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| **Massachusetts College Immunization Survey** **Step-by-Step Instructions – 2024/2025** |
| **Before You Start** |
| **Surveys must be completed no later than January 24, 2025.*** All supporting school survey documents can be found online at Mass.gov on the [Materials for Conducting the School Immunization Survey](https://www.mass.gov/lists/materials-for-conducting-the-school-immunization-survey#college-survey-) page.
* Before completing the survey, have the completed immunization worksheet and survey documents available for reference.
	+ The College survey cannot be saved and must be completed at one time. Repeat submissions are allowed, and previous submissions will be overwritten.
* All colleges will receive an email from the MDPH Data Assessment Unit (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 count each student only once.
* Students with serologic proof of immunity must have a **laboratory-confirmed** result on file.
* Please ensure you have complete records before starting the survey.
* Colleges should keep a copy of their survey data***.***
* DO NOT leave any fields blank. If there are no students for a specific question, please enter ‘0.’
* Please check if you have undergraduate, graduate, or health science students.
* Health Science Students are any full- or part-time students in school’s ‘health science’ program or programs where students directly interact with patients.
* If you have questions while completing the survey, email the MDPH Data Assessment Unit at ImmAssessmentUnit@mass.gov.
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| **Overview** |
| * There are five sections of questions in the College survey, which are detailed in this instructions guide.
	+ The first section asks questions on **Undergraduate students'** immune and exemption statuses (Questions 1-9).
	+ The second section asks about **Graduate students’** immune and exemption statuses (Questions 10-18).
	+ The third section asks about **Health Science Students’** immune and exemption statuses (Questions 19-27).
	+ The fourth section asks about the meningococcal vaccination status of **all full-time students 21 years of age and younger** (Questions 29-33).
	+ The fifth section asks about **All Students'** COVID-19 and influenza vaccination status (Questions 34-42).
* Keep in mind that immunization questions ask how many STUDENTS meet the specified requirements (or recommendations). These questions ARE NOT asking for the number of total doses. This number should NOT be greater than the total number of students minus the number of students with no records.
* Please note that vaccine doses that meet ACIP recommendations also meet the MDPH requirements.
* If you are unsure how to count the number of students meeting immunization requirements, please continue through the instructions to the applicable question/antigen.
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| **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 (measles, mumps, rubella) or serologic proof of immunity to measles, mumps and rubella?** | * Enter the total number of studentswho have received 2 doses of 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 one (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 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, serologic proof of immunity, or a 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.
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| **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 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 of 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 of varicella, serologic proof of immunity, or a 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 with 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 with 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.
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| **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 of MMR or serologic 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 of varicella, serologic proof of immunity, or a 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 with 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 with 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*.*
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| **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.

**The Meningococcal B vaccine does not fulfill the requirement for the 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 the 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](https://www.mass.gov/lists/meningitis-vaccination-requirements) form.
 |
| **Question 32** |
| **How many of these students have a medical exemption to the meningococcal vaccine?** | * Enter the number of students with 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 with a religious exemption to the meningococcal vaccine on file with your college.
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| **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 with 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 with 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 [CDC webpage](https://www.cdc.gov/covid/vaccines/stay-up-to-date.html) for information on staying up to date with COVID-19 vaccines.
 |
| **Question 41** |
| **How many of these students have a medical exemption to the COVID-19 Vaccine?** | * Enter the number of students with 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 with a religious exemption to the COVID-19 vaccine on file with your college.
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