TABLE OF CONTENTS

SECTION		Page
I.	Purpose	2
II.	Authority	2
III.	Supportive Data	2
IV.	Protocol	2
V.	Areas of Responsibility	4
VI.	Procedures/Implementation Guidelines	5
VII.	Distribution List	8
VIII.	History	8
IX.	Signature and Date	8
IX.	Appendices	
	Appendix A- Vaccination Acceptance or Declination Statement	9
	Appendix B- Health Care Personnel Vaccination Recommendations	10

I. Purpose

The Florida Department of Health (DOH) supports preventative 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 assure 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. Supportive Data/References

A. Immunization Action Coalition, “Healthcare Personnel Immunization Recommendations,” March 2014, Appendix B, available at www.immunize.org/catg.d/p2017.pdf, accessed on February 7, 2017.

B. Centers for Disease Control and Prevention, “Immunization of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP),” *MMWR* 2011;60, November 25, 2011, www.cdc.gov/mmwr/pdf/rr/rr6007.pdf, accessed on January 15, 2015.

C. Centers for Disease Control and Prevention, “Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedules for Persons Aged 0 Through 18 Years and Adults Aged 19 Years and Older-United States, 2017,” *MMWR* 2017;66, February 7, 2017.

D. Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, “Vaccine Information Statements,” www.cdc.gov/vaccines/hcp/vis/index.html, accessed on February 7, 2017.

E. Florida SHOTS “State Health Online Tracking System,” http://flshotsusers.com/, accessed on January 15, 2015.

IV. Protocol

A. Outcome:

1. Improved employee health
2. A staff ready for deployment for emergency situations
3. Improved attendance at work
4. Reduced risk of spreading vaccine-preventable diseases in the workforce and to those served by the department

B. Personnel: DOH Central Office, all county health department (CHD) directors/administrators, Children’s Medical Services (CMS) medical directors, appropriate supervisory staff, health care providers and staff. All direct services and appropriate support services staff.

C. Competencies: All staff involved with employee health must have knowledge of the following:

1. The definition and purpose of employee immunizations
2. Staff eligible to receive immunizations and who can administer vaccines
3. Appropriate documentation of employee immunizations, and how to provide billing for immunizations
4. Allowable immunizations and immunization standards
5. The Department’s policies, standards, procedures and protocols related to employee health and immunization provisions

V. Areas of Responsibility:

A. The director/administrator of the CHD, 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 come in contact with vaccine-preventable diseases or

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 Central 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. 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 perquisite 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.

2. 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 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.

3. Employees are not required to accept immunizations as a condition of employment; however, the Department 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.

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

5. 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.

VI. 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/index.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 Central Office 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 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 Department 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 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, division and other such entities within the Department 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.

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 Department 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.

VII. Distribution List

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

VIII. History Notes

This guideline replaces and supersedes TAG 340-11-15 dated February 5, 2015, February 2013, February 11, 2011, and its predecessor TAG Immun 00, dated October 15, 2008 which incorporates former IOP Immun 00.

IX. Signature and Effective Date

Signature on File__________ March 20, 2017______
Carina Blackmore, DVM, PhD, Dipl ACVPM Date
Acting Director, Division of Disease Control and Health Protection

X. 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

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, January 2013 DOH 2138, 02/15

Appendix B – Healthcare Personnel Vaccination Recommendations

Healthcare Personnel Vaccination Recommendations[1]

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 influenza vaccine annually. Give inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (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 a 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 1 dose to microbiologists who are routinely exposed to isolates of *N. meningitidis* and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.

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 after 6 doses of vaccine, 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 or blood with unknown HBsAg status.[1] It is also possible that non-responders are people 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 all previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. However, pre-exposure testing may be preferred for trainees, certain occupations, and HCP working in certain populations. For details see reference 2.

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 people (e.g., stem cell transplant patients) when patients 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, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine 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, 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 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 need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of *N. meningitidis*.

References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
2. CDC. CDC Guidance for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management. MMWR, 2013; 62(10):1–19.

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/vaccines/pubs/ACIP-list.htm; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

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