



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

November 8, 2021

Dear Michigan Medical, Nursing, and Dental Schools;

While vaccination is one of the best ways to prevent serious disease and illness, many students in a prospective health care profession are undergoing unnecessary medical procedures to demonstrate protection against or exposure to certain diseases. **Health care training institutions should ensure their policies and practices are up-to-date and align with current immunization and serologic testing recommendations.**

The Michigan Department of Health and Human Services (MDHHS) follows recommendations made by the Advisory Committee on Immunization Practices (ACIP). Recommendations of the ACIP for the [Immunization of Health Care Personnel \(HCP\)](#) were last updated in November 2011; this report includes input from the Healthcare Infection Control Practices Advisory Committee. These recommendations can assist hospital administrators, infection control practitioners, employee health clinicians, and HCP in optimizing infection prevention and control programs.

Health care students should have adequate protection against these diseases, which are outlined in the ACIP recommendations:

- **Influenza (Flu):** All HCP should receive annual vaccination against influenza.
- **COVID-19:** All HCP should, if not up to date, receive COVID-19 vaccine according to current [CDC recommendations](#).
 - 2-doses of mRNA (Pfizer-BioNTech or Moderna) COVID-19 vaccine, **OR**
 - 1 dose of the Janssen, Johnson and Johnson COVID-19 vaccine
- **Tetanus, diphtheria, and acellular pertussis (Tdap):** All HCP should have 1 dose of Tdap in their immunization history.
 - Administer Tdap to adults who have not previously received a dose of Tdap vaccine as an adult or child. One dose of Tdap is routinely recommended at 11 to 12 years, followed by either a tetanus and diphtheria vaccine (Td) or Tdap booster every 10 years.
 - Pregnant HCP should be vaccinated during each pregnancy (prefer 27 through 36 weeks gestation.)
- **Hepatitis B (HepB):** Recommendations for serologic testing to demonstrate evidence of immunity are outlined in the MMWR: [Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices](#).
 - HCP who perform tasks that may involve exposure to blood or body fluids should be vaccinated with a complete HepB vaccine series and tested for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after the completion of the HepB vaccine series.
 - To determine the HCP's hepatitis B status before exposure or to determine the need for prophylaxis following an exposure, there are two options:
 - [Option 1: pre-exposure management](#), **OR** [Option 2: post-exposure management](#)
 - All doses and results should be documented and kept for future reference.

- **Measles, Mumps, Rubella (MMR):** HCP with 2 documented valid doses of MMR are **not recommended** to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, they should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are **not** in need of additional MMR doses.
 - **Exception:** Women of childbearing age who have a **negative rubella titer** after 2 doses of a rubella-containing vaccine should receive a 3rd and final dose of MMR.
- It does not change the recommendation for these women regarding measles and mumps titers.
 - **Exception:** Persons previously vaccinated with 2 doses of a mumps-containing vaccine who are at increased risk for mumps because of an outbreak may be recommended to receive a 3rd dose of a mumps-containing vaccine.
- Public health authorities will identify persons as being part of a group or population at increased risk for mumps and will work with the college/university on ensuring protection through vaccination.
- **Varicella (Var):** Evidence of varicella immunity for HCP includes any of the following:
 - Written documentation of vaccination with 2 doses of varicella given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a health care provider.
 - Institutions may elect to test all unvaccinated HCP, regardless of disease history, because a small proportion of persons with a positive history of disease might be susceptible.
- For the purpose of screening HCP, a less sensitive and more specific commercial ELISA should be considered.
 - Routine testing for varicella immunity after 2 doses of vaccine is **not recommended**.

In addition to the vaccines needed to protect HCP, all adults should be vaccinated according to the [ACIP recommended immunization schedule for adults](#). Other vaccines to consider include:

- Pneumococcal
- Zoster
- Hepatitis A
- Human papillomavirus (HPV)
- Meningococcal

If you have any questions regarding the ACIP recommendations for immunization of HCP and adults, please contact your [local health department](#). **Review the Immunization Action Coalition's guidance document [Healthcare Personnel Vaccination Recommendations](#).**

Encourage students to make sure their immunizations are documented in the [Michigan Care Improvement Registry \(MCIR\)](#) and incorporate immunization best practices, such as the use of registries, into your university/college programs. Immunization educational programs for physicians, nurses, and office staff are available free of charge at a time and location convenient for you. Continuing education credits and CMEs are available for these programs. Topics include immunizations for HCP; pediatric, adolescent, and adult immunizations; vaccines for women's health; influenza vaccine; adult immunization standards; and vaccine storage and handling. For more information, contact Sarah Davis at davisS42@michigan.gov.

Thank you for all that you do to educate and train the next generation of health care professionals. If you have further questions about any of the information contained in this letter, contact Heidi Loynes, Immunization Nurse Educator, at LoynesH@michigan.gov.

Sincerely,



Terri Adams, RN, BSN, MM
Director, Division of Immunization