



IMMUNIZATIONS

FOR DENTAL HEALTH-CARE PERSONNEL

A comprehensive infection

prevention program is imperative for a dental facility. This program should include a consistent immunization component for dental health-care personnel (DHCP). Because of their contact with patients and contaminated material from patients, DHCP are at risk of exposure to vaccine-preventable diseases. Provision and maintenance of immunity for these workers reduces their susceptibility to these diseases and the ability to transmit infectious agents to other workers and patients. When I survey a dental facility, most dentists/employers just want to know what needs to be done to improve their infection control/prevention program. I like to think that if

one knows why something should be done, it is easier to do it. Let's look at health-care immunizations.

History

OSHA: On December 6, 1991, the Occupational Safety and Health Administration (OSHA) published the Bloodborne Pathogens Standard to take effect on June 6, 1992 and still is in effect today. A portion of this law mandates employers to offer Hepatitis B (HBV) vaccinations, at no charge, to all employees who are at risk from bloodborne diseases. If an employee refuses the vaccination, they must sign a declination form and may receive the vaccine later if they choose. More recently, OSHA added the

requirement that employers provide HBV antibody testing after the vaccination series.

BODEX: Most of you are aware of OSHA law but may not be aware of the stand that our Arizona State Board of Dental Examiners (BODEX) takes. As of 1994, BODEX expects

Arizona dentists to not only follow OSHA law but also follow recommendations from the Centers for Disease Control and Prevention (CDC).

CDC: In 1997, the CDC published health-care personnel immunization recommendations. In 2003 the CDC Guidelines for Infection Control in Dental Health-Care Settings adapted these same recommendations for DHCP.

The CDC recommendations for a dental immunization program are as follows:

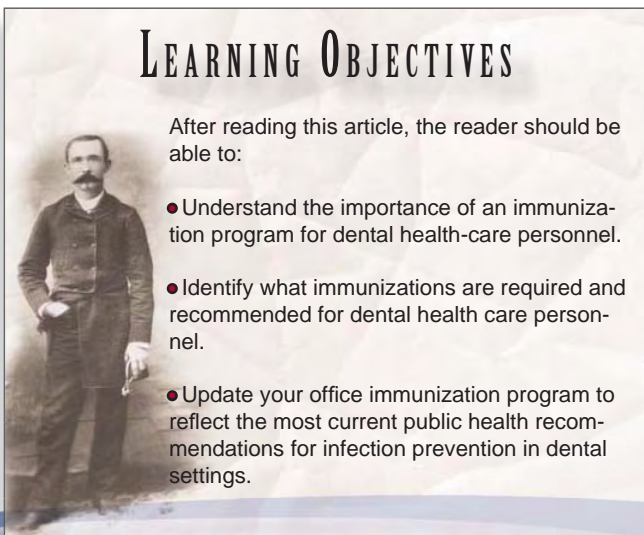
1. Develop a written comprehensive policy regarding immunizing DHCP, including a list of all required and recommended immunizations.
2. Refer DHCP to a prearranged qualified health-care professional or to their own health-care professional to receive all appropriate immunizations based on the latest recommendation as well as their medical history and risk for occupational exposure.

These recommendations are strongly recommended for implementation and supported by experimental, clinical, or epidemiologic studies and a strong theoretical rationale.

LEARNING OBJECTIVES

After reading this article, the reader should be able to:

- Understand the importance of an immunization program for dental health-care personnel.
- Identify what immunizations are required and recommended for dental health care personnel.
- Update your office immunization program to reflect the most current public health recommendations for infection prevention in dental settings.



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INFECTION PREVENTION CORNER CONTINUED

In a December 2005 document, "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, the CDC expanded its scope from hospital settings to include medical offices, dialysis units, and dental-care settings. The CDC now recommends skin testing for tuberculosis (TB) for DHCP. The frequency of the testing depends upon the level of risk of TB to which the employee is exposed. This includes front office personnel.

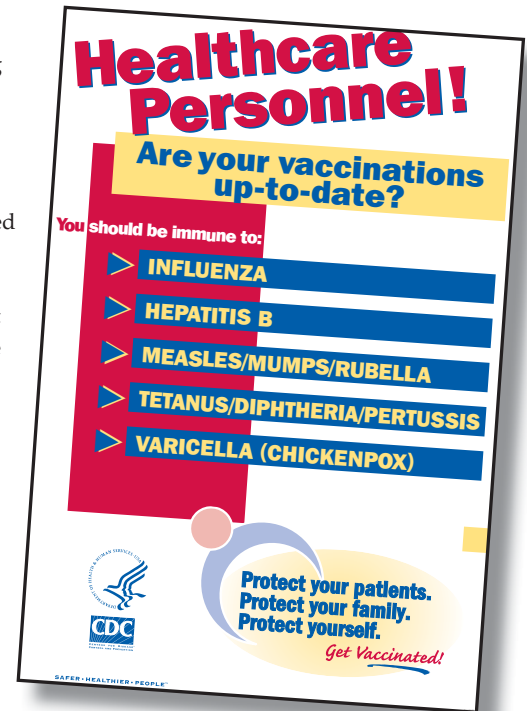
Trickledown Effect

As I have mentioned in the past, it takes time for dentistry to follow the medical model in initiating new recommendations. The trickledown effect usually refers to expensive products and services available to the rich coming down in price so that

the masses can also afford them. I like to use it in the context of dentistry following the hospitals to see how they dealt with a new regulation or recommendation. By the time it gets to us, it may or may not be less expensive, but at least we have a model to follow. Dental facilities associated with hospitals and government entities are probably already up to standard on immunization programs but independent practices may not be. So what do we have to do? What are our responsibilities?

Requirements

The employer must pay for the Hepatitis B vaccination and HBV antibody screen. In addition, the CDC recommends the following vaccinations for DHCP: HBV, Measles/Mumps/Rubella (MMR),



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INFECTION PREVENTION CORNER CONTINUED

Tetanus/Diphtheria/ Pertussis, Varicella (Chickenpox), Influenza (flu) and TB screening. Does this mean that BODEX is going to come into your office and issue a complaint that you are not vaccinating your employees? Probably not. Are you surveyed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)? I doubt it. But think about this: an unvaccinated employee can pose a risk management issue if a vaccine-preventable disease is transmitted to a patient. If your employees are missing some vaccinations, what you make your responsibility will reduce your risk. Let's address each immunization requirement.

Hepatitis B: Since the early 1980's the Hepatitis B vaccinations have been available to the dental community.

Admission for dental schools and many hygiene and dental assisting schools now include vaccination requirements and proof of immunity to Hepatitis B. Newborns are now given their initial dose of the HBV vaccination series during the first minutes of their lives while being assessed for their APGAR (activity, pulse, grimace, appearance and respiration) score. It is becoming rarer that a new employee does not have this vaccination. If not, the employer must offer the HBV vaccination series to the employee who is to be exposed to bloodborne pathogens in the course of their work. The employer must provide testing for antibodies within 1-2 months after series is completed. If you have employees who have not yet been tested for the HBV antibody, even if it is past the 1-2 month recommendation, go ahead and test.

If there is not a detectable antibody, further medical evaluation is needed. If once you test positive for the antibody, you do not need to be tested again. You are considered protected for life. Just keep the record of testing for reference.

Measles/Mumps/Rubella: It is highly likely that your employees have had the MMR vaccinations as a requirement for school attendance, or in the case of older employees, have had the disease.

Tetanus/Diphtheria/ Pertussis: Your employees should already have had tetanus/diphtheria/pertussis immunizations that are also required for school attendance. Since 2005, there is available a combined Tetanus/Diphtheria/Pertussis vaccine all in one dose called Tdap (pronounced,

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INFECTION PREVENTION CORNER CONTINUED

“tee dap”). The Advisory Committee on Immunization Practices (ACIP) voted to recommend routine use of a single dose of Tdap for adults 19-64 years of age to replace the next booster dose of tetanus and diphtheria toxoids vaccine (Td).



Varicella (Chickenpox): This is a relatively new vaccine. Depending upon the age of the health-care worker, they may already have had the disease or have had the vaccine. If non-immune to Varicella, it would be wise to get the vaccination series of two doses. Being immune to Varicella prevents the development of painful Herpes Zoster (Shingles) later in life or when immunity is compromised. If a non-immune employee has been exposed to Varicella, they must be excluded from work during the infectious stage to prevent transmission to non-immune patients and other health-care personnel. Having DHCP immunized to Varicella will prevent lost workdays. It is important to note that a fetus can suffer birth defects if the mother contracts Varicella during pregnancy.

All of the above vaccinations are also included in the CDC recommended adult schedule so the employee may be able to be vaccinated by their own medical provider and be covered by their own insurance. Check it out. It will not hurt to try to see if the cost can be covered this way.

Flu Shots: Flu shots are not listed by the CDC as a recommended adult immunization until age 50 but are recommended for HCWs and DHCP. Affecting 5 to 15% of the population of the United States each year, influenza infections result in approximately 226,000 hospital admissions and 36,000 deaths annually. Since 1981, the CDC has recommended annual influenza vaccination for the healthcare personnel. Even OSHA

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INFECTION PREVENTION CORNER CONTINUED

wants employees to get the flu shot as an important protection for healthcare workers. In 2006, the CDC called for workers who decline seasonal flu shots to sign declination statements. This year, JCAHO calls for hospitals to establish an annual flu vaccination program to practitioners and staff, to provide education regarding the flu, to track acceptance and declination, and take steps to increase the vaccination rates. Ambulatory care centers are not yet included in this drive but expect it soon.

This flu season high levels of antiviral **resistance** are being found to oseltamivir (trade name **Tamiflu**®) among influenza A (H1N1) viruses in the United States. Resistance to Tamiflu is increasing throughout the world. It is important to

remember that the **CDC recommends annual influenza vaccination as the first and best step in preventing the flu.**

Get the facts on flu shots. The shots are a killed virus; you cannot get the flu from the shot. You may or may not get a sore arm for a few days. You may still get the flu with the vaccine but it should not be as severe. It will protect you. If you get the flu without being vaccinated, you could be very ill and unable to work for a couple of weeks. If you transmitted the flu to an elderly, compromised person, it could be fatal. Protect yourself, your family, your coworkers, and your patients by getting the flu shot and providing it for your staff. Make it an annual affair.

TB: Most dental facilities are considered low risk and employees need only base line testing. Further testing is only done if there is an exposure to TB.

Conclusion

Once the history of immunizations for your employees is compiled and brought up to date, the flu shots are the only vaccinations that need to be addressed annually. Tetanus shots are due every 10 years and remember ACIP recommends a single dose of Tdap for adults 19-64 years of age to replace the next booster dose of tetanus and diphtheria toxoids vaccine (Td).

I have composed an Excel spreadsheet that will help you keep track of employee immunizations and various testing. If you

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STRAIGHT TALK ABOUT NURSING A SICK PRACTICE BACK TO HEALTH

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INFECTION PREVENTION CORNER CONTINUED

want a clean copy, e-mail me at kay@azda.org and I will send you an attachment. Have your employees fill one out so you can be aware of your responsibilities and aware of your risks.

It is not within your scope of practice as a dentist to directly administer these immunizations. As always, I recommend that you have in place an agreement with an occupational medical provider who is experienced in the testing, vaccination and assessment of healthcare employees.

An unvaccinated employee can pose a risk management issue if a vaccine-preventable disease is transmitted to a patient. If your employees are missing some vaccinations, what you make your responsibility will reduce your risk.

Sources

For current information for HCWs immunizations go to "Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)" go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm#00002862.htm>

For the Guidelines for Infection Control in Dental Health-Care Settings --- 2003, go to <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

For the CDC TB document, "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005", go to http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e

For the 2009 CDC Recommended Adult Immunization Schedule, go to <http://www.cdc.gov/mmwr/PDF/wk/mm5753-Immunization.pdf>

KAY CARL IS BOARD CERTIFIED IN INFECTION CONTROL AND EPIDEMIOLOGY. SHE HAS OVER 35 YEARS EXPERIENCE IN INFECTION CONTROL AND HAS WORKED IN COLLABORATION WITH AZDA SINCE 1991 TO PROVIDE CONTINUING EDUCATION IN OSHA, INFECTIOUS DISEASES AND INFECTION CONTROL. SHE IS AN ACTIVE MEMBER OF OSAP, THE NATIONAL DENTAL INFECTION CONTROL ASSOCIATION, AND A PROLIFIC CONTRIBUTING AUTHOR AND EDITOR FOR VARIOUS INDUSTRY PRINT AND ELECTRONIC MEDIA.

Declination of Annual Influenza Vaccination

I understand that due to my risk of occupational exposure of acquiring influenza infection. In addition, I understand the possible adverse effects of vaccination to my patients, other health care workers and family. However, I decline influenza vaccination at no charge to me. In the future, if I want to be vaccinated, I can receive the vaccination at no charge to me.

Reason for declining the vaccination _____ Signature _____

Employee Name _____ Signature _____

Witness Name _____

EMPLOYEE HEALTH IMMUNIZATION FOLLOW-UP		
Name _____	Age _____	Date of Birth: ____/____/____
Social Security Number _____		Date of Hire: ____/____/____
Allergies: _____		
Immunization	Date	Comments
MMR #1		
MMR #2		
Varicella #1		
Varicella #2		
Hepatitis #1		
Hepatitis #2		
Hepatitis #3		
Hepatitis antibody titer		
Influenza		
TB Skin test #1		
TB Skin test #2		
Tdap		
Td		

May record disease if not immunized.
Tetanus must be given within last 10 years.
One dose of Measles, Mumps and Rubella (MMR) if born before 1957 without a verbal history of disease or positive titer or without documentation of immunity.
Two doses of MMR if born during or after 1957 without documentation of immunity or disease.
A positive titer of Hepatitis B antibodies is required. Actual lab results must be submitted.
Influenza is recommended yearly.
A baseline TB skin test, a tuberculin skin test (TST), is required; no additional testing unless an exposure occurs:
previous negative TST within 12 months, single step TST given
previous negative TST >12 months, 2-step TST indicated
previous documented positive TST, TB symptoms reviewed at hire & annually

Attach documentation of above.
Keep in confidential file

OSHA FactSheet
Personal Influenza Vaccination - Important Protection for Healthcare Workers

Influenza (flu) is a contagious viral respiratory disease that peaks in the winter months and causes approximately 200,000 hospitalizations and 36,000 deaths in the United States each year.

Influenza spreads easily from person to person through coughing and sneezing, and can be contagious before any flu symptoms are present. Young children and those with chronic health conditions are at a particular risk for severe illness from the flu.

Healthcare workers are at high risk for contracting influenza through their exposure to patients. The CDC has classified healthcare workers as a high priority group for influenza vaccination. Not only are healthcare workers at risk, they also spread the illness to patients.

Healthcare workers should create a safe work environment by encouraging influenza vaccination. The current rate of influenza vaccination among healthcare workers is low, and increasing this rate will help reduce the risk of contracting influenza and enhance healthcare workers' productivity.

Influenza vaccination is highly effective and develops within two weeks of vaccination. The vaccine is recommended in October or November. There is an injection and a nasal spray which is available. Healthcare workers should consult with their employer to find out which vaccination is used in their healthcare setting, where and when to get vaccinated, and whether the employer provides free vaccination. Increasingly, employers in healthcare settings are making the vaccine conveniently available to employees during their normal work shifts.

Who else needs to be vaccinated and their close contacts. Individuals at high risk for flu complications include children under 5, adults over 50, individuals with certain medical conditions, pregnant women, and people in long-term care facilities and nursing homes. Anyone caring for these individuals should also be vaccinated.

Dispelling influenza vaccine myths - Influenza vaccination is highly effective and adverse effects are rare. Protection usually develops within two weeks of vaccination. There is an injection and a nasal spray which is available. Healthcare workers should consult with their employer to find out which vaccination is used in their healthcare setting, where and when to get vaccinated, and whether the employer provides free vaccination. Increasingly, employers in healthcare settings are making the vaccine conveniently available to employees during their normal work shifts.

If you decide not to be vaccinated - Employees who decide to decline vaccination increase their risk of contracting influenza. Influenza vaccination has been determined to be an important protection for healthcare workers because they have a greater risk of

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INFECTION PREVENTION CORNER QUIZ

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A portion of the proceeds from "Infection Prevention Corner" CE quizzes will go to the Arizona Dental Foundation (ADF) whose mission is keeping Arizona smiling by connecting and mobilizing people and resources to provide education and statewide charitable dentistry to children, elderly and special needs populations. Processing fee is deductible only to the extent allowed by law; consult your tax advisor for details.

- Dental employers are required by OSHA law to provide the following immunization for DHCP exposed to bloodborne pathogens in the course of their work:
 - a. Influenza. c. Hepatitis B.
 - b. Hepatitis A. d. Hepatitis C.
- Dental employers are required by OSHA law to provide the following testing for antibodies after the vaccine series:
 - a. Varicella. c. Hepatitis A.
 - b. Influenza. d. Hepatitis B.
- The CDC recommendations for a dental immunization program are:
 - a. Develop a written comprehensive policy regarding immunizing DHCP.
 - b. Refer DHCP to a qualified health care professional or their own health care professional for their immunizations.
 - c. Base immunizations on latest recommendations and the employee's own medical history and risk for occupational exposure.
 - d. All of the above.
- Tdap is:
 - a. an old vaccine no longer used.
 - b. a new vaccine taking the place of the regular tetanus shot.
 - c. a new vaccine combining in one dose, vaccination for tetanus, diptheria, and pertussis.
 - d. none of the above.
- The CDC recommends TB skin testing in dental settings for:
 - a. Employees who are exposed to bloodborne pathogens.
 - b. All employees who interact with patients.
 - c. All patients before they are treated.
 - d. Patients who are exhibiting signs of a respiratory infection.
- The following organizations recommend yearly influenza immunizations for health care workers:
 - a. CDC. c. OSHA.
 - b. JCAHO. d. All of the above.
- Immunizations are to be given:
 - a. yearly.
 - b. in a schedule recommended by the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee published by the CDC.
 - c. only if the dental health care worker asks for it.
 - d. in a schedule recommended by the OSHA advisory committee.
- The Hepatitis B vaccination series:
 - a. is so dangerous that it only can be given to health care workers who are at risk from bloodborne diseases.
 - b. is so safe and effective its initial dose is now given to babies at time of birth.
 - c. is a usual requirement for entry into dental profession schools.
 - d. b and c.
- Immunizing dental health care personnel with yearly flu shots can:
 - a. decrease illness in the worker.
 - b. decrease work absences.
 - c. decrease mortality in the patients they care for.
 - d. all of the Above.
- The first and best step for preventing the flu is:
 - a. getting the influenza vaccination yearly.
 - b. getting the influenza vaccination every five years.
 - c. using Tamiflu to treat the flu once you get sick.
 - d. none of the above.

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