

Office of Origin: Department of Occupational Health Services

PURPOSE

The health care environment presents risks from communicable diseases to Medical Center employees and other healthcare workers. In order to minimize these risks, the Medical Center requires staff to comply with established vaccination recommendations, guidelines and requirements*. Please also refer to the UCSF Communicable Disease Surveillance and Vaccination Policy,

http://www.occupationalhealthprogram.ucsf.edu/Forms/UCSF_Communicable_Disease_Surveillance_Vaccination_Policy_FINAL.pdf

DEFINITIONS

- A. "Healthcare workers (HCW)" refers to all medical center employees, faculty, temporary workers, trainees, volunteers, students, and vendors, regardless of employer. This includes campus-based staff who provide services to or work in UCSF Medical Center patient care or clinical areas.
- B. Communicable diseases are clinically evident illnesses resulting from the presence of pathogenic microbial agents, including pathogenic viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions.
- C. Vaccine-preventable diseases are communicable diseases whose transmission can be prevented in whole or in part through vaccinating susceptible staff. In the health care environment, the usual vaccine-preventable diseases are the following: influenza, mumps, ruboela, rubella, varicella, diphtheria, pertussis and hepatitis B.

POLICY

- A. Staff will provide evidence of immunity to the usual vaccine-preventable diseases in a health care environment. The Medical Center will provide vaccinations for those who are not immune.
 - 1. Established evidence of immunity is considered a condition of employment. OHS, HEIC, Human Resources and Medical Center Administration may waive this policy after review of individual cases.
 - 2. HCW susceptible to vaccine-preventable disease(s) (VPD) and who decline immunization will be furloughed when identified as exposed to VPD to which they are susceptible.
 - 3. Existing HCW will be required to be vaccinated against influenza annually, or decline the vaccination in writing. Refer to Administrative Policy 4.02.10 on Influenza Vaccination.
 - 4. New employees who fail to complete the health screening process within 60 days of receiving provisional health clearance will not be allowed to work until the screening is complete.
 - 5. Conditional HCW will be required to demonstrate evidence of immunity prior to hire. If the conditional worker does not have evidence of immunity to all of the required vaccine preventable diseases, the hire will be deferred until it is provided.

6. When there is a lack of availability of a vaccine, the medical center will document efforts made to obtain the vaccine in a timely manner and inform staff of the status of the vaccine availability. The medical center will check on the availability of the vaccine at least every 60 calendar days and inform staff when the vaccine becomes available.
- B. Immunocompromised HCW may be considered for special assignment or additional training to prevent exposure to communicable diseases in the workplace. Confidential counseling is available through Occupational Health Services (OHS). Department of Hospital Epidemiology and Infection Control (HEIC) can provide additional counseling to staff and the unit
 - C. Evidence of immunity is generally established through a serologic test indicating immunity or documentation of vaccination. The specific communicable diseases are listed in the Occupational Health Services [Pre-Placement Assessment, Vaccinations, and Surveillance, Matrix](#) found at: <http://www.occupationalhealthprogram.ucsf.edu/ohpClin.asp#Vac>.
 - D. Disease-specific requirements for evidence of immunity include the following:
 1. Mumps
 - i. Serologic evidence of mumps immunity
 - ii. Valid documentation of two live mumps vaccines
 2. Rubeola (measles)
 - i. Serologic evidence of measles immunity
 - ii. Valid documentation of two live measles vaccinations
 3. Rubella (German measles)
 - i. Serologic evidence of rubella immunity
 - ii. Valid documentation of rubella vaccination
 4. Varicella
 - i. Serologic evidence of varicella immunity.
 - ii. Valid documentation of varicella vaccination.
 - iii. Workers susceptible to varicella will not be assigned to care for patients with chicken pox or with disseminated herpes zoster unless they complete varicella vaccination.
 - iv. Exposed susceptible HCWs will be counseled and followed according to the Occupational Health and HEIC policies.
 - v. All existing workers prior to 1996 are strongly encouraged to receive the varicella vaccine.
 5. Tetanus, Diphtheria, Pertussis
 - i. Valid documentation of Tdap vaccination
 - ii. All existing workers prior to 2010 are strongly encouraged to receive the Tdap vaccine or to decline the immunization in writing.

E. Vaccinations:

1. HEPATITIS B

- a. Vaccine:
HCW whose jobs involve tasks with potential exposure to bloodborne pathogens shall be offered the vaccine series within 10 working days of beginning their assignment. This vaccine is free of charge to the worker.
- b. Information will be provided on the risk of exposure to occupational Hepatitis B and other bloodborne pathogens, as it relates to the individual's job assignment.
- c. Consent/Declination: A consent form will be signed prior to beginning the immunization series. Should a HCW choose to decline the vaccine, a declination will be completed and the employee informed that they may be vaccinated at any time in the future.
- d. Post-vaccination titers are done at 6-8 weeks following the completion of the vaccine series. Once seroconversion is established no further antibody testing is currently recommended. Boosters are no longer recommended. Antibody testing beyond this timeframe is unreliable and therefore not recommended.
- e. Screening hemodialysis workers: There is no evidence that dialysis staff is at higher risk than other health care workers for developing Hepatitis B. There is no recommendation for special testing or screening.

2. OTHER: The following vaccines are available free of charge to the HCW, however, HCW should generally maintain up-to-date immunization status through their primary health care provider.

- a. Influenza vaccine(s) is (are) offered annually by OHS to HCW. HCW are strongly encouraged to receive vaccination(s) to reduce the risk of exposing patients to unrecognized transmission. All HCW must either receive vaccine or sign a declination form and wear a mask during the influenza season while in patient care areas. Refer to Occupational Health Services Policies <http://www.occupationalhealthprogram.ucsf.edu/ohpClin.asp#Vac>:
 - i. UCSF Influenza Policy
 - ii. UCSF Medical Center Influenza Policy
- b. Measles, Mumps Rubella (MMR) vaccines are available for HCW unable to show proof of adequate immunity to rubeola (Measles), mumps or rubella (German Measles) and who may place patients or other staff at risk from these infections
- c. Tetanus and Diphtheria (Td) boosters and Tetanus Diphtheria acellular Pertussis (Tdap) vaccine are available when indicated for work-related injuries. Tdap is available for pertussis vaccination.

- d. Smallpox vaccination will be offered as recommended by the CDC, California and San Francisco Departments of Health and the ACIP.
- e. Additional vaccines will be available free of charge to staff within 120 days of the issuance of a new applicable public health guideline recommending the additional vaccine, and the vaccine is available. HCW who decline a recommended vaccine need to complete a declination form. In the event that a HCW initially declines the vaccine, every effort will be made to make it available to them at a later date.

RESPONSIBILITY

Direct questions about this policy to Occupational Health Services.

REFERENCES

1. 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, 1997/46(RR-18); 1-42.
2. Guidelines for Infection Control in Health Care Personnel, 1998. *American Journal of Infection Control* 1998;26:289-354.
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). *MMWR*, May 22, 1998/Vol. 47/No. RR-8.
4. Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, April 14, 2000/49(RR03); 1-30.
5. Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients. *MMWR*, April 27, 2001/50(RR05); 1-43.
6. [Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings](#), 2005 *MMWR* 54/RR-17 (December 30, 2005)



HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
**WORKER SCREENING & IMMUNIZATION
FOR VACCINE-PREVENTABLE DISEASES**

POLICY 3.1
Issued: 7/89
Last Approval: 04/17

Revised 7/89, 8/91, 2/92, 8/92, 1/96, 10/97, 3/98, 12/02, 4/03, 4/04, 9/07, 9/10, 2/12

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