## Part VIII Infection control, incident management and emergency preparedness

**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. 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.
- 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.

**4. 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?**

- The immunity of these persons/groups of persons cannot be established *a priori*.

**5. 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?**

- 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.

**6. On measles vaccination, for personnel who have taken one dose, can they continue working while waiting to take the second dose?**

- Yes, they can continue working while waiting for the second dose.
- 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.
- 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.

**7. How long does the measles vaccination last?**

- The protection from measles due to a past infection / vaccination lasts for a lifetime. Therefore, any of the following scenarios can be taken as proof that an individual has immunity against measles:

  (a) documented proof of completion of a course of vaccination involving two doses of measles (or measles-containing) vaccine given at least four weeks apart;

  (b) serological evidence of immunity against measles; or

  (c) laboratory confirmation of past measles infection.

**8. 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.

**9. How can the licensees assess whether the exemption criteria are met?**

- 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 conditions.
- 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.

- 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 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.

**10. 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 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.

**11. 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.

**12. What is the timeline for licensees who are transiting to HCSA in the other Phases (i.e., Phases 2 and 3) to meet the measles and diphtheria vaccination requirements?**

- MOH plans to introduce the vaccination requirements via the HCS General Regulations and PHMC LTCs, which are planned to be issued on 3 January 2022. Licensees will be required to ensure their staff have undergone the

measles and diphtheria vaccinations by 3 January 2022 unless they have been exempted.

- PHMC licensees will be subjected to the vaccination requirements through the PHMC LTCs until they transit to HCSA in their respective phases (e.g., Phase 2 for hospitals and clinics and Phase 3 for nursing homes), after which the HCS General Regulations will apply.

**13. We have outsourced partners and vendors 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 outsourced partners and vendors?**

- Personnel from outsourced partners/vendors, will need to be vaccinated if they do not fall within the scope of the exemptions in the licensing 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.) regardless of frequency of such services, except where such partners and vendors provide services 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 conditions. These may include, for example, stipulating the requirements for immunity and vaccination in their contractual agreements with such partners and vendors.

**14. If we engage an external vendor for a one-off event, but the vendor needs to make multiple trips to our institution or travel between multiple healthcare institutions under our cluster for this one-off event, is the vendor exempted from the immunity requirement?**

- As it is a one-day event that is happening on a one-off basis, the external vendor would meet the exemption criteria, regardless of the number of trips they make for the same one-off event.
- A vendor who visits multiple institutions under the same licensee on a one-off basis and on the same day, regardless of whether the same staff is making the trip to each institution on the same day, would also meet the exemption criteria.

**15. If we do not have a contract with the external vendor (e.g. food caterers where only purchase order and invoice are involved), how could we ensure that the external vendors comply with the immunity requirement? Do we need to obtain evidence of immunity from these external vendors?**

- In the event where there is no contractual agreement between the licensee and the external vendor, the licensee should still inform the vendor of the need to comply with the immunity requirement and document such due diligence separately. This will help support the licensee's case should there be an audit by MOH on the licensee's compliance with the immunity requirement.

- There is otherwise no need for licensees to obtain evidence of immunity from external vendors, or to maintain records of it.

**16. Do medical observers and visiting experts need to comply with the vaccination requirements?**

- These groups of individuals will need to comply with the vaccination requirements, regardless of the duration of their stay, as they may attend clinical procedures/clinical sessions within the licensable healthcare premises and thus may have physical contact with patients.

**17. Are the vaccination requirements applicable to visitors for patients such as patients' Next-of-kin or friends?**

- While it is not mandatory for NOKs and family members of the patients to comply with the immunity requirements, they are strongly encouraged to get themselves immunised as well, in order to better protect the health of their loved ones and other patients.

**18. Are volunteers required to comply with the immunity requirement?**

- Volunteers who are not registered healthcare professionals are exempted from the measles and diphtheria immunity requirements, and are instead strongly encouraged to meet these requirements as best practice.
- MOH recognises that the imposition of immunity requirements has deterred volunteerism, particularly in the Long-Term Care sector, where volunteers are crucial to augment the manpower capacity.
- Despite this stance for general volunteers, all healthcare institution licensees should continue to assess and determine if there are circumstances where diphtheria and measles immunity requirements may need to be imposed on general volunteers.
- In addition, prevailing infection prevention and control measures would continue to apply. Examples of such measures include routine cleaning and disinfecting of premises especially following a large group based activity or event, as well as general public exhortation such as keeping up-to-date with necessary vaccinations, hand hygiene, masking in patient-facing areas and avoid visiting the healthcare institutions if unwell. Licensee should reiterate these measures to the volunteers.

**19. Are volunteers who are registered healthcare professionals and providing general volunteer activities (e.g., cutting hair, massages) exempted from the immunity requirement?**

- Volunteers who are registered healthcare professionals are required to comply with the measles and diphtheria immunity requirements. This is because registered healthcare professionals have a professional duty to protect the health of their patients and the public, and thus should in principle be held to a higher standard compared to general volunteers.
- Such volunteers will be exempted from the requirements if:

    1. The volunteer's work does not involve direct interaction with a patient or customer who is physically present at the same place as the volunteer and they do not work within the premises or conveyance of a healthcare institution

which is used to provide services that involve direct interaction with a patient or customer who is physically present at the same place as any individual providing such services;

2. Volunteers have documented proof that they are certified to be permanently medically unfit for vaccination (for measles and diphtheria); and

3. Volunteers who are employed or engaged (by Licensees or otherwise) for volunteering on a one-off basis.

**20. What measures can licensees put in place to lower the risk of transmission from volunteers to patients?**

- Despite the exemption of measles and diphtheria immunity requirement for general volunteers, licensees should continue to put in place prevailing infection prevention and control measures to prevent the spread of such contagious diseases.
- In addition, licensees are encouraged to assess their own situation and take other risk-based measures, such as crowd management and cutting down non-essential interactions for highly immune compromised groups of patients. Licensees have the flexibility to tighten the measures as and when required, based on their own circumstances. For example, if there is an outbreak in the facility, the healthcare institution can impose stricter infection control measures, or stop the volunteer activities all together, or require that their volunteers be updated with measles and diphtheria vaccinations accordingly.

**21. How can licensees decide whether to impose the immunity requirement on general volunteers?**

- All healthcare institution licensees should continue to assess their own situation and determine if there are circumstances where diphtheria and measles immunity requirements may need to be imposed on general volunteers.
- This assessment should be risk calibrated, based on the potential exposure of general volunteers with no / unknown immunity to diphtheria and measles to vulnerable patients. In principle, this assessment should be conducted by undertaking a holistic review of the licensee's circumstances, rather than applying key considerations mechanistically. For instance, if a licensee assesses that having unvaccinated volunteers in close contact with highly vulnerable patients (e.g., transplant recipients) places excessive risk to the latter, the licensee should be allowed to exercise discretion in imposing the immunity requirements on the volunteers regardless of the length of contact time between the volunteers and patients.
- MOH may also reserve the right to impose immunity requirements on select licensees if they already had an outbreak of diphtheria or measles or at risk of doing so, to mitigate against future transmission.

**22. 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.

**23. 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.

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

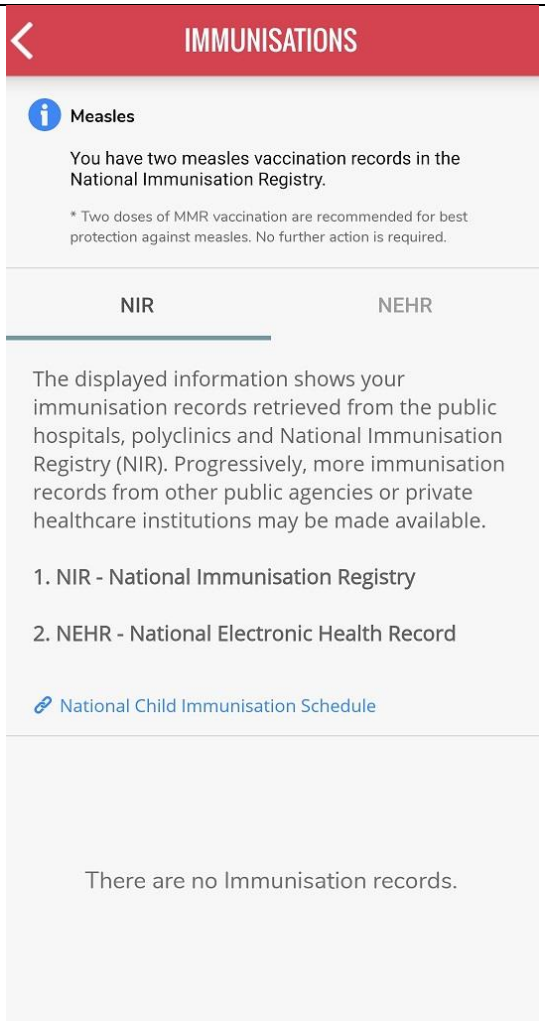
- Licensees are not required to submit the documents to MOH. However, licensees should keep such records minimally for the period specified in the licensing conditions. Such records may be subject to inspection and audit by MOH.
- For personnel who are not employed or engaged by the licensee or volunteer 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.

**25. 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.

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

- Singaporeans who are born in 1996 and after 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.




- 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.