



Los Angeles County Department of Health Services

Policy & Procedure Title:		Immunization of Workforce Members	
Category:	900-999 Safety, Security and Related Programs	Policy No.:	925.100
Originally Issued:	10/1/2010	Update (U)/Revised (R):	4/7/2015 (R)
DHS Division/Unit of Origin:	EHS Committee		
Policy Contact – Employee Name, Title and DHS Division: Erika Sweet, Nurse Practitioner			
Contact Phone Number(s):	(310) 222-2360		
Distribution: DHS-wide	<input checked="" type="checkbox"/>	If not DHS-wide, other distribution:	

PURPOSE:

To immunize workforce members (WFMs) against communicable diseases who may come in contact with patients or are required to provide a service in patient care areas during the course of their work. The WFM shall be offered vaccines to prevent diseases such as, measles, mumps, rubella, varicella-zoster, tetanus, diphtheria, acellular pertussis, influenza, and hepatitis B in order to protect them, patients, and other WFMs by providing an environment free of vaccine-preventable diseases during the course of their work duties.

SCOPE:

This policy applies to all WFM including employees, contract staff, affiliates, volunteers, trainees, students, and other persons whose conduct, in the performance of work for Department of Health Services (DHS), is under its direct control, whether or not they receive compensation from the County. The policy also applies to vendors who work in DHS health care facilities and have access to patients or are required to provide a service in patient care areas.

POLICY:

Workforce members are considered to be at substantial risk for acquiring or transmitting hepatitis B, influenza, measles, mumps, rubella, pertussis, and varicella because of their contact with patients or infective material from patients. DHS and WFMs have a shared responsibility to prevent occupationally acquired infections and avoid causing harm to patients by taking reasonable precautions to prevent transmission of vaccine-preventable diseases. In accordance with CDC recommendations¹, DHS will make optimal use of the Advisory Committee on Immunization Practice’s report to help maintain immunity and safeguard WFMs from infection.

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Revision/Review Dates:
 Department Head/Designee Approval:

Also, the California Occupational Safety and Health Administration (Cal/OSHA) regulates WFM immunizations to safeguard against several Aerosol Transmissible Diseases (ATD).^{2,3} WFMs includes 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 may be potentially exposed to infectious agents that can be transmitted between WFMs. Each WFM should provide evidence of immunity to each of the vaccines noted below, unless medically contraindicated. In addition, Cal/OSHA mandates the hepatitis B vaccine be 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 or removal from job assignment. WFMs who decline to accept a recommended vaccination must sign a mandatory declination for each declined vaccine. Failure to provide evidence of immunity along with a WFM declination will be handled on a case-by-case basis. If the WFM initially declines a vaccination but later decides to accept the vaccination, then the Los Angeles County, DHS will make the vaccination available.

Non-County WFMs should obtain the vaccinations from their physician or licensed health care professional. Services provided through DHS will be billed to the contractor/agency, as appropriate.

Non-DHS County employees will be provided vaccinations pursuant to the terms of an interdepartmental agreement.

PROCEDURE:

Adequate presumptive evidence of immunity for vaccine-preventable diseases shall be assessed at the time of pre-employment/pre-assignment. Immunizations will be updated no less than annually or as deemed necessary for the safety of WFMs and patients.

Measles:

- Documented administration of two doses of live measles virus vaccine¹ or
- Laboratory evidence of immunity or laboratory confirmation of disease

Mumps:

- Documented administration of two doses of live mumps virus vaccine¹ or
- Laboratory evidence of immunity or laboratory confirmation of disease

Rubella:

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.

- Documented administration of one dose of live rubella virus vaccine¹ *or*
- Laboratory evidence of immunity or laboratory confirmation of disease

Varicella-zoster:

- Documentation of 2 doses of vaccine (neither given earlier than 12 months of age at least 4 weeks between *or*)
- Laboratory evidence of immunity or laboratory confirmation of disease

NOTE:

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

During an outbreak of measles, mumps, or rubella, EHS recommends vaccination of all WFMs who were born before 1957 and who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease with two doses of MMR vaccine (for measles and mumps) and one dose of MMR vaccine (for rubella), and should consider recommending the same during annual surveillance.

Tetanus and diphtheria:

- Primary vaccination of previously unvaccinated adults consists of three doses of Td; 4-6 weeks should separate the first and second doses; the third dose should be administered six (6) months after the second.
- After primary vaccination, a tetanus-diphtheria (Td) booster is recommended for all WFM every 10 years.

Pertussis (Tdap):

- Tdap should replace a one-time dose of Td for people aged 11 and older who have not received a dose of Tdap previously.
- Pregnancy is an exception to the one lifetime dose. A dose of Tdap should be given to a pregnant woman during each pregnancy, regardless of the WFMs previous history of receiving Tdap.
- The dose may be given regardless of the interval since the last dose of tetanus or diphtheria toxoid containing vaccine.
- People with a history of pertussis disease should still receive a dose of Tdap.

Influenza/Seasonal Vaccines:

- WFMs shall be offered an annual seasonal influenza vaccination.

Hepatitis B:

- Documented post vaccination antibody to hepatitis B surface antigen HBsAb(anti-HBs)
or
- DHS or designee shall make available the Hepatitis B vaccine series to WFMs who have a reasonable expectation of occupational exposure.
- 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 hepatitis B vaccine and whose post vaccination titer is non-reactive.
- WFMs who do not respond to vaccination should be counseled and referred to their physician or licensed health care practitioner.

Special Considerations:

HIV-Infected WFMs

Generally a live virus or live bacterial vaccine should not be administered to HIV-infected persons. EHS does not test WFMs for HIV infection before administering live virus vaccines; therefore, WFMs who feel they may be immunocompromised should consult with their personal physician or healthcare practitioner about this.

- MMR vaccine is recommended for all asymptomatic HIV-infected WFMs who do not have evidence of severe immunosuppression.
- Varicella vaccination is not recommended for HIV infected adults.

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 vaccine will be made by EHS in consultation with Infection Prevention and Control physicians as necessary.

MMR and/or Varicella Tuberculin Skin Test (TST):

Live viral immunization (MMR, varicella) may result in temporary depression of tuberculin skin test sensitivity. Therefore, tuberculin skin testing should be done either before or simultaneously with MMR or varicella vaccination or at least four (4) weeks later.

Pregnant WFMs and WFMs of Child-bearing Age:

Live vaccines administered to a pregnant woman pose a theoretical risk to the fetus. Generally, a live virus or live bacterial vaccine is contraindicated during pregnancy and should not be administered to women known to be pregnant or considering becoming pregnant within the next three months. WFMs of child-bearing age who report not being pregnant can be offered vaccines. EHS does not routinely test WFMs for pregnancy before administering live

virus vaccines; therefore, WFMs who believe they may be pregnant should either ask EHS for a pregnancy test **or** consult with their personal physician or healthcare practitioner.

Gamma globulin:

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

EHS Clearance:

When a WFM completes their EHS process, they will be cleared as documented on the appropriate EHS form.

Compliance with EHS evidence of immunity to vaccine preventable diseases must be met prior to clearance. WFMs who do not demonstrate evidence of immunity and decline vaccination(s), shall be handled on a case-by-case basis.

FORMS:

EHS Form K – Vaccine Declination Form

EHS Form E2 – Annual Health Questionnaire and Screening

REFERENCES/AUTHORITY:

¹Immunization of Health-Care Personnel Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, Recommendations and Reports, November 25, 2011 / Vol. 60 / No. 7 <http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>

²8 CCR §5199 Aerosol Transmittable Disease

³8 CCR §5193 Bloodborne Pathogens

⁴CDC. Available at <http://www.cdc.gov/vaccines/pubs/preg-guide.htm#mmr>. Accessed 10/26/14

DHS Policies:

705 Health Evaluation – DHS Employees

705.001 Health Screening – Non-County Workforce Members

925.000 Employee Health Services Program

925.510 Tuberculosis Screening Surveillance Program