# Healthcare Personnel Vaccination Recommendations

<table>
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<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
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<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.</td>
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<tr>
<td>Influenza</td>
<td>Give 1 dose of influenza vaccine annually. For inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.</td>
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<tr>
<td>MMR</td>
<td>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 SC.</td>
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<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
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<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give a dose of Td as soon as feasible to all HCP who have not received Td previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.</td>
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<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitidis and boost every 5 years if risk continues. Give MCV4 IM; if necessary to use MPSV4, give SC.</td>
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**Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.**

### Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
  - If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
  - If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBV prophylaxis for any known or probable perinatal exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. Testing should be considered. DCF found to be HBsAg positive should be counseled and medically evaluated.

**Note:** Anti-HBs testing is not recommended routinely for all previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. However, pre-exposure testing may be preferred for trainees, certain occupations, and HCP working in certain populations. For details see reference 2.

### 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 people (e.g., stem cell transplant patients) when patients 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, and 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.

### Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

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

All HCP who have not or are unsure if they have previously received a dose of Td should receive a dose of Td as soon as feasible, without regard to the interval since the previous dose of Td. Pregroup HCP need to get repeat doses during each pregnancy. All HCP should then receive Td boosters every 10 years thereafter.

### Meningococcal

Vaccination with MCV4 is recommended for microbiologists who are routinely exposed to isolates of N. meningitidis.

**References**

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

For additional specific ACIP recommendations, refer to the official ACIP statements published in MMWR. To obtain copies, visit CDC’s website at www.cdc.gov/vaccines/public/ACIP-books; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/ACIP.

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