

IMMUNIZATIONS-EMPLOYEES

PURPOSE

To establish a procedure for employee health and protection from tuberculosis formerly mandated by Massachusetts General Law (Chapter 71, Section 55B, amended by Chapter 85, Acts of 1981) that was repealed on July 31, 2003. The Massachusetts Department of Public Health recommends screening for high-risk personnel. Notify employees of vaccinations for employees at risk for exposure to other vaccine preventable diseases.

POLICY

New employees will be given a tuberculosis risk questionnaire developed by the State Department of Public Health. If the employee's risk questionnaire indicates the possibility of latent tuberculosis infection, the Massachusetts Department of Public Health strongly recommends a Mantoux tuberculin skin test. If the employee has a history of a positive tuberculin skin test, another skin test is not necessary. The City Department of Health or an employee's health care provider can provide tuberculosis skin testing if tuberculosis risk is indicated.

Positive testers would be referred to a state tuberculosis clinic for follow-up service without cost.

POSITIVE SKIN TEST

Persons with a positive Mantoux tuberculin test must submit proof of a negative chest x-ray and physician's statement of freedom from tuberculosis to begin employment. Prophylactic therapy would likely be offered to positive testers.

While employed at the University, anyone who is diagnosed with active communicable tuberculosis will be allowed a temporary absence for treatment while placed on paid sick leave, with limitations. This employee can return to work when properly certified by the Department of Public Health or a designated TB Clinic as being free of tuberculosis in a communicable form.

OTHER IMMUNIZATIONS

The Department of Health Services offers and can administer Hepatitis A and Hepatitis B vaccines to employees with occupational risk to these diseases. There is no fee for these vaccinations. Information about these vaccinations is available in the Department.

Westfield State University

Policy concerning:

section Personnel

number 4020

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APPROVED:

REVIEWED: September 2011

REVIEW

This policy will be reviewed annually by the Assistant VP Human Resources and Affirmative Action or as Massachusetts General Law changes.

Attached: Massachusetts Tuberculosis Risk Questionnaire

Name: _____ Social Security #: _____ Birth date: _____

Dept: _____

MA State Guidelines: For you and your Physician to use to determine your risk factor and need for TB (Mantoux) testing.

Tuberculosis Risk Questionnaire for Westfield State University Employees

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you born in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you traveled or lived for more than one month in one or more of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Afghanistan	Colombia	India	Moldova, Rep.	Senegal
Angola	Comoros	Indonesia	Mongolia	Sierra Leone
Armenia	Congo	Iran	Morocco	Solomon Islands
Azerbaijan	Congo, DR	Iraq	Mozambique	Somalia
Bahamas	Cote d'Ivoire	Kazakhstan	Myanmar	South Africa
Bahrain	Croatia	Kenya	Namibia	Sri Lanka
Bangladesh	Djibouti	Kiribati	Nepal	Sudan
Belarus	Dominican Rep.	Korea, DPR	New Caledonia	Suriname
Benin	Ecuador	Korea, Rep.	Nicaragua	Swaziland
Bhutan	El Salvador	Kyrgyzstan	Niger	Syrian Arab Rep.
Bolivia	Equatorial Guinea	Lao PDR	Nigeria	Tajikistan
Bosnia & Herzegovina	Eritrea	Latvia	Niue	Tanzania, UR
Botswana	Estonia	Lesotho	Northern Mariana Islands	Thailand
Brazil	Ethiopia	Liberia	Pakistan	Togo
Brunei Darussalam	Gabon	Lithuania	Palau	Tokelau
Burkina Faso	Gambia	Macedonia, TFYR	Panama	Turkmenistan
Burundi	Georgia	Madagascar	Papua New Guinea	Uganda
Cambodia	Ghana	Malawi	Paraguay	Ukraine
Cameroon	Guam	Malaysia	Peru	Uzbekistan
Cape Verde	Guatemala	Maldives	Philippines	Vanuatu
Central African Rep.	Guinea	Mali	Portugal	Vietnam
Chad	Guinea-Bissau	Marshall Islands	Romania	Yemen
China	Guyana	Mauritania	Russian Federation	Zambia
China, Hong Kong SAR	Haiti	Mauritius	Rwanda	Zimbabwe
China, Macao SAR	Honduras	Micronesia	Sao Tome & Principe	

* World Health Organization. Global tuberculosis control. WHO report 2002.

If the answer to **any** of the above questions is **YES**, the Massachusetts Department of Public Health **strongly recommends** that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to **all** of the above questions is **NO**, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you

do not need another test. Please have your health care provider complete the other side of this form if you have answered "Yes" to the questions on this page.

MEDICAL EVALUATION OF EMPLOYEES FOR LATENT TUBERCULOSIS INFECTION

Tuberculin Skin Test

Date ____/____/____

Result (48 - 72 hours) _____ mm of induration (If no induration, mark "0")

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Risk-based Interpretation [] Negative [] Positive

Table with 2 columns: RISK FACTOR, POSITIVE RESULT. Rows include: Close contact with a case of tuberculosis (5 mm or more), Born in a country that has a high rate of tuberculosis (10 mm or more), Traveled or lived for a month or more in a country that has a high rate of tuberculosis (10 mm or more), None [test not recommended] (15 mm or more).

IF THE TUBERCULIN SKIN TEST IS POSITIVE:

Chest X-ray

Date ____/____/____

[] Normal

[] Abnormal _____ (Describe)

Clinical Evaluation

Date ____/____/____

[] Normal

[] Abnormal _____ (Describe)

Treatment

[] Yes _____ (Drug, dose, frequency, and dates)

[] No

Signature of Health Care Professional: _____

Please return this form to the Department of Health Services/PO Box 1630/ Westfield, MA 01086