IMMUNIZATION OF UWMF HEALTH-CARE PERSONNEL 2012
**CDC definition of “health care personnel”:**

“all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.”

however,

**UWMF vaccinates ALL employees with most, but not all, vaccines in the same way.**
Measles:

Immunity shown by:

- Documentation of two doses of live measles vaccine on or after the first birthday, separated by at least four weeks.
- Laboratory evidence of immunity to measles
- Documentation of physician-diagnosed measles

Required of all employees regardless of age or job description
Mumps:

Immunity shown by:

- Documentation of two doses of live mumps vaccine on or after the first birthday, separated by at least four weeks
- Laboratory evidence of immunity to mumps
- Documentation of physician-diagnosed mumps

Required of all employees regardless of age or job description
Rubella:

Immunity shown by:

- Documentation of at least one live rubella vaccine on or after the first birthday
- Laboratory evidence of immunity to rubella
- Physician-diagnosis NOT acceptable per CDC

Required of all employees regardless of age or job description
Varicella:

Immunity shown by:

- Documentation of two doses of vaccine, separated by at least four weeks
- Laboratory evidence of immunity to varicella
- Documentation of physician-diagnosed chicken pox or shingles

Existing employees with “history of disease” as only indication of immunity (as was previously accepted) are now titered at the time of exposure. If titer negative, EHIC will follow direction from Infectious Disease MD for appropriate follow-up.
LIVE VIRUS VACCINES:

- Urine pregnancy tests are not done prior to administration; however, issue is discussed with female recipients. They sign section of administration form indicating they have been informed that these vaccines should not be given to pregnant women or to those likely to become pregnant in the next 4 weeks.

- Need to pay attention to timing of TB skin tests with any live virus vaccine, or one live virus vaccine with another. Can be done on same day, or 4 weeks apart.
Two Vaccines given to employees based on risk of exposure:

- Tdap
- Hepatitis B
**Tetanus/diphtheria/pertussis:**

- Not required, but vaccine will be provided if employee has a work-related injury and is due for vaccine. Tdap will be offered if criteria met. Philosophy of tetanus protection has prompted discussion since pertussis became a component. Still optional vs. required as is MMRV???

- Direct care HCWs in defined high risk areas, i.e. Peds, OB, Urgent Cares, Family Practice, lab, x-ray are strongly encouraged to receive one dose of Tdap. This is given by EHIC at no cost to employee. Very good compliance a few years ago when we rolled this out.

- Currently there are no age restrictions nor minimum time since last tetanus-containing vaccine.

- Currently our policy says pregnant employees should receive this vaccine under the guidance of their physician and that this is usually done in the post-partum period. We are discussing changing this to reflect the latest ACIP recommendation of giving this to previously unvaccinated women > 20 weeks pregnant.

- We currently prophylax employees who meet exposure parameters to pertussis regardless of immunization status.
Hepatitis B:

- Following CDC guidelines, all direct care givers and any employee with potential for BBP exposure (e.g. couriers) are offered this vaccine. Declination is allowed.

- Employees are titered 7 weeks post-vaccine. Series repeated if < 11.99. If subsequent titering again shows lack of immunity, Hep B surface antigen is run and employee is referred to PCP. This is a rare occurrence. No further Hep B vaccines are given.

- Existing employees who were not titered post-vaccine (vaccine offered in early ‘90s and titering was not recommended until 1997), and any new hire who cannot provide documentation of series dates (even with positive titer) are not titered. Source patient in the event of an exposure will then be checked for Hep B surface antigen. If positive, the exposed employee would then be titered. If neg, ID would be involved. In other words, proof of immunity for an exposure is considered to be three documented dates of vaccine and a positive titer, or positive titer at time of exposure.

- State epidemiologists estimate there are now 700 people in the State of Wisconsin with Hep B infection. Risk of exposure is becoming less and less. A vaccine success story.
Influenza:

- Offered free of charge to all employees.
- Clinic staff vaccinated by “Immunization Nurses.” This is a huge help to Employee Health and helps ensure protection of employees as quickly as possible.
- Compliance for 2011-12 among HCWs was over 83%. Overall compliance rate of 78%.
- Issue of mandated vaccine is a hot topic; decision will undoubtedly not be made by Employee Health dept. We’re just the little guy. 😊
Considerations for future:

- Tdap for all clinical staff.

- Meningococcal vaccine for appropriate lab staff; currently working with MD lab director.
Employee Vaccine Administration Form

TO ENSURE TIMELY DATA ENTRY, PLEASE FORWARD THIS FORM TO EMPLOYEE HEALTH/INFECTION CONTROL (EH/IC-414) IMMEDIATELY AFTER GIVING EACH INJECTION

Vaccine given:
- Varicella Vaccine: _____ First injection _____ Second injection
- Measles/Mumps/Rubella Vaccine: _____ First injection _____ Second injection
- (For female employees; The above vaccines should not be given to pregnant women, or to those who may become pregnant within 4 weeks of receiving vaccine. I have been informed:
Signature_______________________________________Date _____________________
- Hepatitis B Vaccine: _____ First injection_____ Second injection _____ Third injection
- Second Series: _____ First injection_____ Second injection _____ Third injection
- Diphtheria, Tetanus (“dT”)
- Diphtheria, Tetanus and Pertussis (“Tdap”)

Recipient’s Name: __________________________________ Employee ID #: _______________________
DOB: ___________Loc/Dept:_______________________VIS received (recipient, please initial) _________
Date of VIS___________ Manufacturer:_____________________________________________________
Lot #: ______________________ Expiration Date: __________________________________________
Dose: ______________________ Site: _________________________________________________________
Date Given: ________________ Route of Administration:___________________________________
Administered By: ___________________________________ Phone #: _____________________________

All vaccines will be entered into Wisconsin Immunization Registry unless recipient declines.
WIR Entered: ☐ Yes ☐ No ☐ Recipient declined

Forward to Employee Health #414 ASAP.
Thank you!
Revised 1/24/11 Employee Health>Immunizations and Vaccines
QUESTIONS??
COMMENTS??