



Date: September 18, 2019

DPH BCD 2019-15

To: Long-Term Care Facility Directors

From: Ryan Westergaard, MD, PhD, MPH
State Epidemiologist for Communicable Diseases

Immunization Among Long-Term Care Facility Staff

To protect the health of employees and residents, the Wisconsin Department of Health Services strongly encourages all long-term care (LTC) facilities to develop policies and procedures to support health care personnel immunization against hepatitis B, influenza, measles, mumps, rubella, and varicella.

Ensuring that health care personnel working in long-term care (LTC) facilities are protected against communicable diseases is a cornerstone of a facility's infection control program. For these five high-priority infections, evidence of protection may be either through documentation of vaccine doses received or a titer demonstrating proof of immunity.

In a recent survey of Wisconsin nursing homes, fewer than half of the responding facilities indicated they require staff to be vaccinated against or have documented immunity to hepatitis B (40%), measles (22%), and varicella (20%). Exposure to these vaccine-preventable diseases in the LTC setting is not an unlikely event and could be detrimental to a facility if inadequately prepared. For example, during a 2018 Wisconsin nursing home varicella (chickenpox) outbreak, more than 40 staff were furloughed because they lacked evidence of immunity, resulting in an emergency staffing issue.

Blood exposure, and therefore potential exposure to hepatitis B, occurs on a daily basis in LTC facilities through activities such as drawing blood, changing dressings, assisting with glucometers, performing invasive procedures, and assisting with resident bloody noses.

During 2018, there were 478 respiratory disease outbreaks in LTC facilities. Influenza was found to be the cause in the majority of these outbreaks.

LTC facilities in Wisconsin have the authority to require staff to be immune, which may be done initially as a condition of hire and maintained on an annual basis. This aligns with facility regulation 42 CFR 483.80 to establish and maintain an infection control program that follows accepted national standards. While ensuring that staff are immune may seem daunting, obtaining proof of immunity for staff on a routine basis is likely much more efficient and less disruptive than doing so in the midst of an outbreak.

The Advisory Committee on Immunization Practices (ACIP) is a federal advisory committee, composed of medical and public health experts, that provides advice and guidance to the Director of the Centers for Disease Control and Prevention (CDC) on the most effective means to prevent vaccine-preventable

diseases in the U.S. ACIP strongly recommends that all health care personnel be vaccinated against (or have documented immunity to) hepatitis B, influenza, measles, mumps, rubella, and varicella.

If you have further questions or need technical assistance, please contact the Wisconsin Immunization Program at 608-267-9959.

References

Healthcare Personnel Vaccination Recommendations

<http://www.immunize.org/catg.d/p2017.pdf>

Immunization of Health Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>

OSHA Fact Sheet

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf

Quick Reference Guide to the Bloodborne Pathogens Standard

https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html

PEPline for post exposure prophylaxis

<https://www.cdc.gov/hiv/risk/pep/index.html>