



IMMUNIZATION/ TESTING INFORMATION SHEET FOR PARTICIPANTS

(Adapted from Red River College Immunization/ Testing Information Sheet)

The Winnipeg Regional Health Authority (WRHA) is the governing body for healthcare regulation for the city of Winnipeg, the Rural Municipalities of East St. Paul and West St. Paul, and the town of Churchill in the Canadian province of Manitoba.

This sheet outlines and explains the immunization and testing requirements for participants, who are seeking work opportunities in the healthcare sector.

The purpose of this requirement is to comply with the WRHA's Immunization and Tuberculin Policy followed by the healthcare institutions, and to protect patients, clients, other workers and participants from specific vaccine preventable diseases that may be transmitted within health care practice settings.

Getting Started

- Print a copy of this document.
OR
- Obtain a copy of the Winnipeg Regional Health Authority (WRHA) Immunization and Communicable Disease Record from the WorkStart Program Coordinator.

Completing the vaccination and testing requirements

- Gather all information related to your vaccine and testing history before going to your health provider. This may include old health or family records, school records or admission immunization records from your country of origin, or a previous program or learning institute.
- If you had immunizations in Manitoba, contact your local Public Health Office and request a copy of your immunizations. You will need to provide your Manitoba Health PHIN information. Contact information for your Public Health Office can be found at:
<http://www.wrha.mb.ca/community/publichealth/services-immunization.php>
- Take all the information with you to your family doctor or a clinic of your choice so they can complete the form and give any missing vaccine or order required tests.
- Ensure that the physician &/or nurse completing the form has signed the form.

Once the form is completed,

- Submit the form to your employer. Keep a copy for your records.
- The employer is responsible for ensuring that the immunization/ testing information provided is adequate and meets the eligibility requirements for the position.

REQUIRED IMMUNIZATIONS/TESTING-- READ INFORMATION ON REVERSE									
<p>1. MEASLES <input type="checkbox"/></p> <p>(Red Measles / Rubeola) Immune if born before '70 (Required: 2 doses as a child or adult)</p>	<p>History of Measles OR Measles Titre OR Measles Vaccine</p> <p>Date: _____ Result: _____ Date: #1 _____ Date: _____ Date: #2 _____</p>	<p style="text-align: center;"><u>MMR Vaccine</u></p> <p>Dose #1 MMR Date: _____</p>							
<p>2. MUMPS <input type="checkbox"/></p> <p>(Required: 2 doses as a child or adult)</p>	<p>History of Mumps OR Mumps Titre OR Mumps Vaccine</p> <p>Date: _____ Result: _____ Date: #1 _____ Date: _____ Date: #2 _____</p>	<p>Dose #2 MMR Date: _____</p>							
<p>3. RUBELLA <input type="checkbox"/></p> <p>(German Measles)</p> <p>(Required: 1 dose as a child or adult)</p>	<p>History of Rubella OR Rubella Titre OR Rubella Vaccine</p> <p>Date: _____ Result: _____ Date: _____ Date: _____</p>								
<p>4. CHICKENPOX (Required: Immune status, i.e. history - If unreliable, Do Titre) If susceptible, own physician may give 2 doses of vaccine-not required by WRHA</p>	<p>Chickenpox History: (scars, remembers, age) _____</p> <p>Chickenpox Titre Result: _____ Date of Titre: _____</p> <p>Vaccine Date: Dose #1 _____ Vaccine Date: Dose #2 _____</p>								
<p>5. HEPATITIS B (Required: 3 doses with dates received and/or a positive anti HBs titre; If negative anti HBs titre, 3 more doses required and an anti HBs titre)</p>	<p>Dose 1 _____ Dose 2 _____ Dose 3 _____</p> <p>HB Titre Result (anti HBS): _____ Date of Titre: _____</p> <p>Dose 4 _____ Dose 5 _____ Dose 6 _____ HB Titre Result (anti HBS): _____ Date of Titre: _____</p>								
<p>6. TUBERCULOSIS (Required: 2 step TST) (# 2 TST to be done 7 to 28 days from #1 TST) Measure induration, not redness at test site. Record in millimeters</p>	<p>BCG VACCINE Date of vaccine: _____</p> <p>Scar Present: No: <input type="checkbox"/> Yes: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Site: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <p>Tuberculin Skin Test (TST) (MMR not to be given with 1st TST, MMR okay with 2nd)</p> </td> <td style="width: 30%; padding: 5px;"> <p>2 STEP TST DATES:</p> </td> <td style="width: 40%; padding: 5px;"> <p>MOST RECENT TST: (A TST is required within 1 year for new health care workers)</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>#1 Date: _____ Result: _____ mm</p> </td> <td style="padding: 5px;"> <p>#2 Date: _____ Result: _____ mm</p> </td> <td style="padding: 5px;"> <p>Date: _____ Result: _____ mm</p> </td> </tr> </table>			<p>Tuberculin Skin Test (TST) (MMR not to be given with 1st TST, MMR okay with 2nd)</p>	<p>2 STEP TST DATES:</p>	<p>MOST RECENT TST: (A TST is required within 1 year for new health care workers)</p>	<p>#1 Date: _____ Result: _____ mm</p>	<p>#2 Date: _____ Result: _____ mm</p>	<p>Date: _____ Result: _____ mm</p>
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<p>#1 Date: _____ Result: _____ mm</p>	<p>#2 Date: _____ Result: _____ mm</p>	<p>Date: _____ Result: _____ mm</p>							
<p>Chest x-ray required if TST is positive >10 mm or more, or as a new employee, have not had a chest x-ray in past year</p>	<p style="text-align: center;">CHEST X-RAY</p> <p>Include copy of CXR with completed record if it was required for positive TST.</p> <p>No: <input type="checkbox"/> Yes: <input type="checkbox"/> Date: _____ Result: _____</p> <p>Referred for follow-up? No: <input type="checkbox"/> Yes: <input type="checkbox"/> To Whom: _____</p> <p>Please include documentation of referral follow-up/plan.</p>								

Signature of Physician/Nurse: _____

Physician/ Nurse Address: _____ Phone #: _____

PLEASE READ

Health Care Worker (HCW):

A person who is employed by, or under a service agreement/contract with the WRHA, in a full time, part time, or casual position and that provides health services directly to patients, clients and residents. Health services include those functions that bring the health care worker in direct physical contact with patients or materials associated with patient care. HCW also includes students in clinical practice who provide health services directly to patients/clients/residents in healthcare practice settings within the WRHA.

Immunizations:

Immunizations or records that are required for health care workers can be obtained from: **1)** family physician; **2)** primary care or access center in your area; **3)** rural Provincial Public Health Unit; or **4)** Travel Health Clinic.

REQUIRED IMMUNIZATIONS / TESTING

Records are to be provided at DOCUMENTATION appointment in Occupational and Environmental Safety & Health (OESH)

1. Measles (Rubeola or Red Measles)

Immunity against measles may be a: 1) documented immunization; or 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Individuals born before 1970 are considered to be immune. Immunity against red measles (rubeola) requires **two doses** of red measles-containing vaccine, usually supplied as MMR II vaccine.

2. Mumps

Immunity against mumps may be a: 1) documented immunization; or 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against mumps requires **two doses** of mumps-containing vaccine or MMR II.

3. Rubella (German Measles)

Immunity against rubella may be a: 1) documented immunization; or 2) lab-confirmed immunity (titre); or 3) history of previous disease documented by a physician. Immunity against German measles (rubella) requires **one dose** of rubella-containing vaccine or MMR II.

4. Chickenpox (Varicella) History/Test

History of disease will be accepted if diagnosed by physician, parent or is self-reported. If uncertain re history, lab-confirmed immunity (titre) is required. If susceptible, health care workers can receive **2 doses** of chickenpox vaccine from their physician. This vaccine is **not required** for employment.

5. Hepatitis B

Required for all health care workers who may be exposed to blood or body fluids or who may be at increased risk of a needlestick /sharps injuries, bites, or spills/splashes. Immunity against Hepatitis B may be a: 1) documented series of **3 doses** of vaccine given over a six-month period; and 2) lab-confirmed immunity (titre). Titre should be done approximately one month after the 3rd dose. If no antibodies after 3 doses, **repeat series** and measure antibody titre again, one month after the last dose.

6. Tuberculosis

- History and date of BCG vaccine and/or evidence of a BCG scar should be documented.
- A two-step tuberculin skin test (TST) is required once in a life-time, with results recorded. Results are to be recorded in millimeters of induration. A TST update is required if no TST has been done in the last 12 months.
- A PA chest x-ray is required if TST is 10 mm or greater, as well as an assessment re latent TB.
- A TST cannot be given if the individual has received any live or attenuated vaccine within the previous 6 weeks, as results of the TST will be unreliable.

References:

- **Canadian Immunization Guide, NACI, Public Health Agency of Canada 7th Edition, 2006**
- **Tuberculosis – Canadian Tuberculosis Standards, Public Health Agency of Canada and Canadian Lung Association /Canadian Thoracic Society, 6th Edition, 2007**
- **WRHA Immunization and Tuberculin Testing Policy, Policy # 20.40.200 Dated, August 2006**