COUNTY OF LOS ANGELES **DEPARTMENT OF HEALTH SERVICES**

HARBOR-UCLA MEDICAL CENTER

SUBJECT: IMMUNIZATIONS OF WORKFORCE MEMBERS **POLICY NO. 217**

PURPOSE:
To immunize workforce members (WFMs), who during the course of their work duties, may be exposed to vaccine-preventable diseases such as measles, mumps, rubella, varicella-zoster, tetanus, diphtheria, pertussis, influenza, and hepatitis B.

POLICY:
The California Occupational Safety and Health Administration (Cal/OSHA) recommends that workforce members (WFM) be vaccinated against several Aerosol Transmissible Diseases (ATD). WFMs include all those who come in contact with patients as well as those not directly involved in patient care (e.g., clerical, dietary, housekeeping, maintenance, and volunteers), but who are otherwise potentially exposed to infectious agents that can be transmitted between WFMs. Each WFM is to receive each of the vaccines noted below. In addition, Cal/OSHA mandates hepatitis B vaccine offered to WFMs who have a reasonable expectation of being exposed to blood, body fluids or other potentially infectious materials during job related duties.

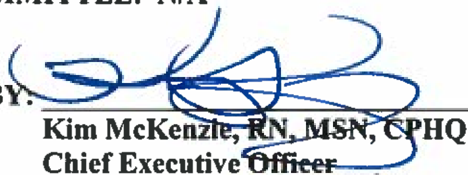
Failure to provide proof of immunity to certain ATDs may necessitate restriction from some areas of the hospital or facility. WFMs who decline to accept a recommended vaccination must sign a declination for each declined vaccine. If the WFM initially declines a vaccination but later decides to accept vaccination, then the Los Angeles County Department of Health Services (DHS) will make the vaccination available. Non-County WFMs should obtain the vaccinations from their physician or licensed health care professional.

DEFINITION:
Workforce Members: Include employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct in the performance of work for DHS, is under its direct control, whether or not they receive compensation from the County.

PROCEDURE:
Adequate presumptive evidence of immunity for vaccine-preventable diseases shall be assessed at the time of pre-employment/pre-placement evaluation and immunizations update when necessary.

EFFECTIVE DATE: 7/1/89 **SUPERSEDES: 360**
REVISED: 10/92, 8/95, 2/99, 3/08, 6/10, 12/10, 4/14, 4/17, 1/20
REVIEWED: 10/92, 8/95, 2/99, 2/02, 2/05, 6/10, 12/10, 4/14, 4/17, 1/20
REVIEW COMMITTEE: N/A

APPROVED BY:



Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

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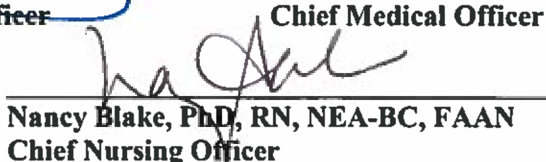

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

Measles:

- Documented administration of two doses of live measles virus vaccine[1] *or*
- Laboratory evidence of immunity or laboratory confirmation of disease

Mumps:

- Documented administration of two doses of live mumps virus vaccine[1] *or*
- Laboratory evidence of immunity or laboratory confirmation of disease

Rubella:

- Documented administration of one dose of live rubella virus vaccine[1] *or*
- Laboratory evidence of immunity or laboratory confirmation of disease

Varicella-zoster:

- Documentation of two doses of vaccine (neither given earlier than 12 months of age, at least four weeks between doses, *or*
- Laboratory evidence of immunity or laboratory confirmation of disease

Year of birth is not considered as evidence of immunity from measles, mumps, rubella or varicella for healthcare personnel.

Tetanus and diphtheria:

- Primary vaccination of previously unvaccinated adults consists of three doses of tetanus-diphtheria Td; four to six weeks should separate the first and second doses; the third dose should be administered at least six months after the second
- After primary vaccination, a Td booster is recommended for all WFM every 10 years
- If Td is indicated but not available, Tdap may be substituted.

Pertussis:

- One-time dose of Tdap should be given as soon as possible if not received previously (regardless of when previous dose of Td was received)
- Pregnant WFMs need to get a dose of Tdap during each pregnancy

Influenza:

- WFM shall receive an annual seasonal influenza vaccination
- WFMs who decline or have unknown influenza vaccination status must wear a mask while working in patient care areas starting November 1st till end of influenza season

[1] The first dose should be administered on or after the first birthday; the second dose of measles and mumps-containing vaccine should be administered no earlier than one month (i.e., a minimum of 28 days) after the first dose. Combined MMR vaccine generally should be used whenever any of its component vaccines is indicated.

Hepatitis B:

- Document post-vaccination to hepatitis B surface antibody (anti-HBs) and documentation of hepatitis B services
- WFMs with reasonable expectation of occupational exposure must either have proof of evidence of immunity to hepatitis B or sign a declination
- DHS or designee shall make available the hepatitis B vaccine series to WFMs. Non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain Hepatitis B Immune Globulin (HBIG) prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg) positive blood
- A non-responder is a WFM who has received two full series of the hepatitis B vaccine and whose post vaccination titer is non-reactive
- WFMs who do not respond to vaccination should be tested for HBsAg to determine if they have chronic HBV infection
- WFMs who are HbsAg positive are not candidates for hepatitis B vaccination

Meningococcal

- Meningococcal ACWY is available to microbiologists who are routinely exposed to *N. Miningitidis* isolates. For routine exposure one dose ever five years is recommended
- Meningococcal B is available to microbiologist who are routinely exposed to *N. Miningitidis* isolates.

Special Considerations:

Immunosuppressed WFMs:

Live vaccines should not be administered to severely immunosuppressed persons. Inactivated vaccines are safe to use in immunosuppressed persons, but the response to the vaccine may be decreased. Asymptomatic WFM does not need to be tested for HIV infection before administering live virus vaccines.

- MMR vaccine is recommended for all asymptomatic immunosuppressed WFMs who do not have evidence of severe immunosuppression
- Varicella vaccination is not recommended for HIV infected adults when CD4 count is <200
- Varicella vaccination is recommended for persons with isolated B-cell deficiency

Allergy that is not Anaphylactic:

Anaphylactic allergy to a vaccine component (such as egg or neomycin) is an absolute contradiction to vaccination. If an allergy to a vaccine component is not anaphylactic, it is not an absolute contraindication to that vaccine. Assessment of the indication for vaccination will be made by Employee Health personnel in consultation with Infection Prevention and Control physicians as necessary.

MMR and/or Varicella Tuberculin Skin Test (TST) and Interferon-Gamma Release Assays (IGRAs):

Live viral immunization (MMR, varicella) may result in temporary depression of tuberculin skin test sensitivity or IGRA result. Therefore, tuberculin skin testing/IGRA should be done either before or simultaneously with MMR or varicella vaccination or at least four weeks later.

Pregnancy:
Live vaccines should not be administered to women known to be pregnant or considering becoming pregnant within the next three months.

Gamma globulin:
Those individuals who have received gamma globulin within three months prior should not receive live vaccines. Consultation with your provider may be indicated.

AUTHORITY:
ACIP Provisional Recommendations for Measles-Mumps-Rubella (MMR)

http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm.

8 CCR §5199 Aerosol Transmittable Disease

8 CCR §5193 Bloodborne Pathogens

REFERENCES:
Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Wolfe S, Hamborsky J, McIntyre L, eds. 11th ed. Washington DC: Public Health Foundation, 2009

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR November 25, 2011/60(RR07);1-45

Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR, December 26, 1997/Vol. 46/No. RR-18

Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccines. MMWR, March 24, 2006/Vol. 55/No. RR-3

Measles, Mumps, and Rubella -- Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMMWR, May 22, 1998/47(RR-8);1-57

Prevention of Varicella, Update Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, May 28, 1999/Vol. 48/No. RR-6

Recommended Adult Immunization Schedule --- United States, 2009. MMWR, January 9, 2009/57(53);Q-1-Q-4

CROSS REFERENCE:
DHS Policy: 925.100 Immunization of Work Force Members