

# Immunizations for Health Care Providers

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*This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a healthcare professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.*

## **Why is immunization important for health care providers?**

Health care providers are at risk of exposure to communicable diseases in the workplace due to their contact with infected patient's blood or body fluids.

Many communicable diseases can be prevented with vaccine programs. Vaccinating health care providers helps protect their health and prevent disease transmission between patients and providers and among providers and their family and friends outside the workplace.

## **What routine immunizations are recommended for health care providers in Yukon?**

The vaccines recommended for health care providers are Diphtheria and Tetanus, Polio, Hepatitis B, Measles Mumps Rubella (MMR), Varicella, Influenza and acellular pertussis. Diphtheria and Tetanus, Polio, Measles Mumps Rubella (MMR), Varicella and Influenza vaccines are publicly funded for health care providers. Immunization of employees is the responsibility of the Occupational Health department or assigned staff in the workplace.

WGH is the only workplace that has/had an occupational health nurse offering vaccinations on-site. All other employees access vaccinations through their local Community Health Centre. The employer offers other recommended vaccines such as hepatitis B and acellular pertussis vaccine to health care providers.

## **Diphtheria, Tetanus, and Polio**

Diphtheria is a serious communicable disease, causing death in 5-10 per cent of cases with the highest rates among the very young and the elderly.

Diphtheria disease is most common and most severe in unimmunized or partly immunized individuals. While the disease is rare in Canada, there is a potential for more cases to occur if immunization levels drop. Protection from vaccine decreases over time unless periodic boosters are given.

Tetanus is an acute and often fatal disease. While rare in Canada, cases have been reported that are associated with injection drug use, animal bites and wounds contaminated with dirt, feces or saliva.

Immunization against diphtheria and tetanus is recommended for all adults in Canada; booster doses with tetanus/diphtheria (Td) are recommended every ten years. The vaccine may be given sooner in the event of a deep wound or bite.

Immunization with inactivated poliomyelitis vaccine (IPV) is recommended for all persons who may be exposed to poliovirus and have not been immunized. Booster doses are not required for health care providers in Canada.

## **Pertussis**

Pertussis or whooping cough, is a very contagious (easy to catch) disease of the lungs and throat. Immunity from childhood vaccinations containing pertussis wane with time,

therefore, it is recommended health care providers receive one dose of adolescent/adult acellular pertussis as an adult. Acellular pertussis is combined with tetanus and diphtheria so can be administered in place of regularly diphtheria, tetanus boosters.

### **Measles, Mumps, Rubella**

Measles is a highly contagious disease that can be more severe in infants, children and adults who have weakened immune systems. Health care providers born after 1970 should have one of the following: proof of two measles vaccinations, documentation of physician-diagnosed measles, or laboratory evidence of immunity to be considered protected against measles infection. Individuals born before 1970 have probably had measles disease and are therefore considered immune.

Mumps is generally a mild disease; however, complications like encephalitis or inflammation of the brain are more common in adults. Individuals are considered protected against mumps infection if they were born before 1970 or have proof of one dose of live mumps-containing vaccine, serologic proof of immunity or a history of laboratory-confirmed mumps disease.

Rubella infection in adults may cause swelling and pain in the joints. Infections in the first three months of pregnancy have an 85 per cent risk of causing severe damage to a developing baby. Individuals are considered protected against rubella infection if they have proof of one dose of live rubella-containing vaccine or laboratory documentation of rubella immunity. Rubella outbreaks in health care facilities are of particular concern due to the potential spread to pregnant health care providers and patients.

Rubella vaccine is recommended for unprotected health care providers who may expose pregnant women to rubella through frequent face-to-face contact.

Two doses of Measles-Mumps-Rubella vaccine are provided free to health care workers.

### **Hepatitis B Virus Infection**

Hepatitis B vaccine is recommended for health care providers who may be exposed to blood or body fluids through needle stick or other similar injuries, bites, or non-intact skin. The risk of transmission of Hepatitis B virus to a health care provider from a highly infectious source, such as a needle stick injury, has been reported to be 19-40 per cent.

Individuals are considered immune if they have completed a series of Hepatitis B vaccine and one documented lab test that shows they have developed adequate immunity to Hepatitis B virus. Persons who do not develop immunity (non-responders) to an initial vaccine series should be offered a second series of vaccine with testing for antibodies to check immunity, to be done one to six months after completion of the vaccine series.

All health care providers who experience a potential exposure to Hepatitis B virus should consult their Occupational Health department, local community health centre, family physician or Yukon Communicable Disease Control for appropriate screening, testing and measures to prevent the spread of disease.

### **Varicella**

Varicella (chickenpox) infection tends to be more severe in adults. Evidence of protection against varicella infection includes a self-reported history or physician

diagnosis of varicella disease or herpes zoster (shingles), laboratory documentation of immunity, or documentation of two doses of live varicella vaccine for adults.

Varicella vaccine is provided to health care providers who do not have protection against chickenpox disease. Two doses of vaccine given one month apart are required.

### **Influenza**

All health care providers are at risk of getting and passing on the influenza virus to their patients, families and friends. It is important to prevent disease transmission to persons at high risk of influenza-related complications, such as those with cardiac or pulmonary disorders, weakened immune systems, other chronic medical conditions, and the elderly. Influenza vaccination of health care providers has been shown to help reduce the illness and death of patients under their care in long-term settings and to reduce worker illness during the influenza season. Annual influenza vaccine is provided to health care providers.

### **For more information or to set up an appointment contact:**

Whitehorse Health Centre  
9010 Quartz Road  
(867) 667-8864

In the communities, to reach your local Health Centre, dial your local 3 digit prefix, followed by 4444.

***Adapted from BC HealthFiles***