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| **Massachusetts College Immunization Survey**  **Step-by-Step Instructions – 2023/2024** | | |
| **Before You Start** | | |
| **Surveys must be completed no later than January 26, 2024.**   * All supporting school survey documents can be found at <https://www.mass.gov/lists/school-immunization-surveys>. * Do not leave any fields blank. If there are no students for a specific question, please enter ‘0.’ * Health Science Students are any full- or part-time students in health science. * Please count each student only once. * Students with serologic proof of immunity must have a **laboratory-confirmed** result on file. * All colleges will receive an email from the MDPH Data Assessment Unit ([immassessmentunit@mass.gov](mailto:immassessmentunit@mass.gov)) that contains a specific link for the College Immunization Survey. Also included in the email is your college name and PIN. *These links are specific to your program; please do not forward them elsewhere.* * Please ensure you have complete records before starting the survey. * Colleges should keep a copy of their survey data***.*** * If you have questions while completing the survey, email the MDPH Data Assessment Unit at [immassessmentunit@mass.gov](mailto:immassessmentunit@mass.gov). * Please check if you have undergraduate, graduate, or health science students. | | |
| **FULL-TIME UNDERGRADUATE STUDENTS (EXCLUDING HEALTH SCIENCE)** | | |
| **Question 1** | | |
| Enter the **total number of full-time undergraduate students?** | * Enter the number of full-time **freshmen, sophomores, juniors and seniors; (excluding health science)** you have on campus for any length of time this year | |
| **Question 2** | | |
| **How many of the full-time undergraduate students do not have an immunization record or exemption on file?** | * Enter the total number of students that have NO RECORD AT ALL. * This DOES NOT include students with exemptions on file or incomplete records. | |
| **For all of the following vaccination questions, remember:**   * Only count doses that specify at least a month and a year of administration. * This is the number of students that are compliant with the requirement, NOT the total number of doses. | | |
| **REQUIRED VACCINES** | | |
| **Question 3** | | |
| **How many of the full-time undergraduate students have three (3)** doses of **hepatitis** **B** vaccine (or 2 doses of Heplisav-B given on or after 18 years of age) or serologic proof of immunity to hepatitis B? | * Enter the total number of studentswho received 3 doses of hepatitis B vaccine or 2 doses of Heplisav-B or serologic proof of immunity to hepatitis B. * This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). |
| **Question 4** | |
| **How many of the full-time undergraduate students have two (2)** doses **MMR** or serologic proof of immunity to measles, mumps and rubella? | * Enter the total number of studentswho have received 2 doses MMR or serologic proof of immunity to measles, mumps and rubella. Birth before 1957 in the United States is also acceptable. * This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). |
| **Question 5** | |
| **How many of the full-time undergraduate students have on**e (1) dose of Tdap (tetanus, diphtheria, pertussis) ? | * Enter the total number of studentswho have received 1 dose of Tdap (tetanus, diphtheria, pertussis).This is the number of students that are compliant with the requirement, NOT the total number of doses. * This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). |
| **Question 6** | |
| **How many of the full-time undergraduate students have two (2) doses of varicella vaccine or** serologic proof of immunity or reliable history of chickenpox disease? | * Enter the total number of studentswho have received 2 doses of varicella vaccine or serologic proof of immunity or reliable history of chickenpox disease. * This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). |
| **Question 7** | |
| **How many of these full-time undergraduate students have a medical exemption to one or more vaccines?** | * Enter the number of students with a medical exemption to one or more vaccines on file with your college. |
| **Question 8** | |
| **How many of these full-time undergraduate students have a religious exemption to one or more vaccines?** | * Enter the number of students with a religious exemption to one or more vaccines on file with your college. |

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| **Question 9** | |
| **How many of these full-time undergraduate students** **with an exemption have 0 documented vaccines (i.e. are unimmunized)?** | * Enter the number of studentswith an **exemption**,who have no documented vaccines. * Do not count students with no record here. |
| **FULL-TIME GRADUATE STUDENTS (EXCLUDING HEALTH SCIENCE)** | | |
| **Question 10** | |
| **How many full-time graduate students (excluding health science) do you have have on campus for any length of time this year?** | * Enter the total number of students enrolled in a graduate program full-time. |
| **Question 11** | | |
| **How many of these students do not have an immunization record or exemption on file?** | * Enter the total number of students that have NO RECORD AT ALL. * This DOES NOT include students with exemptions on file or incomplete records. | |
| **Question 12** | | |
| **How many of these students have three (3) doses of hepatitis B vaccine (or 2 doses of Heplisav-B given on or after 18 years of age)?** | * Enter the number of students who have received 3 doses of Hepatitis B, or 2 doses of Heplisav-B given on or after 18 years of age, or serologic proof of immunity. * This is the number of students, NOT the total number of doses. | |
| **Question 13** | | |
| **How many of these students have two (2) doses MMR or serologic proof of immunity to measles, mumps and rubella?** | * Enter the number of students with 2doses MMR or serologic proof of immunity to measles, mumps and rubella. Birth in the US before 1957 is also acceptable | |
| **Question 14** | | |
| **How many of these students have one (1) dose of Tdap (tetanus, diphtheria, pertussis) ?** | * Enter the number of students who have received 1 dose of Tdap. | |
| **Question 15** | | |
| **How many of these students have two (2) doses of varicella vaccine or serologic proof of immunity or reliable history of chickenpox disease?** | * Enter the number of students with 2 doses varicella, or serologic proof of immunity, or reliable history of chickenpox disease. Birth in the US before 1980 is also acceptable. | |
| **Question 16** | | |
| **How many of these students have a medical exemption to one or more of the above vaccines?** | * Enter the number of students that have a medical exemption to one or more vaccines on file with your college. | |
| **Question 17** | | |
| **How many of these students have a religious exemption to one or more of the above vaccines?** | * Enter the number of students that have a religious exemption to one or more vaccines on file with your college. | |
| **Question 18** | | |
| **How many of these students with an exemption have 0 documented vaccines?** | * Enter the number of studentswith an exemption and no documented vaccines. * Do not count students with no record here. | |
| |  |  | | --- | --- | | **HEALTH SCIENCE STUDENTS**  Please answer the following questions for all Health Science students (all full- and part-time undergraduate and graduate students in health sciences). If you do not have any students in this category, please enter 0 for each answer. Students with serologic proof of immunity must have a laboratory-confirmed result on file. | | | **Question 19** | | | **How many Health Science students (all full- and part-time undergraduate and graduate students in health sciences) do you have on campus for any length of time this year?** | * Enter the number of all students enrolled in a health sciences program, either full- or part-time. | | **Question 20** | | | **How many of these students do not have an immunization record or exemption on file?** | * Enter the total number of students that have NO RECORD AT ALL. * This DOES NOT include students with exemptions on file or incomplete records. | | **Question 21** | | | **How many of these students have three (3) doses of hepatitis B vaccine (or 2 doses of Heplisav-B given on or after 18 years of age)?** | * Insert the number of students who have received 3 doses of Hepatitis B, or 2 doses of Heplisav-B given on or after 18 years of age, or serologic proof of immunity. * This is the number of students, NOT the total number of doses. | | **Question 22** | | | **How many of these students have two (2) doses MMR or serologic proof of immunity to measles, mumps and rubella?** | * Enter the number of students with 2 doses MMR orserologic proof of immunity to measles, mumps and rubella. | | **Question 23** | | | **How many of these students have one (1) dose of Tdap (tetanus, diphtheria, pertussis) ?** | * Enter the number of students who have received 1 dose of Tdap. | | **Question 24** | | | **How many of these students have two (2) doses of varicella vaccine or serologic proof of immunity or reliable history of chickenpox disease?** | * Enter the number of students with 2 doses varicella, or serologic proof of immunity, or reliable history of chickenpox disease. | | **Question 25** | | | **How many of these students have a medical exemption to one or more of the above vaccines?** | * Enter the number of students that have a medical exemption to one or more vaccines on file with your college. | | **Question 26** | | | **How many of these students have a religious exemption to one or more of the above vaccines?** | * Enter the number of students that have a religious exemption to one or more vaccines on file with your college. | | **Question 27** | | | **How many of these students with an exemption have 0 documented vaccines?** | * Enter the number of students with an exemption and no documented vaccines. * Do not count students with no record here. | | **Question 28** | | | **If a case of vaccine preventable disease occurs at your school, do you have a list of unimmunized students or students with exemptions, so that susceptible students can be quickly identified? ?** | * Answer yes or No*.* | | **MENINGOCOCCAL VACCINE**  All full-time students 21 years of age and younger must receive the Meningococcal Information and Waiver Form for Students AND have one of the following:   * documentation of a dose of MenACWY vaccine received on or after their 16th birthday OR * a medical or religious exemption for meningococcal vaccine OR * a signed meningococcal vaccine waiver.   Meningococcal B vaccine does not fulfill the requirement for meningococcal vaccine.  All supporting documents for meningococcal vaccine and information requirements for college students can found on our website: [Meningitis vaccination requirements](https://www.mass.gov/lists/meningitis-vaccination-requirements) | | | **Question 29** | | | **How many newly enrolled full-time students age 21 and younger are on campus for any length of time this year?** | * Enter the number of full-time students below the age of 21 who have enrolled for the first time this year. | | **Question 30** | | | **How many of these students have received meningococcal vaccine on or after their 16th birthday?** | * Enter the number of students who received the MenACWY vaccine on or after their 16th birthday. Do not include MenB vaccine. * The meningococcal B vaccine does not fulfill this requirement. | | **Question 31** | | | **How many of these students signed the MDPH-developed *Information and Waiver Form* and chose to waive receipt of the vaccine?** | * Enter the number of students who completed the meningococcal vaccine waiver form. This waiver can be found at the following link: <https://www.mass.gov/lists/meningitis-vaccination-requirements> | | **Question 32** | | | **How many of these students have a medical exemption to the meningococcal vaccine?** | * Enter the number of students that have a medical exemption to the meningococcal vaccine on file with your college. | | **Question 33** | | | **How many of these students have a religious exemption to the meningococcal vaccine?** | * Enter the number of students that have a religious exemption to the meningococcal vaccine on file with your college. | | |  |  | | --- | --- | | **INFLUENZA AND COVID-19 VACCINES**  CDC recommends routine annual influenza vaccination for all persons aged >6 months and that everyone be fully vaccinated against COVID-19 if they are eligible and without contraindications.  Please note that this section is optional | | | **Question 34** | | | **How many full-time undergraduate and graduate students and part- and full-time health science students are on campus this year (for any length of time)?** | * Enter the total number of full-time undergraduate and graduate students and full-or part-time Health Sciences students. | | **Question 35** | | | **Are influenza vaccines required by your school?** | * Answer Yes or No. | | **Question 36** | | | **How many of these students have a recommended dose of influenza vaccine?** | * Enter the number of students who have received one dose of influenza vaccine in the current influenza season (since July). | | **Question 37** | | | **How many of these students have a medical exemption to influenza vaccine?** | * Enter the number of students that have a medical exemption to the influenza vaccine on file with your college. | | **Question 38** | | | **How many of these students have a religious exemption to influenza vaccine?** | * Enter the number of students that have a religious exemption to the influenza vaccine on file with your college. | | **Question 39** | | | **Are COVID-19 vaccines required by your school?** | * Answer Yes or No | | **Question 40** | | | **How many of these students have the recommended doses of COVID-19 vaccine?** | * Please refer to the following link when determining the recommended doses of COVID-19 vaccine: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html?s_cid=11747:covid%20vaccine%20timeline:sem.ga:p:RG:GM:gen:PTN:FY22>. | | **Question 41** | | | **How many of these students have a medical exemption to the COVID-19 Vaccine?** | * Enter the number of students that have a medical exemption to the COVID-19 vaccine on file with your college. | | **Question 42** | | | **How many of these students have a religious exemption to the COVID-19 vaccine?** | * Enter the number of students that have a religious exemption to the COVID-19 vaccine on file with your college. | | | | | |