

## IMMUNISATION SCHEDULE For HEALTHCARE WORKERS

**Target Staff:** Healthcare staff who perform tasks that may involve exposure to blood or body fluids

Hepatitis	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose
B	0 Month	1 Month	6 months

Details:

- Unvaccinated healthcare personnel (HCP) and/ or those who cannot document previous vaccination should receive either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either at 0, 1, and 6 months.
- HCP should be tested for hepatitis B surface antibody (anti-HBs) 1–2 months after dose #2 of or dose #3 of to document immunity.
- If anti-HBs is at least 10 mIU/mL (positive), the vaccinee is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the vaccinee is not protected from hepatitis B virus (HBV) infection, and should receive another 2-dose or 3-dose series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later.
- A vaccinee whose anti-HBs remains less than 10 mIU/ mL after 2 complete series is considered a “non-responder.” For non-responders: healthcare staff 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 or blood with unknown HBsAg status. It is also possible that nonresponders are people who are HBsAg positive. HBsAg testing is recommended.

**Tdap (Tetanus, Diphtheria, Pertussis):** Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy.

### Typhoid

**Target Staff:** Workers in microbiology laboratories who frequently work with *S. typhi*, Kitchen staff and Food handlers

**Details:** Oral live-attenuated Ty21a vaccine (one enteric-coated capsule taken on alternate days to a total of four capsules), the parenteral heat-phenol inactivated vaccine (two 0.5 mL subcutaneous doses, separated by greater than or equal to 4 weeks), or the capsular polysaccharide parenteral vaccine (one 0.5 mL intramuscular dose). Under conditions of continued or repeated exposure to *S. typhi*, booster doses are required to maintain immunity, every 5 years if the oral vaccine is used, every 3 years if the heat-phenol inactivated parenteral vaccine is used, and every 2 years if the capsular polysaccharide vaccine is used. Live-attenuated Ty21a vaccine should not be used among immunocompromised persons, including those infected with HIV (13).

### Hepatitis A

**Target Staff:** Workers in microbiology laboratories, Kitchen staff and Food handlers