

**UNIVERSITY POLICY**

<b>Policy Name:</b>	Housestaff Immunizations and Health Requirements				
<b>Section #:</b>	100.3.3	<b>Section Title:</b>	Clinical, Compliance, Ethics & Integrity: Clinical Health, Safety & Patient Care	<b>Formerly Book:</b>	00-01-40-45:00
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<b>Responsible Executive:</b>	Executive Vice President for Health Affairs & RBHS Chancellor	<b>Revised:</b>	07/12/2012; 07/01/2013; 09/26/2013; 10/10/2013 (Updated title); 06/12/2020		
<b>Responsible Office:</b>	RBHS Chancellor	<b>Contact:</b>	EOHSI Employee Health: 848-445-0123 NJMS Occupational Medicine: 973-972-2900 Rutgers Occupational Health: 848-932-8254 RWJMS Employee Health: 732-235-6559		

**1. Policy Statement**

The policy covers Rutgers University employees who are employed within legacy University of Medicine and Dentistry of New Jersey (UMDNJ) positions.

**2. Reason for Policy**

To provide guidelines to assist legacy UMDNJ departments/units

To prevent or reduce the risk of transmission of vaccine-preventable and other communicable diseases between Rutgers medical, dental, and podiatric interns and residents (housestaff) and their patients and other persons at Rutgers and Rutgers-affiliated health care units.

**3. Who Should Read This Policy**

All Rutgers employees who are employed in legacy UMDNJ positions

This policy shall apply to all interns and residents (including clinical fellows), hereinafter called "house officers" or "housestaff," enrolled in any Rutgers-sponsored graduate medical, dental or podiatric education program conducted in any health-care facility participating in the program, and all visiting, exchange, or special-program housestaff from other institutions. New housestaff 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.

**4. Resources**

[University Policy 100.3.1: Influenza Immunization Policy for Covered Individuals](#)

[University Policy 100.3.2: Tuberculosis Surveillance](#)

[University Policy 40.3.5: HIV, HBV and HCV](#)

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

[National Research Council, Occupational Health and Safety in the Care and Use of Research Animals, National Academy Press, Washington, D.C., 1997.](#)

[Immunization of Health-Care Workers, MMWR 1997;46\(No. RR-18\).](#)

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

[Occupational Safety and Health Administration, “Occupational Exposure to Bloodborne Pathogens,” 29 CFR Part 1910.1030.](#)

## 5. **Definitions**

**CDC:** Centers for Disease Control and Prevention. A United States federal agency, under the Department of Health and Human Services.

**Housestaff/House Officer:** Postgraduate physicians and dentists, including Interns, residents, and fellows.

**Rutgers-sponsored graduate education program:** A program for which Rutgers maintains academic responsibility.

## 6. **The Policy**

### A. Immunization and Health Requirements

#### 1. **History and physical exam:**

Each house officer shall undergo a complete medical history review within thirty (30) days of beginning the program and, if needed, an appropriate physical examination based upon the history.

#### 2. **Hepatitis B (HBV):**

New housestaff shall undergo testing for HBV infection and immunity pre-placement (post-offer of employment), and 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 Occupational Health office.

- a. If house officers *test negative for HBV* infection and immunity, and they have not been previously immunized, they shall begin immunization against HBV or sign a Rutgers-approved waiver declining immunization prior to patient contact or contact with blood or other potentially infectious body fluids or laboratory material. If house officers 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 Rutgers-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, an evaluation shall be made prior to patient contact, in accordance with [University Policy 40.3.5: HIV, HBV and HCV](#), 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 the “Rutgers Biomedical and Health Sciences (RBHS) HBV Committee,” which is a group of designated individuals, who may include the campus Occupational Health directors, campus Student Health Directors and representatives from Legal Management, Human Resources, infectious disease experts and hepatology experts, along with representatives of the relevant School or clinical unit with knowledge of the essential functions of the position in question. If hired under these circumstances, house officers may be restricted in their clinical activities.
- c. Currently employed housestaff shall comply with all HBV requirements of the [University Policy 40.3.5: HIV, HBV and HCV](#).

3. **Tuberculosis (TB):**

All housestaff must meet the requirements of [University Policy 100.3.2: Tuberculosis Surveillance](#).

4. **Measles-mumps-rubella (MMR):**

Each house officer must submit documented proof of immunity to measles, mumps, and rubella prior to or within thirty (30) days of beginning the program. (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 serologic (laboratory) evidence of immunity to each disease.

Housestaff lacking serologic immunity must receive at least one dose of MMR vaccination prior to or within thirty (30) days of beginning the program.

5. **Influenza:**

All housestaff must meet the requirements of [University Policy 100.3.1: Influenza Immunization Policy for Covered Individuals](#).

6. **Varicella:**

Housestaff must receive two doses of varicella vaccine 4 to 8 weeks apart or prove immunity to varicella-zoster virus via serology prior to beginning the program or prior to patient contact. If the titer is negative, the Housestaff member will be offered varicella vaccine to complete a vaccination series. If the Housestaff member has a negative varicella titer and has not previously had varicella vaccine, the Housestaff member will be required to complete a series of varicella vaccination within the first three months of patient contact. 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.

**7. Tetanus-diphtheria-pertussis (Tdap):**

Each house officer prior to beginning the program should have completed a primary series of tetanus, diphtheria, and pertussis immunizations, and received a booster dose of Tdap (tetanus-diphtheria-acellular pertussis) every ten years since.

**B. Exemptions/Exceptions**

1. A house officer 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. Conditions comprising valid medical contraindications to vaccine administration are those set forth by the Centers for Disease Control and Prevention. Such housestaff 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 Program Director in conjunction with the Director of Graduate Medical/Dental Education or infectious disease expert from the health-care unit where the house officer works to determine whether this exemption shall remain in effect for the next year. When a medical contraindication no longer exists, the house officer must then comply with the immunization requirements. The University shall provide reasonable accommodations to those housestaff 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. Housestaff should be informed of the immunization and testing requirements prior to employment.
2. A house officer may be exempted from any required immunization if he/she submits a bona fide written signed statement explaining how immunization conflicts with his or her religious beliefs and if failure to receive this immunization does not prevent fulfillment of the requirements of the training program. The individual may 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 religious reasons. The University shall provide reasonable accommodations to those housestaff whose religious beliefs bar immunizations so long as the failure to be immunized will not prevent the individuals from fulfilling the requirements of the training program. Housestaff should be informed of the immunization and testing requirements prior to employment.
3. Housestaff who are not able to complete immunizations and tests by the start of the program may be employed on a provisional basis if temporary exemption is granted by the Program Director. However, depending upon which documentation, immunization, or test is lacking, these housestaff may be excluded from certain activities such as patient contact or laboratory work. For example, housestaff may be restricted from contact with patients or with blood or other potentially infectious body or laboratory fluids if they have not received at least one dose of hepatitis B vaccine, cannot provide serologic evidence of current immunity to hepatitis B, or have not signed a waiver. Housestaff shall not be permitted to have contact with patients unless they have received tuberculin testing and any required follow up. Provisional employment on this basis may be limited by the Program Director, at his or her discretion. If a house officer is

restricted from patient contact or laboratory work and is unable to fulfill the academic requirements of the program, the house officer 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 house officer prior to beginning the training program.
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 approved by the New Jersey Department of Health and Senior Services;
  - 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 housestaff. 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 house officer from Rutgers.
4. Summaries of measles-mumps-rubella housestaff immunization/immune status shall be available for inspection by authorized representatives of the New Jersey Department of Health and Senior Services, and as part of the Annual Hospital Rubella and Measles Immunity Report required under hospital licensing standards.