



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

May 15, 2023

Dear Michigan Medical, Nursing, and Dental Schools,

While vaccination is one of the best ways to prevent serious disease and illness, students enrolled in health care professional programs 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 guide clinicians, occupational health and student health clinicians, infection-control specialists, hospital and health care training program administrators, and others in optimizing infection prevention and control programs.

Health care personnel (HCP), including students and trainees, should have adequate protection against the following 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](#).
 - Antibody testing is not currently recommended to assess the need for vaccination in an unvaccinated person or to assess immunity to COVID-19 following COVID-19 vaccination.
- **Tetanus, diphtheria, and acellular pertussis (Tdap):** All HCP should have at least 1 dose of Tdap in their immunization history.
 - Administer 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td or Tdap boosters every 10 years thereafter.
 - 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](#).
 - All HCP should have documentation of a complete and valid 2-dose series of Heplisav-B or a 3-dose series of either Engerix-B, PreHevbrio, Recombivax HB, or Twinrix. They should also have documentation of postvaccination serology that shows protective levels of hepatitis B surface antibody (anti-HBs greater than or equal to 10 mIU/mL) unless they are considered a “non-responder” (a person with anti-HBs below 10 mIU/mL after 2 complete series of HepB vaccine).
 - For HCP with documentation of a complete 2-dose (Heplisav-B) or 3-dose (Engerix-B, PreHevbrio, Recombivax HB, or Twinrix) vaccine series but no serologic testing (e.g., those vaccinated in childhood), please see [Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-Vaccination Serologic Testing \(immunize.org\)](#) to determine the need for vaccination.
 - HCP without documentation of previous vaccination should be vaccinated with a complete HepB vaccine series and tested for anti-HBs to document immunity 1–2 months after the completion of the HepB vaccine series.
 - If anti-HBs is at least 10mIU/mL (positive), the HCP is immune and no further serologic testing or vaccination is recommended.
 - If anti-HBs is less than 10mIU/mL (negative), the HCP should receive another 2-dose or 3-dose series (depending on product) of Hepatitis B vaccine followed by anti-HBs testing 1-2 months later. HCP who’s anti-HBs remains less than 10mIU/mL after 2 complete series is considered a “non-responder.”
 - HCP who are non-responders should be considered susceptible to Hepatitis B Virus (HBV) and should be counseled regarding precautions to prevent HBV infection and the need to obtain Hepatitis B Immune Globulin (HBIG) prophylaxis for any known or probable parenteral exposure. Non-responders should be tested to determine infection status.
 - 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 do **not** need additional doses of MMR.
 - **Exception:** Women of childbearing age who have a **negative rubella titer** after 2 valid 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-only rubella).
 - **Exception:** Persons previously vaccinated with 2 valid 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.
 - Routine testing for varicella immunity after 2 doses of vaccine is **not recommended**.
 - 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.

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 (Shingles)
- 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](#). For further guidance, review [Healthcare Personnel Vaccination Recommendations \(Immunize.org\)](#).

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 immunization 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 the immunization nurse education team at 517-335-8159 or checcimms@michigan.gov.

Sincerely,



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 Immunization Education & Outreach