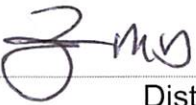




**COUNTY BOARD OF HEALTH  
POLICY # HR-173  
EMPLOYEE IMMUNIZATION REQUIREMENTS POLICY**

Approval:		9-6-24
	District Health Director	Date

**1.0 PURPOSE**

The purpose of this policy is to set forth procedures for staff regarding attainment of immunizations that are required for employment. Achieving high vaccination coverage among public health workers will reduce occupational risk of exposure to vaccine-preventable diseases and protect patients and the community by preventing or limiting the transmission of infection.

**2.0 AUTHORITY**

The County Board of Health Employee (CBOH) Occupational Health Requirements is published under the authority of the District Health Director (DHD).

**3.0 SCOPE**

This policy applies to all CBOH employees and contractors who work for District 2 Public Health.

**4.0 POLICY**

Certain Public Health personnel work in client care and environmental health settings in which they can be exposed to infectious individuals or materials and transmit infectious disease to vulnerable populations. Because all CBOH employees play a critical role in response to a public health emergency and the potential risk of exposure to infectious individuals or materials is inherent in assuming such a role, the vaccination status of all employees is important to know in advance of such an event. Vaccination programs are an essential component of infection prevention and control. Therefore, the CBOH supports an immunization and tuberculosis control program for public health workers based on the recommendations of the Centers for Disease Control and Prevention (CDC), Advisory Committee for Immunization Practices (ACIP), and the U.S. Occupational Safety and Health Administration.

**5.0 REFERENCES**

It is the policy of the CBOH to provide a safe workplace for employees. The 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, the 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.

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## 6.0 DEFINITIONS

6.1 **CBOH** – County Board of Health

6.2 **DHD** – District Health Director

6.3 **HR** – Human Resources

6.4 **Nurses** – Licensed Practical Nurses, Registered Nurses, Advanced Practice Nurses

6.5 **Other Clinic Staff** – Includes all other staff that work in the clinic settings where patients are seen such as health departments, CWSN, dental offices, etc.

6.6 **EH Staff** – Environmental Health Specialists

6.7 **Nonclinical Staff** – All other district staff not located in a clinical setting where patients are seen, such as the district office staff.

## 7.0 RESPONSIBILITIES

7.1 The District 2 Leadership Team is responsible for issuing and updating procedures to implement this policy.

7.2 The District Immunization Coordinator is responsible for assessment of employee's immunization status and management of compliance with requirements.

7.3 The District Tuberculosis (TB) Coordinator is responsible for ensuring initial and annual TB testing requirements are met.

## 8.0 IMMUNIZATION PROCEDURES

All district and county employees are expected to provide their immunization record or proof of immunity to HR within 30 days of the date of hire. HR will submit the record to the District Immunization Coordinator for assessment and management of compliance with requirements. The records will be kept in HR. All district staff are encouraged to stay up to date on all ACIP recommended vaccines regardless of requirement for position. If the required information is not received within 30 days of the date of hire, HR will review on a case-by-case basis.

### Required Vaccinations by Position

<b>Staff</b>	<b>HepB</b>	<b>Flu</b>	<b>MMR</b>	<b>Varicella</b>	<b>Tdap</b>	<b>Rabies</b>
Nurses	X*	X	X	X	X	
Other clinic staff	X	X	X	X	X	
EH staff	X**	X	X	X	X	X***
Nonclinical staff		X	X	X	X	

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\* See note for nursing staff under section 8.1

\*\* 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

### 8.1 Hepatitis B

- Documentation of a complete Hepatitis B vaccination series (2 or 3 doses depending on vaccine used) or serologic evidence of immunity will be acceptable.
- Employees without prior vaccination or serologic evidence of immunity must complete a Hepatitis B vaccine series (2 or 3 dose depending on vaccine used). The employee will need to get an anti-HBs serologic test 1-2 months after the final dose. If the test results are negative, up to 3 additional doses of vaccine may be required).
- Nurses who have previously had Hepatitis B vaccine series will need to have Hepatitis B titers drawn if no titers present to assess immunity. If the test results are negative, up to 3 additional doses of vaccine may be required. If a nurse has received two series of Hepatitis B vaccine, no more doses will be administered.

### 8.2 Flu (Influenza)

- 1 dose of seasonal influenza vaccine annually by December 1<sup>st</sup> will be required. (see section 10 for exemption.)

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

- For healthcare workers regardless of birth year, 2 documented doses of MMR vaccine or serologic evidence of immunity to measles, mumps, and rubella will be acceptable.
- Employees without prior vaccination or serologic evidence of immunity must receive 2 doses of MMR vaccine separated by 28 days.

### 8.4 Varicella (Chicken Pox)

- 2 doses of varicella vaccine, reliable history of disease, or serologic evidence of immunity will be acceptable.
- Employees without prior vaccination or serologic evidence of immunity must receive 2 doses of varicella vaccine separated by 28 days.

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

- 1 dose of Tdap followed by booster doses of Tdap or Td every 10 years will be acceptable.
- Employees without a prior dose of will receive a dose of Tdap as soon as possible regardless of when previous dose of Td was received. The employee will then receive a booster dose of Tdap or Td every 10 years thereafter.

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- Pregnant employees need to get a dose of Tdap during each pregnancy, preferably between 27-36 weeks gestation.

#### 8.6 Meningococcal

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

#### 8.7 Rabies

- All employees performing duties involving exposure to known or suspected rabid animals need to complete a 3-dose pre-exposure vaccination series with one of the approved Rabies vaccines. The employee will need to make sure all doses are spaced appropriately (Day 0, 7, and 21 or 28).
- These employees 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 and testing, reference the Georgia Rabies Control Manual.

#### 8.8 COVID-19

- All district employees are encouraged to get vaccinated against COVID-19 with one of the approved vaccine series. The most up-to-date COVID-19 vaccine recommendations can be found at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations>

### 9.0 Vaccination and Laboratory Test

9.1 All required vaccines and laboratory tests are available through each of the county health departments.

9.2 There will be no out-of-pocket cost to current District 2 employees for any required vaccine, titer, TB skin test, or chest x-ray (if needed in connection with Tuberculin screening/follow-up). Employees may elect for the clinic to bill their insurance, but no out-of-pocket cost should be collected. These services will be offered to contract workers, interns/students, and volunteers for a fee.

### 10.0 Exemptions

10.1 Employees may request a waiver to decline or be excluded from one or more of the health requirements covered by this policy based on one of the following:

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- **Medical Exemption:** Severe (life-threatening) allergies to the vaccine or vaccine components or any other valid contraindication to a vaccine. The Employee Immunization Medical Exemption (Appendix A) will need to be completed by the employee's provider and turned in to HR.
- **Religious Exemption:** Religious beliefs that prevent an employee from being vaccinated. The Employee Immunization Religious Exemption Application (Appendix B) will need to be completed by the employee and turned in to HR. Religious exemptions for flu vaccines will need to be renewed annually.

**10.2** A waiver may be granted after the submission of appropriate exemption form to HR.

**10.3** Employees with an approved exemption from influenza vaccine and/or Tdap will receive a statement noting their exemption and a copy of the protocol describing the expectations for using alternative protection (see Appendix C). A copy of the signed protocol is to be returned to the employee's supervisor.

#### **11.0 REVISION HISTORY**

<b>REVISION#</b>	<b>REVISION DATE</b>	<b>REVISION COMMENTS</b>
0	August 14, 2020	Initial Issue
1	August 1, 2022	Revised
2	September 6, 2024	Revised

#### **12.0 RELATED FORMS**

*APPENDIX A: Employee Immunization Medical Exemption Application*

*APPENDIX B: Employee Immunization Religious Exemption Application*

*APPENDIX C: Protocol for Use of Alternative Infection Control Measures in the Absence of Influenza and/or Tdap Vaccination*





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**Policy #HR-173– Employee Immunization Requirements Policy**

**APPENDIX A – EMPLOYEE IMMUNIZATION MEDICAL EXEMPTION APPLICATION**

1. Employee’s Full Name and Contact Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Street/Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Program/Location \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_

2. I am requesting an exemption from the following required vaccines/tests:

_____ MMR	_____ Influenza
_____ Varicella	_____ Hepatitis A
_____ Td	_____ Hepatitis B
_____ Tdap	

Please indicate your patient’s contraindications to the vaccines/tests indicated above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is my medical opinion that my patient referenced above has the contraindication as identified:

Print Provider’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Provider’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Exemption Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to HR



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**Policy #HR-173– Employee Immunization Requirements Policy**

**APPENDIX B – EMPLOYEE IMMUNIZATION RELIGIOUS EXEMPTION APPLICATION**

1. Employee’s Full Name and Contact Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

Position/Title \_\_\_\_\_

Program/Location \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

2. I am requesting an exemption from the following required vaccines/tests:

- |                 |                   |
|-----------------|-------------------|
| _____ MMR       | _____ Influenza   |
| _____ Varicella | _____ Hepatitis A |
| _____ Td        | _____ Hepatitis B |
| _____ Tdap      |                   |

Please explain why the vaccines/tests noted above would violate you sincerely held religious beliefs below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exemption Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to HR



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## Policy #HR-173 – Employee Immunization Requirements

### APPENDIX C – PROTOCOL FOR USE OF ALTERNATIVE INFECTION CONTROL MEASURES IN THE ABSENCE OF INFLUENZA AND/OR TDAP VACCINATION

Influenza can be a serious disease that can lead to hospitalization and sometimes death. Therefore, the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend annual vaccination against influenza for health care workers.

Pertussis, also known as "whooping cough," can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children.

If an employee declines vaccination for medical or religious reasons, infection control measures must be employed to protect clients and co-workers from contracting the illness from an infected employee.

#### Infection Control Measures

1. Employees with documented fever (body temp. as measured with a thermometer) should not report to work.
2. Facemasks must be worn by the unvaccinated employee if he/she has any signs and symptoms of respiratory infection.
3. Hand hygiene should be performed when entering an exam room, when exiting an exam room, after removing a facemask or gloves and if there is any contact with respiratory secretions.
4. The potentially infected public health employee should provide as much space as possible between themselves and others.
5. Standard cleaning and disinfection procedures are adequate for infection control. Potentially contaminated surfaces including doorknobs, keyboards, desks and exam spaces should be wiped regularly.

I understand that because I have not been vaccinated for influenza (required annually) and/or Tdap (one dose required), that I am required to follow the infection control measures in this protocol.

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Employee Signature

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Date