

**UNIVERSITY OF WISCONSIN MEDICAL FOUNDATION**  
**EMPLOYEE HEALTH / INFECTION CONTROL & SAFETY**  
**POLICY AND PROCEDURE**

**TITLE: EMPLOYEE IMMUNIZATION POLICY**

Effective Date: 2/9/2012  
Supersedes Protocol: December 1, 2007

Approval: See Authorization  
Contact: See Author

Reviewed	2/2011	1/23/2012	4/22//2013	
Revised	1/7/2014	7/22/2015		

**POLICY STATEMENT:** Employees of health care organizations are at risk of exposure to, and possible transmission of, vaccine-preventable diseases. Immunity to these diseases is an important part of the Employee Health/Infection Control Program. Physicians and staff are required to meet the criteria described below. The University of Wisconsin Medical Foundation (UWMF) will pay for any needed immunizations.

**PURPOSE:** The purpose of this policy is to define the procedure for protecting employees from the risk of exposure to vaccine-preventable diseases, and to reduce the likelihood of transmission of such diseases to coworkers and patients.

**DEFINITIONS:**

- **Direct contact health care worker** - for purpose of this policy, these employees include MDs, DOs, PAs, NPs, RNs, LPNs, CMAs, MAs, lab personnel, radiology personnel and other employees with patient contact who may be identified by Employee Health nurses. It is understood that judgment regarding appropriate immunizations will be used by Employee Health nurses for those employees whose job descriptions render their potential exposure to or transmission of vaccine-preventable diseases uncertain or unlikely.
- **Immunization Nurses** – RNs, LPNs, or MAs within the organization who volunteer to assist Employee Health with employee vaccine/TB skin test needs. These volunteers will be trained by Employee Health nurses and will follow the Immunization Nurse Directive given to them at the time of their training. Only specifically trained “Immunization Nurses” (or Employee Health-approved designee) are allowed to administer needed vaccines to employees.
- **PCP** – Primary Care Provider
- **WIR** – Wisconsin Immunization Registry

**SUPPLIES:**

- **Vaccine administration supplies**
- **Employee Health Vaccine Administration Form** – available by calling or emailing Employee Health
- **Hepatitis B Vaccine Declination Form**
- **Meningococcal Vaccine Declination Form**

## PROCEDURE:

- A. With the exception of influenza vaccine, all vaccines given at a clinic site must have an MD present and crash cart available. Vaccines will be administered only by Employee Health nurses, or specifically trained "Immunization Nurses" (or Employee Health-approved designee). Administration of vaccines to employees will be documented on Employee Vaccine Administration forms and sent to Employee Health as soon after administration as possible.
- B. All vaccines given to UWTF employees will be entered into Wisconsin Immunization Registry unless employee "opts out."
- C. Employee Health nurses who administer vaccines at non-clinical sites will follow the policy for "Response to an Adverse Reaction at Non-Clinical Sites."
- D. Live virus vaccines (i.e. vaccines for measles, mumps, rubella, chicken pox, as well as intranasal influenza) should not be given to pregnant women, nor to women who may become pregnant within 4 weeks of vaccine administration.
  1. Laboratory testing for pregnancy prior to administration is not necessary; however, discussion of this caution is expected.
  2. Women receiving a live virus vaccine will be asked to sign the cautionary statement on the Employee Health Vaccine Administration Form.
- E. Two doses of vaccine for measles, mumps, rubella and chicken pox are sufficient evidence of immunity even if the employee should ever be subsequently titrated and result is "negative" or "equivocal".
- F. Exceptions to these requirements may be made for employees with medical contraindications to receiving vaccines. In such cases, the employee may need to be furloughed following an exposure or during an outbreak. Exceptions may also be made when existing policies at the time of hire differed from current policy.
- G. Rubella (German Measles)
  1. All employees, regardless of age or job description, must present one of the following:
    - a. documentation of at least one live rubella vaccine on or after the 1<sup>st</sup> birthday
    - b. laboratory confirmation of disease or immunity to rubella
  2. This vaccine should not be given to pregnant women or those who may become pregnant within 4 weeks of vaccination.
- H. Measles (Red measles; "hard" measles)
  1. All employees, regardless of age or job description, must present one of the following:
    - a. documentation of *two* doses of live measles vaccine on or after the first birthday, separated by at least four weeks.
    - b. laboratory confirmation of disease or immunity to measles
  2. This vaccine should not be given to pregnant women or those who may become pregnant within four weeks of vaccination.

## I. Mumps

1. All employees, regardless of age or job description, must fulfill one of the following:
  - a. documentation of *two* doses of live mumps vaccine on or after the first birthday, separated by at least four weeks.
  - b. laboratory confirmation of disease or immunity to mumps
2. This vaccine should not be given to pregnant women or those who may become pregnant within four weeks of vaccination.

## J. Varicella (chickenpox)

1. All new employees, regardless of age or job description, must demonstrate immunity to varicella by one of the following:
  - laboratory evidence of immunity to varicella,
  - two doses of varicella vaccine, separated by at least four weeks
  - documentation of provider-diagnosed varicella or herpes zoster (shingles).
2. Existing employees with "history of disease" as only indication of immunity will be titered at the time of exposure if exposure parameters were met. If titer is negative, Employee Health will follow direction from Infectious Disease MD regarding appropriate follow-up.
3. This vaccine should not be given to pregnant women or those who may become pregnant within one month of vaccination.

## K. Tetanus/Diphtheria/Pertussis

1. Tetanus/diphtheria vaccine (Td):
  - a. All employees, including new hires, will be encouraged to have a diphtheria/tetanus vaccine every ten years via their PCP.
  - b. If an employee sustains a work-related injury requiring a tetanus vaccine (e.g. puncture, large burn or abrasion) and if previous tetanus-containing vaccine were given 5 or more years ago or if advised by physician, the employee may receive this vaccine at no charge through Employee Health. This vaccine should be administered within 72 hours of the injury. A Tdap (see below) will be given instead of a Td unless the employee has already received one.
2. Tetanus/diphtheria/pertussis vaccine (Tdap):
  - a. Direct contact health care workers, receptionists and registrars are strongly encouraged to receive one dose of Tdap. This will be given under the direction of Employee Health at no charge to employee.
  - b. For healthcare personnel, there is no age restriction for this vaccine.
  - c. Tdap may be given at any time, regardless of date of previously received Td vaccine.

## L. Hepatitis B

1. All employees who have the potential for exposure to blood and body fluids will be offered Hepatitis B vaccine free of charge, unless they have documentation of a completed 3-dose series, or a signed waiver declining immunization (Hepatitis B Vaccine Decline to Accept Form). After completion of a Hep B series, immunity will be determined by means of titering, done at no expense to the employee.

2. Hepatitis B vaccine will be given following the most current Centers for Disease Control and Advisory Committee on Immunization Practices recommendations.

#### M. Seasonal Influenza Vaccine

1. All UWMF employees will be given annual influenza vaccine free of charge.
2. All employees will follow the UW Health Influenza Vaccine policy regarding compliance with receipt of influenza vaccine.

#### N. Meningococcal Vaccine

1. Clinical and research microbiologists who may be exposed to isolates of *Neisseria meningitidis* will be offered a single dose of MCV4 vaccine and will receive a booster dose every 5 years if they remain at increased risk.
2. At-risk microbiologists who are >55 years old should be vaccinated with MPSV4.
3. This vaccine is optional. At risk employees who choose not to receive this vaccine will be asked to sign a waiver declining the vaccine (Meningococcal Vaccine Declination Form).

#### O. Wisconsin Immunization Registry (WIR)

1. WIR will be checked prior to the administration of any vaccine to ensure the necessity of the vaccine.
2. Employees will be notified of WIR entry at the time of their vaccine administration. Employees may "opt out."
3. All vaccines administered to employees by Immunization nurses or Employee Health staff will be entered into WIR in a timely manner (unless employee has "opted out.")

#### P. FAILURE TO COMPLY - any employee who fails to provide immunization information or receive the required vaccines in a timely manner after being instructed to do so by Employee Health, will be sent the following notices. (EXCEPTION: Seasonal influenza vaccine – see Influenza Vaccine Policy.)

1. FAILURE TO COMPLY NOTICE #1: sent to the HCW and copied to HCW's manager or supervisor.
2. FAILURE TO COMPLY FINAL NOTICE: one month after notice #1, Employee Health will inform Human Resources of non-compliance. HR will notify the manager/supervisor and the non-compliant employee that he/she may be immediately suspended without pay until the outstanding immunizations requirements are met. The Medical Director will notify non-compliant physicians.

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**REFERENCES:**

1. MMWR: "Advisory Committee on Immunization Practices Recommended Immunization Schedules for Persons Aged 0 Through 18 years and Adults Aged 19 Years and Older – United States, 2013," January 28, 2013/62; 1-19.
2. Summary of Recommendations for Adult Immunizations, Centers for Disease Control and Prevention, January 2012.
3. Guidelines for Vaccinating Pregnant Women, Centers for Disease Control and Prevention, Oct. 26, 2012.
4. MMWR: "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine (Tdap) in Pregnant Women – Advisory Committee on Immunization Practices (ACIP), 2012. Feb. 22, 2013, 62(07): 131 – 135.
5. "Hepatitis B and the Healthcare Worker" Immunization Action Coalition of CDC; August 25, 2006.
6. "Ask the Experts: Hepatitis B" Immunization Action Coalition of CDC; January 27, 2009.
7. Immunization Action Coalition, IAC Express #883, August 17, 2010.
8. MMWR: "Notice to Readers: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps" 6/1/06
9. MMWR: "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infections in the United States", December 23, 2005/54(RR16); 1-23.
10. Dr. James Conway, University of Wisconsin Medical Foundation Associate Professor – Pediatrics – Infectious Disease. Chair of UW Health Immunization Task Force.
11. Immunization Action Coalition: "Healthcare Personnel Vaccination Recommendations"; March 2015.
12. MMWR: CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management; December 20, 2013, 62(rr10); 1-19.

**AUTHORIZATION:**

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Employee Health / Infection Control Manager	Date
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Employee Health/Infection Control Manager	Date

# **MENINGOCOCCAL VACCINE DECLINATION FORM**

I, \_\_\_\_\_, understand that due to possible occupational exposure to Neisseria meningitides, I may be at risk for acquiring disease caused by this organism. I have been given the opportunity to receive a vaccine which may reduce risk to certain strains of this organism. I have read the Meningococcal Vaccine Information Statement provided by Employee Health and have had time to ask questions. I am, however, declining at this time. I further understand that I may change my mind at any time and receive this vaccine at no cost to me.

**Having read and understood the above stated information , I hereby decline to be vaccinated against Neisseria meningitides at this time.**

\_\_\_\_\_  
(PRINT) Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Please return this form to the Employee Health Department  
Administrative Office Building  
7974 UW Health Court  
Middleton, WI 53562  
Phone 608-826-6730  
Fax: 608-824-2243**

**HEPATITIS B VACCINE  
DECLINE TO ACCEPT**

I, \_\_\_\_\_, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

**Having read and understood the above stated information, I hereby decline to be vaccinated for Hepatitis B at this time.**

\_\_\_\_\_  
(PRINT) Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID#

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Please return this form to the Employee Health Department  
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