

Washtenaw County Community Mental Health

**HEALTH CARE PERSONNEL (HCP) VACCINES
(RECOMMENDED EMPLOYEE IMMUNIZATIONS)**

PURPOSE

To reduce the risk of exposure of Washtenaw County Community Mental Health (CMH) employees and clients to vaccine preventable diseases by providing education and recommendations in favor of vaccines.

APPLICATION

The application of this policy includes all CMH employees. The following categories for employees are based on the age of the clients/consumers for whom they provide services and their job designation as Health Care Personnel (HCP).

- A. Category I:** Employees designated as HCP who, while carrying out their work assignments, may have contact with children under the age of 12 months who are at the highest risk of transmission of vaccine preventable diseases. (Exhibit D)
- B. Category II:** Other employees designated as HCP (Exhibit E)
- C. Category III:** All other employees who are not designated as HCP (Exhibit E)

POLICY

All CMH employees will be educated and encouraged to be immunized appropriately against Vaccine Preventable Diseases as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) for Health Care Personnel (HCP) and Adults who are not HCP.

Category I Employees will be recommended to provide:

- a) Proof of current vaccination for Diphtheria/Tetanus/Pertusus (Tdap), Varicella (Chickenpox), and Measles/Mumps/Rubella (MMR), Zoster (Shings) and all vaccines listed on the Recommended Adult Immunization Schedule for Health Care Workers, published annually by the CDC, or
- b) Health Care Provider confirmation of history of disease, or
- c) Proof of immunity through a blood titer
- d) If the employee does not provide one of the above documentations he/she will be encouraged to receive the vaccine for which they have no proof of immunity.
- e) The vaccines will be provided for these Employees by Washtenaw County Public Health Department (WCPHD) at no cost to the employee.
- f) Annual Influenza Vaccine will be recommended.
- g) A medical contraindication form (Exhibit A may be substituted if the employee choose to not receive the required vaccines and wants to their this information in their personnel file. Medical contraindications forms are completed by an individual's medical provider.

Category II Employees will be recommended to provide:

- a) Proof of current vaccination for Diphtheria/Tetanus/Pertusus (Tdap), Varicella (Chickenpox), and Measles/Mumps/Rubella (MMR), Zoster (Shings) and all vaccines listed on the Recommended Adult Immunization Schedule for Health Care Workers, published annually by the CDC, or
- b) Health Care Provider confirmation of history of disease, or
- c) Proof of immunity through a blood titer
- d) If the employee does not provide one of the above documentations he/she will be encouraged to receive the vaccine for which they have no proof of immunity.
- e) Annual Influenza Vaccine will be recommended.

Category III Employees will be recommended to receive:

- a) All vaccines on the Recommended Adult Immunization Schedule, published annually by the CDC.
- b) Annual Influenza vaccine will be recommended.

DEFINITIONS

Advisory Committee on Immunization Practices (ACIP)- The committee within CDC that develops written recommendations for routine immunizations for children and adults in the civilian population.

Centers for Disease Control (CDC)- A division of the US Public health Service in Atlanta, GA, that investigates and controls various diseases, especially those that have epidemic potential. The agency is also responsible for national programs to encourage health and safety in the workplace.

Declination Form- A form provided for employees who are declining vaccines for medical or other reasons.

Health Care Personnel (HCP)- Employees working for CMH who provide health care services to clients and share air with clients.

Herpes Zoster (Shingles) Vaccine- A vaccine to person 60 yrs of age and older to prevent Herpes Zoster (Shingles).

Infection Control Committee- Representatives from Washtenaw County Public Health (WCPHD) and Community Mental Health (CMH), who hold responsibility for the Infection Control Program of these organizations, including the development and implementation of processes designed to reduce the risk of communicable disease.

Influenza Vaccine- A vaccine given annually to prevent infection with influenza.

Measles, Mumps, Rubella (MMR) Vaccine- A vaccine given to prevent infection with Measles, Mumps, and Rubella.

Medical Contraindication Form- A form signed by the employee's health care provider that indicates a medical contraindication to the employee receiving a vaccine.

Proof of Immunity- Proof through a blood test that measures the antibody titer to a specific disease which confers immunity to that disease.

Recommended Adult Immunization Schedule- The Recommended Adult Immunization Schedule published every year in September by the ACIP. Included in this Schedule are the Recommendations for Health Care Personnel.

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine- A vaccine given to prevent infection with Tetanus, Diphtheria, and Pertussis.

Vaccine- A preparation of weakened or killed bacteria or virus that upon administration stimulates antibody production against the pathogen but is not capable of causing severe infection.

Varicella (Chickenpox) Vaccine- A vaccine given to prevent infections with Varicella.

REFERENCES

- A.) "Requiring influenza vaccination for health care workers: seven truths we must accept". Gregory A. Poland, Pritish Tosh, Robert M. Jacobson (Mayo Vaccine Research Group), January 13, 2005
- B.) Epidemiology and Prevention of Vaccine-Preventable Diseases, 11th Edition, January, 2009, CDC
- C.) Health Care Personnel Vaccination Recommendations - Immunization Action Coalition 3/2007
- D.) Healthcare Professional letter from CDC Director, Julie Louise Gerberding, MD, MPH,
- E.) Mumps Vaccine: Recommendations for Health Care Personnel – CDC ,May 17, 2006
- F.) Provider Tool Kit for Childhood and Adult Immunization, Alliance for Immunization in Michigan, 15th Edition, 2010
- G.) 2010 Recommended Adult Immunization Schedule – CDC ,January 1, 2010
- H.) Tdap Vaccine: Recommendations for Health Care Personnel – CDC, December 17, 2006
- I.) Double Helix, National Foundation for Infectious Diseases, Vol. 32, No.4, December, 2007

EXHIBITS

- A.) WCPHD Employee Medical Contraindication Form for Vaccines
- B.) Rationale for Recommended Vaccines for HCP
- C.) CMH Employee Informed Declination for Vaccinations
- D.) CMH Employee Informed Decision for Flu Vaccination
- E.) Employee VPD Immunization Recommendations by Job Classification
Employee VPD Immunization Recommendations by Job Classification

EMPLOYEE MEDICAL CONTRAINDICATION FORM FOR VACCINES

Employee Name: _____

Employee JDE Number: _____

Department: _____

Supervisor's Name:

The following immunization(s) are medically contraindicated:

Reason for contraindication: _____

The contraindication shall continue until (Mo/Day/Yr): _____

Print Name of Health Care Provider: _____

Health Care Provider Signature: _____

Telephone: _____

Date: _____

This form will be kept in the employee's personnel file _____

EXHIBIT B

Healthcare Personnel Vaccination Recommendations

Vaccine Recommendations in brief

Hepatitis B Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.

Influenza Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.

MMR For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.

Varicella For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, (**chickenpox**) give 2 doses of varicella vaccine, 4 weeks apart. Give SC.

Tetanus, diphtheria, pertussis Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to all HCP younger than age 65 years with direct patient contact. Give IM.

Meningococcal Give 1 dose to microbiologists who are routinely exposed to isolates of *N. meningitidis*.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
- If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
- If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.¹ It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.¹

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual

vaccination against influenza. Live attenuated influenza vaccine (LAIV) may only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live rubella vaccine).
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles, mumps, and/or rubella. For these same HCP who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. As soon as feasible, HCP younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

Meningococcal

Vaccination is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. Use of MCV4 is preferred for persons younger than age 56 years; give IM. Use MPSV4 only if there is a permanent contraindication or precaution to MCV4. Use of MPSV4 (not MCV4) is recommended for HCP older than age 55; give SC.

References

1. See Table 3 in “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis,” *MMWR*, June 29, 2001, Vol. 50, RR-11.

For additional specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies, visit CDC’s website at www.cdc.gov/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

Adapted from the Michigan Department of Community Health

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (10/09)

Technical content reviewed by the Centers for Disease Control and Prevention, October 2009.

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org •

www.vaccineinformation.org

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CMH Employee Informed Declination for Vaccination



The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) has recommended the Influenza Immunization for Health Care Personnel (HCP).

I understand and have been educated regarding the following:

- The purpose of the recommended vaccination
- The risks and benefits of the recommended vaccination
- That these vaccines are available to me as a CMH employee at no cost to myself
- I may change my mind and accept vaccination in the future

As a Healthcare Organization accredited by the Joint Commission, CMH is required to meet certain standards regarding encouraging and offering the influenza vaccine as well as tracking the reasons given by staff for declining the influenza vaccination. You are not required to give a reason for declining but the Joint Commission recommends that we ask your reason for declining the vaccine.

I decline this immunization for the following reason:

I acknowledge that I have read this document in its entirety and fully understand it.

Employee name (print):	
Employee signature:	
Date:	

EXHIBIT D



CMH Employee Informed Decision for Flu Vaccination

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) has recommended the Influenza Immunization for Health Care Personnel (HCP).

I understand and have been educated regarding the following:

- The purpose of the recommended vaccination
- The risks and benefits of the recommended vaccination
- That these vaccines are available to me as a CMH employee at no cost to myself
- I may change my mind and accept this vaccination in the future

I agree to receive the Flu Vaccination this date

As a Healthcare Organization accredited by the Joint Commission, CMH is required to meet certain standards regarding encouraging and offering the influenza vaccine as well as tracking the acceptance or declining of the Influenza vaccine and the reasons given. If you are declining, you are not required to give a reason for declining but the Joint Commission recommends that we ask your reason.

I decline this immunization for the following reason:

I have already received or will get this vaccine from my primary care doctor.

I prefer to get the vaccine from another source (i.e. drugstore, etc)

I prefer not to share my reasons

Other:

I acknowledge that I have read this document in its entirety and fully understand it.

Employee name (print):	
Employee signature:	
Date:	



EXHIBIT E

**Employee Vaccine Preventable Disease
Immunization Recommendations**

By Job Classification

Revised for CMH and WCHO employees June, 2010

Category 1	Tdap	MMR	Varicella/Zoster
WCCMH Youth & Family Services < 12 months	X	X	X

Recommended Flu Vaccination	Flu
All CMH Employees	X

EXHIBIT F

Employee Vaccine Preventable Disease Immunization Recommendations

By Job Classification
Revised for CMH June, 2010

Category 2	Tdap	MMR	Varicella/Zoster
CMH Staff working directly with Consumers or clients	X	X	X

Category 3	Tdap	MMR	Varicella/Zoster
All other CMH Staff that are not designated as HCP	X	X	X