Table of Contents

I. Purpose

The Florida Department of Health (DOH) supports preventive immunization programs for employees who are or may be exposed to vaccine-preventable diseases in the course of their employment. Managers should take a proactive approach to ensure eligible employees have staff immunization rates as high as possible, striving for 100 percent. Providing immunizations to staff will minimize the risk of employees acquiring and transmitting vaccine-preventable diseases. It is DOH policy to offer immunizations to employees who may be exposed to contagious diseases or materials as part of their job duties and to employees who may be deployed as part of a disaster response. By virtue of their job duties, assignment to a special needs shelter or other emergency duties, staff are offered the following vaccines at no charge: Hepatitis B; Influenza; Measles/Mumps/Rubella (MMR); Varicella (Chickenpox); Tetanus, Diphtheria (Td); and Tetanus, Diphtheria, Pertussis (Tdap). These vaccines are currently recommended for health care personnel by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Others which are added to this list will be incorporated in the standard. Additionally, for staff who are at specific occupational risks, other vaccines may be offered, including, but not limited to rabies vaccine, meningococcal vaccine, and other vaccines not listed but recommended by the CDC or the ACIP.

II. Authority

Memorandum from John G. Armstrong, MD, FACS, State Surgeon General, Florida Department of Health, dated January 2013.

III. Scope

A. The director/administrator of the County Health Department (CHD), Children Medical Services (CMS) Office or DOH Central Office has the ultimate responsibility for the implementation of the employee immunization guidelines.

B. It is the responsibility of each director/administrator to offer immunizations to those employees who may be exposed to vaccine-preventable diseases through infected persons or contaminated materials in the course of their employment, or who are deployed in response to disasters, including but not limited to those who work in special needs shelters. Each CHD, CMS Office, or office, or division is responsible for making arrangements for immunizations and paying for the costs incurred.

1. Specified immunizations, as detailed in Healthcare Personnel Vaccination Recommendations (see Appendix B), and rabies vaccines for those with rabid animal exposure will be offered to staff identified as having potential exposure.

2. Additionally, other immunizations will be offered if determined to be important to the health of the employee or their clients as indicated by the job role, responsibilities and CDC and ACIP-approved immunization standards for health care employees. These are considered perquisites and are provided at no charge to the employee.

a. Offices must send a monthly report of the total number of staff immunizations administered and the total cost to the Classification Manager in the Bureau of Personnel and Human Resource Management (PHRM).

b. The Bureau of PHRM will compile the information and report this to the Department of Management Services.

c. There is no tax liability to the employee and it is not required to be reported to the Internal Revenue Service.

3. Immunizations for staff who are not exposed to vaccine-preventable diseases as part of their job duties, or who are not deployed as part of disaster response, are not considered a perquisite. If the immunizations are available to the general public from the DOH, the non-exposed employees must pay the same fee as the general public.

4. Employees are not required to accept immunizations as a condition of employment; however, the DOH may require specific immunizations for a disaster response or in the case of job-related exposure. If an employee declines a required or recommended immunization, the employee will sign a written statement of declination or the manager will document refusal to sign. An employee who declines may reverse the decision and obtain the vaccination later during the same deployment or if re-deployed to a new disaster assignment. Employees who decline required or recommended immunizations may still be deployed as part of disaster response and may work in an exposure setting. In high-risk settings, personal protective equipment may be required for employees who are not immunized for both staff and patient/client safety.

5. Each CHD, CMS office, division and other such entities across the DOH will develop a list of positions covered by the guidelines and those covered under other regulatory policies.

6. Each division, office, CHD or CMS setting will make a list of who is eligible in that particular setting. The interpretation of eligibility should assure that employees are eligible if they are required to participate in field settings of disaster operations. This will help ensure that employees are ready for deployment since some immunizations are not effective immediately.

IV. Procedures/Implementation Guidelines:

The following guidelines will serve as the core standard for provision of immunizations to employees.

A. Eligible Employees

1. Direct patient care providers, clinic support staff, including reception and eligibility, janitorial staff and others who are interacting directly with clients in the outpatient or inpatient setting.

2. Bureau of Public Health Laboratories personnel performing rabies testing and other DOH employees whose jobs require handling of animals or animal tissues that could potentially harbor rabies virus.

3. All employees who are exposed to blood or body fluids.

4. All employees who are in direct contact with immunosuppressed individuals (for the protection of the patient).

5. Laboratory staff who are routinely exposed to pertinent isolates of *N. meningitidis.*

6. Strike team members who deploy for emergency responses (those who have been identified as pre-selected team members will be offered immunizations at the time of selection; others who may be identified at the time of deployment will be offered the immunizations upon deployment).

7. Quality improvement site visitors who interact directly with clinics (for example, interviewing clients, participating in delivery of clinic services on “work days” in the field, etc.)

8. Epidemiologists, Disease Intervention Specialists and others who investigate diseases may be offered the immunizations when the job description includes investigation responsibilities.

9. Volunteers under Chapter 110, Florida Statutes, are offered the same opportunities for immunizations and vaccinations as employees with similar exposure or potential for exposure.

B. Administration, Documentation and Costs for Required Immunizations:

1. Staff who work in exposure areas or who are deployed in emergency situations or disaster settings will be offered vaccination and immunization as previously specified.

2. A Vaccine Information Statement (VIS) form must be provided to staff prior to immunization for each vaccine that will be administered. Staff should read each VIS carefully. The VIS form provides important information on the purpose of the vaccine, benefits, and risks. Informed consent is important for staff so that they understand the vaccines and can make a decision as to whether they desire to receive a particular vaccine. The current VIS can be accessed from the CDC Internet site at www.cdc.gov/vaccines/hcp/vis/current-vis.html.

3. Questions related to a vaccine should be directed to the immunization nurse at the DOH clinic closest to the staff member's location. The DOH Bureau of Epidemiology, Immunization Section is also available to provide technical assistance. The combination of the VIS and access to additional nursing staff for any questions is intended to ensure that staff are fully informed and counseled on each disease, its risks, and the benefits of the recommended vaccination. Consultation with personal health care providers may also be considered by the staff to help determine their best decision.

4. Once an informed decision regarding acceptance or declination for a particular vaccination is made, a signed Vaccination Acceptance or Declination Statement (DH 2138 Form) from the employee is required (see Appendix A). Each vaccine listed has space for the employee to initial whether they are accepting or declining the vaccine. If a vaccine is declined, staff are requested to indicate the reason for declination to help improve the offering of employee vaccinations in the future.

5. Administration of vaccines must comply with accepted standards of practice in regard to immunization schedules and provider competence.

6. Required vaccinations for eligible employees may be obtained from a local CHD or CMS office (if the CMS office provides immunizations). For staff not employed by the CHD (for example, CMS staff), a mechanism and agreement for payment must be established. With prior approval from their supervisor, employees may also obtain required vaccinations from their private physicians if the cost is less than the cost to DOH for the employee to receive the vaccination from DOH; in this case, the DOH will reimburse the employee for the co-payment for these services using a Reimbursement Other Than Travel form. The reimbursement form must have attached justification, showing the immunization would have cost the department $_____, but the employee received the immunization from his or her private physician for $_____ and the employee's receipt, clearly showing the cost and the immunization received. The type of immunization must be documented with the date and necessary information to enter the data into the Florida State Health Online Tracking System (SHOTS).

7. Immunizations will be documented in the Florida SHOTS. The Vaccination Acceptance or Declination Statement (DH 2138 Form) must be maintained in the employee's confidential file. A new form is to be used when the immunizations are offered on different dates, unless it is a series of the same immunization. Each CHD, CMS office, or division will maintain a roster of who is and is not immunized. The reasons for refusal will only be used in an aggregated, de-identified format to improve future services to staff. The Vaccination Acceptance or Declination Statement can be accessed at: floridahealth.sharepoint.com/sites/DISEASECONTROL/EPI/Shared%20Documents/epidemiology/immunization/DOH-2138.pdf.

8. A person in the DOH division, office, CHD or CMS office must be designated to report the perquisites monthly, as indicated in Section VI. B. 1. a. of this guidance.

9. Certain funding sources cannot be used for the purpose of providing immunizations. Usually, these will be federal funds—for example, WIC funds and vaccines from both the Hepatitis 09 Program and Vaccines for Children Program cannot be used for this purpose.

C. Contract staff/providers are not eligible for free immunizations from DOH. If the contract staff/provider is exposed to disease or materials, the contractor will be responsible for any immunizations offered. This should be considered in the development of contracts for direct service provision and detailed in the contract if deemed necessary.

D. Students, interns, fellows and faculty of educational institutions or other entities who are working with the DOH are responsible for obtaining needed immunizations. The agreement with educational or other entities should contain language to address these issues, as in Section VII.C. of this guidance for contractors.

V. Supportive Data/References

A. Immunization Action Coalition, "Healthcare Personnel Immunization Recommendations," March 2018, Appendix B, available at immunize.org/catg.d/p2017.pdf, accessed on July 13, 2022.

B. Centers for Disease Control and Prevention, "Immunization of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," cdc.gov/mmwr/pdf/rr/rr6007.pdf, accessed on July 13, 2022.

C. Centers for Disease Control and Prevention, "Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedules for Adults Aged 19 Years and Older-United States, 2021," *MMWR* 2021; 70(6) 193-196), cdc.gov/mmwr/volumes/70/wr/mm7006a2.htm accessed July 13, 2022.

D. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, "Vaccine Information Statements," cdc.gov/vaccines/hcp/vis/current-vis.html, accessed on July 13, 2022.

E. Florida SHOTS "State Health Online Tracking System," flshotsusers.com, accessed on July 13, 2022.

VI. Distribution List

Deputy Secretary for Health
Division of Disease Control and Health Protection Director
CHD Directors/Administrators
CHD Medical Directors
CHD Nursing Directors
Children's Medical Services Medical Directors

Children's Medical Services Nursing Directors
Children's Medical Services Program Managers

VII. History Notes

This guideline replaces and supersedes IOP 340-11-19 dated August 1, 2019, 340-11-17 dated March 22, 2017, TAG 340-11-15 dated February 5, 2015, February 2013, and February 11, 2011.

VIII. Signature Block with Effective Date

Signature on File 8/1/2022
Carina Blackmore, DVM, PhD, Dipl. ACVPM Date
Director, Division of Disease Control
and Health Protection

IX. Appendices

MESH "CHD Guidebook" DCHP BOE Immunizations VFC "Vaccines For Children" "vaccine wastage" "vaccine transfer" "vaccine delivery" "vaccine handling" "ordering vaccine" "vaccine storage" "emergency vaccine plan" "vaccine accountability" "vaccine inventory" "temp logs" immunization FLSHOTS "Immun DOHP 350-8"

Appendix A – Vaccination Acceptance or Declination Statement

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

VACCINATION ACCEPTANCE OR DECLINATION STATEMENT

As an employee of the Department of Health, I understand that I may be exposed to contagious diseases as part of my job duties, including emergency or disaster response duties. I further understand that due to my occupational exposure to infected individuals and/or other potentially infectious materials, I may be at risk of acquiring the diseases listed below. I acknowledge that I have received and read the Vaccination Information Statement on the vaccine for each of these diseases and have considered the information in each Statement. I have had access to additional information, if needed, and otherwise have been counseled on each disease, its risks, and the benefits of the recommended and/or required vaccination for emergency or disaster response deployment. I have been given the opportunity to be vaccinated with each of the listed vaccines at no charge to myself. I accept and/or decline the vaccinations as shown by my initials below.

I understand that the completion of Section B below is optional and I do not have to complete it or provide the reasons for declining. I understand that by declining this vaccine, I continue to be at risk of acquiring the corresponding serious contagious disease. If in the future I continue to have occupational exposure to infected individuals and/or other potentially infectious materials, and I want to be vaccinated, I can receive the vaccination at no charge to me.

A. Please check all boxes that apply.

Vaccine	Accept (initial & date)	Decline (initial & date)	Reason for Declination - OPTIONAL (please indicate appropriate number(s) from the key below)			
Hepatitis B (Hep B series)						
Influenza (Flu)						
Measles/Mumps/Rubella (MMR) (series)						
Varicella (Chickenpox) (series)						
Tetanus, Diphtheria (Td is used for subsequent booster—both Td and Tdap should not be offered)						
Tetanus, Diphtheria, Pertussis (Tdap is preferred for initial adult booster or as one-time substitute to Td)						
Rabies						
Other (specify):						

B. You are not required to indicate your reason(s) for declining vaccinations. However, if you choose to do so, please indicate the reason(s) above.
1 - Documented history of prior immunization or history of disease
2 - Medical contraindications (please specify) _____
3 - Religious reasons
4 - Other (please specify)

C. Employee Name (please print, sign and date):
Name _____ Title _____

Signature _____ Date ____/____/____
Supervisor or Witness Name (please print, sign and date):

Name _____ Signature _____ Date ____/____/____
File: Employee's Confidential Medical File
**Ref.: State Surgeon General Memo, March 2013 DOH 2138, Revised 03/19

Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Epidemiology
4052 Bold Cypress Way, Bin A-12 • Tallahassee, FL 32399
PHONE: 850/245-4401 • FAX: 850/413-9113
FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

Appendix B- Healthcare Personnel Vaccine Recommendations

Healthcare Personnel Vaccination Recommendations

VACCINES AND RECOMMENDATIONS IN BRIEF

Hepatitis B – If previously unvaccinated, give a 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) series. Give intramuscularly (IM). For HCP who perform tasks that may involve exposure to blood or body fluids, obtain anti-HBs serologic testing 1–2 months after dose #2 (for Heplisav-B) or dose #3 (for Engerix-B or Recombivax HB).

Influenza – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM, except when using the intradermal influenza vaccine. Live attenuated influenza vaccine (LAIV) is given 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 subcutaneously (Subcut).

Varicella (chickenpox) – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

Tetanus, diphtheria, pertussis – Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Meningococcal – Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. Every 5 years boost with MenACWY if risk continues. Give MenACWY and MenB IM.

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

Hepatitis B

Unvaccinated healthcare personnel (HCP) and/or those who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax HB at 0, 1, and 6 months. HCP who perform tasks that may involve exposure to blood or body fluids should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of Heplisav-B or dose #3 of Engerix-B or Recombivax HB to document immunity.

- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A vaccinee whose anti-HBs remains less than 10 mIU/mL after 2 complete series is considered 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 or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. HBsAg testing is recommended. HCP found to be HBsAg positive should be counseled and medically evaluated.

For HCP with documentation of a complete 2-dose (Heplisav-B) or 3-dose (Engerix-B or Recombivax HB) vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

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) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

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, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MenACWY and MenB is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

REFERENCES

1 CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).

2 CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. *MMWR*, 2018; 67(RR1):1–30.

3 IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations, visit CDC's website at www.cdc.gov/vaccines/hcp/acip-recs/index.html or visit IAC's website at www.immunize.org/acip.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p2017.pdf • Item #P2017 (3/18)

Appendix C – Staff Immunization Memorandum from State Surgeon General

Rick Scott
Governor

FLORIDA DEPARTMENT OF HEALTH

John H. Armstrong, MD, FACS
Surgeon General & Secretary

INTEROFFICE MEMORANDUM

DATE: January 2, 2013

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

FROM: John H. Armstrong, M.D., F.A.C.S.
Surgeon General & Secretary, Department of Health

SUBJECT: Immunization of Department of Health Employees

ACTION REQUIRED: Review and Comply **DUE DATE:** Effective Immediately

The Department of Health (DOH) supports preventive immunization programs for department employees who come in contact with communicable diseases in the course of their employment. A list of recommended vaccines for healthcare personnel is enclosed. 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 Guideline 345-14-12), as well as other control measures.

- Local DOH service delivery entities (CHD, CMS, Division, Bureau, Offices) 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 disaster response. These immunizations are considered by the Department of Management Services (DMS) as approved perquisites and are provided to employees at no charge. Offices should send an e-mail to Mary Dinkins, Classification Manager, in the Bureau of Personnel and Human Resource Management, on a monthly basis with the total number of immunizations and the cost (for example, 150 immunizations at a total cost of $500.00). The Bureau of Personnel and Human Resource Management will compile this information on the perquisite reporting form and provide the information to DMS. According to DMS, there is no tax liability issue for an employee who receives these immunizations.

- Immunizations cannot be provided at no charge to employees who are not exposed to contagious diseases as part of their job duties or who are not subject to being deployed as part of a disaster response. If immunizations are also available to the general public, employees must pay the same fee as the general public.

JHA/CHA/lr

Enclosure

Office of the State Surgeon General
4052 Bald Cypress Way, Bin A00 • Tallahassee, Florida 32399-1701
Phone: (850) 245-4444 • Fax: (850) 922-9453 • http://www.floridashealth.com