

Adult Occupational Immunizations Massachusetts Recommendations and Requirements

Recommended Immunizations for Health Care Personnel (HCP)	
Vaccine	Recommendations in Brief
Influenza	1 dose of flu vaccine every flu season. All HCP should receive annual flu vaccine.
Tdap/Td (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. 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 interval since last Td dose.
MMR (Measles, mumps, rubella)	2 doses of MMR, ≥ 28 days apart or presumptive evidence of immunity to measles and mumps and rubella. Presumptive evidence of immunity includes: a) 2 doses of MMR on or after the 1 st birthday and at least 1 month apart; or b) laboratory evidence of immunity to measles and mumps and rubella or laboratory confirmation of each disease (Consider HCP with “indeterminate” or “equivocal” immunity as susceptible).
Varicella	2 doses of varicella vaccine ≥ 4 weeks apart, or laboratory evidence of immunity, or laboratory confirmation of disease, or reliable history of varicella disease (chickenpox or herpes zoster) by a health-care provider, including school or occupational health nurse.
Hepatitis B	HCP should receive either 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine on a 0, 1, and 6 month schedule, or 2 doses of the Heplisav-B formulation on a 0 and 1 month schedule. To test for hepatitis B surface antibody (anti-HBs), do so 1–2 months after the final dose in the series to document immunity. For guidance about health care providers who received routine hepatitis B (HepB) vaccination during childhood, prevaccination testing, and revaccination, see CDC guidance for Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF
Meningococcal Vaccines	For microbiologists: To protect against serogroups ACWY: Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for microbiologists who are routinely exposed to N. meningitidis isolates. Microbiologists of all ages who remain at risk should be revaccinated every 5 years with MenACWY vaccine. To protect against serogroup B: In addition to quadrivalent conjugate meningococcal vaccine, microbiologists routinely exposed to N. meningitidis should receive a meningococcal B series. Bexsero: 2 doses on a 0 and 1-6 month schedule, or Trumenba: 3 doses on a 0, 1-2 and 6 month schedule. If risk remains, administer 1 MenB booster dose 1 year after primary series and then every 2-3 years.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

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

These guidelines 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/hcp/acip-recs/vacc-specific/index.html; visit the MDPH website at www.mass.gov/dph/imm; or call MDPH 617-983-6800.

Information on Vaccines for Travelers

Visit www.cdc.gov/travel/default.aspx or call the CDC Travel Hotline at 877-394-8747.

Recommended Immunizations for Teachers and Day Care Staff¹

Vaccine	Recommendations in Brief
MMR (Measles, Mumps, Rubella)	2 doses, 4 weeks apart, for adults born \geq 1957. 1 dose for adults born outside of the U.S. < 1957. Adults born in the U.S. < 1957 are considered immune. Evidence of immunity to measles, mumps and rubella is required for staff of licensed group and family day care centers (see table below) and recommended for teachers and staff in other school settings.
Varicella	2 doses, 4 weeks apart, for adults born in the U.S. \geq 1980, or born outside the U.S. regardless of year of birth. Adults born < 1980 in the U.S. are considered immune. Laboratory evidence of immunity, laboratory confirmation of disease, or a reliable history of varicella disease (MD diagnosis or personal recall) is acceptable.
Hepatitis B	3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the Heplisav-B formulation. Laboratory evidence of immunity is acceptable. Federal OSHA regulations require some employers to offer hepatitis B vaccine to childcare staff whose responsibilities include first aid.
Td/Tdap (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. There is no minimum interval between Tdap and a previous dose of Td.
Influenza	1 dose of flu vaccine every flu season.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

¹ All full- and part-time teachers, student teachers, and staff.

Massachusetts Immunization Requirements for Select Occupational Groups ¹		
Group and Regulation	Requirement	Vaccination/Evidence of Immunity
Health care personnel assigned to maternal-newborn areas (105 CMR 130.626) (Circular letter: DHQ 11-90-300)	Immunity to measles and rubella	At least 1 dose of vaccine on or after 12 months of age; serologic evidence of immunity to rubella and measles. DPH no longer accepts physician-diagnosed disease as acceptable evidence of immunity.
Employees of licensed health care facilities [105 CMR 130.325; 105 CMR 140.150; 105 CMR 150.002 (D)(8)]	Annual influenza vaccination	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.
All personnel at rest homes, Assisted Living Residences, hospice programs, home care workers providing in-home, direct care services under a state contract or state program, and nursing home personnel [G.L. c. 111, § 73; 105 CMR 153.024(C)]	COVID-19 vaccination	Appropriate number of doses to be up to date with COVID-19 vaccines.
Staff of licensed group and family day cares and programs for school age children [606 CMR 7.09(11)]	Immunity to measles, mumps, and rubella	Those born in or after 1957, regardless of country of birth: 2 doses of MMR (or 2 doses of measles-containing vaccine) and 1 dose each of mumps and rubella vaccine at \geq 12 months of age; or serologic evidence of immunity to measles, mumps <u>and</u> rubella. Those born before 1957 in the U.S. are considered immune. Those born before 1957 in countries other than the U.S.: 1 dose of MMR; or serologic evidence of immunity to measles, mumps, <u>and</u> rubella. Physician-diagnosed disease is <u>not</u> acceptable evidence of immunity.
Camp staff age 18 years and older (CMR 430.152)	Vaccination according to MDPH schedules	MMR: 2 doses, anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born before 1957 in the U.S. is considered immune. Laboratory evidence of immunity to measles, mumps, and rubella is acceptable. Varicella: 2 doses, anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable. Tdap: 1 dose. Then Td or Tdap every 10 years. Hepatitis B: For staff with first aid responsibilities, 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the Heplisav-B formulation. Laboratory evidence of immunity is acceptable.
Workers exposed to sewage [314 CMR 12.05(10)]		Workers exposed to sewage, as all other adults, should be vaccinated against diphtheria and tetanus, including a single dose of Tdap; and then 1 booster dose of either Td or Tdap every 10 years. Polio, typhoid, hepatitis A and hepatitis B vaccines are not routinely recommended for this group.

¹Federal Occupational Safety and Health Administration (OSHA) regulations may include other immunization requirements for workers in certain occupational settings.