Postgraduate Medical Education
UNIVERSITY OF TORONTO

Temerty Medicine

POLICY ON IMMUNIZATION FOR POSTGRADUATE MEDICAL Residents, Clinical Fellows, and Elective Learners

Proof of immunization against specific diseases must be submitted to the University of Toronto Postgraduate Medical Education Office. ***Learners who have a communicable disease or are a carrier of a bloodborne pathogen (HIV, HBV, HCV) must declare to the Immunization Officer for consideration by the Expert Panel on Infection Control.*** Please contact via email pgme.immunization@utoronto.ca.

IMMUNIZATION REQUIREMENTS:

1. **Tuberculosis:** Documentation of a baseline two-step Mantoux Tuberculin Skin Test (TST) is required for all learners without a positive TB history. Each test is implanted and then read 2-3 days later; the two tests are completed 1-4 weeks apart. **If you have a positive TB test, both the positive TB test result and chest x-ray must be provided.** BCG vaccination is **not** a contraindication to having a TST. You may **not** provide a chest x-ray as alternative to the TST. PGME can accept an IGRA **only if a previous Mantoux 2-step test has been provided.**
   Annual TB testing (Mantoux or IGRA) is a requirement for all learners who have previously tested negative. A negative test is valid for 12 months. The TB requirement is unique to Toronto due to the prevalence of TB in clinical settings. If you require a two-step, please allow for enough time for the implantation and reading of both tests (1-4 weeks). A TST can be given either before, the same day as, or at least 28 days after a live virus vaccine.
2. **Hepatitis B (HBV):** HBV immunization is a series of 2-3 injections. Lab evidence of immunity (Hepatitis B Antibody) with the date the titre was drawn is required to fulfill this immunization requirement and must be provided after the series is complete (Section A). Individuals who are non-immune (i.e. do not have antibodies against HBsAg or no prior history of immunization) must be screened for the surface antigen (HBsAg). If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed (Section B). Those who are non- immune and HBsAg negative must undergo a second series of HBV immunization and provide their evidence of immunity after the series is completed (Section C). *Registration status for HBV carriers is **CONDITIONAL** until the Expert Panel on Infection Control reviews their case.* Please note that titre results take 2-4 business days to process once they are received by the Public Health lab.
3. **Measles, Mumps, Rubella:** Documentation of at least **2** live MMR vaccines received OR lab evidence of immunity (positive IgG antibody). Each dose/vaccine given at least 28 days apart. Please note that titre results take up to 5-7 business days to be processed once they are received by the Public Health lab.
4. **Varicella/Zoster (VZV):** Lab evidence of immunity (positive IgG antibody) OR if non-immune then dates of **2** varicella vaccines. Each dose/ vaccine given at least 28 days apart. A reported childhood illness is **not** sufficient evidence of immunity for varicella. Please note that titre results take up to 5-7 business days to be processed once they are received by the Public Health lab.
5. **Diphtheria, Tetanus, Acellular Pertussis (Tdap) & Polio (IPV):** Immunization against diphtheria and tetanus is generally valid for ten years. Booster shots for Tdap is required. Vaccination with acellular pertussis as an adolescent or adult is recommended. A single dose of Tdap (tetanus, diphtheria, and acellular pertussis) is sufficient and can be taken without waiting 10 years between diphtheria/tetanus boosters. Primary immunization against **Polio** is sufficient.
6. **Respirator/Mask Fit Test:** New learners training for *1 year or more* should complete their mask fit test during their first rotation at their training sites Occupational Health office, it is not required for registration. New learners training for *less than 1 year* must submit their mask fit prior to starting training. PGME only accepts 3M or Kimberly Clark masks. Anyone who submits a Mask Fit with a different type of respirator will be asked to resubmit one of the PGME available masks. As per PGME Respiratory Protection Policy, mask fit tests are valid for two years from the date of your last mask fit test, you must renew your mask fit and submit it prior to expiration if you are still training.

THIS FORM MUST BE COMPLETED AND SUBMITTED 60 DAYS PRIOR TO YOUR TRAINING START DATE

- Proof of items noted above are **MANDATORY** for **ALL** learners (Residents, Clinical Fellows, and Elective learners).
  - 6 – requirement deadline is based on length of training, please review point above.
- Alternate proof of Immunization records are accepted provided they are stamped and verified by occupational health or another healthcare professional other than the learner whose documents it pertains to.
- Please ensure authorizations at the bottom of the form are complete. This form can be completed by your home health care provider.
- All **completed forms** to be uploaded to the Registration Document Portal. Do **not** email your documentation.
- All costs associated with obtaining any of the above or documentation of the above are the responsibility of the learner.
- If you have any questions about your immunization requirements, please email pgme.immunization@utoronto.ca.

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Postgraduate Medical Education – Full Immunization Form
Residents, Clinical Fellows, and Elective Learners

Name:_____ **Trainee No.:** _____ **Program:** _____

1. **TUBERCULIN TEST:** **BCG Vaccination**: ☐ No ☐ Yes **BCG Date:** _____ **Previous treatment for TB:** ☐ No ☐ Yes

2-Step Baseline Mantoux: Ideally 1-4 weeks apart (history of a 2-step OR recent completion of 2-step if no previous record)

Test # 1 (date of reading): _____ Reading #1 (mm): _____ (Negative < 10mm induration; Positive ≥ 10mm induration)
(DD/MM/YYYY)

Test # 2 (date of reading): _____ Reading #2 (mm): _____ (Negative < 10mm induration; Positive ≥ 10mm induration)
(DD/MM/YYYY)

1-Step Annual Mantoux (1-step required every 12 months with a 2-step on file, NOT required if previously positive - provide last positive result)

Date of Reading: _____ Reading (mm): _____ (Negative < 10mm induration; Positive ≥ 10mm induration)
(DD/MM/YYYY)

Chest X-Ray (required if TB test is positive) Date: _____ Result: ☐ Normal ☐ Abnormal
(DD/MM/YYYY)

2. **HEPATITIS B (HBV):**

Section A: Must complete ALL of Section A

Date of 1st Dose: _____ (DD/MM/YYYY) Date of 2nd Dose: _____ (DD/MM/YYYY) Date of 3rd Dose: _____ (DD/MM/YYYY)

HBV Lab Evidence of Immunity (anti-HBS/HBAB): ☐ Immune (+) ☐ Non-immune (–) **Date:** _____ (DD/MM/YYYY)

Section B: Complete if Non-immune in Section A

HBsAg: ☐ Positive* ☐ Negative Date: _____ (DD/MM/YYYY) *If HBsAg positive:* **HBeAg***: ☐ Positive ☐ Negative Date: _____ (DD/MM/YYYY)

*** enclose lab reports**

Section C: Complete if identified as Non-immune in Section A and HBsAg negative in Section and a 2nd series is required

Date of 1st Dose: _____ (DD/MM/YYYY) Date of 2nd Dose: _____ (DD/MM/YYYY) Date of 3rd Dose: _____ (DD/MM/YYYY)

HBV Lab Evidence of Immunity (anti-HBS/HBAB): ☐ Immune (+) ☐ Non-immune (–) **Date:** _____ (DD/MM/YYYY)

3. **MEASLES, MUMPS & RUBELLA:** **First Dose:** (DD/MM/YY) **Second Dose:** (DD/MM/YY) **Titre Result:** **Date:** (DD/MM/YY)

Measles	Immunization Date:	_____	_____	**OR**	☐ Immune ☐ Non-immune	_____
Mumps	Immunization Date:	_____	_____	**OR**	☐ Immune ☐ Non-immune	_____
Rubella	Immunization Date:	_____	_____	**OR**	☐ Immune ☐ Non-immune	_____

4. **VARICELLA:** Immunization Date: _____ _____ **OR** ☐ Immune ☐ Non-immune _____

5. **DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS & POLIO**: (vaccination within last 10 years for Diphtheria, Tetanus & Acellular Pertussis)

Diphtheria Date: _____ (DD/MM/YYYY) Tetanus Date: _____ (DD/MM/YYYY) Polio Date: _____ (DD/MM/YYYY)

*Acellular Pertussis Date: _____ (DD/MM/YYYY) *(*Adolescent Vaccine)*

Learner Authorization: I certify that the above information is complete and accurate. I give my consent that the information on this form may be shared with university/hospital teaching and administrative staff in appropriate cases.

Signature of Resident/Fellow: _____ **Date:** _____

Clinic/Health Centre Authorization: I certify that the above information is complete and accurate.

_____
(Name, address, and phone number of centre where form completed)

Signature of Health Care Professional: _____ **Date:** _____
(Health Care Professional signature is mandatory – not yourself)