

**COUNTY BOARD OF HEALTH  
POLICY # HR - 173  
EMPLOYEE IMMUNIZATION REQUIREMENTS POLICY**

Approval:		<i>8/31/2020</i>
	District Health Director	Date



**Public Health**  
Prevent. Promote. Protect.

**1.0 PURPOSE**

The purpose of this policy is to set forth procedures for staff regarding attainment of immunizations that are required for employment.

**2.0 AUTHORITY**

The County Board of Health Employee Immunizations Requirements and Recommendations Policy is published under the authority of the County Board of Health (CBOH).

**3.0 SCOPE**

This policy applies to all CBOH employees and contractors who work in health department facilities.

**4.0 POLICY**

It is the policy of the CBOH to provide a safe workplace for employees. CBOH recognizes that healthcare workers are at risk for exposures to serious, and sometimes deadly diseases. To create an environment that is consistent with the mission of public health, CBOH requires employees to follow the guidance of the Centers for Disease Control and Prevention for healthcare workers and the Georgia Rabies Control Manual and attain vaccinations that are known to reduce the risk of spread of vaccine-preventable diseases.

**5.0 DEFINITIONS**

**5.1 CBOH** – County Board of Health

**5.2 DHD** – District Health Director

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### 5.3 HR – Human Resources

5.4 **HCW** -- Healthcare worker: physicians, nurses, emergency medical personnel, dental professionals, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff

## 6.0 RESPONSIBILITIES

CBOH leadership, management, and supervisors are responsible for ensuring that healthcare worker staff receive the appropriate vaccinations. Staff are responsible for ensuring their immunizations are up to date. HR is responsible for updating this policy.

## 7.0 PROCEDURES

Proof of vaccination (single dose vaccines and initial dose of multi-dose series vaccines) for all required immunizations must be provided to Human Resources within 30 days of beginning work.

### 7.1 Hepatitis B

If you don't have documented evidence of a complete hepB vaccine series, or if you don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should

- Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Hepsiv-B, with the doses separated by at least 4 weeks.
- Get an anti-HBs serologic test 1-2 months after the final dose.

### 7.2 Flu (Influenza)

- Get 1 dose of influenza vaccine annually.

### 7.3 MMR (Measles, Mumps, Rubella)

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination)

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- Get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the [MMR ACIP vaccine recommendations](#).

#### 7.4 Varicella (Chickenpox)

If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination)

- Get 2 doses of varicella vaccine, 4 weeks apart.

#### 7.5 Tdap (Tetanus, Diphtheria, Pertussis)

- Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).
- Get Td boosters every 10 years thereafter.
- Pregnant HCWs need to get a dose of Tdap during each pregnancy.

#### 7.6 Meningococcal

Those who are routinely exposed to isolates of *N. meningitidis* should get one dose. CBOH employees are not routinely exposed to isolates of *N. meningitidis*.

#### 7.7 Tuberculosis

All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). TB screening is a process that includes:

- A baseline individual [TB risk assessmentpdf icon](#),
- [TB symptom](#) evaluation,
- A [TB test](#) (e.g., TB blood test or a TB skin test), and

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- Additional evaluation for TB disease as needed.

Information from the baseline individual [TB risk assessmentpdf icon](#) should be used to interpret the results of a TB blood test or TB skin test given upon hire (i.e., preplacement). Health care personnel with a positive TB test result should receive a symptom evaluation and a chest x-ray to rule out TB disease. Additional workup may be needed based on those results.

Health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.

### **Annual Screening, Testing, and Education**

Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Health care personnel with untreated latent TB infection should receive an annual [TB symptom](#) screen. Symptoms for TB disease include any of the following: a cough lasting longer than three weeks, unexplained weight loss, night sweats or a fever, and loss of appetite.

## **7.8 Rabies**

Pre-exposure vaccination should be offered to persons in high-risk groups, such as veterinarians and their staff, animal handlers, rabies researchers, and certain laboratory workers. Pre-exposure vaccination should also be considered for other persons whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs, or other species at risk for having rabies.

Intramuscular Primary Vaccination includes three 1.0 ml injections of HDCV or PCECV administered intramuscularly (deltoid area) – one injection per day on days 0, 7, and 21 or 28. Per Georgia Rabies Control Manual, CBOH staff of District 2 who work in the Rabies Control Program would be considered in the frequent-risk category. These staff should have a serum sample tested for rabies virus neutralizing antibody every two years. An intramuscular booster dose of vaccine should be administered if the serum titer fails to maintain a value of at least complete neutralization at a 1:5 serum dilution by rapid fluorescent focus inhibition test (RFFIT). Routine serologic testing to confirm seroconversion is not necessary except for persons suspected of being immunosuppressed. For more information on pre-exposure vaccinations, reference the Georgia Rabies Control Manual.

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#### Required Vaccinations by Position

Staff	Hep B	Flu	MMR	Varicella	Tdap	TB	Rabies
Nurses	X	X	X	X	X	X	
Clinic Clerical	X	X	X	X	X	X	
Lab staff	X	X	X	X	X	X	
Non-clinic clerical			X	X	X	X	
Dental (all)	X	X	X	X	X	X	
WIC CPAs	X	X	X	X	X	X	
WIC Clerical		X	X	X	X	X	
EH staff	X*				X		X**
District Office Staff							

\*EH staff who work in the Rabies Control Program will be required to receive this vaccination

\*\*EHS staff who work in the Rabies Control Program will be required to receive this vaccination

#### 8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	August 14, 2020	Initial Issue

#### 9.0 RELATED FORMS

*None*