



CITY OF HOUSTON
Fire Department

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TO: ALL HOUSTON FIRE DEPARTMENT (HFD) APPLICANTS

RE: HFD INFECTION CONTROL REQUIREMENTS

All Houston Fire Department (HFD) applicants shall submit copies of the following immunization/test records to the HFD Infection Control Office either in person or via fax (832-394-6890).

HEPATITIS B

- **Non-Certified Applicants** - must show proof of two Hepatitis B injections. (Should be in compliance with CDC immunization schedule).
- **Certified Applicants** - must show proof of a complete Hepatitis B injection series. (Should be in compliance with CDC immunization schedule). If the applicant has received the complete Hepatitis B series and the records are not accessible, an accredited lab report confirming a Hepatitis B quantitative blood titer greater than or equal to 10 MIU/ml is acceptable.
- **All Applicants** - if the date of the final (3rd) Hepatitis B injection is greater than two months prior to finalization of the applicant's immunization records, he/she shall also provide an accredited lab report confirming Hepatitis B quantitative blood titer vaccination series and obtain, at minimum, the first injection of the second series prior to finalization of their immunization records. Any applicant with a Hepatitis B quantitative blood titer less than 10 MIU/ml must provide proof of a completed Hepatitis B vaccination series.

TETANUS, DIPHTHERIA AND PERTUSSIS (TDAP)

Must submit proof of immunization within the past five years. It must be an Adult dose of Tetanus, Diphtheria, and Pertussis vaccine. If the applicant has proof of a TDAP vaccine that was administered greater than five years prior to the finalization of the applicant's immunization records, he/she shall also provide proof a TD (Tetanus and Diphtheria) vaccine within the past five years.

HFD Infection Control Requirements

TB SKIN TEST (TST/PPD)

Must submit proof of two-step TST completed within the last six months with documented results. The second test must be placed at least 7 days after a negative reading of the first test.

- An accredited lab report providing TB blood test results completed within the last six months is an acceptable substitute for the two-step TST.
- Applicants with a new positive result or a history of testing positive shall provide the results of a negative chest x-ray within the past six months. Applicants providing a chest x-ray shall provide proof a positive TST or blood test.
- Applicants with a positive chest x-ray within the past six months shall provide written documentation from his/her physician attesting to non-communicability.

MEASLES, MUMPS, RUBELLA (MMR)

Proof of two doses of the MMR is required.

- The first MMR vaccination is usually recorded in childhood immunization records.
- Each dose must be at least 28 days apart.
- A titer from an accredited lab showing immunity to MMR is acceptable.

CHICKENPOX/SHINGLES (VARICELLA/HERPES ZOSTER)

Positive titer proving history of chickenpox disease or shingles, or proof of two doses of the varicella vaccine.

- Applicants who have had chickenpox or shingles must provide an accredited lab report confirming a positive varicella titer.
- Each dose of varicella vaccine must be at least 28 days apart.

Proof of these immunizations/tests will be required prior to the applicant receiving a conditional job offer. Conditional job offers are issued by HFD recruiters.



Terry Garrison
Fire Chief

HFD Approved Immunization Schedules

Vaccine/Test	Schedule	Contraindications
Hepatitis B	3 Vaccines followed by QN Titer	Documentation of positive (≥10) QN titer OR documentation of being non-responder
Vaccine #1	*At any time	Documentation of positive (≥10) QN titer OR documentation of being non-responder
Vaccine #2	4-8 Wks. after Vac. #1	Documentation of positive (≥10) QN titer OR documentation of being non-responder
Vaccine #3	≥16 Wks. after Vac. #1 AND ≥ 8 Wks. after Vac. #2	Documentation of positive (≥10) QN titer OR documentation of being non-responder
Quantitative (QN) Titer	≥8 Wks. After Vac. #3	Documentation of positive (≥10) QN titer OR documentation of being non-responder
Vaccine #4	At any time if QN titer is low (<10)	Documentation of positive (≥10) QN titer OR documentation of being non-responder
TDAP (Adult)	One Vaccine	Documentation of at least one adult dose of the TDAP vaccine
TD	One Vaccine	Documentation of an adult dose of the TDAP vaccine within the past 5 years
TB Skin Test (TST)	2 TSTs	Documentation of a positive TB Skin Test or positive TB Blood Test
TST #1	*Placed any time	Live virus vaccine (MMR or Varicella) administered <28 days before TST placed
	Read 48-72 Hours After Placed	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TST #2	*Placed 7-21 Days after TST #1	Live virus vaccine (MMR or Varicella) administered <28 days before TST placed OR a positive reading for TST #1
	Read 48-72 Hours After Placed	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TB Blood Test	One test	Live virus vaccine (MMR or Varicella) administered <28 days before test performed
Chest X-Ray (CXR)	One CXR	Documentation of two negative TSTs or negative TB Blood Test OR No documentation of a positive TST or positive TB Blood Test

(*) Indicates a deadline to start series or begin testing may be imposed in order to meet compliance dates provided by Classified Recruiting

Approved Immunization Schedules

Vaccine/Test	Schedule	Contraindications
MMR	Two Vaccines	Documentation of two MMR vaccines
MMR #1	*At any time	<28 days after receiving a Varicella vaccine
MMR #2	≥28 Days after MMR #1	<28 days after receiving a Varicella vaccine
MMR Titer	Only indicated if you are certain you have received two MMR vaccines but have no documentation (Military is the most likely scenario)	Documentation of two MMR vaccines
Varicella (VZV)	Two Vaccines	Documentation of two Varicella vaccines
Varicella #1	*At any time	<28 days after receiving an MMR vaccine
Varicella #2	≥28 Days after Varicella #1	<28 days after receiving an MMR vaccine
Varicella Titer	At any time with history of Chickenpox disease	Documentation of two Varicella vaccines

(*) Indicates a deadline to start series or begin testing may be imposed in order to meet compliance dates provided by Classified Recruiting

Houston Area Clinics

Clinic Name, Address & Phone	Hours	Hep-B	Hep-B Titer	Tetanus-Diphtheria (Td)	TDaP	TB Test (TST)	Chest X-Ray	Measles, Mumps, Rubella (MMR)	Varicella	Varicella Titer
Harris County Health (4 Clinics)										
1730 Humble Place Dr. (Humble)	1000 Lee Drive (Baytown) Call: (713)212-6800									
5815 Antoine, Suite A (Houston)	M-F 8a-5p	\$15	---	---	\$15	\$5	---	\$15	---	---
Concentra Medical Centers (10 Locations)										
(713)223-0838	2004 Leeland	\$70	\$76	\$43	\$81	?	\$61	\$75	\$117	---
Occucare										
(713)802-0801	5151 Katy Fwy #170 (@ TC Jester)	\$75	\$15	\$50	\$60	\$18	\$30	\$80	\$120	\$40
Passport Health Houston (6 Locations)										
(713)467-6575	9601 Katy Fwy #250	\$90	\$60	\$50	\$75	\$35	\$75	\$95	\$140	\$65
Express Family Clinic										
281-742-0624	610 Rayford Rd. #644	\$25	\$25	---	\$20	\$15	---	\$20	\$20	\$25
Any Lab Test Now (Multiple Locations)										
(281) 888-5293	2282 W Holcombe Blvd.									
(713) 869-5526	2902 N. Shepherd Dr., Suite E									\$49
(713) 266-7900	5901 Westheimer Rd, Suite W									

This list is provided by HFD Infection Control as a reference. Immunizations and tests do not have to be performed at the above clinics.

ALL PRICES ARE SUBJECT TO CHANGE. CALL AND VERIFY LOCATIONS, COSTS AND HOURS OF OPERATION

HFD APPLICANT

Houston Fire Department-Infection Control
EMS Headquarters
600 Jefferson, 8th Floor
Houston, TX 77002

Fax

To: _____ From: _____
Fax: 832-394-6890 Pages: _____
Phone: 832-394-6846 Phone: _____
Date: _____ Email: _____

Additional Information Needed:

Mailing Address: _____ City/State/Zip: _____

Civil Service Rank: _____ Recruiter: _____ D.O.B. _____

Certified Fire/EMT or Non-Certified: _____

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