UNIVERSITY HEALTH CARE
HOSPITALS AND CLINICS

GRADUATE MEDICAL EDUCATION

RESIDENT POLICIES AND PROCEDURES

IMMUNIZATIONS
GME 1.5
Chapter: Conditions for Employment

PURPOSE
To assure all residents meet federal, state, and local occupational health requirements.

I. DEFINITIONS
a. MMR: Triple antigen immunization containing measles-mumps-rubella combination.

b. MR: Double antigen immunization containing measles-rubella combination.

c. BAMT: (Blood assay for Mycobacterium Tuberculosis): a blood test which can be done instead of a TB skin test.

d. Antibody titer: A blood test which can demonstrate immunity or susceptibility to certain diseases, such as measles, rubella, chickenpox (varicella), and hepatitis B.

e. Written Documentation: Photocopy of a medical record or immunization record signed by a physician, nurse, or health care provider.

II. POLICY
IMMUNIZATIONS DISCUSSED IN THIS POLICY ARE PRE-EMPLOYMENT REQUIREMENTS. RESIDENTS ARE REQUIRED TO OBTAIN THESE IMMUNIZATIONS PRIOR TO BEGINNING WORK. RESIDENTS WILL NOT BE ALLOWED TO BEGIN WORK UNTIL DOCUMENTATION OF REQUIRED IMMUNIZATIONS IS PROVIDED. (AS STATED IN GME 1.3)

III. PROCEDURE
All residents in the University of Utah Affiliated Hospitals system will comply with the following Health requirements:

i. 2-step TB screening: Dates of 2 tests, one within the past 12 months and one within two (2) months prior to the first day of employment, unless there is a past history of a positive TB skin test or BAMT. Residents having a history of a positive TB skin test or BAMT must provide a copy of the written interpretation of their most recent chest x-ray (must have been taken within past 12 months).

ii. Tetanus-Diphtheria Immunization /TDAP (proving immunity) (within the last ten years – dates of vaccinations sufficiently documented).
iii. Rubeola (Measles) Immunization/Immunity

1. Residents born on or after 1957 must provide documentation of receiving two measles immunizations given on or after 1970, after 12 months of age, at least a month apart. If the resident has had no prior measles immunization, documentation of one measles immunization given before the first day of employment is acceptable with the stipulation that the second immunization be received from the employee clinic one month after the first immunization.

2. Residents born before 1957 must provide documentation of receiving one MMR or single antigen measles vaccine given on or after 1970.

3. Physician documentation of having had measles or laboratory documentation of a protective antibody titer for measles is also acceptable.

iv. Rubella (German Measles) Immunization/Immunity

1. Residents must provide documentation of receiving one rubella immunization given after 12 months of age. One MMR (or MR) or a single antigen rubella immunization fulfill this requirement.

2. Physician documentation of having had rubella or laboratory documentation of a protective serum titer for rubella is also acceptable.

v. Hepatitis B Vaccine – OSHA BLOOD BORNE PATHOGEN STANDARD REQUIRES THAT ANY EMPLOYEE WHO MAY HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AS A ROUTINE PART OF THEIR RESPONSIBILITIES AND ARE AT RISK FOR HEPATITIS B MUST COMPLETE A SERIES OF VACCINATIONS FOR HEPATITIS B, DOCUMENT THAT HE/SHE HAS BEEN VACCINATED OR IMMUNE.

vi. Chicken Pox Immunization/Immunity: Residents must provide documentation of immunity to chickenpox (varicella) as follows:

1. Written documentation of two chickenpox immunizations given on or after 1995 and at least one month apart, if given at age 13 or greater. One chickenpox immunization is generally considered adequate if given under age 13.

2. A copy of laboratory results indicating a protective immune titer for chickenpox (varicella).

3. Written documentation from a health care provider stating that the employee had natural infection with chickenpox.

4. Documentation of a **reliable** history of chickenpox from the employee, or from an immediate family member, indicating that the employee had natural infection with chickenpox.

5. Being born in the U.S. before 1966 is considered to be presumptive evidence of chickenpox immunity.
a. For susceptible employees, documentation of one chickenpox immunization given before the first day of employment is accepted with the stipulation that the second immunization be received from the Employee Clinic 4-8 weeks after the first immunization.

b. An employee cannot be assigned to patient care or exposure activities on high risk patient care areas, as defined by Hospital Epidemiology protocol, if he/she is susceptible to chickenpox, regardless of the reason.

vii. **Mumps Immunization**: Depending upon the level of mumps disease in the community.

1. Residents born in 1957 or after may be requested to provide documentation of two mumps immunizations (e.g., two MMR immunizations, or a single antigen vaccine to equal two mumps vaccines).

2. Residents born before 1957 may be requested to provide documentation of one mumps immunization. During an outbreak setting, documentation of 2 mumps immunizations may be indicated.

3. Physician documentation of having had mumps or laboratory documentation of a protective antibody titer for mumps is also acceptable.

A. Employees who have legitimate refusals, e.g., permanent/temporary medical conditions or religious exemption, must provide documentation of the exemption.

i. Employees who are documented to be susceptible via an antibody titer and who have a permanent medical condition in which the administration of a live-virus immunization, e.g., measles, mumps, rubella and chickenpox, is contraindicated must provide a written statement from a health care provider documenting the presence of a permanent medical exemption. The employee’s medical diagnosis is **not** required on such documentation.

ii. Employees who have a temporary contraindication, such as pregnancy, to receiving live-virus immunizations, e.g., measles, mumps, rubella and chickenpox, should have antibody titer drawn, and if susceptible must receive the immunization within one month of when its administration is no longer medically contraindicated.

iii. Employees who are documented to be susceptible via an antibody titer and who have a religious objection to immunizations will provide documentation of religious affiliation and beliefs.

B. **New residents must complete these requirements prior to employment.** If acceptable documentation is missing on any of the above immunizations, a resident will not be allowed to begin work. The University Hospital Occupational Health Department can assist with follow-up vaccinations, at no cost, after a resident is employed.

C. Incoming residents are responsible for obtaining the necessary immunizations and documentation of their immunizations **prior to employment**. The Salt Lake County Health Department and the University Student Health Services provides the above at a nominal charge.
D. The University of Utah Hospital Employee Health Office maintains TB screening and immunizations in separate, confidential, and secure files; these files may only be released with permission from the resident.

E. New residents are also required to comply with the University Hospital's annual requirement for influenza immunization during influenza season, typically October-May of each year. Legitimate reasons for refusal are outlined in “A” above and must be approved by the Employee Work Wellness Center.

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