

FAQs to accompany LTCs on immunity against measles and diphtheria for workers in healthcare institutions

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1. Why is vaccination against measles and diphtheria incorporated as a requirement under the Private Hospitals and Medical Clinics Act (PHMCA) and Healthcare Services Act (HCSA)?

Measles and diphtheria are serious infectious diseases, and vaccinations against the two diseases are mandated under the Infectious Diseases Act for all children residing in Singapore.

There is a need to ensure high vaccination coverage or immunity among workers in healthcare, to minimise the risk of disease outbreak and spread of the diseases to patients, and other healthcare workers.

The measles outbreaks in 2019 globally further highlight the vulnerability of not being protected against the disease. It is important to ensure that all healthcare workers who are clinically eligible for the vaccines are protected against these serious infectious diseases through up-to-date vaccinations.

2. Can self-declaration of immunity or vaccination be accepted?

No, self-declaration is not accepted as proof of immunity.

For measles, acceptable evidence of immunity is: (i) documented proof of completion of a course of vaccination involving 2 doses of a measles (or measles-containing) vaccine given at least 4 weeks apart; (ii) serological evidence of immunity; or (iii) laboratory confirmation of past infection.

For diphtheria, acceptable evidence of immunity is documented proof of vaccination with tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (“Tdap”) or tetanus and diphtheria toxoids (“Td”) which (1) reflects vaccination on or after 3 January 2012, and (2) is not Expired. Documented proof of vaccination is regarded as Expired after 10 years from the date of vaccination with a dose of Tdap or Td.

3. What are the types of tests that are acceptable for proof of immunity for the measles immunity requirement?

Serological evidence of immunity against measles (e.g. positive IgG) and laboratory confirmation of past measles infection (e.g. positive IgM or detection of the measles virus via PCR), would be acceptable.

4. We understand that there are exemptions whereby certain age groups need not be vaccinated. Who is exempted/not exempted? Why are there such age-group exemptions?

Healthcare workers who do not have evidence of immunity against measles will have to be vaccinated against measles. The only exception is if they are Singaporeans or Permanent Residents (PRs) born in Singapore before 1 January 1975. Serological studies have shown that there is a high level of immunity against measles (~100%) in these cohorts.

<p>There is no age-group exemption for the diphtheria vaccination requirement. All workers in healthcare who do not have evidence of immunity against diphtheria will have to be vaccinated against diphtheria.</p>
<p>5. Why is the age-group exemption (Singaporeans or PRs born before 1975 are exempted) not extended to foreigners or Singaporeans or PRs not born in Singapore?</p>
<p>The immunity of these persons/groups of persons cannot be established <i>a priori</i>.</p>
<p>6. I am an SC/PR born in Singapore before 1975 and should be exempted from the measles immunity requirement. However, my institution/clinic insists that I should be vaccinated against measles or provide documentary proof that I am immune. Why is this so?</p>
<p>While SC/PR born in Singapore before 1975 are exempted from the measles immunity requirement, licensees may put in place additional appropriate measures based on their risk assessment to ensure that there is no risk of spreading the disease.</p>
<p>7. On measles vaccination, for personnel who have taken one dose, can they continue working while waiting to take the second dose?</p>
<p>Yes, they can continue working while waiting for the second dose.</p> <p>The dose interval for the measles vaccine is at least 4 weeks. Personnel who have taken one dose should take the second dose 4 weeks after the first dose.</p> <p>In the event that they fail to take a second dose, they will not fulfil the immunity requirement. Licensees should therefore ensure that personnel who have taken one dose take the next dose as soon as possible, once the minimum dose interval of 4 weeks has elapsed.</p>
<p>8. How can the licensees assess whether the exemption criteria are met?</p>
<p>As a first step, licensees should review the records of personnel who are employed or engaged by them, or volunteer with them, to ascertain if they fall within the scope of any of the exemptions in the licensing terms and conditions.</p> <p>In respect of other personnel that are not employed or engaged by them, or who do not volunteer with them (such as external vendors), licensees should take appropriate steps to satisfy themselves that the exemption criteria are met. For example, one possibility would be for the licensees to include the immunity requirements and requirements for proof in relation to exemptions in their contracts with vendors. Licensees may also wish to establish an agreement with the vendors to allow licensees to access relevant records of immunity of such personnel upon request.</p> <p>The intent behind the immunity requirements is to ensure that personnel are not a conduit of spread of diseases to patients (and healthcare workers) in the healthcare setting. Personnel whose work does not involve direct interaction with</p>

patients and who do not work within any premises of a healthcare institution which provides services that involve direct interaction with patients do not have to meet the immunity requirement. To illustrate, personnel who work in a testing laboratory would not have to meet the immunity requirements, if the laboratory is not located within the physical site of a healthcare institution which provides services involving direct interaction with patients (such as hospitals and clinics). If, however, the laboratory is located within the physical site of such a healthcare institution, it would be considered to be within its premises, and the immunity requirement would apply for the laboratory's personnel.

In addition, personnel who are clinically not suitable for the vaccination (i.e. they have been certified permanently medically unfit for vaccination) also do not have to meet the immunity requirement.

9. How should persons who refuse the vaccinations be managed?

Licensees should implement appropriate measures to ensure that high vaccination coverage is maintained, in keeping with the intent of the requirements. For example, licensees may require new hires to comply with immunity requirements imposed by these licensing terms and conditions as part of their employment contracts.

Licensees should also proactively encourage existing personnel who do not have acceptable evidence of immunity to be vaccinated. For example, for older personnel who may be concerned about vaccine side-effects, a vaccinated individual of around the same profile could be asked to provide reassurance. For personnel who decline vaccination, the licensee may consider redeploying such personnel to settings which do not involve direct interaction with patients (in the interests of patient safety), while continuing to engage such personnel on their concerns and encouraging them to be vaccinated.

10. Will this vaccination requirement among healthcare workers be extended to COVID-19 vaccination?

COVID-19 vaccination is currently voluntary for healthcare workers. However, healthcare workers are at high risk of exposure to the disease in their workplaces. It is, therefore, important that they are protected from the disease, so that they can in turn protect their loved ones and their patients. Healthcare workers are therefore, **strongly encouraged** to be vaccinated.

11. We have outsourced partners and vendors, volunteers, who provide services in our premises at various frequencies. For example, air conditioner servicing is done quarterly, while couriers enter our premises either daily or weekly. Are the vaccination requirements applicable to such volunteers, outsourced partners and vendors?

Personnel from outsourced partners/vendors, and volunteers will need to be vaccinated if they do not fall within the scope of the exemptions in the licensing terms and conditions, and do not have acceptable evidence of immunity.

This applies to all personnel of partners and vendors which provide services (e.g. maintenance of equipment, infrastructure, couriers etc.) as well as volunteers, regardless of frequency of such services, except where such partners, vendors and volunteers provide services or volunteer on **only a one-off basis** (for example, providing catering services for, or organising a one-off event).

Licensees should ensure that they put in place measures to ensure that they comply with their obligations to ensure that personnel of outsourced partners/vendors as well as volunteers have, or acquire the required immunity under the licensing terms and conditions. These may include, for example, stipulating the requirements for immunity and vaccination in their contractual agreements with such partners and vendors.

12. If we have a contract with an outsourced agency/volunteering agency to require agency to ensure immunity of personnel employed/engaged by it and maintain up-to-date records, but the agency does not do so, who is responsible?

For personnel who are employed/engaged by external providers, the licensee is only required to maintain records of the arrangement made between licensee and the external provider to ensure that the staff of the external provider meet the immunity requirements (for example, records of the contracts with the external provider which stipulate the immunity requirements). The onus is on the external provider to ensure their staff meet the immunity requirements.

13. If vaccination is needed, are the vaccinations subsidised by MOH? If not, will the personnel be eligible for the National Adult Immunisation Schedule (NAIS) subsidy for the measles and diphtheria vaccination?

All Singapore Citizens (SCs) and Permanent Residents (PRs) for whom vaccination is recommended under the NAIS are eligible for subsidies for the relevant vaccinations. Under the NAIS, measles vaccination (as part of the Measles Mumps and Rubella vaccine) is recommended for adults who have not been previously vaccinated, or lack evidence of past infection or immunity, while Tdap is recommended for pregnant women during 16-32 weeks of each pregnancy. Licensees may also further subsidise the remaining cost of vaccinations for personnel, at their discretion.

14. After proof of immunity has been obtained, do we need to submit the supporting documents (e.g. vaccination records) to MOH?

Licensees are not required to submit the documents to MOH. However, licensees should keep such records minimally for the period specified in the licensing terms and conditions. Such records may be subject to inspection and audit by MOH.

For personnel who are not employed or engaged by the licensee or volunteer with the licensee, licensees may consider establishing an agreement with the

vendors to ensure that licensees are able to access such records upon request. Examples of such personnel include personnel employed or engaged by outsourced vendors and partners or vendors co-located with the licensee.

Licensees should note that there are requirements to notify vaccinations involving vaccines in the National Childhood Immunisation Schedule and National Adult Immunisation Schedule to the National Immunisation Registry following administration and comply with any applicable requirements, if the vaccination is administered by the licensees.

15. I am a doctor. Can I vaccinate myself, or certify myself as being medically unfit for vaccination?

It is not recommended that doctors vaccinate themselves, or certify themselves as medically unfit for vaccination. For the purposes of proper and objective verification, and to avoid conflicts of interest, an appropriately trained third party should perform and document the vaccination, or certify medical unfitness for vaccination.

16. Where can I retrieve past vaccination records, if available?

Singaporeans who are born in or after 1996 can access their past vaccination records via HealthHub with their SingPass.

Singaporeans born before 1996 will be able to access their vaccination records via HealthHub for vaccinations under the National Adult Immunisation Schedule, taken on or after 1 Nov 2017.

Some Singaporeans born before 1996 may also have records of the measles vaccination administered before 1 Nov 2017 shown in HealthHub. An example of such a record, which will be acceptable as proof of vaccination, is shown in the screenshot attached.

The screenshot shows a mobile application interface for 'IMMUNISATIONS'. At the top, there is a red header bar with a back arrow icon and the title 'IMMUNISATIONS' in white. Below the header, under the heading 'Measles', it states: 'You have two measles vaccination records in the National Immunisation Registry.' A note below says: '* Two doses of MMR vaccination are recommended for best protection against measles. No further action is required.' There are two tabs at the top: 'NIR' (selected) and 'NEHR'. A note below the tabs reads: 'The displayed information shows your immunisation records retrieved from the public hospitals, polyclinics and National Immunisation Registry (NIR). Progressively, more immunisation records from other public agencies or private healthcare institutions may be made available.' Below this note, there is a numbered list: '1. NIR - National Immunisation Registry' and '2. NEHR - National Electronic Health Record'. Underneath the list is a link: '🔗 National Child Immunisation Schedule'. In the main content area, the message 'There are no Immunisation records.' is displayed.

Persons whose records are not available in Healthhub may request for the proof of immunity from the healthcare providers where they had received the vaccination or, in the case of measles only, where they were diagnosed.

For measles, persons may as an alternative undergo a serology test to check for immunity, or obtain laboratory confirmation of past measles infection. If the result of their serology test is negative and/or they are unable to obtain laboratory confirmation of past measles infection, they will need to receive the necessary vaccination. For diphtheria, as serology testing is not readily available, the only acceptable evidence of immunity is vaccination with Tdap or Td which (1) reflects vaccination on or after 3 January 2022, and (2) is not Expired. Documented proof of vaccination is regarded as Expired after 10 years from the date of vaccination with a dose of Tdap or Td.

17. [Updated on 7 Jan 2022] How long is the validity period of serological test for measles?

There is no upper time limit to the validity of positive measles serology test. Immunity following vaccination persists for decades and the protection is thought to be life-long. The same applies to immunity against measles following natural infection.

