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**
Seroologic 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