Immunization Policy

TITLE: CLINICAL HEALTHCARE PROVIDERS - IMMUNIZATIONS AND HEALTH REQUIREMENTS

I. PURPOSE

To prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases between UIC/COD faculty, student-dentists and residents and their patients and other persons at UIC/COD and UIC/COD-affiliated health care units.

II. ACCOUNTABILITY

Under the Office for Clinical Affairs, the Associate Dean for Clinical Affairs shall ensure compliance with this policy. The Director of Clinics and the individual Department Heads/Graduate Program Directors shall implement this policy in conjunction with the Office for Clinical Affairs.

III. APPLICABILITY

This policy shall apply to all clinical staff (For example: dental hygienists, dental assistants, and radiology technicians), clinical faculty, student-dentists and residents (including clinical fellows), hereinafter called “clinical healthcare providers,” enrolled in any UIC/COD-sponsored dental educational program conducted in any health-care facility participating in the program, and all visiting, exchange or special-program clinical healthcare providers from other institutions. New clinical healthcare providers will preferably be in full compliance with this policy prior to beginning their programs, but must be in full compliance within six months of beginning their duties.

IV. DEFINITION

"UIC/COD-sponsored graduate education program" is one for which UIC/COD maintains academic responsibility.

V. REFERENCES

A. Centers for Disease Control and Prevention, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings, 2005, MMWR 2005; 54 (RR-17), i-141.


C. Immunization of Health-Care Workers, MMWR 1997;46(No. RR-18).

D. Centers for Disease Control and Prevention, Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003;52(No. RR-17).

VI. POLICY

A. Immunization and Health Requirements

1. **History and physical exam:**

   Each clinical healthcare provider shall undergo a complete medical history review before beginning at UIC/COD and, if needed, an appropriate physical examination based upon the history.

   History and physical exams will be performed in the following locations:

   a. Employees and prospective employees of the UIC College of Dentistry shall be seen at the UIC University Health Service.

   b. Students shall be seen by their own provider. The UIC University Health Service will act as a provider by request of the individual.

   c. Temporary service employees are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to make sure that their employees who are provided to the College of Dentistry show compliance with all the immunization requirements found in this document. The agency must be able to provide proof of immunization to the College upon request.

   d. Non-salaried faculty, adjunct faculty and volunteer faculty shall be seen at their own provider. The UIC University Health Service will act as a provider by request of the individual.

2. **Hepatitis B:**

   New clinical healthcare providers shall undergo testing for HBV infection and immunity pre-placement (post-offer of employment) prior to patient contact. These tests should ordinarily consist of hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) and antibody to hepatitis B core antigen (HBcAb), followed by additional tests as deemed appropriate by the campus Health Service.

   a. If clinical healthcare providers test negative for HBV infection and immunity, and they have not been previously immunized, they shall begin immunization against HBV, which consists of injections at times zero, one month and month six, or sign a UIC-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If clinical healthcare providers test negative for HBV infection and have been previously immunized but have inadequate levels of antibodies despite such previous immunization, they shall receive a booster dose of the vaccine or sign a UIC-approved waiver declining immunization prior to patient contact or contact with other potentially infectious body fluids or laboratory material. Testing for antibody titers (HBsAb) 1-2 months post-immunization should be performed; non-responders to a primary series of immunizations or booster dose should complete a second three-dose immunization series and be tested again for serologic response. Individuals who still do not respond with antibody production following
a second series of immunizations are considered susceptible to HBV infection, and shall be counseled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immune globulin (HBIG) prophylaxis for any known or probable significant exposure to HbsAg-positive blood.

In all instances, current CDC recommendations should be followed regarding initial HBV immunization, post-immunization antibody titers, re-immunization or booster doses for inadequate antibody titers, and post-exposure immunoglobulin prophylaxis for non-responders.

b. If the initial HBV tests are positive and indicate a significant potential for transmission of the virus, an evaluation shall be made prior to patient contact of the need for monitoring of clinical performance and/or of the scope of assigned or permitted clinical activities consistent with patient protection, especially the performance of exposure-prone procedures. This evaluation shall be made by a committee chaired by the Associate Dean for Clinical Affairs or his/her designee. The committee may consult with infectious disease experts knowledgeable about the most current information and recommendations of groups such as CDC, and national medical and dental professional and educational organizations. Clinical healthcare providers may be restricted in their clinical activities.

c. Providers who have been diagnosed with chronic Hepatitis B infection shall not be precluded from clinical activities based solely on the presence of chronic infection. These cases will be evaluated on a case by case basis by a panel as described above.

3. Tuberculosis:

Each clinical healthcare provider shall undergo TB testing using the Mantoux method (5 tuberculin units of intradermal PPD), or an FDA-approved blood assay for TB, prior to employment at UIC/COD. All PPD tests must be administered, read and interpreted in accordance with Centers for Disease Control and Prevention (CDC) guidelines (see Reference B). All FDA-approved blood assays for TB must be administered, read and interpreted according to guidelines issued by the CDC, FDA and the manufacturer. Positive reactions shall be appropriately followed up. The two-step method shall be used if the initial PPD test at UIC is negative and there is not another documented negative PPD test within the preceding 12 months. If baseline TB testing is performed with an FDA-approved blood assay for TB, the above-described two-step method is not necessary.

Thereafter, annually or more frequently if indicated, clinical healthcare providers with negative reactions shall be re-tested. Clinical healthcare providers with positive reactions shall be followed and treated as appropriate.

Clinical healthcare providers with a history of BCG (bacille Calmette-Guerin) vaccination are not exempt from the TB testing requirement because there are no data to indicate that these individuals experience an excessively severe reaction to TB screening test, and because anyone with a history of BCG with a positive TB screening test result is considered infected with TB and is treated accordingly.

Clinical healthcare providers who have initial positive TB test results, subsequent TB test conversions, or symptoms suggestive of TB must be evaluated promptly for active TB. This evaluation should include a history, clinical examination and a chest X-ray. If the history, clinical examination or chest X-ray is compatible
with active TB, additional tests, such as sputum microscopy and culture should be performed. If symptoms compatible with active TB are present, the clinical healthcare provider will be excluded from clinical activities until either (a) a diagnosis of active TB is ruled out or (b) a diagnosis of active TB is established, treatment is begun and a determination is made by the director of the UIC Health Service that the clinical healthcare provider is noninfectious. Clinical healthcare providers who do not have active TB should be evaluated for preventive therapy according to published CDC guidelines. However preventive therapy for latent infection in the absence of active disease cannot be required. If the evaluation for active TB, treatment for active TB and/or preventive therapy for latent infection is carried out at a facility other than a UIC site or UIC-approved site, all test results and documentation of care provided must be shared with the director of the appropriate UIC Health Service. Clinical healthcare providers receiving preventive treatment for latent TB infection need not be restricted from usual clinical activities.

4. Measles-mumps-rubella:

Each clinical healthcare provider must submit documented proof of immunity to measles, mumps and rubella prior to or within thirty (30) days of beginning at UIC/COD. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by:

a. Serologic (laboratory) evidence of immunity to each disease.

Clinical healthcare provider lacking the necessary documentation of immunity as described above must receive at least one dose of MMR prior to or within thirty (30) days of beginning at UIC/COD; a second dose must be taken no less than one month later. Six weeks following the second dose a titer must be drawn to show serologic (laboratory) evidence of immunity to each disease.

5. Tetanus and Diphtheria:

Each clinical healthcare provider must submit documented proof of immunity to Tetanus and Diptheria prior to or within thirty (30) days of beginning at UIC/COD. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by:

a. Documentation of receipt of an initial series of at least three doses of TD, DT or DPT vaccine or

b. This requirement may be met by two doses of TD vaccine given one month apart followed by a third dose six months later.

c. Proof of primary series of vaccinations or a booster for those who had the primary series, must be shown to have occurred within the last ten years.

6. Polio:

(PLEASE NOTE – POLIO IMMUNIZATION IS NOT REQUIRED FOR COLLEGE OF DENTISTRY HEALTHCARE PROVIDERS BUT IT IS REQUIRED FOR STUDENT UNIVERSITY REGISTRATION)

Each clinical healthcare provider must submit documented proof of immunity to Polio prior to or within thirty (30) days of beginning at UIC/COD. (People born before 1957 may be immune from childhood exposure to the naturally occurring diseases, but this evidence has proved unreliable.) Immunity can be proved by either:
a. Documentation of receipt of an initial series of at least three doses of inactivated poliovirus vaccine (IPV), live oral poliovirus vaccine (OPV), or four doses of any combination of IPV and OPV, or:
b. Serologic (laboratory) evidence of immunity to each disease.

7. **Influenza:**

   It is recommended that clinical healthcare providers are immunized each year during the fall season with the current influenza vaccine.

8. **Varicella:**

   Clinical healthcare providers must, prior to beginning at UIC/COD or prior to patient contact, prove immunity to varicella-zoster virus via serology. If immunity is not shown then the clinical healthcare provider must receive two doses of varicella vaccine 4 to 8 weeks apart. Six weeks following the second dose immunization should be tested via serology. Because of potential transmission of the vaccine virus to susceptible high-risk patients, such as immunocompromised patients, newborns and pregnant women, contact with high-risk susceptible patients should be avoided if a vaccine-related rash develops within three weeks of receipt of either the first or second dose of the vaccine.

B. **Exemptions/Exceptions**

1. A clinical healthcare provider may be exempted from any required immunization if he/she has a medical contraindication for that immunization and if failure to receive this immunization does not prevent fulfillment of the requirements of the training program and/or employment at UIC/COD. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Such clinical healthcare providers must present a written statement from a physician licensed to practice medicine in the United States or a foreign country stating that a specific immunization is medically contraindicated, and giving the reasons for and duration of this contraindication. These written physician's statements shall become part of the individual's immunization record and shall be reviewed annually by the Office for Clinical Affairs in conjunction with the Director of Clinics to determine whether this exemption shall remain in effect for the next year. When a medical contraindication no longer exists, the clinical healthcare provider must then comply with the immunization requirements. The College of Dentistry shall provide reasonable accommodations to those clinical healthcare providers whose medical conditions contraindicate immunizations so long as the failure to be vaccinated will not prevent the individuals from fulfilling the requirements of the training program and/or employment at UIC/COD. Clinical healthcare providers should be informed of the immunization and testing requirements prior to starting at the UIC/COD.

2. A clinical healthcare provider may present reason(s) to be exempted from any required immunization to the Office for Clinical Affairs. The reason(s) must not prevent fulfillment of the requirements of the training program and/or employment at UIC/COD. If the reason(s) are acceptable to the College, the individual will be required to acknowledge in writing that he or she was informed of the value of immunizations and has knowingly declined to have such immunizations for stated reasons. Clinical healthcare providers should be informed of the immunization and testing requirements prior to starting at the UIC/COD.
3. Clinical healthcare providers who are not able to complete immunizations and tests by the start of the training program and/or employment at UIC/COD may start on a provisional basis if temporary exemption is granted by the Office for Clinical Affairs. However, depending upon which documentation, immunization or test is lacking, these clinical healthcare providers may be excluded from certain activities such as patient contact. For example, clinical healthcare providers may be restricted from contact with patients or with blood or other potentially infectious body fluids if they have not received at least one dose of hepatitis B vaccine or cannot provide serologic evidence of current immunity to hepatitis B or have not signed a waiver. Clinical healthcare providers shall not be permitted to have contact with patients unless they have received tuberculin testing and any required follow up. Provisional start of the training program and/or employment at UIC/COD on this basis may be limited by the College. Educational program: if a clinical healthcare provider is restricted from patient contact and is unable to fulfill the academic requirements of the program, the clinical healthcare provider may be subject to dismissal.

C. Record-Keeping Requirements

1. There must be acceptable evidence of required immunizations, immune status or health status listed in Section VI.A for each clinical healthcare provider prior to beginning the training program and/or employment at UIC/COD.

2. Acceptable documents serving as evidence of previous immunization and/or immunity may include:
   a. an official school immunization record or copy thereof from any primary, secondary, undergraduate, graduate, health professions or other school;
   b. a record from any public health department;
   c. a medical record or form summarizing a medical record and prior immunizations signed by a physician licensed to practice medicine in any jurisdiction of the United States or foreign country or other licensed health professional;
   d. a report of serology from a licensed laboratory.

3. Records shall be maintained of the documented histories, physical exams, immunizations, immune status and any exemptions of all clinical healthcare providers. These records shall be updated upon additional immunization, immunity testing or occurrence of a relevant infectious disease. Immunization records shall be kept for thirty (30) years following completion of the program, termination, transfer or other departure of a clinical healthcare provider from UIC.

4. Records shall be maintained in the following locations:
   a. Records on employees of the UIC College of Dentistry shall be maintained by the UIC University Health Service.
   b. Records on students will be maintained by the UIC College of Dentistry, in the department of Academic Affairs.
   c. Student Records will be shared with the UIC Department of Immunization Records at their request, and for students who utilize campus housing.
d. The Office for Clinical Affairs will update information contained in student immunization records into the University’s Immunization electronic database and will provide copies of official immunization transcripts at the request of students.

e. Employees hired through a Temporary Staffing Agency: When College of Dentistry contracts with a Temporary Staffing Agency the individual healthcare workers are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to ensure that all employees provided to the College of Dentistry show compliance with all the immunization requirements found in this document prior to their start date at the College. The agency must be able to provide proof of immunization to the College upon request.

D. Fees

4. Fees are covered as follows:

a. Employees: Fees for paid employees to receive physical exams, titers and any immunizations required by this policy are covered by the UIC College of Dentistry.

b. Non-salaried faculty, adjunct faculty and volunteer faculty: Fees for adjunct and volunteer faculty to receive physical exams, titers and any immunizations required by this policy are covered by the individual.

c. Employees hired through a Temporary Staffing Agency: When College of Dentistry contracts with a Temporary Staffing Agency the individual clinical workers are employees of the agency and not the College of Dentistry. It is the responsibility of the agency to ensure that all employees provided to the College of Dentistry show compliance with all the immunization requirements found in this document prior to their start date at the College. The College is not responsible for any of the fees associated with the immunizations and testing outlined in this policy.

d. Students: Fees for students to receive physical exams, titers and any immunizations required by this policy are covered by the student.