Healthcare Personnel Vaccination Recommendations

**VACCINES AND RECOMMENDATIONS IN BRIEF**

**COVID-19** – If not up to date, provide COVID-19 vaccine according to current CDC recommendations (see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html).

**Hepatitis B** – If no previous dose, give either 2-doses of Hepatitis B or a 3-dose series of either Engerix-B or Recombivax HB. For HCP who perform tasks that may involve exposure to blood or body fluids, obtain antibody serology 1–2 months after final dose.

**Influenza** – Give 1 dose of influenza vaccine annually. Inactivated injectable vaccine is given IM. Live attenuated influenza vaccine (LAIV) is given intranasally.

**MMR** – For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give subcutaneously (Subcut).

**Varicella (chickenpox)** – For HCP who have no serologic proof of immunity, prior vaccination, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider, give 2 doses of varicella vaccine, 4 weeks apart. Give Subcut.

**Tetanus, diphtheria, pertussis** – Give non-responders: HCP who are non-responders to a documented Hepatitis B vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing upon hire or matriculation. See references 2 and 3 for details.

**Influenza**

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation.

**Measles, Mumps, Rubella (MMR)**

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 is considered acceptable evidence of measles, mumps, and rubella immunity, 2 doses of MMR vaccine should be considered for unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps. One dose of MMR vaccine should be considered for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, 2 doses of MMR vaccine are recommended during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

**Varicella**

All HCP should be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

**Tetanus/Diphtheria/Pertussis (Td/Tdap)**

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP should be revaccinated during each pregnancy. All HCPs should then receive Td or Tdap boosters every 10 years thereafter.

**Meningococcal**

Microbiologists who are routinely exposed to isolates of N. meningitidis should be vaccinated with both MenACWY and MenB vaccines. The two vaccines may be given concomitantly but at different anatomic sites, if feasible.

For additional specific ACIP recommendations, visit CDC’s website at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html or visit IAC’s website at www.immunize.org/acip.

**REFERENCES**

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR, 2011; 60(RR-7).


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