Immunization Recommended for Health Care Workers Chart

Disease	Vaccine(s)	Acronym	Indication	Recommended Doses
Tetanus Diphtheria	Td Adsorbed	Td	All HCW	If **no documented history** of primary series: • Complete a primary series of 3 doses [day 0, 4 to 8 weeks (28 to 56 days), 6 to12 months after second dose]. ***Note:*** *A single dose of dTap should be given to adults as part of a primary series of tetanus/diphtheria-containing vaccine. Any remaining doses in the primary series should be given using Td vaccine ensuring the appropriate spacing.* If **documentation** of primary series: • Reinforcing dose of tetanus/diphtheria vaccine every 10 years. ***Note:*** *A single dose of dTap as an adult is recommended as one of the reinforcing doses if not already received.*
Pertussis[1]	Adacel®[1] Boostrix®[1]	dTap[1]	All HCW who have not previously received an adult dose of an acellular pertussis containing vaccine.	If **no documented history** of a dose of acellular pertussis vaccine as an adult: • 1 dose of dTap regardless of the interval since the last dose of Td. Reinforcing doses are not routinely required.
Measles	MMR®II[2] Priorix®[3]	MMR[3]	HCW, regardless of year of birth without documentation of 2 valid doses of measles-containing vaccine or without documented laboratory confirmed measles disease or serological evidence of measles immunity (measles IgG positive)[3].	• 2 doses of measles-containing vaccine after 12 months of age. o Follow recommended minimum intervals for the specific vaccine.

[1] Pertussis – provided as combined diphtheria, tetanus, acellular pertussis vaccine
[2] MMR – provided as combined measles, mumps rubella vaccine
[3] In general, serological testing to determine immunity to measles, mumps or rubella is not necessary or recommended and should not routinely be done for those who lack documentation of previous immunization

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Mumps	MMR®II[3] Priorix®[3]	MMR[3]	HCW regardless of year of birth without documentation of 2 valid doses of mumps-containing vaccine or without documented laboratory confirmed mumps disease[3] (Mumps IgG serology is not an acceptable indicator of immunity).	• 2 doses of mumps-containing vaccine after 12 months of age. o Follow recommended minimum intervals for the specific vaccine.
Rubella	MMR®II[3] Priorix®[3]	MMR[3]	Legislated under the Alberta Public Health Act, Communicable Diseases Regulation: • HCW without documentation of at least one dose of rubella-containing vaccine or serological evidence of rubella immunity (rubella IgG positive) who may have face to face contact with patients in health care facilities[3].	• 1 dose of rubella-containing vaccine after 12 months of age.
Hepatitis B	Engerix®-B Recombivax HB®	HBV	Eligibility for hepatitis B vaccine for HCW should be based on an assessment of the HCW reasonably anticipated risk of: • Exposure to blood/bloody body fluids or sharps in the course of their work **and** • Transmission of hepatitis B infection to individuals when performing procedures that expose the individual to blood/bloody body fluids. **See:** Hepatitis B Risk Assessment. **Pre-immunization serology:** Pre-immunization serology for previous hepatitis B infection is **not indicated for all HCW;** serology (including anti-HBs, HbsAg and anti-HBc total) is indicated for the following **high-risk populations with a high probability of past infection** regardless of their immunization status: • HCWs who have emigrated from a country where hepatitis B is endemic • HCWs with lifestyle risks for infection • HCWs who are a spouse, sexual or needle sharing	Primary series standard schedule is: • 3 doses spaced at 0, 1 and 6 months. For individuals delayed for second dose of vaccine, third dose should routinely be offered 5 months after second dose. For individuals at high risk of hepatitis B infection, minimal intervals may be considered. An alternative adolescent schedule of 2 doses of 1.0 mL administered on day 0 and 6 months later is also acceptable. Refer to product monograph. HCW who have received combined hepatitis A and B vaccine or hepatitis B vaccine using an accelerated schedule should be assessed using the minimum intervals outlined in the specific product monograph. • HCWs who have lab confirmation of positive anti-HBs but without documentation of a complete hepatitis B vaccine series should be offered hepatitis B vaccine

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			partner of a hepatitis B case or chronic carrier • HCWs who are a household contact of a hepatitis B case or chronic carrier **Post-immunization serology:** All HCW who qualify for hepatitis B immunization: • 1 to 6 months after completion of series. • If post immunization serology was not done within the recommended interval following immunization it should be done at time of assessment. • HCW who sustain a percutaneous (needle stick) exposure and whose anti-HBs at the time of exposure is 10 IU/L or greater but who do not have documentation of a complete hepatitis B vaccine series, should either complete the series or receive a series of vaccine. ***Note:*** *The following are serological markers of laboratory evidence of immunity or disease:* • *Positive anti-HBs, or* • *Positive anti-HBc and/or* • *HBsAg positive/reactive* Refer to the following link for more detailed information on interpretation of hepatitis B serological tests. https://open.alberta.ca/publications/hepatitis-b-acute-and-chronic **See:** Hepatitis B Virus Infection – High Endemic Geographic Areas. **See:** Hepatitis B Vaccine Recommendations Algorithm for Individuals Not at Risk of Past Infection. **See:** Hepatitis B Vaccine Recommendations Algorithm for Individuals at High-Risk of Past Infection. **See:** Occupational Considerations for Immunization	to complete the series to ensure long term immunity. Once a positive antibody result is documented no further serology is recommended.

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Varicella	Varilrix™ Varivax® III	Vz	HCW with none of the following: • Documented history of 2 valid doses of varicella-containing vaccine; or • Laboratory evidence of immunity; or • Physician diagnosed shingles disease; or • Self-reported history or physician diagnosed varicella disease in Canada prior to a routine immunization program: o In Alberta, prior to January 2001. o For start dates of other Canadian jurisdictions see the NACI Varicella Proof of Immunity - 2015 Update.	• 2 doses of varicella vaccine with a minimum interval of 3 months between doses. • While Zostavax® vaccine is not indicated for and should not be used for prevention of varicella disease, it can be considered a valid first does in a 2-dose varicella vaccine series. (Shingrix doses cannot be counted in a varicella vaccine series). • Individuals who received their first dose of varicella-containing vaccine and at any point subsequently developed laboratory confirmed vaccine modified varicella disease do not require a second dose of varicella-containing vaccine.
Influenza	***Note:*** *Annual influenza vaccine(s) may vary from year to year as determined and provided by AH.*	FLU	All HCW	1 dose annually
Polio	Imovax® Polio	IPV OPV[4]	HCW who will be handling specimens that may contain polio virus (i.e., laboratory workers). HCW providing direct care who may be exposed to individuals excreting polio virus (wild polio or live oral polio vaccine [OPV] strains – contact with stool, fecal matter or pharyngeal secretions). **See:** Polio Risk Assessment for Health Care Workers Algorithm.	If **no documented history** of primary series: • Complete a primary series (day 0, 4 to 8 weeks [28 to 56 days], 6 to12 months after second dose). **Reinforcing Dose:** • One dose at 18 years of age or older.
Meningococcal B	Bexsero®	Men-B	Research, industrial and clinical laboratory personnel routinely exposed to *N. meningitidis*. Includes those workers only involved in conducting subculture identification, susceptibility testing, serological and/or molecular	Eligible laboratory workers: • 2 doses with minimum 1 month between doses. • The need for a reinforcing dose has not been established.

[4] OPV – oral polio vaccine (Sabin®) no longer available in Canada

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			characterization and deep freeze for storage. Laboratory workers who do only initial specimen plants are not eligible.	
Meningococcal (*Neisseria meningitidis*)	Menactra™ Menveo™	MenC-ACYW	HCW (i.e., laboratory workers) who are routinely exposed to *Neisseria meningitidis* through subculture identification, susceptibility testing, serological and or molecular characterization. • Meningococcal conjugate quadrivalent A, C, Y, W135 vaccine to be provided to eligible HCW who received a dose of meningococcal polysaccharide quadrivalent A, C, Y, W135 in the past and it has been 5 years since this dose.	All eligible HCW: • 1 dose of meningococcal conjugate quadrivalent A, C, Y, W135 vaccine. ***Note:*** *Though there is no data currently on the use of meningococcal conjugate quadrivalent vaccine in individuals 56 years of age and older, AH recommends this vaccine be used off license with the expectation of similar increased immune response and local reaction rates compared to meningococcal polysaccharide vaccine.*
Typhoid (*Salmonella Typhi*)	Typherix™ Typhim Vi®	TYVI	HCW (i.e., laboratory workers) who regularly manipulate *Salmonella Typhi*.	Eligible HCW: • 1 primary dose. • Reinforcing dose every 2 to 3 years for HCW at ongoing risk.
Tuberculosis (*Mycobacterium tuberculosis*)	Tubersol®	PPD	The purpose of baseline tuberculin skin test (TST) for HCW on employment is to establish baseline[5] *Mycobacterium tuberculosis* (TB) infection status in those individuals at risk for potential occupational exposure to an infectious case. The TST is recommended for HCW on employment (except those with a history of active TB disease or a history of a prior positive TST) as follows: • Those with undocumented[9] prior TST results • Those with documentation of prior negative TST unless	Single baseline TST, unless there is a history of active TB disease or documentation of a previous positive TST[6]. • The TST must be read 48-72 hours later by a qualified provider, not self-read[7]. A baseline 2-step TST[8] should be performed ONLY if the HCW: • Is involved in high-risk activities and will be required to undergo repeated screening with TST at regular intervals (see **Tuberculin**

[5] HCW in dental programs would not be included routinely as an eligible group for baseline TST unless they are working with high-risk individuals or in high-risk settings.

[6] HCW with a history of active TB or positive TST should have a chest X-ray through their family physician.

[7] Self-reading of TST is not an acceptable practice, and should not be allowed under **any** circumstances.

[8] The 2-step TST should be repeated if the second TST was done more than 4 weeks (28 days) after the first TST.

[9] HCW who give a history of blistering TST reaction should not receive a TST. HCW with history of undocumented positive TST reaction (other than blistering) can receive a TST; if these HCW decline the baseline TST they do require a baseline chest X-ray within the past 6 months through their family physician.

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			there has been a baseline TST **within the past year** (with no history of known exposure) • Those without history of prior TST (i.e., do not recall having received a TST before) **See: Tuberculin biological page, Scheduling Section and Health Care Workers** for specific criteria.	**biological page, Scheduling Section and Health Care Workers** for specific criteria).