

Table 4: Summary of WHO Position Papers – Immunization of Health Care Workers^A

The information below is provided to assist countries to develop national policies for the vaccination of health care workers (HCWs). It is expected that HCWs are fully vaccinated per the national vaccination schedule in use in their country.

Antigen	Vaccination of Health Care Workers Recommended
BCG¹	BCG vaccination is recommended for unvaccinated TST- or IGRA-negative persons at risk of occupational exposure in low and high TB incidence areas (e.g. health-care workers, laboratory workers, medical students, prison workers, other individuals with occupational exposure)
Hepatitis B²	Immunization is suggested for groups at risk of acquiring infection who have not been vaccinated previously (for example HCWs who may be exposed to blood and blood products at work).
Polio³	All HCWs should have completed a full course of primary vaccination against polio.
Diphtheria⁴	HCWs who may have occupational exposure to <i>C. diphtheriae</i> . All health-care workers should up to date with immunization as recommended in their national immunization schedules.
Measles⁵	All HCWs should be immune to measles and proof/documentation of immunity or immunization should be required as a condition of enrollment into training and employment.
Rubella⁶	If rubella vaccine has been introduced into the national programme, all HCWs should be immune to rubella and proof/documentation of immunity or immunization should be required as a condition of enrollment into training and employment.
Meningococcal⁷	One booster dose 3-5 years after the primary dose may be given to persons considered to be at continued risk of exposure, including HCWs.
Influenza⁸	HCWs are an important group for influenza vaccination. Annual immunization with a single dose is recommended.
Varicella⁹	Countries should consider vaccination of potentially susceptible health-care workers (i.e. unvaccinated and with no history of varicella) with 2 doses of varicella vaccine
Pertussis¹⁰	HCWs should be prioritized as a group to receive pertussis vaccine.
Antigen	No current recommendation for vaccination of Health Care Workers
Tetanus¹¹	There is currently no recommendation regarding HCWs.
<i>Haemophilus influenzae</i> type b¹²	The main burden of disease lies in infants under 5 years of age. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HCWs.
Pneumococcal¹³	The main burden of disease lies in infants under 5 years of age. Immunocompetent adults are not at increased risk for serious pneumococcal disease. HCWs are not indicated as a group at increased risk of pneumococcal disease.
Rotavirus¹⁴	Children are the target group for rotavirus vaccination as they have the greatest burden of disease. Adults including HCWs are not at increased risk of severe disease.
HPV¹⁵	HCWs are not at increased risk of HPV. The primary target group for vaccination is girls aged 9-14.
Japanese Encephalitis¹⁶	Health-care workers are generally not at special risk of contracting JE. Workers at high-risk in endemic areas, such as those involved in vector control, should be vaccinated.
Yellow Fever¹⁷	Individuals in endemic countries and travelers to these countries should receive a single dose of yellow fever vaccine. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HCWs.
Tick-borne Encephalitis¹⁸	Health-care workers are generally not at special risk of contracting JE. Workers at high-risk in endemic areas, such as those involved in vector control, should be vaccinated.
Typhoid¹⁹	Typhoid vaccines should be employed as part of comprehensive control strategies in areas where the disease is endemic. Work in a health care setting is not indicated as a factor for increased risk. There is currently no recommendation regarding HCWs.
Cholera²⁰	Cholera vaccines may be employed as part of comprehensive control strategies in areas where the disease is endemic as well as to prevent and respond to cholera outbreaks ^B . There is currently no recommendation regarding HCWs.
Hepatitis A²¹	Hepatitis A is transmitted through contaminated food and water or direct contact with an infectious person. HCWs are not indicated as a group at increased risk of hepatitis A infection.
Rabies²²	PrEP may be considered for medical professionals who regularly provide care to persons with rabies.
Mumps²³	Routine mumps vaccination is recommended in countries with a well-established, effective childhood vaccination programme and the capacity to maintain high level vaccination coverage with measles and rubella vaccination. HCWs are not indicated as a group at increased risk.
Dengue (CYD-TDV)²⁴	HCWs are not at increased risk of dengue
Malaria (RTS,S)²⁵	Vaccine not recommended for adults. HCWs are not at increased risk of malaria.

1. BCG vaccine, WHO position paper, *Weekly Epidemiological Record*, 2018, 93:73-96
2. Hepatitis B, WHO Position Paper, *Weekly Epidemiological Record* 2017, 92:369-392
3. Polio vaccines: WHO Position Paper, *Weekly Epidemiological Record* 2022, 97: 277-300
4. Diphtheria, WHO position paper, *Weekly Epidemiological Record*, 2017, 92:417-436
5. Measles, WHO Position Paper: *Weekly Epidemiological Record* 2017, 92:205-228
6. Rubella, WHO Position paper, *Weekly Epidemiological Record* 2020, 95: 301-324
7. Meningococcal vaccines, WHO position paper, *Weekly Epidemiological Record*, 2011, 86: 521-540
8. Vaccines against influenza: WHO position paper, *Weekly Epidemiological Record* 2022, 97: 185-208
9. Varicella and herpes zoster vaccines, WHO Position Paper, *Weekly Epidemiological Record*, 2014, 89: 265-288
10. Pertussis vaccines, WHO position paper, *Weekly Epidemiological Record*, 2015, 90: 433-460
11. Tetanus vaccine, WHO position paper, *Weekly Epidemiological Record*, 2017, 92: 53-76
12. *Haemophilus influenzae* type b (Hib) vaccination, WHO position paper, *Weekly Epidemiological Record*, 2013, 88: 413-428
13. Pneumococcal vaccines, WHO position paper, *Weekly Epidemiological Record*, 2019, 94: 85-104
14. Rotavirus vaccines, WHO position paper, *Weekly Epidemiological Record* 2021, 96: 301-320
15. Human Papillomavirus vaccines, WHO position paper. *Weekly Epidemiological Record*, 2022, 97:645-672
16. Japanese encephalitis vaccines, WHO position paper, *Weekly Epidemiological Record*, 2015, 90: 69-88
17. Vaccines and vaccination against yellow fever, WHO position paper, *Weekly Epidemiological Record*, 2013, 88: 269-284
18. Vaccines against tick-borne encephalitis, WHO position paper, *Weekly Epidemiological Record*, 2011, 86: 241-256
19. Typhoid vaccines, WHO position paper, *Weekly Epidemiological Record*, 2018, 93: 153-172
20. Cholera vaccines, WHO position paper, *Weekly Epidemiological Record*, 2017, 92:477-500
21. Hepatitis A vaccines, WHO position paper, *Weekly Epidemiological Record*, 2022, 97: 493-512
22. Rabies vaccines, WHO position paper, *Weekly Epidemiological Record*, 2018, 93: 201-220
23. Mumps virus vaccines, WHO position paper, *Weekly Epidemiological Record*, 2007, 82: 49-60
24. Dengue (CYD-TDV), WHO Position Paper, *Weekly Epidemiological Record*, 2016, 91: 349-364
25. Malaria vaccines, WHO Position Paper, *Weekly Epidemiological Record* 2022, 97: 67-78

^a Health Care Workers (HCWs) are defined as all persons involved in patient care such as health care professionals, residents, students, laboratory staff, administrative and service staff, as well as persons in public health such as field workers, epidemiologists, laboratory staff and community health workers.

^b Please refer to the WHO publication, *Vaccination in acute humanitarian emergencies: a framework for decision making*, for details on cholera vaccination in response to outbreaks:

http://apps.who.int/iris/bitstream/10665/92462/1/WHO_IVB_13.07_eng.pdf