



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

INTEROFFICE MEMORANDUM

DATE: October 15, 2008

TO: Deputies
Executive Office Directors
Division Directors/Bureau Chiefs
County Health Department Directors/Administrators
Children's Medical Services Medical Directors/Nursing Directors/Program Managers

FROM: Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General, Department of Health 

SUBJECT: Immunization of Department of Health Employees

ACTION REQUIRED: Review and Comply Effective Immediately

The Department of Health (DOH) supports preventive immunization programs for department staff that come in contact with communicable diseases in the course of their employment. A list of recommended vaccines for health care personnel is attached. Immunizations may include rabies for employees whose work may expose them to rabid animals. Preventive employee immunization programs will minimize the risk of staff acquiring and transmitting vaccine-preventable diseases to the public, their patients, and families. This policy directive builds on the existing Bloodborne Pathogen Standard (Technical Assistance: General 14), which specifies employee Hepatitis B Vaccine recommendations, as well as other control measures.

- Local DOH service delivery entities (CHD, CMS, Division, Bureau, Office) are required to offer immunizations to employees who may be exposed to contagious diseases as part of their job duties and to employees when they are being deployed as part of a disaster response. These immunizations are considered perquisites and are provided to employees at no charge. Offices should send an e-mail to Mary Dinkins, Classification Manager in the Bureau of Human Resource Management, on a monthly basis with the total number of immunizations and the total cost (for example, 150 immunizations at a total cost of \$500.00). The Bureau of HRM will compile this information on the perquisite reporting form and provide the information to DMS. There is no tax liability issue for an employee who receives this perquisite, and the perquisite does not need to be reported to the IRS.
- Immunizations for staffs who are not exposed to contagious diseases as part of their job duties, or who are not being deployed as part of a disaster response, are not considered perquisites and cannot be provided to employees at no charge. However, if they are also available to the general public, employees must pay the same fee as the general public.

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While this memorandum does not create any new requirements that employees accept immunizations as a condition of employment, the department may require specific immunizations during a department disaster response. However, if required and the employee declines to be vaccinated, the employee must sign a written statement documenting declination. Employees who decline may reverse their decision and obtain the vaccination at a later date during the same deployment or if re-deployed to a new disaster assignment. Employees who choose not to be immunized can still be deployed as part of a department disaster response.

It is the local service delivery entity's (CHD, CMS, Division, Bureau, Office) responsibility to make arrangements and pay for these immunizations.

If you have any questions or would like assistance regarding recommended immunizations, please contact Sue Veal, Chief, Bureau of Human Resource Management, at 850-245-4164.

Attachment

cc: Personnel Liaisons
CHD Nursing Directors

Healthcare Personnel Vaccination Recommendations

Vaccine	Recommendations in brief
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.
Influenza	Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV intranasally.
MMR	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
Varicella (chickenpox)	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, diphtheria, pertussis	Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to all HCP younger than age 65 years with direct patient contact. Give IM.
Meningococcal	Give 1 dose to microbiologists who are routinely exposed to isolates of <i>N. meningitidis</i> .

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
 - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
 - If anti-HBs is negative following 6 doses of vaccine, the patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.¹ It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.¹

Influenza

Trivalent (Inactivated) Influenza Vaccine (TIV): May give to any HCP.
Live, Attenuated Influenza Vaccine (LAIV): May give to any non-pregnant healthy HCP age 49 years and younger.

1. All HCP should receive annual influenza vaccine. Groups that should be targeted include all personnel (including volunteers) in hospitals, outpatient, and home-health settings who have any patient contact.
2. TIV is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require a protective environment.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) physician-diagnosed

measles or mumps disease; or (b) laboratory evidence of measles, mumps, or rubella immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune); or (c) appropriate vaccination against measles, mumps, and rubella (i.e., administration on or after the first birthday of two doses of live measles and mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine).

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending a dose of MMR vaccine (two doses during a mumps outbreak) to unvaccinated HCP born before 1957 who are in either of the following categories: (a) do not have a history of physician-diagnosed measles and mumps disease or laboratory evidence of measles and mumps immunity and (b) do not have laboratory evidence of rubella immunity.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. As soon as feasible, HCP younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

Meningococcal

Vaccination is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. Use of MCV4 is preferred among persons ages 11–55 years; give IM. If MCV4 is unavailable, MPSV is an acceptable alternative for HCP ages 11–55 years. Use of MPSV is recommended for HCP older than age 55; give SC.

References

1. See Table 3 in “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis,” *MMWR*, June 29, 2001, Vol. 50, RR-11.

For additional specific ACIP recommendations, refer to the official ACIP statements published in *MMWR*. To obtain copies, visit CDC’s website at www.cdc.gov/nip/publications/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

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