

# PREEMPLOYMENT IMMUNIZATION/TESTING RECOMMENDATIONS

## Employees with direct patient care –

### Hepatitis B:

Documented serum immunity required. If ever > 10 mIU/mL consider permanently immune. If anti-HBs less than 10 mIU/mL, revaccinate with the 3 dose series. If still negative test for HBsAg. If negative for HBsAg, consider as a non-responder. Counsel regarding HBV infection precautions. Give HBIG for parental HBV exposures.

### Hepatitis C

Baseline testing is recommended.

### MMR

Documented 2 doses of MMR vaccine given after first birthday or proof of serum immunity. Boost with 2 doses of MMR vaccine 4 weeks apart if negative serum immunity. HCW born prior to 1957 without serum immunity could be offered one MMR vaccine. Post-vaccination testing not necessary.

### Varicella

Serologic proof of immunity required. If nonimmune 2 vaccines 4 weeks apart should be given. Post-vaccination testing not necessary.

### Tetanus/diphtheria

Td booster should be given if not done within 10 years. A primary series should be offered if no history of ever receiving a 3 dose primary series. Consideration should be given to giving Tdap as recommended by the Advisory Committee on Immunization Practices (ACIP). [http://www.cdc.gov/nip/pr/pr\\_tdap\\_jun2005.htm](http://www.cdc.gov/nip/pr/pr_tdap_jun2005.htm)

### Meningococcal

Consider immunizing microbiologists who may have contact with N. Meningitidis isolates.

### PPD Testing

PPD test all new hires. Known skin reactors should have a symptom interview and CXR to exclude active disease. 2 step testing should be performed on individuals who haven't been tested within 1 year and on all high risk individuals.

## Employees with Limited Patient Contact –

Required: MMR/Varicella/dT/PPD testing as above

Optional: Hep B & Hep C testing if potential for blood or body fluid exposure (custodians).

## Employees with No Patient Contact –

Required: MMR/ PPD

Optional: Varicella and dT