DALHOUSIE UNIVERSITY Postgraduate Medical Education **Infectious Diseases & Immunization**	*Policy Sponsor:* Faculty of Medicine	*Approval Date:* September 11, 2025
	Responsible Unit: Postgraduate Medical Education	*Amendments:*

As Regulated Health Care Providers (RHCP), post-graduate trainees are potentially exposed to or be carriers of vaccine preventable communicable diseases. Dalhousie University is committed to providing a safe and healthy environment for both trainees and those receiving health care from these trainees.

Policy Statements

1. All post-graduate trainees are expected to have the immunizations against vaccine-preventable diseases as recommended in the current Canadian Immunization Guide. Current recommendations are outlined in Appendix A. Should updates in the Guide or recommendations be updated prior to this policy, the most up-to-date guidelines will be recommended.

2. Immunization status of all post-graduate trainees will be assessed at the time of the start of their program and updated as required based on their work activities.

3. Immunization records will be maintained confidentially by the Post-Graduate Medical Education Office.

4. Necessary immunizations or testing can be obtained through a trainee's primary care provider or their local hospital/health authority Occupational Health, Safety and Wellness department or equivalent, as would be provided to any health care employee.

5. Trainees are recommended to work with Occupational Health, Safety and Wellness (or equivalent) in their nearest health authority for follow-up with any exposures (occupational or otherwise) related to communicable diseases that may impact their health or the health of their patients

6. Trainees declining the administration of a vaccine must sign a waiver form, which will be kept in their file in the Post-Graduate Trainee Office. Such a waiver will be communicated to the trainee's program director and may impact training placements or ability to remain in certain working environments.

7. Training placements may be delayed or denied until proper immunity against necessary vaccine-preventable diseases is established. Such a leave of absence may be paid or unpaid, depending on the circumstances.

Appendix A: Immunizations Required for Post-Graduate Training at Dalhousie University

The following vaccinations (or proof of immunity to same) are recommended for all trainees:

Measles Mumps Rubella (MMR)
Measles: consider immune with one of the following, regardless of year of birth:

- Documentation of having received two doses of Measles-containing vaccine on or after their first birthday
- Laboratory evidence of immunity
- Documentation of laboratory-confirmed Measles

Mumps: consider immune with one of the following, regardless of year of birth:

- Documentation of having received two doses of mumps-containing vaccine on or after their first birthday
- Laboratory evidence of immunity
- Documentation of laboratory-confirmed mumps

Rubella: consider immune with one of the following, regardless of year of birth:

- Documentation of having received one dose of rubella-containing vaccine on or after their first birthday
- Laboratory evidence of immunity
- Documentation of laboratory-confirmed rubella

Notes: If verification of two doses of MMR vaccine is received, then no further testing/verification is required.

In the event that a trainee who has had two documented doses of MMR vaccine is tested serologically, and is non-immune, an additional dose is not recommended; the trainee should be considered immune.

Hepatitis B
For those who are exposed, or have the potential to be exposed to blood and/or potentially infectious body substances in the course of training at Dalhousie:

- 3 doses of Hepatitis B vaccine given at 0, 1, & 6 months (the recommended standard schedule) post-immunization serologic testing (HBsAb) should be completed approx 4-6 weeks after completion of the series to determine if immunity has been established. If the

trainee has completed the series greater than 6 months ago, serology should still be completed.

- If HBsAb is immune (based on ranges provided by lab), booster doses of the vaccine are not required, nor is repeat serologic testing in the future.
- If testing for HBsAb is done 1 to 6 months after vaccination and the result is 'non-immune', a primary vaccine failure has occurred, and the trainee should be given a second vaccine series. The trainee should be retested 1 to 6 months after completion of the second series.
- If testing for HBsAb is done more than 6 months after the initial series and the result is 'non-immune', the trainee should receive one booster dose and be retested one month later to document an anamnestic response; if the titre is still 'non-immune' then a second vaccine series is indicated (two additional doses), followed by HBsAb serology 1 to 6 months after completing the second series.
- Those who fail to establish immunity after 3 additional doses are unlikely to benefit from any further doses, are considered "non-responders" and should be counseled on action to take in the event of a blood/body fluid exposure to a Hepatitis B (+) source.

Notes: Some trainees may have received a two-dose series (given 4-6 months apart) as an adolescent – this is considered a complete series

Some trainees may have documentation of a three-dose schedule completed at 0, 1, 2 months with a booster dose at month 12 or at 0, 7 and 21 days with a booster dose at month 12 – this is considered a complete series.

Tetanus, Diphtheria

Consider immune with documentation of primary series (minimum 3 doses) and booster dose every 10 years.

Notes: All trainees, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if they have not been immunized previously with this vaccine in adulthood, even if they are not due for a tetanus and diphtheria booster.

Acellular Pertussis

Recommended once in adulthood (given in conjunction with Tetanus diphtheria (Td) vaccine.

Notes: All trainees, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if they have not been immunized previously with this vaccine in adulthood, even if they are not due for a tetanus and diphtheria booster.

Varicella

Consider immune with one of the following, regardless of year of birth:

- Documentation of having received two doses of Varicella vaccine at least 6 weeks apart on or after their first birthday

- Laboratory evidence of immunity
- Documentation of laboratory-confirmed Varicella

Notes: Trainees with a self-provided history of chickenpox or zoster should no longer be assumed to be immune.

Meningococcal

For clinical laboratory trainees who handle Neisseria meningitidis specimens.

- Meningococcal groups A, C, Y and W-135 vaccine – one dose of quadrivalent conjugate meningococcal vaccine, with booster doses required every 5 years if the worker remains at ongoing risk of exposure.
- Meningococcal group B vaccine – two doses at least 1-6 months apart; No booster doses recommended

Influenza (seasonal)

Administer to all trainees at the time of the influenza campaign each fall, or on request during the fall

COVID-19

At time of immunization campaign or following the National Advisory Committee on Immunization's (NACI) recommendations of provincial Departments of Health/Wellness