Health Care Workers

Hepatitis B Vaccine

Individuals are considered immune if they have completed a series of hepatitis B vaccine and one documented laboratory test that shows they have developed sufficient antibodies. Laboratory testing for anti-HBs in the absence of a documented complete vaccine series is not acceptable proof of immunity. For more information regarding adequate proof of vaccination history, see Part 1-Immunization Schedules, 1.1 Consideration of Immunization History. For specific recommendations on post-vaccination serological testing, see BC Communicable Disease Control Manual, Chapter 1, Hepatitis B.

Measles, Mumps, Rubella Vaccine

Although there is differing information available regarding the need for each of the antigens contained in MMR vaccine (based on birth year, previous illness and previous immunization), the only vaccine available and provided free in BC is the combination product, MMR. There are no data indicating an increase in adverse events related to additional doses of MMR vaccine.

Administer the appropriate number of doses (i.e., 1 or 2) of MMR vaccine to any individual requiring protection against any of the antigens.

Measles Protection:
Assess all new employees born on or after January 1, 1957 for proof of 2 live measles vaccinations, laboratory evidence of immunity, or a history of laboratory confirmed measles disease. Persons born before 1957 have probably been infected naturally and can be considered immune.

Mumps Protection:
Assess all individuals born on or after January 1, 1957 for proof of prior history of laboratory confirmed mumps disease, or 1 dose of live mumps-containing vaccine if they were born between 1957 and 1969 (inclusive), or 2 doses of live mumps-containing vaccine if they were born on or after January 1, 1970. [A] Persons born before 1957 have probably been infected naturally and can be considered immune.

Rubella Protection:
Assess all employees for proof of 1 dose of rubella containing vaccine or laboratory evidence of immunity to rubella.

Influenza Vaccine

Influenza vaccination of HCWs has been shown to reduce the mortality and morbidity of patients under their care in long-term settings and to reduce worker illness during the influenza season.

Varicella Vaccine

Assess varicella susceptibility before immunization. As of June 2018, a varicella susceptible person is one without a history of lab confirmed varicella or herpes zoster after 12 months of age and without a history of age appropriate varicella immunization. Individuals with a documented exemption in the immunization registry prior to this date due to previous disease will be considered immune. A self-reported history of varicella or physician diagnosed varicella is adequate only if disease occurred before 2004.

[A] Unlike for measles and rubella, there is no reliable serological correlate of protection for mumps IgG.

Health Care Workers

Hepatitis A Vaccine

Hepatitis A vaccine is not routinely recommended for HCWs. Prevention of hepatitis A transmission within a health care facility should be based on the use of infection control practices, especially proper hand washing and management of potentially infected materials.

Polio Vaccine

HCWs who have not completed a primary series should have the series completed, regardless of the interval since the last dose. Administer a single booster dose 10 years after the primary series for HCWs, including laboratory workers, who may be exposed to feces.

BCG Vaccine

Comprehensive application of infection control practices remains the primary strategy to protect HCWs from infection with *M. tuberculosis*.

In Canada, BCG vaccination is not routinely administered to HCWs. Only in exceptional circumstances, such as an outbreak of multiple drug-resistant disease should BCG be considered for exposed HCWs.

Meningococcal Vaccines

Recommended, but not provided free to research, industrial, and clinical laboratory personnel who are routinely exposed to *N. meningitidis*.