

## Adult Occupational Immunizations Massachusetts Recommendations and Requirements

Recommended Immunizations for Health Care Personnel (HCP)	
Vaccine	Recommendations in Brief
<b>Influenza</b>	1 dose of flu vaccine every flu season. All HCP should receive annual flu vaccine.
<b>Tdap/Td</b> (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.
<b>MMR</b> (Measles, mumps, rubella)	2 doses of MMR, $\geq$ 28 days apart or presumptive evidence of immunity to measles <b>and</b> mumps <b>and</b> rubella. Presumptive evidence of immunity includes: a) 2 doses of MMR on or after the 1 <sup>st</sup> birthday and at least 1 month apart; or b) laboratory evidence of immunity to measles <b>and</b> mumps <b>and</b> rubella or laboratory confirmation of each disease (Consider HCP with “indeterminate” or “equivocal” immunity as susceptible).
<b>Varicella</b>	2 doses of varicella vaccine $\geq$ 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.
<b>Hepatitis B</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 <a href="https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF">https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF</a>
<b>Meningococcal Vaccines</b>	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.
<b>COVID-19</b>	Appropriate number of doses to be up to date with COVID-19 vaccines. <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>

**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](http://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](http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html); visit the MDPH website at [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm); or call MDPH 617-983-6800.

### Information on Vaccines for Travelers

Visit [www.cdc.gov/travel/default.aspx](http://www.cdc.gov/travel/default.aspx) or call the CDC Travel Hotline at 877-394-8747.

### Recommended Immunizations for Teachers and Day Care Staff<sup>1</sup>

Vaccine	Recommendations in Brief
<b>MMR</b> (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 <b>and</b> rubella is <b>required</b> for staff of licensed group and family day care centers (see table below) and <b>recommended</b> for teachers and staff in other school settings.
<b>Varicella</b>	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.
<b>Hepatitis B</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.
<b>Td/Tdap</b> (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.
<b>Influenza</b>	1 dose of flu vaccine every flu season.
<b>COVID-19</b>	Appropriate number of doses to be up to date with COVID-19 vaccines. <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>

<sup>1</sup> All full- and part-time teachers, student teachers, and staff.

Massachusetts Immunization Requirements for Select Occupational Groups <sup>1</sup>		
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.

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