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| **Massachusetts College Immunization Survey Step-by-Step Instructions – 2025/2026**  **College** |
| **Before You Start** |
| **Surveys must be completed no later than January 23, 2026.**   * 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.   + Please ensure you have complete records before starting the survey. * 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.*   + Programs are instructed to click on the links to complete the surveys before the survey period closes. * Please count each student only once. * Students with serologic proof of immunity must have a **laboratory-confirmed** result on file. * 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.’ * If you have questions while completing the survey, email the MDPH Data Assessment Unit at [ImmAssessmentUnit@mass.gov](mailto:immassessmentunit@mass.gov). |
| **Overview** |
| * There are five sections of questions in the college survey, which are detailed in this instruction guide.   1. The first section asks for the counts of applicable undergraduate, graduate, and health science students (Questions 1-3).   2. The second section asks for the total count of applicable students and the number of these students without any immunization records (i.e., students without immunizations OR exemptions) (Questions 4-5)   3. The third section asks about the immunization and exemption statuses of all applicable students and for information on the school’s immunization data collection system and procedures (Questions 6-15).   4. The fourth section asks about the meningococcal vaccination status of all applicable full-time students 21 years of age and younger (Questions 16-20).   5. The fifth section asks whether schools collect immunization data on influenza and COVID-19 (Questions 21-22).   6. The sixth section includes a comment box to solicit feedback on the data submitted in the survey (Question 23).   7. The seventh section asks about contact information and details about the school prior to submission of the survey. * Keep in mind that immunization questions ask how many STUDENTS meet the specified requirements.   + These questions ARE NOT asking for the number of total doses. Answers to these questions CANNOT be greater than the total number of students minus the number of students with no records (Question 4 minus Question 5). * 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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| **Section 1 – Student Population** | |
| * For questions 1-3 students may be counted in more than one category if they are co-enrolled | |
| **Question 1** | |
| How many undergraduate students are enrolled? | * Enter the total number of undergraduate students currently enrolled as of the time of completing the survey. |
| **Question 2** | |
| How many graduate students are enrolled? | * Enter the total number of graduate students currently enrolled as of the time of completing the survey. |
| **Question 3** | |
| How many health science students are enrolled? | * Enter the total number of health science students currently enrolled as of the time of completing the survey. |
| **Section 2 – Student Population Totals** | |
| * For questions 4-5 count each student only once | |
| **Question 4** | |
| How many total students are enrolled in your school as undergraduate, graduate, and/or health sciences? | * Enter the total number of students enrolled in your school as undergraduate, graduate, and/or health sciences. * This value may be equal to the sum of “Questions 1-3” if each student counted is designated as only one type (undergraduate, graduate, health science). * This value cannot be greater than the sum of “Questions 1-3.” |
| **Question 5** | |
| How many of these students (from Question 4) do not have an immunization record or exemption on file? | * Enter the number of students who have nothing on file regarding their immunizations. * DO NOT COUNT students with only exemptions on file. * Students counted in this question are missing all immunization records and their immunization status is effectively unknown. |
| **Section 3 – Vaccine Coverage** | |
| * For questions 6-13 count each student only once | |
| **Question 6** | |
| How many of the total students (from Question 4) meet the requirements for hepatitis B?   * 3 doses of Hepatitis B OR * 2 doses of Hepislav-b given on or after 18 years of age OR * serologic proof of immunity | * Enter the number of students who meet the hepatitis B requirement. * This number cannot be greater than the total number of students from “Question 4.” |
| **Question 7** | |
| How many of the total students (from Question 4) meet the requirements for measles, mumps and rubella?   * 2 doses of MMR OR * serologic proof of immunity to measles, mumps, and rubella OR * birth in the US before 1957 | * Enter the number of students who meet the measles, mumps and rubella requirement. * This number cannot be greater than the total number of students from “Question 4.” |
| **Question 8** | |
| How many of the total students (from Question 4) meet the requirements for tetanus, diphtheria, and pertussis?   * 1 dose of Tdap | * Enter the number of students who meet the Tdap requirement. * This number cannot be greater than the total number of students from “Question 4.” |
| **Question 9** | |
| How many of the total students (from Question 4) meet the requirements for varicella?   * 2 doses of Varicella OR * serologic proof of immunity OR * reliable history of chickenpox disease OR * or birth in the US before 1980 | * Enter the number of students who meet the varicella requirement. * This number cannot be greater than the total number of students from “Question 4.” |
| **Question 10** | |
| How many of the total students from Question 4 have had all required doses of vaccine (or laboratory evidence/disease) for school entry?   * Hepatitis B (3 doses of Hepatitis B; 2 doses of Hepislav-b given on or after 18 years of age; or serologic proof of immunity) * MMR (2 doses of MMR; serologic proof of immunity to measles, mumps, and rubella; or birth in the US before 1957) * Tdap (1 dose of Tdap) * Varicella (2 doses of Varicella; serologic proof of immunity; reliable history of chickenpox disease; or birth in the US before 1980) | * Enter the number of students who meet the requirements for hepatitis B, MMR, Tdap, AND varicella. * Students who are partially vaccinated or students who have an exemption and are missing part or all the requirements CANNOT be counted in this question. * This number cannot be greater than any one of the vaccine requirements.   + e.g., if only 50 students meet the MMR requirement, then 51 students CANNOT meet ALL requirements. * This number cannot be greater than the total number of students from “Question 4.” |
| **Question 11** | |
| How many of the total students (from Question 4) have a medical exemption to one or more of the above vaccines?   * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. | * Enter the number of students with a medical exemption to one or more required vaccines. * If a student has both a medical and religious exemption, ONLY count the medical exemption. |
| **Question 12** | |
| How many of the total students (from Question 4) have a religious exemption to one or more of the above vaccines?   * A religious exemption is a written statement from a student or parent/guardian (if the student is <18 years of age) stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. | * Enter the number of students with a religious exemption to one or more required vaccines. * If a student has both a medical and religious exemption, ONLY count the medical exemption. |
| **Question 13** | |
| How many of the students from Questions 11 and 12 have zero vaccines documented? | * Enter the number of students with either a religious or medical exemption who ALSO have no documented vaccines. * DO NOT COUNT students who meet the requirements through other means such as serologic proof or age. * Students counted in this question essentially have an exemption and NOTHING else on file. * This number cannot be greater than the sum of the students with religious exemptions and students with medical exemptions.   + e.g., if 5 students have medical exemptions, and 5 have religious exemptions, then 15 students CANNOT have exemptions and no vaccines. |
| **Question 14** | |
| If a vaccine preventable disease occurs at your school, can you produce an updated list of unimmunized students and students with exemptions in less than 24 hours (so that susceptible students can be quickly identified)? | * Select “Yes” or “No” as to whether your college is able to produce a list of unimmunized students efficiently and accurately. * Please note that schools may receive audits of immunizations records or be called to review records by MDPH Immunization Division staff. |
| **Question 15** | |
| What software system is used to store student immunization data at your school? Please list the electronic student health record vendor or otherwise. | * Enter the details of the specific software system used to store student immunization data at your school. * If you use a vendor, service, or otherwise, note that here. |
| **Section 4 – Meningococcal Vaccine** | |
| * For questions 16-20 count each student only once | |
| **Question 16** | |
| 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 17** | |
| How many of these students from “Question 16” 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 18** | |
| How many of these students from “Question 16” signed the MDPH-developed Information and Waiver Form and waived receipt of the vaccine? | * Enter the number of students who completed the [meningococcal vaccine waiver](https://www.mass.gov/lists/meningitis-vaccination-requirements#information-for-students,-camp-attendees,-and-daycare-attendees-) form. |
| **Question 19** | |
| How many of these students from “Question 16’” have a medical exemption to meningococcal vaccine? | * Enter the number of students with a medical exemption to the meningococcal vaccine. |
| **Question 20** | |
| How many of these students from “Question 16” have a religious exemption to meningococcal vaccine? | * Enter the number of students with a medical exemption to the meningococcal vaccine. |
| **Section 5 – Influenza and COVID-19 Vaccines** | |
| * For questions 21-22 count each student only once | |
| **Question 21** | |
| Are influenza vaccines required by your school? | * Select “Yes” or “No” as to whether your college requires influenza vaccines. |
| **Question 22** | |
| Are COVID-19 vaccines required by your schools? | * Select “Yes” or “No” as to whether your college requires COVID-19 vaccines. |
| **Section 6 – Additional Comments** | |
| **Question 23** | |
| Please feel free to provide any additional comments on the data being submitted (e.g., lower rates, missing students, etc.) | * This question is designed to allow you to provide any additional comments on the data being submitted * Describe any data anomalies, discrepancies or otherwise. |
| **Section 7 – Contact Information** | |
| * Enter the full name, email, and phone number of the individual filling out the survey * The primary contact information is one of three contacts on file for the survey and is automatically filled with the information stored on file   + Update this information as needed   + This contact should be an individual who feels comfortable answering questions regarding the school immunization survey * Update the school address as needed | |