
Mode of Transmission	• Fecal-oral route. • Ingestion of contaminated food or water. • Person-to-person spread through close contact, including household or sexual contact.
About Hepatitis A Vaccines	
General Information	• Inactivated (non-live) vaccines providing long term protection. • Highly effective in preventing HAV infection and controlling outbreaks. • Can be used for both routine prevention and post-exposure prophylaxis.
Vaccine Schedule	• Single antigen hepatitis A vaccine: 2 dose series (0 and 6 months). • Combination hepatitis A/hepatitis B vaccine: 3 dose series (0, 1, and 6 months). • Post-exposure vaccination effective if given within 2 weeks of exposure. • Recommended for all previously unvaccinated adolescents and adults, especially those traveling internationally, those with chronic liver disease or HIV, those who use injection or non-injection drugs, men who have sex with men, and those at occupational risk.
Vaccine Types	• Single antigen hepatitis A vaccines (2-dose regimen). • Combination hepatitis A/hepatitis B vaccine (3-dose regimen).
Contraindications	• Severe allergic reaction to a previous dose or vaccine component.
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • Pregnancy is not a contraindication; vaccine may be given when indicated.
More Information & Resources	• CDC Hepatitis A: www.cdc.gov/hepatitis/hav CDC Hepatitis A Vaccine VIS: www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-a.html • Immunize.org Hepatitis A Resources: www.immunize.org/hepatitis-a • WHO Hepatitis A Fact Sheet: www.who.int/news-room/fact-sheets/detail/hepatitis-a

Hepatitis B	
General Information	• Hepatitis B is a viral infection caused by the hepatitis B virus (HBV) that affects the liver and can result in both acute and chronic disease. • Clinical illness ranges from asymptomatic infection to severe acute disease characterized by jaundice, fatigue, abdominal pain, nausea, and dark urine • Chronic HBV infection may develop following acute infection and increases the risk of cirrhosis, liver failure, and hepatocellular carcinoma. • Unlike hepatitis A, hepatitis B can progress to chronic infection, which increases the risk of cirrhosis, liver failure, and hepatocellular carcinoma. • Many individuals, including young adults, may have no symptoms but can transmit HBV to others.
Why College Students Are at Risk	• Higher likelihood of close personal contact, including sexual activity, which is a major route of HBV transmission. • Increased risk among students with multiple sexual partners or inconsistent condom use. • Potential exposure by sharing personal items (razors, toothbrushes) contaminated with blood. • Risk among students who use injection or non-injection drugs. • International students from regions with higher HBV prevalence may be chronically infected or susceptible if unvaccinated. • Students in health sciences programs may have occupational exposure risks.
Mode of Transmission	• Contact with infected blood or body fluids. • Sexual contact with an infected partner. • Perinatal transmission from infected parent to infant. • Sharing needles, syringes, or drug use equipment. • Sharing personal items contaminated with blood. • Occupational exposure to blood or body fluids (e.g., needlesticks).
About Hepatitis B Vaccines	
General Information	• Hepatitis B vaccines are recombinant, non-live vaccines that provide long-term protection against HBV infection. • Vaccination is the most effective strategy for preventing both acute and chronic hepatitis B and reducing the risk of liver cancer. • Many young adults were vaccinated in childhood, but gaps remain, especially among international students or those born before universal vaccination recommendations.
Vaccine Schedule	• Three-dose hepatitis B vaccine series: typically administered at 0, 1, and 6 months. • Two-dose hepatitis B vaccine series: administered as two doses given at least 4 weeks apart for adults aged 18 years and older. • Combination hepatitis A/hepatitis B vaccine: administered as either a 3-dose series (0, 1, and 6 months) or an accelerated 4-dose series (0, 7, and 21–30 days, with a booster dose at 12 months). • Vaccine series should be completed with the same product when possible; however, vaccination should not be deferred if the original product is unavailable. • Post-vaccination serologic testing (anti-HBs) is recommended for individuals with occupational exposure risk (e.g., health science students) and for certain immunocompromised individuals, consistent with clinical site and occupational health requirements.

Vaccine Types	• Single-antigen hepatitis B vaccines include products administered as either a two-dose or three-dose series, depending on formulation. • All vaccines are non-live and cannot cause infection.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component (e.g., yeast).
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • Pregnancy is not a contraindication. Pregnant persons who require hepatitis B vaccination may receive Engerix-B, Heplisav-B, Recombivax HB, or Twinrix when vaccination is indicated.
More Information & Resources	• CDC Hepatitis B Information: www.cdc.gov/hepatitis/hbv • CDC Hepatitis B Vaccine VIS: www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html • Immunize.org Hepatitis B Resources: www.immunize.org/hepatitis-b • WHO Hepatitis B Fact Sheet: www.who.int/news-room/fact-sheets/detail/hepatitis-b • American Academy of Family Physicians (AAFP) Resource: www.aafp.org/pubs/fpm/issues/2023/0900/hepatitis-b-vaccination-recommendations.html

Human Papillomavirus (HPV)	
General Information	• Human papillomavirus (HPV) is the most common sexually transmitted infection in the U.S. • Most HPV infections are asymptomatic and resolve spontaneously. Persistent infections can develop into anogenital warts, and high-risk HPV types can lead to cervical, anal, oropharyngeal, penile, vulvar, and vaginal cancers. • HPV affects people of all genders and sexual orientations.
Why College Students Are at Risk	• Most new infections occur during late adolescence and young adulthood. • Many students are unaware of how HPV spreads, falsely believe they are not at risk, or think they are too old to be vaccinated. • HPV vaccination uptake among college students remains below national targets. • Some international students may not have access to HPV vaccines.
Mode of Transmission	• Intimate, skin-to-skin contact with an infected person. Transmission is most common during vaginal, penile, anal, or oral sex. • Transmission can occur even when an infected person has no symptoms. • Condoms reduce but do not fully prevent transmission due to uncovered skin. • Perinatal transmission is possible but uncommon.
About Human Papillomavirus (HPV) Vaccines	
General Information	• HPV vaccines are non-live, recombinant vaccines that protect against the HPV types responsible for most HPV-related cancers and genital warts. • A nine-valent vaccine protects against nine HPV types (high risk and low risk). • Vaccination is most effective when given before exposure to HPV.
Vaccine Schedule	• Two-dose series if first dose is administered before age 15 (0 and 6–12 months). • Three-dose series (0, 1–2, and 6 months) if first dose is administered at age 15 or older. • Adults aged 27–45 based on shared clinical decision making with a healthcare provider (0, 1–2, and 6 months).
Vaccine Types	• A nine-valent HPV vaccine (current U.S. product): protects against HPV types causing most cancers and genital warts. • All HPV vaccines are non-live and cannot cause infection.

Contraindications	• Severe allergic reaction to a previous dose or vaccine component (e.g., yeast).
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • Pregnancy: HPV vaccine is not recommended during pregnancy; defer remaining doses until after pregnancy.
More Information & Resources	• CDC HPV Information: www.cdc.gov/hpv • CDC HPV Vaccine VIS: www.cdc.gov/vaccines/hcp/current-vis/hpv.html • Immunize.org HPV Resources: www.immunize.org/hpv • WHO HPV Fact Sheet: www.who.int/news-room/fact-sheets/detail/human-papilloma-virus-and-cancer • AAFP Resource: www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/disease-pop-immunization/human-papillomavirus-vaccine-hpv.html

Measles, Mumps and Rubella Diseases	
General Information	• Measles is a highly contagious viral illness characterized by prodrome fever, cough, runny nose, conjunctivitis, Koplik spots, and a red, blotchy rash that begins on the face. Complications include diarrhea, otitis media, pneumonia, and encephalitis. • Mumps cause fever, headache, muscle aches, and swelling of the salivary glands. Complications include orchitis, oophoritis, meningitis, and hearing loss. • Rubella is generally mild but can cause fever, rash, and lymphadenopathy. Infection during pregnancy can lead to congenital rubella syndrome, causing severe birth defects. • All three diseases are vaccine preventable and remain a public health concern due to periodic outbreaks, especially in under-immunized communities.
Why College Students Are at Risk	• High density living environments (residence halls, Greek housing, athletic teams) • Large social networks, frequent close contact, and social mixing. • Domestic and international travel increases exposure risk, especially for measles. • Outbreaks have been documented on college campuses.
Mode of Transmission	• Measles: airborne transmission; virus can remain in the air for up to two hours after an infected person leaves a room. • Mumps: respiratory droplets and close contact. • Rubella: respiratory droplets; infected individuals may be contagious before symptoms appear. • All three viruses spread easily among unvaccinated individuals in crowded settings.
About Measles, Mumps and Rubella Vaccines	
General Information	• MMR vaccine protects against measles, mumps, and rubella. • Individual measles, mumps, and rubella vaccines are available in some countries. • MMR vaccine is highly effective and provides long lasting immunity.
Vaccine Schedule	• Routine schedule: two-dose series, typically given in childhood. • Immunity is presumed in the following situations: 1) documentation of two doses of MMR vaccine, 2) individuals born before 1957, 3) laboratory evidence of immunity or disease (including titers). • Catch-up schedule: Everyone without above-mentioned evidence of immunity should complete the two-dose series. • During outbreaks: A third dose of MMR may be recommended for groups at increased risk. Consult your local public health department during an outbreak.

Vaccine Types	• MMR vaccine is a live attenuated vaccine that protects against measles, mumps, and rubella. • Individual measles, mumps, and rubella vaccines are available globally.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component (e.g., neomycin). • Pregnancy. • Severe immunosuppression (e.g., certain cancers, high-dose steroids, advanced HIV infection).
Precautions	• Moderate or severe acute illness with or without fever (delay vaccination until recovery). • Recent receipt (past 11 months) of antibody-containing blood products (may require timing adjustments). • History of thrombocytopenia or thrombocytopenic purpura. • Family or personal history of seizures (for varicella-containing vaccine only (MMRV), not MMR).
More Information & Resources	• CDC Measles: www.cdc.gov/measles; CDC Mumps: www.cdc.gov/mumps; CDC Rubella: www.cdc.gov/rubella • CDC MMR Vaccine VIS: www.cdc.gov/vaccines/hcp/current-vis/mmr.html • Immunize.org MMR Resources: www.immunize.org/mmr • WHO Measles/Mumps/Rubella Fact Sheets: www.who.int/teams/health-product-policy-and-standards/standards-and-specifications/norms-and-standards/vaccines-quality/measles-mumps-and-rubella-(mmr) • American Academy of Pediatrics (AAP) MMR recommendation: www.aap.org/en/patient-care/measles/measles-vaccine/

Meningococcal Disease	
General Information	• Meningococcal disease is a severe, rapidly progressive bacterial infection caused by *Neisseria meningitidis* that can lead to meningitis, septicemia, or both. • Can cause death within 24 hours of symptom onset. • Even with treatment, case fatality rates are 10–15%. • 10–20% of survivors experience permanent complications (hearing loss, neurologic deficits, kidney damage, limb loss). • Serogroups A, B, C, W, and Y cause most invasive disease worldwide; in the U.S., serogroups B, C, W, and Y predominate.
Why College Students Are at Risk	• First-year students in residence halls face highest risk: 11.8-fold higher for serogroup B disease. • Residence hall residents have 8.6-fold higher risk vs. non-undergraduates. • Greek life participants have 9.8-fold higher risk during outbreaks. • Risk factors: close living quarters, shared bathrooms, bar/nightclub attendance, irregular sleep, alcohol consumption, cigarette smoke exposure, sharing drinks/vaping devices/cigarettes, and close social contact (e.g., kissing). • Age group 16-23 years at higher risk. • Documented outbreaks of serogroups B and C on U.S. campuses. • International travel/study abroad may increase exposure to additional serogroups.
Mode of Transmission	• Spreads through respiratory droplets and throat secretions via close or prolonged contact (kissing, sharing drinks/utensils/vaping devices, living in close quarters). • Not transmitted through casual contact, shared air space, or brief non-face-to-face interactions.

About Meningococcal Vaccines (ACWY, B, and ABCWY Serogroups)	
General Information	• All vaccines are inactivated and cannot cause meningococcal disease. • Both MenACWY and MenB vaccines (or pentavalent) needed for comprehensive protection.
Vaccine Schedule	**MenACWY (Menveo or MenQuadfi):** • **Routine:** two-dose series at age 11–12 years; booster at 16 years. • **Catch-up:** age 13–15: first dose now, booster at 16–18 (minimum 8 weeks apart); age 16–18: one dose. • **Additional:** First-year college students in residence halls if never vaccinated, last vaccinated before age 16, or vaccinated after age 16 but >5 years ago; military recruits; adults 19-21 not vaccinated since age 16. **MenB (Bexsero or Trumenba):** • **Shared clinical decision-making**: ages 16-23 (preferred 16-18) o Standard: two-dose series, minimum 6 months apart o If dose 2 given <6 months: add dose 3 at least 4 months after dose 2 o Rapid protection (starting college <6 months): three-dose series (0, 1–2, 6 months) • **Special Situations** (asplenia, complement deficiency, complement inhibitor use): o Three doses at 0, 1–2, 6 months o If dose 2 given ≥6 months after dose 1: dose 3 not needed o If dose 3 given <4 months after dose 2: add dose 4 at least 4 months later • For booster recommendations: www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm **MenABCWY (Penbraya or Penmenvy):** • **Shared clinical decision-making:** ages 16-23 may receive single dose as alternative to separate MenACWY and MenB when both indicated same day. o If Penbraya for dose 1: use Trumenba for dose 2 MenB. o If Penmenvy for dose 1: use Bexsero for dose 2 MenB. • **Special Situations:** age ≥10 at increased risk may receive as alternative when both vaccines indicated same day. o Can use for boosters if ≥6 months from previous dose. o Previously vaccinated with Trumenba or Penbraya: continue with Trumenba or Penbraya. o Previously vaccinated with Bexsero or Penmenvy: continue with Bexsero or Penmenvy.
Vaccine Types	• **Meningococcal Conjugate Vaccines (MenACWY):** Protects against serogroups A, C, W, and Y: Menveo (MenACWY-CRM) and MenQuadfi (MenACWY-TT). • **Serogroup B Meningococcal Vaccines (MenB):** protects against serogroup B: Bexsero (MenB-4C) four-component vaccine and Trumenba (MenB-FHbp) factor H binding protein vaccine. • **Pentavalent Vaccine:** Protects against serogroups A, B, C, W, and Y: Penbraya (MenACWY-TT/MenB-FHbp) and Penmenvy (MenACWY-CRM/MenB-4C). ***Important:*** *MenB and pentavalent vaccines are not interchangeable; the same product should be used for all doses in the series.*
Contraindications	**All vaccines:** Severe allergic reaction (anaphylaxis) to previous dose or vaccine component. **Specific:** • Menveo: severe reaction to diphtheria toxoid or CRM197-containing vaccine. • MenQuadfi/Penbraya: severe reaction to tetanus toxoid-containing vaccine. • Penmenvy: severe reaction to diphtheria toxoid- or CRM197-containing vaccine. • Bexsero/Penmenvy: latex sensitivity (Bexsero only). • MenB vaccines (Bexsero, Trumenba): pregnancy.

Precautions	• **All vaccines:** Moderate or severe acute illness with or without fever • **MenB vaccines:** Pregnancy: delay unless increased disease risk and benefits outweigh risks
More Information & Resources	• CDC Meningococcal Disease: www.cdc.gov/meningococcal • CDC Meningococcal Vaccine VISs: MenACWY: www.cdc.gov/vaccines/hcp/current-vis/meningococcal-acwy.html; MenB: www.cdc.gov/vaccines/hcp/current-vis/meningococcal-b.html • Immunize.org Meningococcal Resources: www.immunize.org/vaccines/a-z/menacwy/ and www.immunize.org/vaccines/a-z/menb/ • WHO Meningitis Fact Sheet: www.who.int/news-room/fact-sheets/detail/meningococcal-meningitis • AAFP Resource: www.aafp.org/pubs/afp/issues/2025/0800/editorials-meningococcal-vaccines.html

Mpox	
General Information	• Mpox is a viral infection caused by the mpox virus, an orthopoxvirus related to smallpox (but clinically milder). • Illness typically includes fever, headache, swollen lymph nodes, fatigue, and a characteristic rash that progresses through multiple stages. • Rash may appear on the hands, feet, chest, face, or mouth or near the genitals. • Most cases are self-limited, but severe disease can occur, especially in immuno-compromised individuals. • The 2022–2024 global outbreak demonstrated sustained human-to-human transmission outside historically endemic regions.
Why College Students Are at Risk	• Close physical contact in residence halls, athletic teams, and social networks. • Intimate or sexual contact, which has been a major driver of recent outbreaks. • Sharing bedding, towels, or clothing with infected individuals. • Students participating in travel, study abroad, or large social gatherings.
Mode of Transmission	• Direct skin-to-skin contact with rash, scabs, or body fluids. • Intimate or sexual contact, including oral, anal, or vaginal sex. • Fomites: contaminated bedding, towels, clothing, or surfaces. • Respiratory secretions during prolonged face-to-face contact. • Transmission can occur from symptom onset until lesions have fully healed and new skin has formed.
About Mpox Vaccines	
General Information	• The primary vaccine used for mpox prevention is a non-replicating, live-attenuated orthopoxvirus vaccine called JYNNEOS. • Vaccination can be used for pre-exposure protection in at-risk individuals and post-exposure prophylaxis after known exposure.
Vaccine Schedule	• Two-dose series, administered 28 days apart. • Individuals who have received only one dose should complete the series for optimal protection. • Post-exposure vaccination is most effective when given within four days of exposure (up to 14 days may reduce severity). • CDC has recommendations for who should get the vaccine (see www.cdc.gov/mpox/vaccines/index.html#cdc_vaccine_basics_who-who-should-get-vaccinated)

Vaccine Types	• JYNNEOS: Non-replicating vaccine approved for prevention of mpox and smallpox.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component (including gentamicin, ciprofloxacin, or chicken or egg protein).
Precautions	• Moderate or severe acute illness (delay vaccination until recovery).
More Information & Resources	• CDC Mpox Information: www.cdc.gov/mpox • CDC Mpox Vaccine Guidance: www.cdc.gov/mpox/vaccines • CDC Mpox Vaccine VIS: www.cdc.gov/vaccines/hcp/current-vis/smallpox-monkeypox.html • Immunize.org Mpox Resources: www.immunize.org/vaccines/a-z/mpox/ • WHO Mpox Fact Sheet: www.who.int/news-room/fact-sheets/detail/mpox • AAFP Resource: www.aafp.org/family-physician/patient-care/public-health-emergencies/recent-outbreaks/monkeypox.html

Pneumococcal Disease	
General Information	• Pneumococcal disease is caused by Streptococcus pneumoniae, a bacterium with more than 100 known serotypes. • Illness ranges from mild to severe and includes: • Non-invasive disease: sinusitis, otitis media, bronchitis. • Invasive pneumococcal disease (IPD): pneumonia, bacteremia, and meningitis. • Pneumococcal pneumonia can cause high fever, cough, chest pain, and difficulty breathing. • IPD can lead to hospitalization, long term complications, and death. • Antibiotic resistance is increasingly common, making prevention through vaccination especially important.
Why College Students Are at Risk	• Most healthy college students are at low risk, but certain subgroups face increased vulnerability. • Higher risk among students with chronic medical conditions or immunocompromising conditions. • Increased exposure risk in residence halls, group living, and crowded areas. • Smoking, vaping, and secondhand smoke exposure increase susceptibility. • Students recovering from influenza or other respiratory infections may be more prone to pneumococcal pneumonia.
Mode of Transmission	• Spread through respiratory droplets from coughing, sneezing, or close contact. • Asymptomatic carriage in the nasopharynx is common; carriers can transmit the bacteria without symptoms. • Transmission is facilitated by crowding, smoking/vaping, and concurrent viral infections.
About Pneumococcal Vaccines	
General Information	• Pneumococcal vaccines protect against the serotypes most likely to cause severe disease. • Two main vaccine categories: o Pneumococcal conjugate vaccines (PCV): PCV15, PCV20. o Pneumococcal polysaccharide vaccine (PPSV23). o Vaccination recommendations for healthy young adults are risk based, not routine.
Vaccine Schedule	• Healthy college students: Routine pneumococcal vaccination not recommended unless risk factors are present. • Students with risk conditions:

	○ May receive PCV20 alone, or ○ PCV15 followed by PPSV23 (timing depends on clinical guidance). ○ Students who previously received childhood PCV series may need additional doses only if they develop qualifying risk conditions.
Vaccine Types	• PCV15 and PCV20: conjugate vaccines providing strong immune response and long-lasting protection. • PPSV23: polysaccharide vaccine covering additional serotypes; used in combination with PCV for certain risk groups. • All vaccines are inactivated and cannot cause pneumococcal disease.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component.
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • PCV and PPSV23 should not be administered simultaneously; follow recommended intervals.
More Information & Resources	• CDC Pneumococcal Disease: www.cdc.gov/pneumococcal • CDC Pneumococcal Vaccine Guidance: www.cdc.gov/vaccines/by-disease/index.html • CDC Pneumococcal VISs: PCV: www.cdc.gov/vaccines/hcp/current-vis/pneumococcal-conjugate.html; PPSV23: www.cdc.gov/vaccines/hcp/current-vis/pneumococcal-polysaccharide.html • Immunize.org Pneumococcal Resources: www.immunize.org/pneumococcal • AAFP Resource: www.aafp.org/pubs/afp/issues/2022/0600/p580.html

Polio	
General Information	• Polio (also called poliomyelitis) is a highly contagious disease caused by poliovirus (genus *Enterovirus*). • Infection occurs in the gastrointestinal tract and spreads to regional lymph nodes and sometimes the central nervous system. • Polio is recognized by acute onset of flaccid paralysis (<1% of infections).
Why College Students Are at Risk	• Close physical contact in residence halls, athletic teams, and social networks. • Students have high frequency of travel, including study abroad.
Mode of Transmission	• Poliovirus is spread via ingestion of contaminated food or water.
About Polio Vaccines	
General Information	• Global elimination efforts have limited endemic polio to Afghanistan and Pakistan. Cases of vaccine derived polio have occurred in a handful of countries, associated with the oral polio vaccine (OPV). • In 2000, the U.S. switched from OPV to the inactivated polio vaccine (IPV).
Vaccine Schedule	• Routinely, a 4-dose series is given during childhood. • Importantly, the final dose must be given after age 4 years. • For college students who are catching up on their polio vaccine series, a reduced dose series of a total of 3 doses can be given, if the final dose was received after age 4 years.

Vaccine Types	• Inactivated Polio Vaccine (IPV): a killed virus vaccine that is available in the US. IPV cannot cause polio. • Oral Polio Vaccine (OPV): a live attenuated vaccine, not available in the US.
Contraindications	• Severe allergic reaction (e.g., anaphylaxis) to IPV or to antibiotics contained in trace amounts in IPV (streptomycin, polymyxin B, or neomycin) is the only contraindication to administration of IPV.
Precautions	• Pregnancy is a precaution to administration of IPV. However, if a pregnant person is at increased risk for exposure and requires immediate protection against polio, IPV can be administered in accordance with the recommended schedule for adults
More Information & Resources	• CDC Morbidity and Mortality Weekly Report Adult Polio Vaccine Recommendations: https://www.cdc.gov/mmwr/volumes/72/wr/mm7249a3.htm • WHO Polio Vaccine Recommendations: https://www.who.int/teams/immunization-vaccines-and-biologicals/diseases/poliomyelitis-(polio) • Immunize.org Polio Resources: https://www.immunize.org/vaccines/a-z/polio/

Tetanus, Diphtheria, and Pertussis Diseases	
General Information	• Tetanus is caused by a toxin produced by Clostridium tetani and leads to painful muscle spasms, respiratory failure, and death. It is acquired through contaminated wounds, not through person-to-person transmission. • Diphtheria is a respiratory infection caused by Corynebacterium diphtheriae, leading to sore throat, fever, and a thick membrane in the throat that can obstruct breathing. • Pertussis (whooping cough) is a highly contagious respiratory illness caused by Bordetella pertussis, characterized by severe coughing fits that can last for weeks. • Adolescents and adults often experience milder pertussis symptoms but can transmit infection to others.
Why College Students Are at Risk	• Waning immunity from childhood vaccinations increases susceptibility, especially to pertussis. • Close living environments (residence halls, Greek housing) facilitate respiratory spread. • Students may delay seeking care for a prolonged cough, contributing to unrecognized transmission. • Students in health sciences programs may have occupational exposure risks.
Mode of Transmission	• Pertussis and diphtheria: spread through respiratory droplets from coughing or sneezing. • Pertussis is highly contagious and can spread before diagnosis • Tetanus: acquired through contaminated wounds; not spread person to person.
About Tetanus, Diphtheria, and Pertussis Vaccines	
General Information	• Tdap is an inactivated combination vaccine that protects against tetanus, diphtheria, and pertussis. • A single dose of Tdap is recommended in adolescence, with boosters every 10 years. • Tdap is required or highly recommended by many colleges and universities.
Vaccine Schedule	• Adolescents/Adults: o One dose of Tdap at age 11–12. o Students who did not receive Tdap in adolescence should receive one catch-up dose. • Boosters: Td or Tdap every 10 years thereafter. • Pregnancy: One dose of Tdap during each pregnancy, ideally at 27–36 weeks.

Vaccine Types	• Tdap: Protects against tetanus, diphtheria, and pertussis. • Td: Protects against tetanus and diphtheria; used for routine boosters after initial Tdap. • All vaccines are inactivated and cannot cause disease.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component. • History of encephalopathy within 7 days of a pertussis-containing vaccine (use Td instead).
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • History of Guillain-Barré syndrome within 6 weeks of a tetanus-containing vaccine. • Progressive or unstable neurologic disorders (evaluate before giving pertussis-containing vaccine).
More Information & Resources	• CDC Tetanus: www.cdc.gov/tetanus/vaccines/index.html • CDC Diphtheria: www.cdc.gov/diphtheria/vaccines/index.html • CDC Pertussis: www.cdc.gov/pertussis/vaccines/index.html • CDC Tdap Vaccine VIS: www.cdc.gov/vaccines/hcp/current-vis/tdap.html • Immunize.org Tdap Resources: www.immunize.org/tdap • WHO Pertussis Fact Sheet: www.who.int/health-topics/pertussis#tab=tab_1 • AAFP Resource: www.aafp.org/pubs/afp/issues/2021/0800/p186.html

Varicella Disease (Chickenpox)	
General Information	• Varicella is a highly contagious viral infection caused by the varicella zoster virus (VZV). • Illness typically presents with fever, fatigue, and a characteristic itchy, vesicular rash that appears in successive "crops." • While usually mild in children, varicella can be severe in adolescents and adults, leading to complications such as pneumonia, bacterial skin infections, encephalitis, and hospitalization. • After infection, the virus remains dormant and can reactivate later in life as herpes zoster (shingles).
Why College Students Are at Risk	• Many international students or those without routine childhood vaccination may be susceptible. • Close living environments (residence halls, Greek housing) facilitate rapid spread. • Adolescents and adults experience more severe disease and higher complication rates than young children. • Students may not know their immunity status or lack documentation of childhood vaccination. • Outbreaks can disrupt academic activities and require exclusion of susceptible individuals.
Mode of Transmission	• Airborne transmission via respiratory droplets. • Direct contact with vesicular fluid from skin lesions. • Virus can spread before rash onset and until all lesions have crusted. • Highly contagious — secondary attack rates in households exceed 80%.
About Varicella Vaccines	
General Information	• Varicella vaccines are live attenuated vaccines that provide long-lasting protection against primary varicella infection. • Vaccination significantly reduces disease severity and prevents outbreaks in congregate settings. • Immunity can be documented through vaccination, laboratory evidence, or verified history of disease.

Vaccine Schedule	• Two dose series for adolescents and adults without evidence of immunity:
	  o Dose 1
	  o Dose 2 at least four weeks later
	• Students with only one documented dose should receive a second dose; no need to restart the series.

Vaccine Types	• Single antigen varicella vaccine (standard for adolescents and adults). • MMRV combination vaccine (used only in children). • Varicella vaccines are live attenuated and should not be given to certain immunocompromised individuals.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component (e.g., gelatin, neomycin). • Pregnancy. • Severe immunosuppression (e.g., certain cancers, high-dose steroids, advanced HIV infection).
Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • Recent receipt of antibody containing blood products (may require timing adjustments). • Avoid pregnancy for one month after vaccination. • Avoid salicylate use for six weeks after vaccination due to Reye syndrome risk.
More Information & Resources	• CDC Varicella Information: www.cdc.gov/chickenpox • CDC Varicella Vaccine VIS: www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.html • Immunize.org Varicella Resources: www.immunize.org/varicella • WHO Varicella Fact Sheet: www.who.int/news-room/questions-and-answers/item/chickenpox • AAP Resource: www.aap.org/en/patient-care/immunizations/vaccination-recommendations-by-the-aap/

Annual Vaccines

COVID-19	
General Information	• COVID-19 is a respiratory illness caused by the SARS-CoV-2 virus. • Illness ranges from asymptomatic or mild symptoms (fever, cough, sore throat, fatigue) to severe disease, including pneumonia, respiratory failure, and long-term complications. • Some individuals experience post-COVID conditions (long COVID) with prolonged fatigue, cognitive difficulties, and other symptoms. • Variants continue to emerge, some with increased transmissibility or immune escape. • Vaccination remains the most effective strategy to reduce severe disease, hospitalization, and death.
Why College Students Are at Risk	• Close living environments (residence halls, Greek housing, shared bathrooms). • Frequent social gatherings, athletics, and close contact activities. • Students may delay testing or isolate late due to academic or social pressures. • Travel for breaks, study abroad, or athletics increases exposure risk. • Students with underlying medical conditions may be at higher risk for severe illness.
Mode of Transmission	• Primarily spread through respiratory droplets and aerosols during close contact. • Transmission can occur from individuals with no symptoms. • Virus can spread in poorly ventilated indoor spaces. • Less commonly spread through contaminated surfaces.
About COVID-19 Vaccines	
General Information	• COVID-19 vaccines used in the U.S. are updated periodically to match circulating variants. • Vaccines are non-live and cannot cause COVID-19 infection. • Vaccination significantly reduces the risk of severe disease, hospitalization, and long COVID. • Immunity wanes over time, making updated doses important.

Vaccine Schedule	• Everyone 6 months and older should receive the current season COVID-19 vaccine.
	• Students who have never been vaccinated should receive the current formulation as their primary dose.
	• Additional doses may be recommended for:
	  o Adults 65 years and older.
	  o Individuals with moderate or severe immunocompromise.
	• Students should follow the most recent CDC guidance for timing after infection or prior vaccination.

Indications	Vaccination is recommended for: • All college students, regardless of prior infection history. • Students living in residence halls or other congregate settings. • Students with chronic medical conditions or immunocompromising conditions. • Students in health sciences programs or occupations with exposure risk. • Students traveling domestically or internationally. • Students in outbreak settings or during periods of increased community transmission.
Contraindications	• Severe allergic reaction to a previous dose or vaccine component. • Known allergy to polyethylene glycol (PEG) or other specific components (varies by product).

Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • History of myocarditis or pericarditis after a prior COVID-19 vaccine (consult clinician for individualized guidance). • Students recently infected with COVID-19 may defer vaccination for 3 months from symptom onset or positive test.
More Information & Resources	• CDC COVID-19 Information: www.cdc.gov/covid • CDC COVID-19 Vaccines: www.cdc.gov/covid/vaccines • CDC COVID-19 Vaccine VIS-equivalent Info Sheet: www.cdc.gov/vaccines/hcp/current-vis/covid-19.html • Immunize.org COVID-19 Resources: www.immunize.org/covid-19 • WHO COVID-19 Fact Sheet: www.who.int/news-room/fact-sheets/detail/coronavirus-disease-%28covid-19%29 • AAFP Resource: www.aafp.org/family-physician/patient-care/public-health-emergencies/recent-outbreaks/covid-19/covid-19-vaccine.html

Influenza	
General Information	• Influenza is an acute, contagious respiratory illness caused by influenza A and B viruses. • Symptoms include fever, cough, sore throat, myalgias, fatigue, and headache; illness can be severe and lead to pneumonia, hospitalization, or death. • Annual epidemics occur in the U.S., typically peaking between October and May. • Even healthy young adults can experience significant illness and prolonged recovery. • New virus strains circulate each year, requiring annual vaccination for optimal protection.
Why College Students Are at Risk	• High-density living environments (residence halls, Greek housing, shared bathrooms). • Frequent social gatherings, athletics, and classroom exposure. • Stress, poor sleep, and inconsistent health habits can reduce immune resilience. • Students often attend class or work while ill, contributing to spread. • Travel during breaks increases exposure to diverse circulating strains.
Mode of Transmission	• Spread through respiratory droplets when infected individuals cough, sneeze, or talk. • Transmission via contaminated surfaces followed by touching the mouth, nose, or eyes. • Individuals can transmit influenza before symptoms appear and for several days after.
About Influenza Vaccines	
General Information	• Annual influenza vaccination is the most effective way to prevent flu and its complications. • Vaccine composition is updated each year to match circulating strains. • Vaccines are available in inactivated, recombinant, and live-attenuated formulations. • Annual vaccination is recommended for everyone 6 months and older.
Vaccine Schedule	• One dose annually, ideally before the end of October. • Students may be vaccinated later in the season if they have not yet received a dose.
Vaccine Types	• Inactivated Influenza Vaccine (IIV): injectable; appropriate for most individuals. • Recombinant Influenza Vaccine (RIV) or Trivalent Recombinant RIV3: egg-free option. • Live Attenuated Influenza Vaccine (LAIV): nasal spray; for healthy, non-pregnant individuals ages 2–49. • All vaccines are updated annually.

Contraindications	*Note: Egg allergies are no longer a contraindication for influenza vaccination.*
	• Severe allergic reaction to a previous dose or vaccine component.
	• LAIV influenza vaccine should not be used in:
	  o Pregnant individuals
	  o Immunocompromised individuals
	  o People with certain medical conditions (e.g., asthma, chronic lung disease)
	  o Those taking specific antiviral medication

Precautions	• Moderate or severe acute illness (delay vaccination until recovery). • History of Guillain–Barré syndrome within 6 weeks of a prior influenza vaccination. • CDC no longer recommends special precautions for individuals with egg allergy.
More Information & Resources	• CDC Influenza Information: www.cdc.gov/flu • CDC Influenza Vaccine VIS: www.cdc.gov/vaccines/hcp/current-vis/influenza-inactivated.html • Immunize.org Influenza Resources: www.immunize.org/vaccines/a-z/influenza/ • WHO Seasonal Influenza Fact Sheet: www.who.int/news-room/fact-sheets/detail/influenza-(seasonal) • AAP Resource: publications.aap.org/pediatrics/article/156/6/e2025073620/202845/Recommendations-for-Prevention-and-Control-of?autologincheck=redirected

Appendix B: Additional Immunization Considerations for Health Science Students

Health science students—including those enrolled in medical, nursing, pharmacy, dental, allied health, and other clinical training programs—face increased risk of exposure to vaccine-preventable diseases due to direct patient contact, exposure to blood and body fluids, and work in healthcare settings. These students may also pose a risk to patients, coworkers, and vulnerable populations if they are under immunized. As a result, immunization expectations for health science students often exceed those for the general student population and may be governed by clinical site requirements, accrediting bodies, and occupational health standards.

Baseline Expectations

Health science students should meet all immunization recommendations outlined for college students in Table 1, *in addition to* any program-specific or clinical site-specific immunization requirements. Institutions should clearly communicate these expectations prior to matriculation and before clinical placements begin.

Vaccines of Heightened Importance for Health Science Students

Vaccines of particular importance for health science students include:

- Hepatitis B: Completed vaccine series *and* documentation of post-vaccination serologic immunity, as required by clinical training sites.
- Measles, Mumps, Rubella (MMR): Documented immunity; additional doses may be recommended during outbreaks.
- Varicella: Documented immunity through vaccination, laboratory evidence, or provider-verified history of disease.
- Tetanus, Diphtheria, Pertussis (Tdap): One documented dose with boosters per schedule; emphasis prevention in healthcare settings.
- Influenza: Annual vaccination, frequently required by affiliated healthcare facilities
- COVID-19: Current seasonal vaccination per CDC guidance, particularly for patient-facing roles.
- Meningococcal (ACWY and B): As indicated based on clinical exposure risk, congregate housing, or outbreak response.

Documentation, Verification, and Timing

Documentation standards for health science students are often more stringent than those for the general student population. Clinical training sites may require official immunization records, laboratory evidence of immunity, or verification through occupational health systems. Institutions should establish clear timelines for immunization review and ensure students understand that incomplete documentation may delay or prevent participation in clinical rotations.

Exemptions and Clinical Participation

Exemptions for health science students should be evaluated in the context of patient safety and clinical site requirements. Students with approved exemptions may face restrictions on clinical activities, reassignment to non-patient-facing roles, or alternative educational arrangements when required by affiliated healthcare facilities.

Coordination with Clinical Partners

Colleges and universities should coordinate closely with affiliated hospitals, clinics, and health systems to align immunization requirements, documentation standards, and outbreak response protocols. Clear agreements regarding responsibility for vaccination, record review, and compliance monitoring reduce administrative burden and protect students and patients.

Appendix C: Vaccines for International Travel

International travel introduces a wide range of health considerations that extend beyond routine immunization recommendations for college students. Travel-related vaccine decisions depend on a traveler's destination, itinerary, planned activities, underlying health conditions, prior immunization history, and the dynamic epidemiology of infectious diseases worldwide. Because these factors vary widely, travel immunization planning is most effective when guided by a clinician trained in travel medicine. Many college health centers provide these services, and some rely on services in the community. Below are links to guide you on vaccines and other health considerations for international travel:

American College Health Foundation Guide for Travel Health Practices: a comprehensive guide to assist colleges and universities in developing and enhancing travel health programs, addressing the unique needs of student, faculty, and staff travelers: https://www.acha.org/resource/guide-for-travel-health-practices/

CDC Yellow Book 2026: health information for international travel: https://www.cdc.gov/yellow-book/hcp/contents/index.html

WHO information about travel vaccines: https://www.who.int/travel-advice/vaccines

ACHA College Health Topics: Travel Health: https://www.acha.org/college-health-topics/travel-health/

ACHA Travel Health Coalition: https://www.acha.org/group/travel-health-coalition/

International Society of Travel Medicine: https://www.istm.org/

Appendix D: Sample Campus Immunization Submission Form

Student Information
Full Name: _____
Date of Birth: _____ / _____ / _____ Student ID: _____
Email: _____ Phone: _____

Instructions*:* Enter dates of vaccination and attach official records. Laboratory evidence of immunity may be substituted where indicated.

Hepatitis B
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____ OR Positive titer attached ☐

HPV (Human Papillomavirus)
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____

Meningococcal Disease

Meningitis ACWY
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____

Meningitis B
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____
Check one: ☐ Trumenba or ☐ Bexsero **(these are not interchangeable)**

Meningitis ABCWY
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____
Check one: ☐ Penbraya (can be combined with Trumenba) ☐ Penmenvy (can be combined with Bexsero)

MMR (Measles, Mumps, Rubella)
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ OR Positive titers attached ☐

Polio
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ Dose 3: ____ / ____ / _____
Dose 4: ____ / ____ / _____ Vaccine type (check one): ☐ IPV ☐ OPV ☐ Unknown

Tdap (Tetanus, Diphtheria, Pertussis)
One dose within past 10 years: ____ / ____ / _____

Varicella (Chickenpox)
Dose 1: ____ / ____ / _____ Dose 2: ____ / ____ / _____ OR History of disease ☐ (year: _____) OR Positive titer attached ☐

COVID-19 (annual)
Most recent dose: ____ / ____ / _____

Influenza (annual)
Most recent dose: ____ / ____ / _____

Medical Exemption (if applicable) *A licensed healthcare provider must complete this section.*
Condition preventing vaccination: _____
Expected duration: ☐ Temporary until ____ / ____ / _____ ☐ Permanent
Provider notes (optional): _____

Provider Name: _____ **Date:** ____ / ____ / _____
Provider Signature: _____ **Phone:** _____
Clinic/Facility:_____

Student/Family Attestation: I certify that the information provided is accurate and that official documentation is attached as required.
Signature: _____ **Date:** ____ / ____ / _____

Note: This form may be customized depending on vaccination requirements, exemptions, and additional information requested of students.

Appendix E: Talking with Students About Vaccine Costs and Available Support

The cost of vaccines can be a significant concern for students, particularly those who are uninsured, underinsured, or navigating insurance for the first time. Clear, proactive communication helps students understand their options and reduces financial barriers to recommended immunizations. Institutions can support students by offering guidance, transparency, and connections to low-cost resources.

Strategies for Supporting Students with Vaccine Costs

- **Assist students in understanding their insurance coverage.** Many students are unfamiliar with how to verify vaccine benefits. Time permitting, staff can offer to sit with students while they call their insurance company, helping them ask the right questions. Supplying the vaccine CPT code and, if applicable, the health center's tax ID number can make these calls more efficient. Encourage students to confirm which pharmacies are in-network, as coverage may vary.

- **Clarify what is covered under the student health insurance plan.** If your institution offers a student health insurance plan, ensure that information about covered vaccines is easily accessible on your website and within your EMR. Note that travel vaccines are often not covered, and some insurers process vaccines under the prescription benefit rather than the medical benefit, which can affect where students must go to receive them.

- **Connect students to low-cost community resources.** Provide links on your health center website to local public health clinics, community health centers, and other programs that offer vaccines at reduced cost for uninsured or underinsured individuals.

- **Promote transparency and early planning.** Encourage students to review vaccine requirements and potential costs well in advance of deadlines, travel, or clinical placements. Early planning helps students avoid delays and identify the most affordable options.

By offering clear information, hands-on assistance, and connections to community resources, institutions can help ensure that cost does not become a barrier to students receiving recommended vaccines.

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