## Sample Hospital Immunization Policy

## for Currently Employed Healthcare Personnel

The following sample immunization policy may be used by healthcare facilities to help develop immunization policies for currently employed healthcare personnel (HCP). The Michigan Department of Health and Human Services follows recommendations made by the Advisory Committee on Immunization Practices, including recommendations for the immunization of HCP.

#### IMMUNIZATION POLICY FOR HCP

##### PURPOSE

These policies have been established to reduce the risk of HCP transmitting vaccine-preventable diseases to patients and provide a service to the individual staff member. All HCP must present acceptable documentation of immunity status or submit to testing of immunity status within <<INSERT TIME FRAME>> of the effective date of immunization policy. To ensure all HCP are up-to-date with recommended immunizations, staff’s vaccination and immunity status will be reviewed on a regular basis (i.e., at least annually), with consideration of offering needed vaccines, if necessary.

##### DEFINITION

The term [HCP includes](http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html) all paid and unpaid persons working at <<**INSERT FACILITY NAME HERE>>** who have the potential for exposure to patients with vaccine-preventable diseases. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the healthcare facility, and employees (e.g., clerical, dietary, housekeeping, maintenance and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP.

##### POLICY

1. **Influenza: All HCP should receive one dose of influenza vaccine annually during influenza season.**
2. **Tetanus, Diphtheria and Pertussis:** Regardless of age and interval since the previous dose of tetanus and diphtheria (Td) vaccination, HCP should receive a single dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine as soon as feasible if they have not previously received it. Prevaccination serologic testing is not recommended. All HCP should then receive a Td booster every 10 years thereafter.

Female HCP should receive Tdap vaccine during each pregnancy, preferably during 27-36 weeks gestation.

1. **Measles, Mumps and** **Rubella (MMR):** All individuals will be assessed for immunity against measles, mumps and rubella. HCP with two documented valid doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps and/or rubella, staff should be considered to have presumptive evidence of immunity and are not in need of additional MMR doses.

* 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 or (b) appropriate vaccination against measles, mumps and rubella (i.e., two doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least one dose of live rubella vaccine).
* The birth date of HCP born before 1957 generally is considered acceptable evidence of measles, mumps and rubella immunity. Two doses of MMR vaccine should be considered for unvacci­nated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, two doses of MMR vaccine are recommended during an outbreak of measles or mumps and one dose during an outbreak of rubella.

1. **Hepatitis B:** HCP who are unvaccinated and/or those who cannot provide documentation of hepatitis B (hepB) vaccination should immediately receive a three-dose series of hepB vaccine at zero, one, and six months.  For HCP who perform tasks that may involve exposure to blood or body fluids obtain serologic testing for hepB surface antibody (anti-HBs) one to two months after dose three, to document immunity. Refer to “[CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management](http://www.cdc.gov/mmwr/PDF/rr/rr6210.pdf)” December 20, 2013 / 62(rr10); 1-19 for more information. (Note: New CDC recommendations expected to be published in February 2017)
2. **Tuberculosis:** For those whose Tuberculin Skin Test (TST) is found to be positive, a chest X-ray within three months and referral to a physician for assessment and clearance will be required to continue staff privileges. For those individuals with previous history of positive TST, the report of a chest X-ray taken after the finding of positive TST that indicates no evidence of active tuberculosis must be provided. Thereafter, no further evaluation is required in the absence of symptoms of tuberculosis.
3. **Varicella:** All HCP must provide evidence of immunity against varicella zoster virus (VZV). This includes any of the following: written documentation of two doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity or laboratory confirmation of disease, diagnosis or verification of a history of varicella disease or herpes zoster (shingles) by a healthcare provider. Routine testing for varicella immunity after two doses of vaccine is not recommended.

The names of those individuals unable to be vaccinated should be kept on file in case of an exposure. Those HCP who do not begin the vaccination schedule or who do not receive a medical exemption within <<INSERT TIME FRAME>> of implementation of this policy will have their privileges suspended until they meet this requirement.