

Emergency Service Workers Vaccination Recommendations

Vaccine	Recommendations
Tetanus & Diphtheria (Td)	<ul style="list-style-type: none">• a complete primary series of tetanus/diphtheria containing vaccine, typically given in childhood• following a complete series, Td booster every 10 years
Hepatitis B	<ul style="list-style-type: none">• adult 3-dose series given at 0, 1, 6 months• post-immunization testing to ensure protection (1 – 6 months after final dose)
Influenza	<ul style="list-style-type: none">• 1 dose annually for protection against circulating strains
Varicella (chickenpox)	<ul style="list-style-type: none">• for those with no serologic proof of immunity, prior vaccination, or history of chickenpox disease: 2 doses given 4 weeks apart
MMR (measles, mumps, rubella)	<ul style="list-style-type: none">• may have been given in childhood, depending on age• for those born after 1970 with no evidence of immunity against measles: 2 doses at least 1 month apart

Tetanus/Diphtheria/Pertussis (Td/Tdap)

Adults who have completed a primary series of tetanus/diphtheria should receive Td boosters every 10 years. **All adults who have not previously received a dose of acellular pertussis vaccine should receive a single dose of Tdap.** Acellular pertussis vaccine was first available in 1997-98.

Hepatitis B

Those who may be exposed to blood or body fluids should receive a series of hepatitis B vaccine. A blood test should be performed to determine protection at least 1 month and no longer than 6 months post-immunization. Document results of testing. If immune, no further serologic testing or vaccination is needed. If not immune, revaccinate and retest for protection. If not immune after 2 full series of vaccination, person is considered a non-responder. Counsel regarding precautions to prevent infection and the need to obtain immune globulin (IG) for any known or probable exposure to hepatitis B positive blood.

Influenza

All first responders should receive annual influenza vaccination for their protection, the protection of family members and for the protection of their patients/clients. See reverse for more information about influenza and vaccination.

Varicella (chickenpox)

It is recommended that all first responders be immune to chickenpox, either through vaccination or previous exposure to the disease.

Measles/Mumps/Rubella (MMR)

MMR vaccine is typically given in childhood. All first responders should be immune to measles, mumps and rubella either through vaccination or previous exposure to these

diseases. Unimmunized first responders born after 1970 without evidence of immunity against measles, mumps or rubella should receive 2 doses of MMR vaccine given at least 1 month apart. This is a live vaccine and should not be given in pregnancy.

A written record of immunizations and immunity status should be kept by the employee and employer and updated regularly.

Influenza Vaccination

- Influenza is the most common cause of death due to infectious diseases in Canada.
- The annual death rate due to influenza in those 15 – 64 years of age is 1 in 750,000.
- HCWs with clinical responsibilities are 3 times more likely to get influenza than others.
- In healthy adults, influenza vaccination prevents all febrile respiratory illness by 35%, number of sick days by 35%, number of doctor visits and antibiotic prescriptions by 45%.
- For every 8.2 HCWs vaccinated for influenza, 1 death is prevented.
- For every 20 HCWs vaccinated for influenza, 20 hospitalizations are prevented.
- Serious side effects (anaphylactic reaction, Guillain Barré Syndrome) from the vaccine are rare at about 1 in 700,000 doses.

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“Healthcare workers and their employers have a duty to actively promote, implement and comply with influenza immunization recommendations in order to decrease the risk of infection and complications in the vulnerable population they care for.”

National Advisory Committee on Immunization, July 2000

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