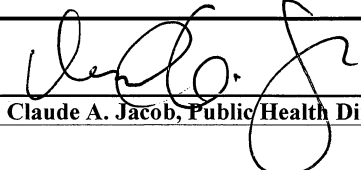




**SAN ANTONIO
METROPOLITAN HEALTH DISTRICT
DEPARTMENTAL MANUAL
Claude A. Jacob, Public Health Director**

DM 4.16	EFFECTIVE: March 2003 (CSM)	 _____ Claude A. Jacob, Public Health Director
	REVISED: Oct. 2021	
SUBJECT: Employee Immunizations		
REFERENCES: MMWR: Immunization of Health Care Workers: Vol. 46/ No. RR-18; MMWR: Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Vol. 68(19)439-443. MMWR: Prevention of Hepatitis B Virus Infection in the United States: Vol. 67(1)1-31.		
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13.2 EMPLOYEE IMMUNIZATIONS

Health department employees are at risk for exposure to and possible transmission of vaccine-preventable diseases, because of their contact with patients or infective material from patients. Maintenance of immunity is therefore an essential part of prevention and infection control programs for the department. The Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) states that optimal use of immunizing agents safeguards the health of workers and protects others from becoming infected through exposure to infected workers.

This policy establishes:

- Schedule for recommended and required vaccines/screenings
- Requirements for TB screening
- Exemptions

All employees of Metro Health should register in Immtrac2. In response to certain emergency situations and for the protection of staff, Metro Health has a need to know what staff members have taken precautionary measures.

CDC-recommended immunizations are recommended for all staff. Influenza vaccine is required for all staff. Employees who are unable to obtain influenza vaccination will be required to wear a mask when working within 3 feet of vulnerable individuals, including;

People with HIV or TB

People older than 65

Children under 5

Pregnant women

Employees hired after Dec. 1, 2018, who are unable to obtain measles, rubella, and varicella vaccinations will also be required to wear a mask when working within 3 feet of vulnerable individuals, including;

People with HIV or TB

People older than 65

Children under 5

Pregnant women

The requirement for measles, rubella and varicella vaccination is waived for employees hired before Dec. 1, 2018.

Metro Health adopts a standard for immunizations and TB screenings to maximize protective measures for staff and the public served.

13.2.1 Responsibilities

Metro Health's immunizations and screening schedule for employees is based on best-practice guidelines published by the CDC and the Texas Health and Human Services Commission (HHSC). The Medical Director may direct the frequency of vaccinations or screening to be conducted more frequently than suggested by the CDC or HHSC, but will ensure the schedule does not pose a risk to employees.

Program managers will ensure that their assigned employees are up to date with immunizations.

Any full-time or part-time CoSA employee may receive immunizations from the City of San Antonio Occupational Health center. Non-CoSA employees must obtain services through their parent agency or through a private physician, clinic, pharmacy or urgent care center. Non-CoSA employees will be responsible for any costs incurred; however under the Affordable Care Act, health insurers must fully cover the cost of vaccines recommended for routine use by the Advisory Committee for Immunization Practices.

All employees are responsible for confirming with their supervisor / manager which immunizations are required for their position. Employees are responsible for coordinating with an appropriate service provider to receive screenings and immunization as well as reporting compliance.

The influenza season runs from October 1 through May 31. The Assistant Director of the Communicable Disease Division may establish different start and end dates during some influenza seasons. Employees will be notified in a timely fashion to ensure adequate time to obtain necessary vaccinations.

13.2.2 Tuberculosis (TB) Screening

TB screening is required **only** for Medical/Dental and Laboratory staff. TB screening is **recommended** for employees with TB symptoms and those at high risk: direct contacts to TB cases, individuals with HIV or immunosuppression, people who lived at least a month in a country with a high TB rate.

Screening consists of the following:

- Individual risk assessment upon hire

- If no documented prior TB upon hire: Positive Purified Derivative Skin Test (PPD) or Interferon Gamma Release Assay (IGRA / T-Spot). If the screening test is positive, staff who are low risk and asymptomatic for TB should have a *second* test (IGRA / T-Spot). The person is considered infected only if both tests are positive. Annual re-testing is no longer recommended in the absence of symptoms or a known exposure.
- If previously treated TB upon hire: symptom evaluation and chest X-ray. For people with a normal X-ray, annual X-rays are no longer recommended in the absence of symptoms or a known exposure.
- Personnel with latent TB infection are strongly encouraged to take advantage of new 3- to 4-month treatment regimens. Untreated staff should be screened annually for TB symptoms.

Staff of the TB clinic must be tested at a minimum annually.

Because the PPD remains the standard of care, an IGRA may entail a cost to the employee.

Non-CoSA Temporary Employees and contractors working within the TB program may be screened at no cost at the TB clinic.

Non-CoSA Temporary Employees and contractors working outside the TB program will be responsible for the cost of screening.

Annually, Medical/Dental and Laboratory staff should review TB risk factors, signs and symptoms, and infection control procedures.

13.2.3 Immunizations / Screening Exemptions

Metro Health staff members who are required to receive immunizations and/or TB screening may file an exemption based on the following criteria:

1. **Medical Exemption:** A medical exemption may be granted to an employee with a contraindication that poses a risk to the health of the employee as determined by a physician.
 - a. The contraindication must be listed in a recognized medical sourcebook.
 - b. The employee must have a signed statement from a physician stating:
 - 1) The employee has a contraindication,
 - 2) The employee should not receive the vaccine,
 - 3) Whether the condition is temporary or permanent.
2. **Religious Exemption:** A religious exemption may be granted to an employee if receiving the vaccine would violate doctrine as determined by clergy of the recognized church.
 - a. The employee must have a signed letter from a clergy member of a 501(c)(3) church stating that it is against church doctrine to receive immunizations.
3. **Personal Appeals:** Employees may present an appeal on a basis of personal ethics for an exemption from immunizations and / or TB screening.

For influenza vaccination, appeals are due in writing by Oct. 1 for submission to the October meeting of the Quality Management Clinical Subcommittee (QMCS). The Medical Director will present the appeal to the QMCS for review and formulation of a recommendation. The recommendation of the committee will be presented to the Director of Public Health for consideration. The Director may grant an exemption based on the personal appeal.

Employees with an exemption to a vaccine that is necessary to protect the health of clients served by the Metro Health may be prohibited from working in areas where their lack of immunity could pose a health risk to others **and / or** be required to wear a mask when within 3 feet of a patient, client or daycare attendee.

For TB staff, there is no exemption to TB screening.

13.2.5 Immunization and Screening Requirements

All Metro Health Employees are encouraged to receive recommended vaccinations, including the Influenza vaccination annually, for personal health and safety.

Immunization requirements for Metro Health employees follow CDC recommendations for healthcare workers. Requirements are based on recommendations of the CDC and exposure risks.

All CoSA full- or part-time applicants will be notified during the hiring process of the vaccination and screening requirements.

Any employee not vaccinated or screened poses a potential risk to the health of other staff members and clients served by the Metro Health. Employees in this status may be prohibited from working in areas where his/her lack of immunity could pose a health risk to others **and / or** be required to wear personal protective equipment when working within 3 feet of vulnerable individuals.

While vaccines do protect employees and prevent the spread of disease, not all vaccines are recommended for all employees. The following guidelines detail requirements for specific positions within the department.

1. Recommended for Metro Health Employees working with vulnerable populations

a. Influenza

Required for: Influenza vaccine is required for all employees who are funded under Metro Health, to include Shared Services. For each episode of the flu, workers lose from ½ day to 5 days of productivity, more than with other upper respiratory infections.¹ Metro Health also recommends frequent handwashing, cough hygiene and staying home when sick during flu season.

¹ Petrie JG et al. (2016). Illness severity and work productivity loss among working adults with medically attended Acute Respiratory Illnesses: US Influenza Vaccine Effectiveness Network 2012-2013. *Clin Infect Dis.* 62(4):448-455. doi:10.1093/cid/civ952; Fragaszy EB et al. (2018). Flu Watch Group. Effects of seasonal and pandemic influenza on health-related quality of life, work and school absence in England: results from the Flu Watch cohort study. *Influenza Other Respir Viruses*;12(1):171–82. <https://doi.org/10.1111/irv.12506>

Frequency/Timing: A new vaccine is administered each year beginning in the fall. Employees required to take the vaccination must obtain it by December 31st each year.

Vaccine: Inactivated influenza virus

b. Measles – Mumps – Rubella (MMR)

Required for: Measles vaccine is recommended for ALL employees but is **REQUIRED** only for employees working directly with vulnerable populations, including: individuals with HIV or TB, people older than 65, children under 5 and pregnant women.

The requirement will be waived under the following conditions:

- Employee born before 1957
- Physician-documented proof of past measles
- Valid immunization record of measles vaccination
- Positive measles titer

Vaccine: Live measles, mumps, rubella virus (MMR)

c. Varicella (chicken pox)

Required for: Varicella vaccine is recommended for ALL employees but is **REQUIRED** only for employees working directly with vulnerable populations, including: individuals with HIV or TB, people older than 65, children under 5 and pregnant women.

The requirement will be waived under the following conditions:

- Physician-documented proof of past varicella
- Valid immunization record of varicella vaccination
- Positive varicella titer

Vaccine: Live varicella zoster virus (VZV)

d. Hepatitis B

Required for: Hepatitis B vaccine is recommended for ALL employees.

Frequency: No booster is recommended for immune-competent personnel, unless an exposure occurs (for example, a needle-stick involving a known hepatitis B carrier or a person at high risk) and at the time of the exposure, the employee demonstrates an inadequate antibody titer.

Titers: Recommended 1-2 months after the last dose of the series, and after an exposure if the employee never had a post-series titer. No titer is needed after an exposure if an employee completed the vaccine series and had a post-series titer. In the absence of an exposure, no titer is recommended. For employees who believe they were immunized but lack documentation, repeating the series is preferable to a titer.

Vaccine: Hepatitis B recombinant vaccine

e. Tetanus/Diphtheria (Td) or Tetanus/diphtheria/acellular Pertussis (TdaP)

Required for: Tetanus (Td / TdaP) vaccine is recommended for ALL employees but is only **REQUIRED** for medical/dental staff who perform direct clinical care.

Requirement: Employees must have completed a primary series or must complete one within the first year of employment. TdaP will replace a single dose of Td for employees younger than 65 who have not previously received a dose of TdaP.

Frequency: A booster is required every ten years.

Vaccine: Tetanus/Diphtheria toxoid; Tetanus/Diphtheria/acellular Pertussis

f. Tuberculosis (TB) Screening

Required for: TB Screening is recommended for employees who have spent time with someone who has TB disease; who have HIV infection or another medical problem that weakens the immune system; who are from a country where TB disease is common; or who have TB symptoms. TB screening is **REQUIRED** only for employees providing direct clinical care and TB program employees.

** TB program employees may be tested at shorter intervals if required by the Texas Health & Human Services Commission.*

Provision: City employees may obtain PPD skin test and X-rays if needed, through Occupational Health. TB clinic staff may obtain testing through the TB Clinic.

** In the event an employee should test positive for TB, the employee will be directed to seek care through his/her primary care physician.*

Test: PPD, IGRA

2. Recommended ONLY for Employee in a position with a High Risk of Exposure

a. Rabies

Required for: Laboratory personnel responsible for rabies diagnosis

Recommended for: **No one else**

Provision: Vaccine will be given to City employees by Occupational Health

Requirement: Three 1.0 ml doses given intramuscularly (deltoid) in the lateral aspect of the upper arm, one dose each on days 0, 7, and 21 or 28.

Titers: Done on the following schedule;

- Every six months for any employee working directly with brain material
- Every 2 years for employees required to have the vaccine but who do not work directly with brain material
- Immediately post-vaccination only if the employee is immunosuppressed

Boosters: When titers fall below 1:5 (or minimum titer determined by the laboratory director), a booster of 1.0ml HDCV-IM will be given intramuscularly.

Vaccine: Human diploid cells rabies vaccine (HDCV-IM) or purified chick embryo cell vaccine (PCECV).

b. Smallpox (Vaccinia)

Required for: Public Health Response Team (voluntary team of employees specified by the Medical Director in collaboration with Public Health Emergency Preparedness).

Recommended: No one else

Provision: Provided through CDC with extensive follow-up per protocol.

13.2.6 Reporting Requirements

Reporting is required to assess the Metro Health workforce response capabilities in the event of an emergency. Staff not adequately protected from certain situational factors should not be deployed into a situation that poses a risk to his/her personal health or safety. Reports are required from all employees.

The Attestation of Compliance – Immunization and Screening and the Hepatitis B Vaccination Declination are only required to be completed once by each employee during the first six months of employment. The only exception exists when employee has a change in Exemption status or change in immunization category that elevates the employee to a different risk category.

- **Attestation of Compliance - Immunization and Screening Requirements (MHD012):** All employees are required to complete the Employee Attestation of Compliance with Immunization and Screening Requirements form (MHD012) during on-boarding at their work site.

In the event an employee in a required category claims an exemption, the supervisor / manager will collect the necessary supporting documentation and ensure all documents are attached to the attestation and forwarded to the Medical Director for consideration.

- In the event an employee declines the Hepatitis B series during New Employee Orientation, the Workforce Development Coordinator will ensure the employee completes the **Hepatitis B Vaccination Declination** form (MHD014).

Annually, employees will complete an influenza vaccine attestation online. The Medical Director will provide Assistant Directors with a list of staff who have not completed attestations. Such employees should have a valid exemption to decline receiving the vaccine. Employees are required to receive the vaccine prior to Dec. 31 of each year.

The direct supervisor / manager is responsible for ensuring that employees attest to their influenza vaccine status.

13.2.7 Review and Update

At minimum, the Medical Director will review the Metro Health Schedule for Vaccines and Screenings on an annual basis. As CDC releases new requirements or the ACIP

develops new recommendations, the schedule may be updated. The Medical Director will provide information for personnel deployment decisions in the event of an emergency.

13.2.8 Compliance

Employees required to receive vaccinations and /or TB screening and fail to do so without an approved exemption are subject to potential discipline and the requirement to wear personal protective equipment while in the workplace.