LEAGUE of MINNESOTA CITIES

INFORMATION MEMO

Potential Infectious Disease Exposures in Municipal Operations

Learn about infectious disease vaccinations for city workers. Find out about tuberculosis (TB) and how it spreads. Understand requirements for TB screening tests of city employees working in jails and lockups, and those working as emergency medical professionals. Learn about League of Minnesota Cities Insurance Trust workers' compensation coverage for costs associated with testing workers exposed to bloodborne pathogens and occupationally infectious diseases.

RELEVANT LINKS:

2023 Statistics on HIV/Aids in Minnesota, April 2024.

CDC Prevention and Control of TB in Correctional and Detention Facilities, July 7, 2006.

I. Infectious disease in the workplace

The League of Minnesota Cities Insurance Trust (LMCIT) receives questions about which vaccinations are required by law for different employee groups such as wastewater operators, public works, parks and recreation, lifeguards, and emergency services. Members occasionally have questions about tuberculosis (TB) screening and under what circumstances it is required.

The Minnesota Department of Health collects Epidemiological information on infectious disease. In its 2023 summary on HIV and AIDS in Minnesota the report describes changes, both when looking at new infections and persons living with HIV/AIDS.

- The number of people living with diagnosed HIV in Minnesota is nearly ten thousand (9,996). It is estimated an additional 1,100 people are living with HIV in Minnesota and unaware of their HIV status.
- Two-thirds (66%) of new HIV cases affect communities of color.
- Traditionally, most new HIV diagnoses were among White, non-Hispanic and Black/African American (non-Hispanic) racial groups. However, in 2023, Hispanic Minnesotans comprised 22% of new diagnoses, up from an average of 14% over the prior five years (2018-2022).

Many of these demographic changes also indicate a higher risk group for active tuberculosis disease. The Center for Disease Prevention and Control (CDC) publishes guidelines "for effective prevention and control of TB in jails, prisons, and other correctional and detention facilities." Let's start with vaccinations.

RELEVANT LINKS:

29 C.F.R. § 1910.1030(f)(1).

II. Vaccinations

The only vaccination that is required by law (Occupational Safety and Health Act [OSHA]) is hepatitis B and only for those employees that are at risk of exposure to bloodborne pathogens as a part of their regular job duties or assigned tasks. The employer is required to pay for this three-step vaccination series. The employer must also pay for the surface antigen testing post-vaccination series when it is required, as is the case, for example, for public safety employees.

A. Hepatitis B

For municipalities, this would include all emergency services employees—police, fire, and medical, including lifeguards. Wastewater operators, public works, park and recreation, and other employees are *not* considered to have routine hepatitis B infected blood and body fluid exposures as part of their job tasks and so do not need the hepatitis B vaccine (at least not for an occupational reason). Sanitary sewers and exposure to the environment represent hostile environments for the hepatitis B virus and the virus does not survive. Hepatitis B is even less infectious than hepatitis A (see below).

In addition, the hepatitis B vaccine is offered to *anyone* after an exposure incident; this is required by OSHA as part of the post-exposure medical follow-up. So, if an employee has not received the hepatitis B vaccination series but then sustains an injury or exposure to blood or potentially infected body fluids, the treating medical provider will determine if the vaccination series is recommended as a course of treatment. The city should have a process in place to route any employee, public safety or not, to medical attention in this kind of event.

B. Right to decline vaccination

29 C.F.R. § 1910.1030, Appendix A.

Hepatitis B Vaccine Declination Form, LMC Model Form.

The employee has the right to decline the hepatitis B vaccination series. In that case, there is a required declination form employees must sign as part of the OSHA standard. If the employee decides later that he or she would like to receive the hepatitis B vaccination series, the employer will provide this at no cost to the employee for those employees in job classifications that are at risk of exposure to bloodborne pathogens as a part of their regular job duties or assigned tasks.

RELEVANT LINKS:

C. Hepatitis B special considerations

1. Ongoing exposure

29 C.F.R. § 1910.1030(f)(1).

The municipality must also provide and pay for a hepatitis B surface antigen test two to three months after the vaccination series is completed if the employee has ongoing contact with patients or blood and/or is at risk of percutaneous (under the skin) injury from sharps or needle sticks. This would include emergency services employees, but not lifeguards. If necessary, the hepatitis B vaccination series is given again to those employees who are not immune, and again two to three months later, the employee is retested for hepatitis B surface antigen. There is no further action needed if, once again, immunity is not attained. It is simply noted in the medical file.

2. Interrupted vaccination series

The employer is not responsible for any remaining vaccinations in the hepatitis B series for an employee who has started the hepatitis B vaccination series while working for the city but leaves city employment before completing the series.

3. Partial vaccination series

Sometimes an employee, such as a police officer, may start the hepatitis B vaccination series before employment, or with another employer, but has not finished it at the time of initial employment with you. As the new employer, you are required to finish the vaccination series and to pay for it.

D. Other vaccination considerations – None Required

1. Influenza

Adult Immunization Schedule, U.S., Centers for Disease Control and Prevention, 2020.

There are no other required vaccinations; however, it may make sense to offer the annual influenza vaccine to emergency services employees. Not only do you want to keep this group of people healthy so they are available to work with the public, but you also want to prevent them from, as they carry out their regular duties, transmitting the influenza virus to the sick, elderly or other patients with weakened immune systems.

Employers may “campaign” for employees to get their annual influenza vaccination as part of their personal medical benefits plan. To encourage participation, the employer may also work with its healthcare provider network to set up on-site vaccination clinics at the workplace.

RELEVANT LINKS:

Employees are not required to get the vaccination, and the city is not required to pay for it.

2. Hepatitis A

Hepatitis A Questions and Answers, Centers for Disease Control and Prevention.

Cities sometimes wonder whether the hepatitis A vaccine is recommended for wastewater operators or employees that may respond to natural disasters where the environment is contaminated with raw sewage. It is not. The hepatitis A virus is not able to live in the harsh environment of the sewer system or out in the elements of a natural disaster. According to the Centers for Disease Control and Prevention (CDC), there has never been a case of occupationally related hepatitis A in the United States for wastewater operators or for those responding to natural disasters such as hurricane Katrina.

3. Meningitis

Vaccinations for Adults, Immunization Action Coalition, April 2020.

The meningitis vaccination is recommended where there are congregate living conditions such as in a correctional facility or a college dormitory. These are not (typically) city type operations. The Minnesota Department of Health does not recommend meningitis vaccinations for city employees.

4. Tetanus

Employers are not required to provide a tetanus vaccination except in the course of treating a workers' compensation injury. This vaccination is generally part of routine preventative health care.

III. Tuberculosis screening for correctional and emergency medical workers

Questions and answers about TB, Centers for Disease Control and Prevention.

According to the CDC, tuberculosis (TB) is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria usually attack the lungs. But TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are infected, but not sick, have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But some people with latent TB infection go on to get TB disease.

RELEVANT LINKS:

"TB continues to be a problem. Multidrug-resistant TB (MDR TB) remains a concern, and extensively drug-resistant TB (XDR TB) has become an important issue. While the number of TB cases in the United States has been declining, there remains a higher burden of TB among racial and ethnic minorities. This is due to uneven distribution of TB risk factors that can increase the chance of developing the disease."

A. Risk factors for exposure (transmission) and activation of latent TB

The Minnesota Department of Health (MDH) explains that the risk of exposure to TB is largely based on "place." Factors such as having been homeless, incarcerated, having worked or lived in a correctional facility or a long-term health care setting are all higher-risk settings for exposure to the bacteria. The city's risk level can change over time. A municipality should contact MDH on an annual basis at (651) 201-5000 or (888) 345-0823 to determine the risk level for its employees.

Quarterly (tuberculosis) Surveillance Report, Minnesota Department of Health, April 2024.

Most cases of TB reported in Minnesota are from Hennepin and Ramsey counties. Many Minnesota counties outside the Twin Cities metropolitan area have had no reported cases of active TB in the last several years. When broken down to age groups, it is most common in those 25-44 years old. The quarterly tuberculosis surveillance report has updated information on these statistics.

The next largest risk categories include other medical conditions, HIV-infected and substance abuse. Activation of latent TB into TB disease occurs when the immune system is compromised. Examples of compromised immune system causes include serious infections such as HIV or diabetes, and use of certain therapeutic drugs such as Embrel or Humira for treatment of rheumatoid arthritis or psoriasis. The elderly have weakened immune systems, and people under five years of age have not fully developed their immune system. All these situations present a higher risk for activation of latent TB into active TB disease.

B. TB testing for certain city employees

CDC Prevention and Control of TB in Correctional and Detention Facilities, July 7, 2006.

There are regulatory rules, standards, and Minnesota statutes, as well as best practice guidelines, that apply to managing TB in city correctional institutions, such as jails or lockups, and for city emergency medical professionals (whether volunteer or not). The CDC has guidelines for testing and diagnosis, infection control and prevention, treatment, and vaccines and immunizations. Best practice is that new employees for all levels of correctional facilities (1-4) need a baseline TB screen upon hire.

CDC best practice guidelines.

RELEVANT LINKS:

Minn. Stat. §144.445 subd. 2. 2015.

"All employees of facilities operated, licensed, or inspected by the Department of Corrections (DOC) shall be screened for tuberculosis before employment in the facility and annually thereafter, with either a Mantoux test or a chest roentgenogram (X-ray) as consistent with screening and follow-up practices recommended by the United States Public Health Service or the Department of Health, as determined by the commissioner of health." This means DOC licensed lockups levels 1-3 require baseline and annual screening for TB. DOC class 4 facilities do not, but there is a hitch.

Enforcement and Procedures for Occupational Exposure to Tuberculosis, Minnesota Department of Health, June 2019.

Minnesota Occupational Safety and Health (MN OSHA) requires *all* health care and correctional employees to get a baseline test for TB. Only medium and potential ongoing transmission levels have ongoing annual testing. If the facility is in a community where the risk for exposure to TB is considered high by the Department of Health, then annual screenings are required even if it is a DOC class 4 facility. A "class 4 municipal lockup facility means an adult detention facility operated by a municipal government used to confine detainees for up to four hours." To complicate things a little further, more than one OSHA standard applies. The General Duty Clause, Minnesota AWAIR (A Workplace Accident and Injury Reduction), Employee Right to Know (ERTK), and respirator standards all come into play with tuberculosis.

C. Who needs what, when, and according to whom?

If you "merge" these different requirements into a comprehensive table, you will find that:

- MN OSHA and Minnesota Department of Health require upon hire employees at all "correctional institutions, including lockup units, and law enforcement personnel transporting suspected or confirmed TB cases, etc." need a baseline test for TB.
- Employees classified by the DOC as working in level 1-3 correctional facilities need upon hire a baseline and thereafter an annual test for TB.
- According to MN OSHA and the Minnesota Department of Health employees at a level 4 facility that is in a high-risk community, such as Hennepin and Ramsey counties, also need annual TB testing. (Check with your county health department to determine what the TB risk is in your area).
- Settings licensed by MDH will no longer be required (effective June 2019) to do annual TB screenings of health care personnel once their initial baseline screening is complete.

Regulations for TB Control in Minnesota Health Care Settings, Minnesota Department of Health, June 2019.

RELEVANT LINKS:

CDC Prevention and Control of TB in Correctional and Detention Facilities, July 7, 2006.

D. Transporting patients and detainees

Close proximity in an enclosed air space of people with suspected or confirmed tuberculosis disease is a risk factor to all job classes of public safety employees that transport patients or detainees including police, fire, emergency medical responders, paramedics, ambulance attendants, etc. Employees can limit their exposure by using ventilation controls during transportation and in some cases wearing an N95 respirator.

Ventilation controls might include transport in an ambulance; whenever possible:

- Operate ventilation in the non-recirculating mode.
- Use the maximum amount of outdoor air.
- Use the rear exhaust fan if available.
- Use, if available, a supplemental recirculating ventilation unit that passes air through HEPA filters.
- Airflow should be from the front of the vehicle, over the patient and out the rear exhaust fan.

If an ambulance is not available:

- Operate ventilation in the non-recirculating mode.
- Use the maximum amount of outdoor air.
- If possible, the cab should be physically isolated from the rest of the vehicle.
- Place the patient/detainee in the rear seat.
- Drivers and other person's transporting people with suspected or confirmed infectious TB should wear at least an N95 disposable respirator.
- Consider having the patient/detainee wear a surgical or procedural mask if possible.

IV. Testing for infectious disease exposure

29 C.F.R. § 1910.1030(f)(1).

Under federal and state OSHA law, employers are required to pay the cost of diagnostic testing for employees who have been exposed to certain infectious diseases, including:

- Viral or infectious hepatitis.
- Human immunodeficiency virus (HIV).
- Acquired immunodeficiency syndrome (AIDS).
- Tuberculosis (TB).
- Meningitis.
- Bacillus anthracis (anthrax).

Often this involves a series of tests over a specified period of time. The cost of this testing is not typically a covered claim under Minnesota's workers' compensation law because neither the exposure nor the subsequent testing is considered a compensable injury. Workers' compensation benefits are generally available only if the employee contracts the infectious disease.

LMCIT provides coverage for this testing, along with coverage for diagnostic testing of the person or persons who were the source of the infectious exposure, through its standard workers' compensation package. Check with your agent or the underwriting department at the League of Minnesota Cities Insurance Trust for details. This additional coverage helps avoid confusion about who was responsible for the cost of the testing, and it helps reduce the level of anxiety in what is already a difficult situation.

This employer responsibility is covered at no additional premium charge. In fact, LMCIT coverage for exposure testing is broader than OSHA or statutory mandates. LMCIT covers the cost to test any city employee who is exposed in the course of his or her employment, not just public safety workers as required by law. The list of bloodborne pathogens and diseases covered by LMCIT is broader than required and includes exposure testing for meningitis and anthrax exposures.

A. Effects on premium

There is no across-the-board premium increase associated with this coverage. However, individual cities that submit claims will likely see an indirect effect on their premiums because the cost of the testing will impact a city's experience modifier.

B. Submitting costs to LMCIT

Unlike statutorily defined workers' compensation injuries, the cost for diagnostic testing is not a mandatory benefit under Minnesota workers' compensation law. Consequently, most exposures would not be subject to the statutory mandatory reporting requirements. Therefore, a city is not required to submit the cost of diagnostic testing to LMCIT. There are, however, several benefits associated with promptly reporting the exposure incident and handling the charges through LMCIT:

- It avoids confusion about who is responsible for the costs.
- For cities in managed care, it eliminates the prospect of employees going to different medical providers if an employee later contracts an infectious disease.
- It allows the claim file to have an initial base line test result for the employee for purposes of helping determine whether later contraction of an infectious disease is compensable.

RELEVANT LINKS:

- It helps protect employee confidentiality interests by not running payments through city hall.

C. Further assistance

For further assistance with questions on tuberculosis screening or vaccinations, contact League staff. The Minnesota Department of Health epidemiologists and vaccination specialists will answer a variety of questions to help the city or facility sort out vaccination questions and questions about what to include in a tuberculosis surveillance program.

The city can also contact the League for guidance on coverage, submitting claims, or developing an employee safety program on bloodborne pathogens or tuberculosis.

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