Immunizing agents and immunization schedules for health-care personnel (HCP)*

(CDC. Immunization of health-care personnel, Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR/Nov 25, 2011/Vol. 60/No. 7)*

Generic name	Primary schedule and booster(s)	Indications	Major precautions and contraindications	Special considerations
Hepatitis B (HB) recombinant vaccine	2 doses 4 weeks apart; third dose 5 months after second; booster doses not necessary; all doses should be administered IM in the deltoid	Preexposure: HCP at risk for exposure to blood or body fluids; postexposure	On the basis of limited data, no risk for adverse effects to developing fetuses is apparent. Pregnancy should not be considered a contraindication to vaccination of women. Previous anaphylactic reaction to common baker's yeast is a contraindication to vaccination.	The vaccine produces neither therapeutic nor adverse effects in HBV-infected persons. Prevaccination serologic screening is not indicated for persons being vaccinated because of occupational risk but might be indicated for HCP in certain high-risk populations. HCP at high risk for occupational contact with blood or body fluids should be tested 1–2 months after vaccination to determine serologic response.
Hepatitis B immune globulin (HBIG)	0.06 mL/kg IM as soon as possible after exposure, if indicated	Postexposure prophylaxis	See package insert	
Influenza vaccine (TIV and LAIV)	Annual vaccination with current seasonal vaccine. TIV is available in IM and ID formulations. LAIV is administered intranasally.	All health-care personnel	History of severe (e.g., anaphylactic) hypersensitivity to eggs; prior severe allergic reaction to influenza vaccine	No evidence exists of risk to mother of fetus when the vaccine is administered to a pregnant woman with an underlying high-risk condition. Influenza vaccination is recommended for women who are or will be pregnant during influenza season because of increased risk for hospitalization and death. LAIV is recommended only for healthy, non–pregnant persons aged 2–49 years. Intradermal vaccine is indicated for persons aged 18–64 years. HCP who care for severely immunosuppressed persons who require a protective environment should receive TIV rather than LAIV.
Measles live–virus vaccine	2 doses SC; ≥28 days apart	Vaccination should be recommended for all HCP who lack presumptive evidence of immunity; vaccination should be considered for those born before 1957.	Pregnancy; immunocompromised persons, including HIV-infected persons who have evidence of severe immunosuppression; anaphylaxis to gelatin or gelatin-containing products; anaphylaxis to neomycin; and recent administration of immune globulin.	HCP vaccinated during 1963–1967 with a killed measles vaccine alone, killed vaccine followed by live vaccine, or a vaccine of unknown type should be revaccinated with 2 doses of live measles virus vaccine.
Mumps live–virus vaccine	2 doses SC; ≥28 days apart	Vaccination should be recommended for all HCP who lack presumptive evidence of immunity. Vaccination should be considered for those born	Pregnancy; immunocompromised persons, including HIV-infected persons who have evidence of severe immunosuppression; anaphylaxis to gelatin or gelatin-containing products; anaphylaxis to neomycin	HCP vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type should consider revaccination with 2 doses of MMR vaccine.
Rubella live–virus vaccine	2 doses SC; ≥28 days apart	Vaccination should be recommended for all HCP who lack presumptive evidence of immunity. Vaccination should be considered for those born	Pregnancy; immunocompromised persons, including HIV-infected persons who have evidence of severe immunosuppression; anaphylaxis to gelatin or gelatin-containing products; anaphylaxis to neomycin	HCP vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type should consider revaccination with 2 doses of MMR vaccine.
Tetanus and diphtheria (toxoids) and acellular pertussis (Tdap)	1 dose IM as soon as feasible if Tdap not already received and regardless of interval from last Td. After receipt of Tdap, receive Td for routine booster every 10 years.	All health-care personnel, regardless of age.	History of serious allergic reaction (i.e., anaphylaxis) to any component of Tdap. Because of the importance of tetanus vaccination, persons with history of anaphylaxis to components in Tdap or Td should be referred to an allergist to determine whether they have a specific allergy to tetanus toxoid and can safely receive tetanus toxoid (TT) vaccine. Persons with history of encephalopathy (e.g., coma or prolonged seizures) not attributable to an identifiable cause within 7 days of administration of a vaccine with pertussis components should receive Td instead of Tdap.	Tetanus prophylaxis in wound management if not yet received Tdap
Varicella vaccine (varicella zoster virus live-virus vaccine)	2 doses SC 4–8 weeks apart if aged ≥13 years.	All HCP who do not have evidence of immunity defined as: written documentation of vaccination with 2 doses of varicella vaccine: laboratory evidence of immunity or laboratory confirmation of disease; diagnosis or verification of a history of varicella disease by a health-care provider, or diagnosis or verification of a history of herpes zoster by a health-	Pregnancy; immunocompromised persons; history of anaphylactic reaction after receipt of gelatin or neomycin. Varicella vaccination may be considered for HIV-infected adolescents and adults with CD4+ T-lymphocyte count ≥200 cells/uL. Avoid salicylate use for 6 weeks after vaccination.	Because 71%–93% of adults without a history of varicella are immune, serologic testing before vaccination is likely to be cost-effective.
Varicella-zoster immune globulin	125U/10 kg IM (minimum dose: 125U; maximum dose: 625U)	Persons without evidence of immunity who have contraindications for varicella vaccination and who are at risk for severe disease and complications known or likely to be susceptible who have direct, nontransient exposure to an infectious hospital staff worker or patient		Serologic testing may help in assessing whether to administer varicella–zoster immune globulin. If use of varicella–zoster immune globulin prevents varicella disease, patient should be vaccinated subsequently. The varicella–zoster immune globulin product currently used in the United States (VariZIG) (Cangene Corp. Winnipeg) can be obtained from the sole authorized U.S. distributor.

*Please see full table and full document for pertinent explanation and detail at www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

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