Dear Part Time Graduate and Undergraduate Students:

University Health Services (UHS) would like to welcome you to Boston College. The information below details the forms that newly enrolled part time students are required to complete. If you are an international student here on a visa you are required to submit additional forms which can be found at the following URLs:

Part time Undergraduate visa carrying students:
https://www.bc.edu/content/dam/bc1/offices/StudentAffairs/uhs/pdf/Immunization/undergradimmform.pdf

Part time Graduate visa carrying students:
https://www.bc.edu/content/dam/bc1/offices/StudentAffairs/uhs/pdf/Immunization/gradimmform.pdf

Boston College requires all students, faculty, and staff to be fully vaccinated (with FDA-approved COVID vaccines or World Health Organization (WHO) emergency use listing-approved vaccines) against COVID-19 before participating in any on-campus activity related to the 2021-2022 academic year. Additionally, members of our community who plan to be on campus at any point during the spring semester must obtain a COVID-19 booster when eligible and upload their card (see below) by February 9, 2022. For questions regarding the COVID vaccine requirements, please email covidtesting@bc.edu

You are also required to complete the following TB Questionnaire and review the Mass DPH information, titled Meningococcal Disease.

All vaccine dates and forms must be entered and submitted through the Health Services Portal. To submit forms through the Health Services Portal please follow the steps below:

1. Navigate to the BC Agora Portal (https://services.bc.edu) and sign in using your BC username and password
2. Under OTHER SERVICES click on the HEALTH SERVICES link
3. Once in the Health Services Portal choose the IMMUNIZATION ICON OR TAB and enter the dates of all of your vaccines as indicated on your form. Once you have entered all of the vaccine dates, click the SUBMIT button.
4. Take a picture or scan the individual forms (immunization, tuberculosis questionnaire/testing form and meningitis waiver if applicable) and save them on your computer or phone to navigate to when uploading the forms to the Portal. *Do not use special characters when naming your files*
5. Navigate to the UPLOAD ICON and upload the individual forms to their corresponding line item in the drop down menu (*Note: the drop down menu is below the list of “documents available to upload”). Click SELECT FILE, choose the file you are uploading and hit the UPLOAD button with each file. The uploaded documents will appear at the bottom of the page under “Documents Already on File”.

Thank you in advance for your cooperation.

Yours truly,

Douglas Comeau, DO, CAQSM, FAAFP, FAMSSM
Director, University Health Services and Primary Care Sports Medicine
Date: ______________________ Name: ______________________

Eagle ID#: Date of Birth: ______________________ ______________________

Please refer to this list of countries/territories below when responding to questions #4 and #5

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>China, Macao SAR</th>
<th>Honduras</th>
<th>Myanmar</th>
<th>South Africa</th>
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<td>Marshall Islands</td>
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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
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<tbody>
<tr>
<td>1. Did you ever receive a BCG vaccine as a child?</td>
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<td>2. Have you ever had close contact with persons known or suspected to have active TB disease?</td>
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<td>3. Have you ever had a history of a positive PPD skin test?</td>
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<td>4. Were you born in one of the countries or territories listed above that have a high incidence of active TB disease? (If yes, please CIRCLE the country)</td>
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<td>5. Are you a recent arrival (&lt;5 years) from one of the high prevalence areas listed above? If YES please indicate date of arrival: / /</td>
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<td>6. Have you had frequent or prolonged visits (for more than one month) to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the country/countries)</td>
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<tr>
<td>7. Have you been a health care worker, volunteer, resident and/or employee of high-risk congregate settings or served clients who are at increased risk of active TB disease (e.g., correctional facilities, long-term care facilities, homeless shelter, substance abuse treatment, rehabilitation facility)?</td>
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<tr>
<td>8. Have you ever been a member of any of the following groups that may have an increased incidence of latent <em>M. tuberculosis</em> infection or active TB disease – medically underserved, low income or abusing drugs or alcohol?</td>
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If the answer is Yes to any of the above questions, Boston College requires that you receive TB testing as soon as possible but at least prior to the start of the semester. Have your physician complete and return the Tuberculosis (TB) Risk Assessment on pages 2 and 3 with additional testing and/or documentation as needed.

If the answer to all of the above questions is No, no further testing is required (no need to complete page 2 & 3).
BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) QUESTIONNAIRE
AND TESTING FORM

Date: ____________________  Name: ________________________________

Eagle ID#: _____________________  Date of Birth: ________________________________

Cell Phone: _____________________  Email: ________________________________

TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by health care provider)

Clinicians should review and verify information on the TB Screening Form. Persons answering YES to any of the questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test is documented.

History of a positive TB skin test or IGRA blood test?  No_____Yes_____(if Yes, and received previous treatment complete the TB Symptom Check and the Medication Section)

History of BCG vaccination?  (If yes, consider IGRA if possible.)  Yes_____No _____

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes_____No _____

If No, proceed to 2 or 3

If yes, check below:

☐ Cough (especially if lasting for 2-3 weeks or longer) with or without sputum production
☐ Coughing up blood (hemoptyisis)
☐ Chest pain
☐ Loss of appetite
☐ Unexplained weight loss, unusual weakness or extreme fatigue
☐ Night sweats
☐ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: / /   Date Read:     / /

M  D  Y   M  D  Y

Result: mm of induration   **Interpretation (please refer to interpretation guidelines):  positive_____negative_____

(If positive Chest X-Ray required see pg 3 of 3)

**Interpretation guidelines

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for 1 month or more)
- HIV-infected persons

>10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings for example prisons, long term care facilities, health care facilities, homeless shelters, residential facilities for patients with HIV/AIDS
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer/hematologic disorders (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.
- Children < than 4 years of age or infants, children and adolescents exposed to adults at high-risk

>15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

Health Care Provider’s Signature: ________________________________

(Continue on page 3)
Date: __________________ Name: ____________________________________________

Eagle ID#: __________________ Date of Birth: ________________________________

Cell Phone: ___________________________ Email: _____________________________

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ___ / ___ / ___ (specify method) QFT-GIT T-Spot other ______

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is POSITIVE)

Date of chest x-ray: ___ / ___ / ___ Result: normal____ abnormal____

M   D   Y

TUBERCULOSIS (TB) RISK ASSESSMENT Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol
- Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low income populations

MEDICATION SECTION:

Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results? NO_______ YES_______

_______ Patient agrees to receive treatment

If yes, what medication(s) was prescribed? ________________ Date Started: ___ / ___ / ___ Date Ended: ___ / ___ / ___

_______ Patient declines treatment at this time

HEALTH CARE PROVIDER

Name________________________________________________________ Signature______________________________

Address____________________________________________________________________________________

Phone ( ) _______________________________
What is meningococcal disease?
Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococcemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococcemia is an infection of the blood and may also involve other parts of the body. Onset of illness may be very sudden, and 10-15% die despite receiving antibiotic treatment. Of those who survive, 10-20% may lose limbs, become hearing impaired or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes.

What are the signs and symptoms of illness?

**Meningococcal meningitis:** Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, sensitivity to light and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

**Meningococcemia:** Signs and symptoms of meningococcemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.

Less common presentations include pneumonia and arthritis.

How common is meningococcal disease?
Meningococcal disease is becoming much less common. Over the past 20 years, the overall incidence of meningococcal disease in the US has declined 10-fold. Twenty years ago in Massachusetts there were 80-100 cases of meningococcal disease per year. In contrast, for the past decade the average is approximately 12 cases per year. Declining rates of meningococcal disease may be due in part to the introduction of meningococcal vaccines (initially recommended routinely in 2005 for adolescents aged 11-12 years, unvaccinated college freshmen living in residence halls) as well as other factors such as the decline in cigarette smoking, which may impact susceptibility to this disease.

What are *Neisseria meningitidis*?
*Neisseria meningitidis* are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be referred to as “colonized.” Colonized people only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness. It is not known why this occurs in certain people and not in others. A recent upper respiratory illness may be a contributing factor.
How are the bacteria spread?

The bacteria are spread from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils, or sharing cigarettes (including e-cigarettes) with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococcemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococcemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

Why do close contacts of a sick person need to be treated?

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

Is there a vaccine to protect me from getting sick?

Yes, there are 2 different meningococcal vaccines.

- Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (subgroups), A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of quadrivalent meningococcal conjugate vaccine is routinely recommended at 16 years of age.

  Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule. College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive quadrivalent meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been
removed, those with persistent complement component deficiency (an inherited disorder), microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak).

Adolescents and young adults (16 through 23 years of age) who do not have high risk health conditions **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.

**Are students required to get meningococcal vaccine?**

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.

- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status.

Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.*”

**Shouldn’t meningococcal B vaccine be required?**

CDC’s Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.
What should I do if I have had close contact with a person who has meningococcal disease?

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person’s close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at http://www.mass.gov/dph/
- Your local health department (listed in the phone book under government)