


<p><b>Name of Policy:</b> <u><a href="#">Healthcare Worker Immunizations</a></u></p> <p><b>Policy Number:</b> 3364-109-EH-603</p> <p><b>Department:</b> Infection Prevention and Control Hospital Administration Medical Staff</p> <p><b>Approving Officer:</b> Chief Medical Officer Chief of Staff Chair, Infection Control Committee</p> <p><b>Responsible Agent:</b> Infection Preventionist</p> <p><b>Scope:</b> The University of Toledo Medical Center and its Medical Staff, Residents, Fellows, Salaried and Hourly employees</p>	 <p><b>Effective Date:</b> 6/1/2019</p> <p>Initial Effective Date: 2/1/1999</p>
<p> <input type="checkbox"/> New policy proposal         <input checked="" type="checkbox"/> Minor/technical revision of existing policy         <input type="checkbox"/> Major revision of existing policy         <input type="checkbox"/> Reaffirmation of existing policy       </p>	

### (A) Policy Statement

Healthcare workers (HCWs) reduce the personal risk of infection and reduce the spread of vaccine-preventable infections by receiving appropriate vaccines. Recommendations within this policy are in accordance with the Centers for Disease Control and Prevention (CDC) guideline for Immunization of Health-Care Personnel. All vaccination policies will be consistent with state and federal laws that may occur prior to policy updates.

### (B) Purpose of Policy

The purpose of this policy is to outline the immunizations required by HCWs at The University of Toledo, Health Science Campus.

### (C) Scope

This policy, unless otherwise noted, applies to all HCWs of the University of Toledo Medical Center (UTMC) hospitals and clinics who come into contact with patients, including employees, medical staff, residents, fellows, students, faculty, volunteers, and contracted service providers (collectively “HCWs”).

### (D) Procedure

(1) Immunizations (Appendix A- summary immunizations chart).

(a) Hepatitis B Vaccine:

- (i) Hepatitis B vaccine (policy: [Bloodborne Pathogens Exposure Control Plan](#)) is available to all employees with occupational exposure to blood or other potentially infectious materials. The Federal Standard (OSHA 1991) defines occupational exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that might result from the performance of an employee’s duties. The vaccine is available after new employee orientation and within ten days of initial work assignment. Vaccine is provided by Occupational Health.

- (ii) HCWs in certain populations at high risk for chronic hepatitis B (e.g., those born in countries with high and intermediate endemicity) should be tested for HBsAg and anti-HBc/anti-HBs to determine infection status prior to vaccination.
  - (iii) New employees, with reasonable risk of exposure must show proof of completion of Hepatitis B vaccine series or serology showing immunity. Serologic testing of HCWs will be performed prior to administering Hepatitis B vaccine in those who state they have received prior vaccination but are unable to show proof. HCWs who have test results that indicate prior immunity will not receive the vaccine.
  - (iv) Employees have the option to decline Hepatitis B vaccination and will receive appropriate counseling.
  - (v) Post vaccination screening for immunity to Hepatitis B will be performed within 1 to 2 months after the administration of the third vaccine dose for those personnel who perform tasks involving contact with blood, other body fluids and sharp medical instruments or other sharp objects.
  - (vi) HCWs found to have negative antibody response (defined as <math><10\text{mIU/mL}</math>) after the initial Hepatitis B vaccine series will be revaccinated with a second three-dose vaccine series. If a HCW still does not respond after revaccination, they will be considered a non-responder and referred for evaluation for lack of response and counseling.
  - (vii) Post-exposure to Hepatitis B (needlestick, percutaneous, or mucous membrane exposure to blood known or suspected to be at high risk of being HBsAg seropositive), susceptible persons will be offered Hepatitis B vaccine series.
- (2) Measles, Mumps and Rubella (MMR) Vaccine
- (a) HCWs must have documented immunity to measles, mumps, and rubella.
    - (i) Documented immunity includes:
      - a. Birth before 1957 can be considered immune only if they have written documentation of appropriate vaccination, or laboratory evidence of immunity
      - b. HCWs with 2 documented doses of MMR are considered to have presumptive immunity to measles, mumps and rubella
        - (a) Not recommended to be serologically tested for immunity
        - (b) If serological testing is performed and results are negative or equivocal for measles, these HCW should be considered to have presumptive evidence of immunity to measles and do not need additional MMR doses
    - (ii) HCW born in 1957 or later without serologic evidence of immunity or written documentation of prior vaccination (verbal documentation is not acceptable):
      - a. Give 2 doses of live 0.5 mL MMR vaccine by subcutaneous route separated by at least 28 days
  - (b) Personnel without evidence of immunity will be offered MMR vaccine during the employment process unless contraindicated.

- (c) Routine serologic screening for measles, mumps, or rubella before administering MMR vaccine to personnel is not performed.
  - (d) MMR is the vaccine of choice. If the recipient is known to be immune to one or more of the components, monovalent or bivalent vaccine may be used.
- (3) Tetanus- Diphtheria-acellular Pertussis (Tdap)Vaccine
- (a) Pertussis is highly contagious. Vaccinating HCWs with Tdap will protect them against pertussis and is expected to reduce transmission to patients, other HCWs, household members, and persons in the community.
  - (b) HCWs who have not received Tdap previously should receive a single dose of Tdap regardless of the time since their last Td (Tetanus-diphtheria) dose. Tdap is not licensed for multiple administrations; therefore, after receipt of Tdap, HCWs should receive Td for future booster vaccination (every 10 years) against tetanus and diphtheria.
  - (c) Pregnant women should get a dose of Tdap during every pregnancy to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.
  - (d) Pre- and post vaccination testing for antibodies is not recommended.
- (4) Varicella Vaccine
- (a) HCWs must have documented immunity to varicella. This includes laboratory or healthcare provider confirmation of prior disease or written documentation of two varicella vaccine doses.
  - (b) Serological testing for varicella will be performed if there is no documentation of immunity.
  - (c) Susceptible personnel who do not have contraindications to immunization should be given two doses of varicella vaccine, at least 30 days apart.
  - (d) Post vaccination testing of personnel for antibodies to varicella will not be performed.
- (5) Influenza Vaccine
- (a) Influenza vaccine is required annually. Failure of compliance will result in progressive disciplinary action, up to and including termination.
    - i. Please refer to Healthcare Worker Influenza Vaccination procedure 3364-109-EH-603.1.
  - (b) Proof of vaccination is to be documented in the flu prep website annually, prior to December 1<sup>st</sup>, unless an exemption has been granted.
  - (c) Employees transferring into a department on the HSC are required to be compliant prior to their start date. HSC HCWs who are on an approved leave of absence prior to December 1<sup>st</sup> are required to be in compliance with this policy prior to their first shift of work.

- (d) Exemptions to influenza vaccination may be granted for documented medical contraindications or sincerely held religious beliefs. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention (CDC).
- (e) Visit <http://www.utoledo.edu/fluprep> for information regarding the procedure for influenza vaccination/exemption and influenza preparation and activity.

## References:

CDC: CDC guidance for evaluating health-care personnel for hepatitis B virus protection and for administering postexposure management. MMWR Recomm Rep. 2013;62(RR-10):1.

CDC Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>

CDC: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2015-2016 Influenza Season. MMWR 2015/64(30); 818-825.

CDC: Updated recommendations for use of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccine in adults aged 65 years and older - Advisory Committee on Immunization Practices (ACIP), 2012. MMWR Morb Mortal Wkly Rep. 2012; 61(25):468.

Immunization Action Coalition: Healthcare Personnel Vaccination Recommendations, 2017.

<http://www.immunize.org/catg.d/p2017.pdf>

<b>Approved by:</b>		<b>Review/Revision Date:</b>
<u>/s/</u>	<u>05/22/2019</u>	05/01/1999
Geehan Suleyman, MD	Date	04/15/2002
Chair, Infection Control Committee		04/21/2005
		05/19/2008
		05/23/2011
<u>/s/</u>	<u>05/30/2019</u>	01/28/2013
Samer Khouri, MD	Date	06/28/2013
Chief of Staff		09/25/2014
		01/16/2015
<u>/s/</u>	<u>06/12/2019</u>	09/15/2015
Michael Ellis, MD	Date	08/08/2016
Chief Medical Officer		08/25/2017
		09/17/2018
		05/11/2019
<i>Review/Revision Completed By:</i> <i>Human Resource and Flu Prep Committee</i>		
		<b>Next Review Date:</b> 5/2022
<b>Policies Superseded by This Policy:</b> 31:EH-603		

Appendix A: Immunization of Health Care Workers Chart
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Patient Contact	Non Patient Contact	Vaccine	Documentation of Immunizations	Additional Information
X		Hepatitis B	Documentation of completed 3 doses <b>OR</b> proof of positive serologic titer.	Certain HCWs may be screened for chronic hepatitis B prior to vaccination.  If vaccination is not administered a declination for HepB vaccination is required according to OSHA standards.
X	X	Measles, Mumps, Rubella (MMR)	Documentation of completed 2 doses <b>OR</b> proof of positive serologic titer to all three diseases.	
X	X	Varicella (chicken pox)	Documentation of completed 2 doses <b>OR</b> proof of positive serologic titer.	
X	X	Tetanus-Diphtheria- acellular Pertussis (Tdap)	Single Tdap for all HCWs Repeat Tdap for pregnant HCWs	Give Td booster every 10 years.
X	X	Influenza	Annual influenza immunization is required for all employees, students, faculty, providers, volunteers and contracted employees on the Health Science Campus(s).	Request for exemption for medical or religious reasons can be made. See <a href="http://influenza.utoledo.edu">influenza.utoledo.edu</a> for details. Individuals granted an exemption will be required to wear a surgical mask according to manufacturer recommendations when in the hospital or clinics during flu season.