

Healthcare Personnel Vaccination Recommendations

Vaccine	Recommendations In Brief
Hepatitis B	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.
Influenza	Give 1 dose of TIV or LAIV annually. Give TIV intramuscularly or LAIV 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 SC.
Varicella (chickenpox)	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.
Tetanus, diphtheria, pertussis	Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to all HCP younger than age 65 years with direct patient contact. Give IM.
PPD Skin Test (TB) test	This test must be performed within the 12 months prior to beginning a program at Sinclair Community College. Positive reactors should be evaluated by a physician.

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 following 6 doses of vaccine, the 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 HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.¹ It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.¹

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.

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) physician-diagnosed measles or mumps disease; or (b) laboratory evidence of measles, mumps, or rubella immunity (HCP who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune); or (c) appropriate vaccination against measles, mumps, and rubella (i.e., administration on or after the first birthday of two doses of live measles and mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine).
- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending a dose of MMR vaccine (two doses during a mumps outbreak) to unvaccinated HCP born before 1957 who are in either of the following categories: (a) do not have a history of physician-diagnosed measles and mumps disease or laboratory evidence of measles and mumps immunity and (b) do not have laboratory evidence of rubella immunity.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years. As soon as feasible, HCP younger than age 65 years with direct patient contact should be given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12 months.

Technical content reviewed by the Centers for Disease Control and Prevention, March, 2007.

COST OF IMMUNIZATIONS

Prices vary. The student may wish to check with his or her own health insurance carrier for possible coverage. Your primary care physician can give you the required immunizations or verify that you already have them.

The Montgomery County Combined Health District has an Immunization Office in the basement of the Reibold Building at 117 S. Main (at 4th Street & Main). Office hours are Monday through Thursday, 8:00 - 4:00 and Friday, 9:00 - 4:00. No appointment is necessary. Payment is due at the time of service. If you have questions, please contact them at 225-4506.

Prices as of 4/08.

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|---------------------------------------|---------|--------------------------|---|
| • TB Skin Test..... | \$10.00 | • Hepatitis B Vaccine . | \$35.00 per injection (3 in the series) |
| • MMR (Measles, Mumps, Rubella) | \$48.00 | • Varicella Vaccine | \$76.00 per injection (2 in the series) |
| • Tetanus and Diphtheria | \$26.00 | | |

Student Health Certificate

Print Name of Applicant: _____

Last Name

First Name

Middle Initial

All applicants must complete this form and return it to the EMS Office (19-223).

Examining physician should check health status and ability to participate in physical activities as described in the job expectations listed here: **JOB EXPECTATIONS:** As reported by the US Department of Labor, EMS personnel can expect to lift 50 pounds frequently with no maximum, do climbing, balancing, stooping, kneeling, crouching, crawling, reaching, handling, fingering, feeling, talking, hearing, and seeing on a frequent basis. All of these activities may need to be performed in any type of environment, weather, or lighting condition – indoors or outdoors. In addition to the physical demands of the job, applicants may need to deal with challenging emotional, ethical and or spiritual issues.

HEALTH STATUS (signed by Doctor of Medicine, Doctor of Osteopathy or Physicians Assistant).

HEALTH STATUS: (Check ALL that apply)

- Free of Communicable Disease
- Able to function at the level of the **JOB EXPECTATIONS**
- Limitations/Comments: _____

PRINT Name of MD, DO, or PA

SIGNATURE of MD, DO, or PA

Date

IMMUNIZATIONS

The following tests/immunizations are REQUIRED: (attach documentation of immunizations if not verified on this form)

1. PPD SKIN TEST (Tine Test NOT Acceptable) (1-Step is Acceptable) (Test must be conducted within the past 12 months)

Date: _____ *Reaction: _____

*Positive reaction requires chest x-ray (based on physician recommendation. If physician doesn't recommend, please write "NA" in chest x-ray Date area.) If positive, chest x-ray date: _____ Student is non communicable communicable

2. MMR

Immunization Date(s): _____, _____

Titre Date: _____ Results: Immune Not Immune

OR

Rubella (German Measles)

Immunization Date: _____

Titre Date: _____

Results: Immune Not Immune

Rubeola (Measles)

Immunization Date: _____

Titre Date: _____

Results: Immune Not Immune

Parotitis (Mumps)

Immunization Date: _____

Titre Date: _____

Results: Immune Not Immune

3. Tetanus, Diphtheria (within previous 10 years)

Initial Series Date(s): _____, _____, _____

Date of Last Booster: _____ Other: _____

3. Hepatitis B Vaccine

Initial Series Date(s): **#1** _____, **#2** _____, **#3** _____

Surface Antibody Titre Date: _____ Results: Immune Not Immune

5. Varicella Vaccine/Chicken Pox

Year Student Had Disease: _____

OR

Immunization Date: _____ Titre Date: _____ Results: Immune Not Immune

Immunizations Verified by: (must be one of the following: Doctor of Medicine, Doctor of Osteopathy, Physicians Assistant, or Registered Nurse)

PRINT Name of MD, DO, PA, or RN

SIGNATURE of MD, DO, PA, or RN

Affiliation

Date