



## Immunization Recommendations for Health Care Workers

Immunizations play a large role in reducing the risk of preventable diseases. All health care workers (HCWs) including nurses, doctors, laboratory workers, paramedics, personal support workers and students in health care disciplines are at increased risk of exposure to vaccine preventable diseases as a result of their contact with clients.

Health care workers who acquire preventable diseases not only become ill as a result of infection, but also serve as vectors for transmitting disease to others.

The following recommendations were developed based on the Ontario Hospital Associations' Communicable Diseases Surveillance Protocols along with recommendations from the Canadian Immunization Guide.

| Disease                           | Recommended Vaccine or Test  |
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| <b>Hepatitis B</b> <sup>1,2</sup> | <ul style="list-style-type: none"> <li>• For all susceptible HCWs who may be exposed to blood, blood products or body fluids of others, or who may be at increased risk of sharps injuries or bites</li> <li>• 3 doses of hepatitis B (HB) vaccine given at 0, 1 and 6 months.</li> <li>• 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.</li> <li>• Post immunization serologic testing for anti-HBs should be conducted 1-6 months after the third dose to determine immunity.</li> <li>• If a HCW has completed HB immunization more than 6 months ago, testing for anti-HBs should still be done.</li> <li>• If the anti-HBs 6 months or more after the initial series is &lt;10IU/L the cause may be waning immunity or vaccine failure.</li> <li>• Immunocompetent HCWs have been shown to maintain immunity even when the antibody is undetectable. This HCW should receive 1 booster dose of HB and be retested 1 month later.</li> <li>• If this titre is still &gt;10IU/L, a 2<sup>nd</sup> series of HB is indicated, followed by anti-HBs serology 1-6 months after completion of the 2<sup>nd</sup> series.</li> <li>• If anti-HBs is &gt;10IU/L and documented as such at any time, repeat serology or re-immunization is not required in the present or future. The only exceptions to this are if the HCW is immunocompromised (should be tested periodically as immunity may wane), has chronic renal disease or is on dialysis (should be tested annually).</li> <li>• If anti-HBs is &lt;10 IU/L 1-6 months after vaccination, the worker should receive a second vaccine series. Anti-HBs should then be re-tested 1-6 months following this 2<sup>nd</sup> series.</li> </ul> |

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|   | <ul style="list-style-type: none"> <li>• HCWs who do not respond to a 2<sup>nd</sup> series if HB (titre of &gt;10IU/L) are unlikely to benefit from further immunization and will need passive immunization following potential exposure to HB.</li> <li>• This vaccine is not publicly funded for adults.</li> </ul>  |
| <b>Influenza</b> <sup>1,2</sup>               | <ul style="list-style-type: none"> <li>• Documentation of annual influenza immunization.</li> </ul>   |
| <b>Measles, Mumps, Rubella</b> <sup>1,2</sup> | <ul style="list-style-type: none"> <li>• Documentation of 2 doses of MMR vaccine given at least 4 weeks apart, on or after the 1<sup>st</sup> birthday regardless of birth year.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Laboratory evidence of immunity.</li> </ul>  |
| <b>Meningococcal</b> <sup>1,2</sup>           | <ul style="list-style-type: none"> <li>• There is no evidence to recommend routine immunization of HCW.</li> <li>• HCW are considered close contacts only if they have had invasive (intubating or resuscitating or closely examining the oropharynx) and unprotected contact (without wearing a mask).</li> <li>• Laboratory workers who are potentially exposed (who routinely handle preparations of the Neisseria Meningitidis bacteria) should receive quadrivalent Men-C-ACWY-135 vaccine or 4CMenB vaccine or both. Vaccine should be offered and supplied by hospital. <ul style="list-style-type: none"> <li>○ Revaccination is recommended every 5 years (with Men-C-ACWY-135) if exposure is ongoing.</li> </ul> </li> <li>• This vaccine is not publicly funded (free) for adults.</li> </ul> |
| <b>Pertussis</b> <sup>1,2</sup>               | <ul style="list-style-type: none"> <li>• A single dose of Tdap in adulthood (adulthood dose is in addition to the adolescent booster dose) is recommended for all HCWs.</li> </ul>  |
| <b>Polio</b> <sup>1,2</sup>                   | <ul style="list-style-type: none"> <li>• A complete primary series (a minimum of 3 doses) is recommended for all HCWs.</li> <li>• HCWs at the highest risk for exposure should receive a single lifetime booster dose of polio after 10 years.</li> </ul>   |
| <b>Tetanus, Diphtheria</b> <sup>1,2</sup>     | <ul style="list-style-type: none"> <li>• A complete primary series of tetanus and diphtheria (minimum of 3 doses) is recommended for all HCWs.</li> <li>• A booster dose is recommended every 10 years thereafter.</li> </ul>   |
| <b>Tuberculosis</b> <sup>1,2</sup>            | <ul style="list-style-type: none"> <li>• All HCWs should have at least one documented two-step baseline skin test. A two-step test is only required once.</li> <li>• Routine follow-up skin testing for HCWs with negative or insignificant TST is indicated in the health care setting under the following circumstances: <ul style="list-style-type: none"> <li>○ Exposure to a known case of active tuberculosis.</li> <li>○ Clinical symptoms suggesting active tuberculosis.</li> </ul> </li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Annually if:</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>○ Workers are at risk of contact with patients or specimens with TB.</li> <li>○ If practice is in a community with high prevalence of TB.</li> <li>● HCWs testing positive no longer require skin tests. These individuals should instead be referred to a physician for medical evaluation and/or treatment.</li> </ul>  |
| <b>Varicella/Zoster</b> <sup>1, 2</sup> | <ul style="list-style-type: none"> <li>● All HCW should receive 2 doses of varicella vaccine (3 months between doses) if they do not have one or more of the following: <ul style="list-style-type: none"> <li>○ Documentation of 2 doses of varicella containing vaccine (given at least 6 weeks apart) on or after the 1<sup>st</sup> birthday regardless of birth year.</li> <li>○ Laboratory evidence of immunity to varicella.</li> <li>○ History of laboratory confirmed infection.</li> </ul> </li> </ul> |

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 at [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org)

**References:**

1. Canadian Immunization Guide. Part 3-Vaccination of Specific Populations; Health Care Workers. Ottawa: Public Health Agency of Canada; 2017.  
<https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html>
2. Communicable Diseases Surveillance Protocols. Ontario Hospital Association/Ontario Medical Association. <https://www.oha.com/labour-relations-and-human-resources/health-and-safety/communicable-diseases-surveillance-protocols>