



UNIVERSITY POLICY

Section: 100.3.3

Section Title: Clinical, Compliance, Ethics & Integrity: Clinical Health, Safety & Patient Care

Policy Name: Housestaff Immunizations and Health Requirements

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Approval Authority: Executive Vice President for Health Affairs & RBHS Chancellor

Responsible Executive: Executive Vice President for Health Affairs & RBHS Chancellor

Responsible Office: RBHS Chancellor

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1. **Policy Statement**

The policy covers Rutgers University housestaff.

2. **Reason for Policy**

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 housestaff.

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.

4. **Resources**

[University Policy 60.1.35: Immunization Policy for Rutgers Employees and Prospective Employees](#)

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

[University Policy 100.3.2: Tuberculosis Surveillance](#)

[Centers for Disease Control and Prevention. Recommended Vaccines for Healthcare Workers.](#)

[Centers for Disease Control and Prevention. Infection Prevention & Control in Dental Settings.](#)

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

[Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR 2019; 68\(10\): 439-443.](#)

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 prior to beginning the program and, if needed, an appropriate physical examination based upon the history. Incoming housestaff will be informed of the immunizations and testing requirements in advance. During this process, Occupational Health should evaluate if there are any medical issues which preclude N95 respirator use; however, the medical clearance will be completed online (and prior to being fit tested).

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

New housestaff shall provide proof of HBV immunity pre-placement (post-offer of employment) and prior to patient contact with hepatitis B surface antibody (HBsAb) after receipt of an initial hepatitis B series. Housestaff at increased risk for hepatitis B infection [HIV positive, history of high-risk sexual behaviors or substance use, immunocompromised, and those born in areas with hepatitis B surface antigen prevalence >8%] and who will be performing exposure-prone procedures should undergo testing with hepatitis B surface antigen (HBsAg), antibody to HBsAg (HBsAb) followed by additional tests as deemed appropriate by the campus Occupational Health office.

- a. If house officers *test negative for HBV 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. House officers who test negative for HBV immunity and have been previously immunized with one primary series of hepatitis B vaccination but have inadequate levels of antibodies should receive a booster or complete a second hepatitis B vaccine series 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. Individuals who still do not respond with antibody production following a complete second series of immunizations are considered non-responders and are 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. Non-responders should be tested for HBV infection with hepatitis B surface antigen (HBsAg) and hepatitis B core antibody (HBcAb) to rule out HBV infection.

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, 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 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. This group will be kept to the minimum number of experts necessary to ensure confidentiality. 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 existing University policy.

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. Presumptive evidence of immunity includes:

- a. Written documentation of 2 doses of live MMR vaccine at least 28 days apart
- b. Laboratory evidence of immunity to disease

Housestaff lacking evidence of immunity must receive at least one dose of MMR vaccination prior to or within thirty (30) days of beginning the program. Housestaff lacking evidence of immunity to measles or mumps should receive 2 doses of MMR separated by at least 28 days and those lacking evidence of immunity to rubella should receive a single dose of MMR vaccine.

5. Influenza:

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

6. Varicella:

All housestaff must submit documented proof of immunity to varicella prior to beginning the program or prior to patient contact.

Presumptive evidence of immunity includes

- a. Documentation of two doses of varicella vaccine given 4-8 weeks apart
- b. Laboratory evidence of immunity

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 should have received at least one booster dose of Tdap. House officers should receive Tdap (versus Td) preferentially for any subsequent ten-year booster.

8. COVID-19:

Each house officer should meet the COVID-19 vaccine requirements of [University Policy 60.1.35: Immunization Policy for Rutgers Employees and Prospective Employees](#).

B. Exemptions/Exceptions

1. Medical and religious exemption processes for influenza and COVID-19 immunizations are detailed in [University Policy 100.3.1](#) and [University Policy 60.1.35](#), respectively.
2. For other required immunizations, a house officer may be exempted based on medical or religious reasons.

Medical: Conditions comprising valid medical contraindications (temporary or permanent) to vaccine administration are those set forth by the Centers for Disease Control and Prevention and should include 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. 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.

Religious: A house officer may be exempted from required immunization if they submit a bona fide written signed statement explaining how immunization conflicts with their 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 they were informed of the value of immunizations and have 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.

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 tuberculosis testing and any required follow-up. Provisional employment on this basis may be limited by the Program Director, at their 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 6.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 housestaff immunization/immune status shall be available for inspection by authorized entities as required by federal, State, or school/hospital regulations.