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Circular Letter: DHCQ-12-9-573

TO: Acute Care Hospital Chief Executive Officers

FROM: Madeleine Biondolillo, MD
Director, Bureau of Health Care Quality and Safety

CC: Anuj Goel, Massachusetts Hospital Association

DATE: September 28, 2012

RE: Clarification of Massachusetts Immunizations Requirements and Recommendations for Health Care Personnel and Licensed Health Care Facilities

The purpose of this circular letter is to clarify and provide guidance on immunization requirements and recommendations for health care personnel in licensed health care facilities,

1. Immunization Requirements for Health Care Personnel in Massachusetts

105 CMR 130.626 (Circular letter: DHQ 11-90-300) IMMUNIZATION OF HEALTH CARE PERSONNEL ASSIGNED TO MATERNAL-NEWBORN AREAS

Documentation of immunity for health care personnel includes: a) 2 doses of MMR on or after the 1st birthday, and at least 1 month apart; or b) laboratory evidence of immunity to measles **and** rubella (Consider HCP with "indeterminate" or "equivocal" immunity as susceptible)

105 CMR 130.325; 105 CMR 140.150; 105 CMR 150.002 (D)(8) INFLUENZA IMMUNIZATION OF HEALTH CARE PERSONNEL

Licensed health care facilities shall offer influenza vaccine at no cost to all employees and ensure that an employee who declines vaccination signs a statement declining vaccination and affirming that s/he received information about the risks and benefits of vaccination.

2. Immunization Recommendations for Health Care Personnel

The recommendations in the table below are based on the recommendations of the Advisory Committee on Immunization Practices (ACIP). For specific ACIP recommendations, refer to the full statements at www.cdc.gov/vaccines/recs/acip. More information is also available at www.mass.gov/dph/imm. or by call in the MDPH Immunization Program at 617-983-6800.

Recommended Immunizations For Health Care Personnel (HCP)	
Vaccine	Recommendations in Brief
Influenza	1 dose of TIV IM or LAIV intranasally every flu season.
Tdap/Td (Tetanus, diphtheria, pertussis)	1 dose of Tdap as soon as possible, then Td boosters every 10 years.
MMR (Measles, mumps, rubella)	2 doses of MMR, ≥ 28 days apart, or documented laboratory-confirmed immunity to measles and mumps and rubella.
Varicella	2 doses of varicella vaccine, or serologic proof of immunity, or history of varicella disease
Hepatitis B	3-dose series (dose #1 now, #2 1 month later, and #3 approximately 5 months after #2).
Meningococcal	1 dose of quadrivalent meningococcal vaccine for microbiologists who are routinely exposed to <i>N. meningitidis</i> isolates.

Health care personnel (HCP) include full- and part-time staff with or without direct patient contact, including physicians, students and volunteers who work in inpatient, outpatient and home-care settings. See Immunization of Health-Care Personnel - Recommendations of the ACIP. www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Influenza: All HCP should receive annual flu vaccine. Give trivalent inactivated flu vaccine (TIV) to any HCP. Give live, attenuated influenza vaccine (LAIV) to non-pregnant healthy HCP ≤ 49 years of age. TIV is preferred over LAIV for HCP in close contact with severely immunosuppressed persons when patients require a protective environment.

Tetanus/Diphtheria/Pertussis (Td/Tdap): All HCP, regardless of age, should receive a single dose of Tdap' as soon as feasible' if they have not previously received Tdap, and regardless of the time since last Td dose.

Measles, Mumps, Rubella (MMR): All HCP should be immune to measles, mumps, and rubella. Documentation of immunity: a) 2 doses of MMR on or after the 1st birthday, and at least 1 month apart; or b) laboratory evidence of immunity to measles **and** mumps **and** rubella (Consider HCP with "indeterminate" or "equivocal" immunity as susceptible)..

Varicella: All HCP should be immune to varicella. Evidence of immunity to varicella for HCP include: written documentation with 2 doses of vaccine; laboratory evidence of immunity or laboratory confirmation of disease; diagnosis of history of varicella disease by health-care provider, or diagnosis of history of herpes zoster by health-care provider (including school or occupational health nurse).

Hepatitis B: HCP should receive 3 doses hepatitis B vaccine at 0, 1, and 6 months. Test for hepatitis B surface antibody (anti-HBs) 1–2 months after 3rd dose to document immunity. HCP and trainees in certain populations at high risk for chronic hepatitis B (e.g., those born in countries with high and intermediate endemicity) should be tested for HBsAg and anti-HBc/anti-HBs to determine infection status prior to vaccination.

Meningococcal: Quadrivalent meningococcal vaccine (MCV4 or MenACY-CRM) (IM) is recommended for microbiologists ≤ 55 years old who are routinely exposed to *N. meningitidis* isolates. MPSV (SC) is recommended for those $>$ age 55 years. Those who remain at high risk should be revaccinated every 5 years.