

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

I. PURPOSE

The purpose of this health service bulletin (HSB) is to establish procedures for the immunization of inmates.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. PROCEDURES

A. PRIOR TO VACCINATION

1. Provide the appropriate vaccine information statement (VIS) to the inmate prior to administering vaccine. Additional information may be provided verbally as needed. VIS forms are available on the Web at CDC (<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>) or at Immunization Coalition (www.immunize.org) in various languages. Influenza forms are updated each year.
2. A master of each VIS shall be kept and copies will be made to provide to inmates.
3. Information in the package insert accompanying each vaccine should be used to evaluate dosage, precautions, warnings, contraindications, adverse effects, and other relevant issues concerning the use of each vaccine for each inmate.

B. TETANUS, DIPHTHERIA AND PERTUSSIS VACCINES

1. Combined tetanus and diphtheria toxoids (Td), adsorbed, for adults shall be offered when an inmate sustains a deep or dirty wound (the wound may be major or minor) including burns, deep puncture wounds, crush wounds, abrasions, and animal bites AND it's been 5 or more years since the last booster. If there is no record of the inmate having received a Tdap (Tetanus, Diphtheria and Pertussis) vaccine, Tdap should be given at this time instead of Td.
2. During the reception process information about previous immunization for these diseases will be assessed. Sources for information include the County Jail to DC Health Information Transfer Summary, [DC4-871](#) or information from the inmate about military service and schooling. In addition, any old DC records should be reviewed. This history will be recorded on *Immunization Record*, [DC4-710A](#).

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

3. A decision about appropriate therapy will be as follows:
 - a. If there is documented evidence of previous series of vaccine or if the inmate has been in the military or completed 7th grade in the US you may consider that the inmate has had a complete primary series of vaccine. In this case the inmate will receive a booster dose.
 - b. If there is no evidence of a primary series of this vaccine a full primary series will be given.
 - c. Inmates are to receive a Td booster every 10 years. One of the inmate's booster doses should be replaced with a Tdap vaccine (if there is no record of them having received the Tdap in the past) to protect the adult inmate against pertussis and to reduce the reservoir of pertussis in the population at large.
4. Tetanus-diphtheria vaccine will be given according to the manufacturer's recommendations.
5. Doses need NOT be repeated if the primary schedule for the series or booster doses are delayed.

C. MEASLES, MUMPS, RUBELLA VIRUS VACCINE LIVE (MMR)

1. A single dose MAY be offered during the reception process to inmates born in 1957 or later.¹
2. Document refusal or administration of the vaccine on *Immunization Record, DC4-710A*.
3. This vaccine may be given as a part of an infection control follow-up of exposure to measles, mumps or rubella if recommended by the Florida Department of Health.
4. MMR may be given to HIV infected inmates only if they are clinically immunocompetent, with normal blood counts, including normal CD4 counts [>800].
5. Female inmates will be given MMR only if they test negative for pregnancy.
6. CONTRAINDICATIONS TO THIS VACCINE INCLUDE:
 - a. Pregnancy;
 - b. Immunosuppression—other immunodeficiency states, such as blood dyscrasias, advanced metastatic disease, debilitating illness, and immunosuppressive therapy;
 - c. Febrile illnesses; and

¹ Serologic screening to detect susceptible inmates prior to vaccination will not be performed.

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

- d. Active tuberculosis.

D. PNEUMOCOCCAL VACCINE

- 1. Immunization is indicated in the following situations (when the listed risk category is first identified):

- a. Inmates age 65 years and older;
- b. Inmates younger than 65 years who have chronic illness or other risk factors, including:
 - i. Chronic cardiac or pulmonary disease (including asthma), chronic liver disease, alcoholism, diabetes, cigarette smoking.
- c. Those at highest risk of serious pneumococcal infection, including inmates who:
 - i. Have anatomic or functional asplenia, including sickle cell disease.
 - ii. Have an immunocompromising condition including but not limited to HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, or nephritic syndrome.
 - iii. Are receiving immunosuppressive therapy (including high dose corticosteroids).
 - iv. Have cerebrospinal fluid leaks
 - v. Have received an organ or bone marrow transplant.
 - vi. Is a candidate for or recipient of a cochlear implant
- d. A refusal of immunization by an inmate in any of the above categories considered high risk is to be noted as a one-time refusal and will be offered annually.

2. Administration

- a. PPSV:
 - i. Give 1 dose of PPSV23 if unvaccinated or if previous vaccination history is unknown.
 - ii. Give another dose of PPSV to inmates:
 - (1) Age 65 years and older if 1st dose was given prior to age 65 years and 5 years have elapsed since dose #1.
 - (2) Ages 19-64 years who are at highest risk of pneumococcal infection or rapid antibody loss (see D. 1.c., i.-vi.) and 5 years have elapsed since #1 dose.

Note: When both PCV13 and PPSV23 are indicated, give PCV13 first.

- b. PCV13 and PPSV:
 - i. Give 1 dose of PCV13 to inmates age 19 years and older at highest risk of serious pneumococcal infection (see D. 1.c., i. - vi.).
 - ii. If previously vaccinated with PPSV, give PCV13 at least 12 months following PPSV;

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

- iii. If not previously vaccinated with PPSV, give PCV 13 first, followed by PPSV23 in 8 weeks.

E. HEPATITIS B VACCINE

1. Recombinant Hepatitis B Vaccine,^{2,3} shall be given to inmates in the following categories:
 - a. Are at increased risk. Specifically those who actively participate in the handling of biohazardous waste. This includes a work assignment in health services or in separating materials in the waste recycling plant.
 - b. Have a significant exposure to Hepatitis B positive blood. Significant exposure is defined in bloodborne pathogens guidelines.
 - c. Inmates who have evidence of Hepatitis C and/or HIV infection and no evidence of past Hepatitis B infection.
 - d. Inmates receiving hemodialysis shall be offered the vaccine at twice the usual dose because the response to the usual dose is frequently inadequate.
2. Vaccine will be given according to the manufacturer's recommendations. Hepatitis A and B combination vaccine is available and will be given according to manufacturer's instructions.
3. If the vaccine series is interrupted after the first (1st) dose, the second (2nd) dose should be administered as soon as possible. The second (2nd) and third (3rd) dose should be separated by an interval of at least two (2) months, but in no circumstances should the third (3rd) dose be administered earlier than six (6) months from the first (1st) dose. If only the third (3rd) dose is delayed, it should be administered when convenient.
4. Chronic hemodialysis patients, HIV-infected persons, and other immune compromised persons (e.g. hematopoietic stem-cell transplant recipients or persons receiving chemotherapy) will be:
 - a. Serologically tested for the level of anti-HBs, one to two (1-2) months after administration of the last dose of the vaccine series.
 - b. Those found to have levels <10 mIU/mL will receive a second three (3) dose series of Hepatitis B vaccination followed by anti HBs levels one to two (1-2) months after the third (3rd) dose.
 - c. Those with titers <10 mIU/mL will be tested for HBsAg. If the test is positive they will receive appropriate management. If the test is negative they will be considered susceptible to HBV and counseled about precautions to prevent infection.

² Serologic screening to detect susceptible inmates prior to vaccination will not be performed.

³ Please consult package insert for alternate dosages in certain circumstances such as adult hemodialysis patients.

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

5. Hemodialysis patients will have anti-HBs level drawn annually. Anyone with a level <10 mIU/mL will receive a booster dose. Do not use combination Hepatitis A and B vaccine for second series or boosters.
6. Post exposure prophylaxis will follow the CDC and OSHA guidelines. The treatment is dependent on information on the source of the exposure.

F. HEPATITIS A VACCINE

1. While infection with Hepatitis A is usually a mild disease and frequently asymptomatic, it poses a serious threat to individuals with liver disease. This includes Hepatitis B and C as well as chronic liver disease of other etiologies.
2. This vaccine is recommended for inmates with evidence of liver disease.
3. When testing for Hepatitis B and/or C, it is cost effective to also test for Hepatitis A as well. If there is evidence of past infection with Hepatitis A then no Hepatitis A vaccine will be offered.
4. The usual schedule is two (2) doses of the vaccine; one at time 0, and the second in six (6) months. Follow dosage recommendation in the package instructions.
5. The vaccine is very effective and booster doses are not recommended at this time.
6. Post exposure prophylaxis includes the use of Hepatitis A vaccine and gamma globulin in separate syringes and at separate sites.
7. The use of Hepatitis A vaccine in pregnancy has not been established; therefore its use must be individualized.
8. Post exposure prophylaxis in inmates not previously immunized with Hepatitis A vaccine who have had a significant exposure to a documented case of Hepatitis A will employ Immune Globulin. The dose will be according to the manufacturer's recommendations. Significant exposure includes:
 - a. Close personal contact including persons who have shared illegal drugs or sexual contact.
 - b. Other food service workers if another food handler is diagnosed with Hepatitis A.
9. Post exposure prophylaxis may be coordinated through the Florida Department of Health.

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

G. INFLUENZA OR RESPIRATORY DISEASE INFECTION VACCINE

1. Prevention: Influenza or other communicable respiratory disease may be prevented by the administration of a vaccine.
The type of vaccine and other guidance concerning the administration of the vaccine is usually recommended by the Centers for Disease Control according to the strain of virus which is anticipated to be prevalent in the population during the year.
2. Procedure for Prevention
 - a. Flu vaccine is offered annually during flu season. Flu season can begin as early as October and run into May, but December to March is usually the peak months for a typical flu season. When prioritizing the institutional influenza program consider high-risk populations first. After addressing these populations, all inmates on the compound may be included.
 - b. Respiratory disease infection vaccines, when available, will be offered as available and as recommended by the CDC or statewide emergency response authority.
 - c. High-Risk Inmates
 - i. In early September, Director of Nursing or designee (Infection Control Nurse) shall compile and review their current high-risk inmate population numbers.
 - ii. The following are high-risk populations:
 - (1) Immunosuppressed (including HIV disease, malignancies, therapy with anticancer drugs, radiation or corticosteroids).
 - (2) Chronic disease (COPD, diabetes mellitus, hepatic disease [cirrhosis], cardiovascular disease, renal or marrow dysfunction, asplenia, etc.).
 - (3) Age 65 or older.
 - (4) Any condition considered by the physician to place the inmate at risk of influenza.
 - (5) Additional criteria as recommended by the CDC or statewide emergency response authority.
 - iii. Based on the high-risk inmate census, the DON or designee (Infection Control Nurse) will be able to determine how many “mass vaccination” days he/she needs to schedule once the vaccine arrives. It may be necessary for the SRNS to also schedule additional staff for vaccination days.
 - iv. ALL high-risk inmates shall be scheduled to come to the Medical Department specifically for a flu vaccine or other available respiratory disease infection vaccines on Mass

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

-
- Vaccination Days.
- v. The daily Call Out list for all the mass vaccination days shall be kept in a notebook for review during site visits.
 - vi. A sampling of high-risk inmate medical charts will be reviewed during 2nd and 3rd quarter site visits for signed consent and refusal forms.
 - vii. Starting in December, the DON or designee (Infection Control Nurse) shall continue to run the high-risk inmate population list monthly for those inmates who may have missed the initial mass vaccination period due to being a new gain, having a court date, illness, etc. during 3rd quarter.
- c. Non-High Risk Inmates
- i. Starting in January, the rest of the correctional institution's inmate population should be offered the remaining flu vaccines or other available vaccines for respiratory disease infections. (NOTE: the DON may want to set aside a small number of vaccines for 3rd quarter high-risk new gains).
 - ii. The [DC4-698B](#), "*Inmate Sick-Call Sign Up*," will be placed in each dorm and at each work camp. Inmates will be given at least 48 hours to sign up for a flu or respiratory disease infection vaccination.
 - iii. Each day a different dorm/work camp will be selected for flu/respiratory disease infection shot "call out". There will be NO charge for the vaccination call out.
 - iv. By the end of January, all inmates at the institutions should have had the opportunity to receive the vaccination if available.
 - v. The call out list for all the dorm vaccinations is to be kept in a notebook for review during the 3rd and 4th quarter site visits.
 - vi. A sampling of non-high risk inmate medical charts will be reviewed during 4th quarter site visits for signed consent and refusal forms.
3. Vaccine Administration Procedure
- a. The influenza vaccine will be administered per manufacturer's instructions during flu season each year to all inmates not known to have anaphylactic hypersensitivity to eggs, thimerosal or other components of the vaccine. It is usually preferable to delay vaccinations of adults with acute febrile illness until symptoms have abated.
 - b. Available vaccinations for communicable respiratory disease will be administered per manufacturer's instructions. Inmates will be evaluated annually to see if they have developed any

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

-
- c. contraindications to taking any of the aforementioned vaccines.
 - c. For high-risk inmates, include an explanation of their risk status when offering the vaccine.
 - d. After being given an Influenza VIS (Vaccine Information Statement) or other information statement for communicable respiratory disease for review, a [DC4-710B](#), “*Informed Consent for Vaccine*,” will be signed prior to the immunization OR a signed refusal, [DC4-711A](#), “*Refusal of Health Care Services*,” will be obtained if the vaccine is offered and refused.
 - e. The side effects of influenza/communicable respiratory disease vaccine shall be explained to the inmate and documented.
4. The nurse should ask each inmate before administering the vaccine:
- a. Are you allergic to eggs?
 - b. Are you allergic to thimerosal (a vaccine preservative)?
 - c. Do you have a fever (greater than 100 degrees) today?
 - d. Have you ever had Guillain-Barre Syndrome?
 - e. Have you had a reaction to a vaccination in the past?

Additional questions relative to the vaccine should be included. Vaccine administration shall be documented on the *Immunization Record*, [DC4-710A](#)

5. Reporting
- a. Influenza vaccinations should be reported monthly on the *Table IV Immunizations Monthly Report* [DC4-539F](#) to Central Office.
 - b. Vaccines received from the Florida Department of Health must be recorded in the Florida Shots Program.
 - c. Those vaccines received directly from the federal government (such as Pfizer, Moderna, and Johnson & Johnson Covid-19 vaccines) require additional reporting in the Florida SHOTS within 72 hours of administration per reporting guidelines as outlined in 64D-3.048.

III. ADDITIONAL IMMUNIZATIONS

- A. For vaccinations of persons with primary and secondary immune deficiencies, refer to the CDC table at:
<http://www.cdc.gov/vaccines/Pubs/pinkbook/downloads/appendices/A/immuno-table.pdf>
- B. Other vaccines recommended by the CDC in the adult population will be available as per inmate request or by provider recommendation, and will be administered following CDC recommendations.

IV. DOCUMENTATION

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

-
- A. Complete appropriate section of the *Immunization Record*, [DC4-710A](#).
 - B. Administration of each immunizing agent shall be recorded on *Informed Consent for Vaccine*, [DC4-710B](#). The following information is required:
 1. Date, dose and method of administration;
 2. Manufacturer and lot number of the vaccine; and
 3. Name and address of the health care provider administering the vaccine (this address should be the address of the prison where the immunization was given).
 - C. At the time of release an *Immunization Record Card*, [DC4-710C](#) will be completed. Information can be found on the *Immunization Record*, [DC4-710A](#). The inmate will be taught about maintaining a history of immunizations and providing that information to their health care provider after release.

V. ADVERSE REACTIONS

- A. Adverse reactions to all vaccines will be recorded on the *Chronological Record of Health Care*, [DC4-701](#).
- B. Significant adverse reactions to all vaccines will also be reported to Vaccine Adverse Effects Reporting System (VAERS) per CDC requirements. Central office shall be notified before this report is made. Information and instructions regarding how to submit a report to VAERS is available at [Vaccine Adverse Event Reporting System \(VAERS\) VAERS | Monitoring | Ensuring Safety | Vaccine Safety | CDC](#)
- C. Adverse reactions to any vaccine will be reported on an occurrence report as "Other". (See HSB [15.09.08 Risk Management Program](#).) In addition, detail of the adverse reaction will accompany the occurrence report to identify it as a vaccine adverse reaction. A copy of the VAERS report form may serve this purpose.

VI. REFERENCES

A Comprehensive immunization strategy to eliminate transmission of hepatitis b virus infection in the United States. (2006). MMWR, 55(RR-16), Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm>

Hepatitis b virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the ACIP Appendix A: postexposure prophylaxis for hepatitis b. (1991). MMWR, 40(RR-13), Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/00033455.htm>

Preventing tetanus, diphtheria, and pertussis among adults: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine. (2006). MMWR, 55(RR-17), Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5517a1.htm>

HEALTH SERVICES BULLETIN NO. 15.03.30

SUBJECT: IMMUNIZATION REQUIREMENTS FOR INMATES

EFFECTIVE DATE: 01/21/2022

Prevention and control of seasonal influenza with vaccines. (2020-2021). MMWR, 59(RR-59), Retrieved from <https://www.cdc.gov/flu/professionals/acip/index.htm> (This guideline is published yearly.)

Prevention of hepatitis a through active or passive immunization. (2006). MMWR, 55(RR-07), Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm>

Pneumococcal vaccination: <https://www.cdc.gov/vaccines/vpd/pneumo/index.html>

Viral Hepatitis: <https://www.cdc.gov/hepatitis/index.htm>

Recommended Immunization Schedules for Adults:
<https://www.cdc.gov/vaccines/schedules/hcp/adult.html>

COVID-19 ACIP Vaccine Recommendations. (2020) Retrieved from:
<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

VII. RELEVANT FORMS AND DOCUMENTS

- A. Vaccine Information Statements (VIS) available at:
<http://www.cdc.gov/vaccines/pubs/vis/default.htm> old web address – need to cite new website address
- B. [DC4-539F](#), *Table IV Immunizations Monthly Report*
- C. [DC4-698B](#), *Inmate Sick-Call Sign Up*
- D. [DC4-701](#), *Chronological Record of Health Care*
- E. [DC4-701A](#), *Medication and Treatment Record*
- F. [DC4-710A](#), *Immunization Record*
- G. [DC4-710B](#), *Informed Consent for Vaccine*
- H. [DC4-710C](#), *Immunization Record Card*
- I. [DC4-710E](#), *Vaccine Administration Log*
- J. [DC4-710F](#), *Flu Vaccine Administration Log*
- K. [DC4-711A](#), *Refusal of Health Care Services*
- L. [DC4-871](#), *County Jail To DC Health Information Transfer Summary*
- M. [HSB 15.09.08](#), *Risk Management Program*
- N. Procedure 401.002, *Refusal of Health Care Services by Inmates*

 Health Services Director

 Date

 This Health Services Bulletin Supersedes:

HSB 15.03.16 dated 4/1/88,
7/1/88, 12/11/88, and 11/21/93
HSB 15.03.30 dated 3/20/94, 4/28/95, 1/22/96, 2/23/98,
01/04/01, 9/06/06, 11/9/10, 2/18/11, 9/27/11, 09/12/12, 06/05/2014,
12/01/2017, 12/20/2019, AND 01/05/2021
