

Placement students, Trainees, and Teachers in Charge
Immunization and Antibody titer Tests

Gunma University Hospital **requires all trainees to submit a**
"Immunization and Infectious Disease Status Report" in order to prevent the
spread of infectious diseases.

Please follow the flowchart for each infectious disease, get the necessary
vaccinations and antibody titer tests, and submit the "Immunization and
Infectious Disease Status Report" to the Student Support Office, Educational
Division, Administrative Office on the Showa Campus or the designated
place before the practical placement or training.

Personal information contained in the submitted documents will not be
used for any purpose other than to prevent the spread of infectious diseases.

***Please be sure to read to the end.**

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【Form 1】 Immunization and Infectious Disease Status Report

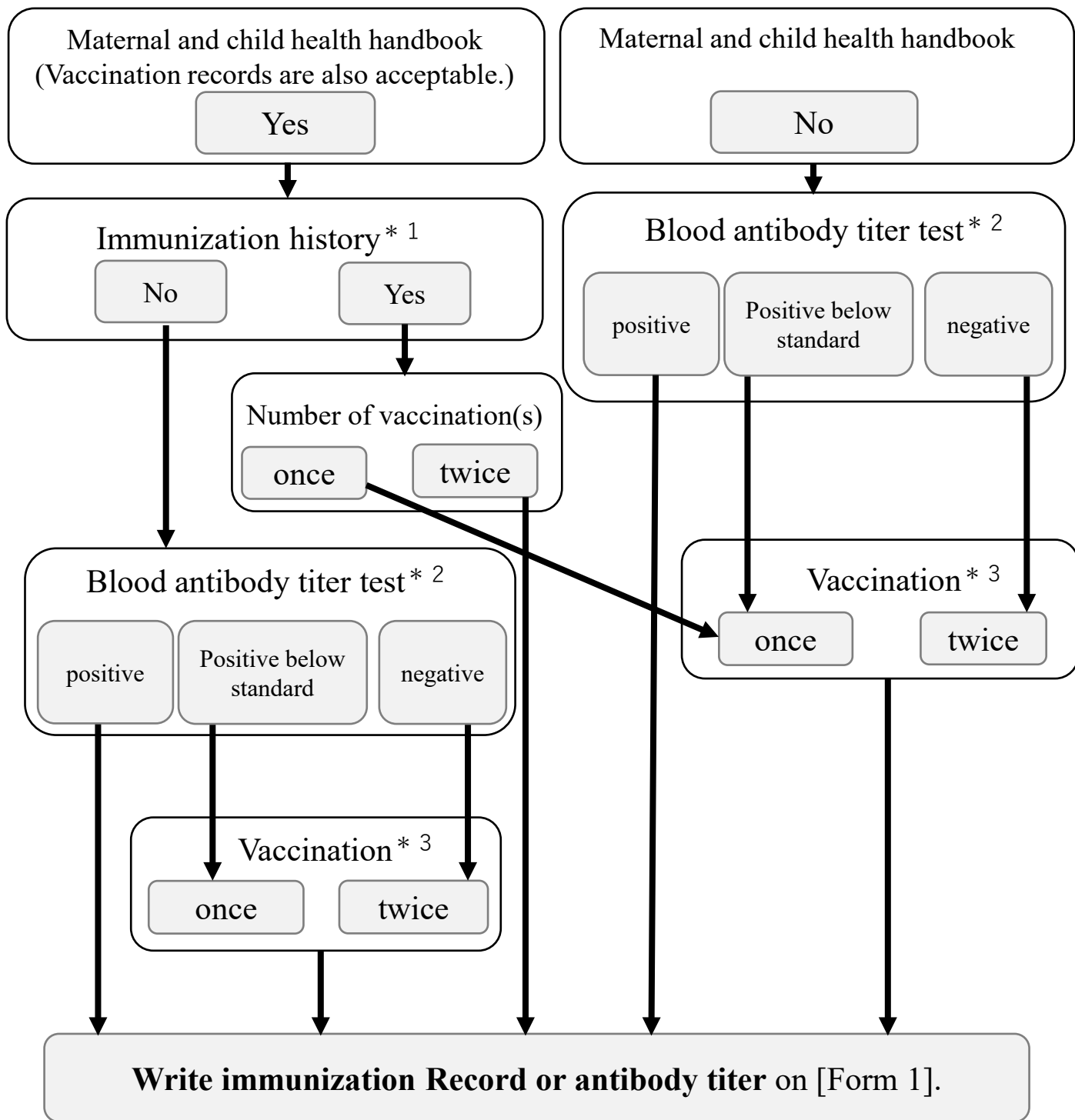
Contact Information

- (1) Vaccination and antibody titer testing for each infectious disease
Infection Control and Prevention Center, Gunma University
Hospital
tel +81-27-220-8605
- (2) Submission of documents
Student Support Section, Showa Campus
tel +81-27-220-7792

1. Measles, Rubella, Varicella, Mumps

(1) Flowchart: Immunization and necessary tests

Please follow the flowchart below for measles, rubella, varicella, and mumps infections.



* 1 If the date of vaccination cannot be identified from the immunization record, it is not considered as vaccinated. Please fill out the Form 1 while checking the immunization record in the Maternal and Child Health Handbook or other documents.

* 2 Please refer to page 2 when taking the blood antibody titer test.

* 3 Please refer to page 3 when receiving vaccinations. These vaccines are live vaccines, and if you are to have vaccinations more than once, you must wait at least 27 days (4 weeks) before receiving the next vaccine.

2. Testing methods and criteria for blood antibody titer

When testing blood antibody titers, please follow the test method shown below and fill in the results in [Form 1].

Any examination date is acceptable, as long as the results were obtained by the examination methods listed below.

Checklist	Method of examination * 1 <u>For each inspection item</u> <u>Either</u> <u>Performed by</u> <u>inspection method</u>	criterion * 2		
		Negative	Positive below standard * 3	Positive
Measles	IgG-EIA method	Less than 2.0	2.0-15.9	More than 16.0
	PA method	Less than 1:8	1:16 - 1:128	More than 1:256
	NT method	Less than 1:2	1:4	More than 1:8
	ELISA method	Less than 150	150-300	More than 301
Rubella	IgG-EIA method	Less than 2.0	2.0 - 7.9	More than 8.0
	HI method	Less than 1:4	1:8 - 1:16	More than 1:32
	ELISA method	Less than 4.0	4.0-8.0	More than 8.1
Varicella	IgG-EIA method	Less than 2.0	2.0 - 3.9	More than 4.0
	ELISA method	Less than 50	50 - 100	More than 101
	IAHA method	Less than 1:2	1:2	More than 1:4
Mumps	IgG-EIA method	Less than 2.0	2.0 to 3.9	More than 4.0
	ELISA metho	Less than 250	250-500	More than 501

*1 Please take one of the methods listed for each inspection item. If you are tested by a method not listed, you will be required to take the test again.

*2 The criterion for judgment is "a blood antibody titer sufficient to prevent the disease. Please note that this value is higher than the value generally considered positive for antibodies.

*3 A positive titer below the standard is an insufficient antibody titer to prevent the disease.

3. Vaccinations

When vaccinating, please take the necessary one from the vaccines listed below.
It is preferable that all vaccinations be completed by the time before the training or practical placement. If more than one vaccination is required and it is difficult to complete the vaccinations by the time before the training or practical placement, the first vaccination should be completed by the time before the training or practical placement. Please indicate the scheduled date of the second and subsequent vaccinations on [Form 1].

Vaccine
Measles vaccine
Rubella vaccine (German measles)
Varicella vaccine (Chickenpox)
Mumps vaccine (Epidemic parotitis)
MR vaccine (Combined measles and rubella vaccine)
MMR vaccine (three combined measles, rubella, and mumps vaccines)

- * The vaccines are live vaccines. When two doses of the same vaccine are given, the next dose should be given at least 27 days (4 weeks) apart.
- * If you are unable to receive the vaccination due to unavoidable circumstances such as illness or physical condition, please indicate so in [Form 1].

4. Hepatitis B

Please take the examination items listed below and fill in [Form 1].

If you have a history of vaccination against hepatitis B, please take the following tests after filling in [Form 1].

Any examination date is acceptable as long as the test results were obtained by the test method indicated below.

Examination item	Method of examination* 1	Criterion	
		Negative* 2	Positive
HBs antibody test	CLIA method	Less than 10.0	More than 10.0
	CLEIA method	Negative (less than 10.0)	Positive (10.0 or higher)

*1 Please take the test by the method described above. If you take the test by a method not listed, you will be required to take the test again.

*2 If your HBs antibody test is negative (you have never tested positive in the past), it is recommended that you receive the vaccine (1 course: 3 doses) before training or practical placement. However, if it is difficult to complete the vaccination before training or practical placement, please receive the first dose of the vaccine before training or practical placement and plan the schedule for the second and subsequent doses before starting training or practical placement.

5. Tuberculosis

Please take one of the examination items listed below and fill in [Form 1].

Any examination date is acceptable as long as the results were obtained by the examination methods listed below.

Examination items* 1 <u>Take either one of the items</u>	Criterion* 1
Quantiferon test (QFT test) T-SPOT	Follow the standard values of the examination method

* 1 If the result is positive, please consult with the medical institution where you received the examination.

6. Q&A

(1) Medical institutions to visit

Although there is no designation of medical institution, both vaccinations and tests are not conducted at Gunma University Hospital.

Examination methods that can be provided may be limited depending on the medical institution. In such cases, it is necessary to visit multiple medical institutions and prepare the Form 1 per each institution. We recommend that you contact the medical institution you plan to visit in advance.

(2) Estimated costs of vaccination and examination (in Japan)

As this is not covered by public health insurance, you will be responsible for 100% of the costs for vaccination and testing. Costs vary depending on the medical institution you visit, but the following is a rough guide.

- Blood antibody titer test: approximately 12,000 yen overall.
(measles, rubella, varicella, mumps, hepatitis B)
- Vaccinations: Approx. 3,000-8,000 yen per each

(3) Submission of test results received previously

Any test date is acceptable as long as the test method is specified by our hospital. Please fill out [Form 1].

(4) Concurrent vaccinations in the case of multiple vaccinations

Concurrent vaccination does not increase the frequency of adverse reactions. In addition, the effectiveness of the vaccines is not diminished, so it is acceptable to vaccinate at the same time.

However, please note that mixing multiple vaccines is not permitted. When administering the vaccine to the same upper arm, etc., in order to avoid overlapping local reactions, the injection sites should be spaced at least 3 cm apart.

(5) If you are unable to submit your immunization and infectious disease state report by the start of training or practical placement.

You must submit it before the training or clinical placement. If you are unable to submit it on time, please contact the department in charge.

Placement students, Trainees, and Teachers in Charge
Immunization and Infectious Disease Status Report

(Note) If you have the vaccination record and test results from the Maternal and Child Health Handbook, etc., you may fill out the form by yourself.

section to be filled in by the applicant

Scheduled date of practical placement/training	y/m/d ~ y/m/d		
Name of school (Name of company)		Major Occupations	
Date of birth	y/m/d	age	
Name			

Medical Institution Entry *Fill in only if there is a section filled in by the medical institution.

Certification date	y/m/d
Name of medical institution	
Name of representative	
Name of doctor	signature
Maternal and child health handbook	Yes · No (not found)

1. Measles

section to be filled in by the applicant

Immunization record (only for those who have the maternal-child health handbook, etc.)	Yes (fill in the date of vaccination) · No ----- 【1 st 】 y/m/d 【2 nd 】 y/m/d
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Please circle the person (medical institution/person in question) who filled out the form.

Blood antibody titer test	【Date of Test】 y/m/d
	【Test Method】 IgG-EIA method, PA method, NT method, ELISA method
	【Antibody titer】
	【Judgment】 Negative · Positive below standard · Positive
Vaccination date	【1 st 】 y/m/d (Completed/scheduled) 【2 nd 】 y/m/d (Completed/scheduled)
	If vaccination is inappropriate, state the reason.

2. Rubella (German measles)

section to be filled in by the applicant

Immunization record (only for those who have the maternal-child health handbook, etc.)	Yes (fill in the date of vaccination) · No
	【1st】 y/m/d
	【2nd】 y/m/d

Please circle the person (medical institution/person in question) who filled out the form.

Blood antibody titer test	【Date of Inspection】 y/m/d
	【Test Method】 IgG-EIA method, HI method, ELISA method
	【Antibody titer】
	【Judgment】 Negative · Positive below standard · Positive
Vaccination date	【1st】 y/m/d (Completed/scheduled)
	【2nd】 y/m/d (Completed/scheduled)
	If vaccination is inappropriate, state the reason

3. Varicella (Chickenpox)

section to be filled in by the applicant

Immunization record (only for those who have the maternal-child health handbook, etc.)	Yes (fill in the date of vaccination) · No
	【1st】 y/m/d
	【2nd】 y/m/d

Please circle the person (medical institution/person in question) who filled out the form.

Blood antibody titer test	【Date of Inspection】 y/m/d
	【Test Method】 IgG-EIA method, ELISA method, IAHA method
	【Antibody titer】
	【Judgment】 Negative · Positive below standard · Positive
Vaccination date	【1st】 y/m/d (Completed/scheduled)
	【2nd】 y/m/d (Completed/scheduled)
	If inadequate vaccination, state reason

4. Mumps (Epidemic parotitis)

section to be filled in by the applicant

Immunization record (only for those who have the maternal-child health handbook, etc.)	Yes (fill in the date of vaccination) ・ No
	【1 st 】 y/m/d
	【2 nd 】 y/m/d

Please circle the person (medical institution/person in question) who filled out the form.

Blood antibody titer test	【Date of Inspection】 y/m/d
	【Test Method】 IgG-EIA method, ELISA method
	【Antibody titer】
	【Judgment】 Negative ・ Positive below standard ・ Positive
Vaccination date	【1 st 】 y/m/d (Completed/scheduled)
	【2 nd 】 y/m/d (Completed/scheduled)
	If vaccination is inappropriate, state the reason

5. Hepatitis B

section to be filled in by the applicant

Immunization record	• Yes ⇒ Enter vaccination date and post-vaccination antibody titer test results	
	• None	
	Vaccination date	
	1	【1st】 y/m/d 【2nd】 y/m/d 【3rd】 y/m/d
	2	【1st】 y/m/d 【2nd】 y/m/d 【3rd】 y/m/d

Please circle the person (medical institution/person in question) who filled out the form.

	HBs antibody test (Please state the value when it was positive, even if it was in the past)
【Test date】	y/m/d
【Test method】	CLIA method, CLEIA method, others ()
【Antibody titer】	
【Judgment】	Negative • Positive

6. tuberculosis

Please circle the person (medical institution/person in question) who filled out the form.

	Quantiferon test (QFT test)		T-SPOT
【Test date】	y/m/d		y/m/d
【Judgment】	• Negative • Judgment not possible • Positive	or	Negative Judgment not possible Decision pending Positive