



Immunization Recommendations for Health Care Workers in Non-Acute Care Settings

Overview

Immunizations play a large role in reducing the risk of disease. Health care workers, such as those working in physician’s offices, long term care facilities, rest and retirement homes and paramedics may be at risk of exposure to vaccine preventable diseases because of their contact with clients or material from clients with infections, both diagnosed and undiagnosed.

Health care workers (HCWs) who acquire a vaccine preventable disease can not only suffer morbidity and mortality as a result of infection, but serve as vectors for transmitting disease to patients, other staff and residents.

The immunization status of each employee should be assessed at the time of initial employment and their immunization status should be recorded and kept on file.

HCW’s who decide not to be vaccinated should have this information recorded in their health file in case of an exposure to a vaccine preventable disease. Immunization policies at individual health care settings will vary, and decisions about which vaccine preventable diseases should be included depend on the size of the workplace, the exposure risks for the HCW, and the nature of employment.

The following immunizations or testing are recommended for HCWs working in Non-Acute Care Settings:

Disease	Recommended Vaccine or Test
Tetanus, diphtheria	A primary series of minimum 3 doses of a combined Tetanus diphtheria (Td) vaccine ¹ Booster dose of Td every ten years ¹
Tuberculosis (TB)	In general HCWs may be at increased risk of contracting and developing TB HCWs whose TB status is unknown or negative, should have at least one documented two-step baseline skin test. A two-step test is only required once. Routine follow-up skin testing for HCWs with negative or insignificant TST is indicated in the health care setting under the following circumstances Exposure to a known case of active tuberculosis Clinical symptoms suggesting active tuberculosis OR Annually, if workers are at risk of contact with patients or specimens with TB; or if practice is in a community with high prevalence of TB ⁵ For HCWs in long term care facilities and retirement homes, please see Simcoe Muskoka District Health Unit’s fact sheet on Tuberculosis screening in this setting For further information, the Canadian TB Standards can be accessed at the Public Health Agency of Canada website, Infectious Disease section.
Varicella	Any person who has a definite history of chickenpox (Varicella) or shingles (zoster) can be assumed to be immune. ² For staff who have not had chickenpox or are not certain whether or not they have had chickenpox, an option is to perform serologic testing to determine the need for immunization. Up to 80% of people will be immune despite a negative history. ² If there is no history of disease or serologic proof of immunity, the HCW should be immunized with 2 doses of varicella vaccine, 6 weeks apart. ⁴ This vaccine is not publicly funded for adults.

Disease	Recommended Vaccine or Test
Hepatitis A	The National Advisory Committee on Immunization (NACI) does not recommend routine immunization of HCWs. ¹
Hepatitis B	<p>For all susceptible HCWs who may be exposed to blood, blood products or body fluids of others, who may be at increased risk of sharps injuries or bites</p> <p>3 doses of hepatitis B vaccine given at 0, 1 and 6 months.¹</p> <p>Note: Some HCWs may have received a 2 x 1.0 mL dose series (given 4-6 months apart) of HB vaccine as an adolescent. This is considered a complete series.</p> <p>Post immunization serologic testing for anti-HBs should be conducted 1-6 months after the third dose to determine immunity.³</p> <p>If anti-HBs is >10mIU/mL and documented as such at any time, repeat serology or re-immunization is not required in the present or future.</p> <p>If anti-HBs is <10mIU/mL administration of additional doses with testing for response after each dose should be undertaken. Those who fail to respond to three additional doses of vaccine are unlikely to benefit from further immunization.³</p> <p>This vaccine is not publicly funded for adults.</p>
Influenza	Annual immunization for HCWs ¹
Measles, Mumps, Rubella	<p>Documentation of 2 doses of measles-mumps-rubella vaccine given at least 4 weeks apart on or after the first birthday</p> <p>OR</p> <p>Laboratory evidence of immunity to all three diseases</p> <p>OR</p> <p>Documentation of laboratory confirmed disease^{1,2}</p>
Meningococcal disease	Meningococcal vaccine is not routinely recommended for most health care workers.
Pertussis	A single dose of Tdap is recommended for all HCWs who have not received an adolescent or adult dose of Tdap. ^{1,4} This is now publicly funded. ⁴

References

1. Infection Control Guidelines. (March 2002). Prevention and Control of Occupational Infections in Health Care.
2. Communicable Diseases Surveillance Protocols. Ontario Hospital Association/Ontario Medical Association. www.oha.com/SERVICES/HEALTHSAFETY/Pages/CommunicableDiseasesSurveillanceProtocols.aspx
3. Canadian Immunization Guide. (2006). 7th Edition. Public Health Agency of Canada. www.naci.gc.ca
4. Publicly Funded Immunization Schedules for Ontario. (August 2011).
5. Infection Control in the Physician's Office (2004).

Questions

If you would like to learn more about immunizations or need a yellow immunization card, please call *Your Health Connection* at 705-721-7520 or 1-877-721-7520, Monday to Friday 8:30 a.m. to 4:30 p.m. or visit our website.