

## UTRGV Vaccination/Surveillance Schedule for Research Personnel

### Immunizations:

Commercial vaccines should be made available to workers to provide protection against infectious agents to which they may be occupationally exposed. The Advisory Committee on Immunization Practices (ACIP) provides expert advice to the Secretary of the DHHS, the Assistant Secretary for Health, and the CDC on the most effective means to prevent vaccine-preventable diseases and to increase the safe usage of vaccines and related biological products. **Laboratory Supervisors are required to ensure that all personnel (staff, students and faculty) obtain the vaccination identified in the following schedule. Volunteers are responsible for payment of their own vaccination.**

Vaccine	Occupational Exposure
<b>Anthrax</b>	Anthrax vaccine required for (1) persons who handle potentially infected animals in research settings, (2) laboratory personnel at risk for exposure to virulent <i>Bacillus anthracis</i> spores including personnel who handle environmental samples that might contain spores and (3) investigations or personnel who routinely work with pure cultures of <i>B. anthracis</i> .
<b>Influenza</b>	<p><b>Risk Group 2:</b> Influenza vaccines are required to work with circulating human influenza strains (e.g., H1/H3/B) and low pathogenicity avian influenza (LPAI) strains (e.g., H1-4, H6, H8-16), equine and swine influenza viruses and other RG2 influenza viruses work at the BSL-2/ABSL-2 level.</p> <p><b>Risk Group 3:</b> Seasonal Influenza Vaccine is required for all personnel working with Risk Group 3 Orthomyxoviruses including Influenza viruses 1918-1919 H1N1 (1918 H1N1), human H2N2 (1957-1968), and highly pathogenic avian influenza H5N1 strains within the Goose/Guangdong/96-like H5 lineage (HPAI H5N1).</p> <p><b>All UTRGV Health Care Personnel including researchers and volunteers supporting human-patient care programs are required to receive the Seasonal Influenza Vaccine.</b></p>
<b>Hepatitis A Vaccine</b>	The Hepatitis A vaccination is required for work with Hepatitis A-infected animals or in a hepatitis research laboratory.
<b>Hepatitis B Vaccine</b>	ACIP recommends vaccination for all personnel whose work-related activities involve exposure to blood or other potentially infectious body fluids in a health-care, laboratory, public safety or institutional setting.
<b>Japanese Encephalitis</b>	Vaccination required for laboratory workers with a potential for exposure to infectious Japanese Encephalitis virus (JEV).
<b>Meningococcal</b>	Vaccination required for individuals routinely exposed to isolates of <i>Neisseria meningitidis</i> . A booster dose should be administered every 5 years in cases of ongoing exposure.
<b>Tdap</b>	Tdap vaccination is required for individuals who work directly with tetanus, diphtheria or pertussis toxins and/or toxin-producing strains of <i>Clostridium tetani</i> , <i>Corynebacterium diphtheria</i> , and/or <i>Bordetella pertussis</i> .
<b>Polio Vaccine</b>	Vaccination required for unvaccinated adults who are at increased risk (including laboratory workers who handle specimens that might contain poliovirus) should receive a primary vaccination series with Inactivated Polio Vaccine (IPV). Two doses of IPV should be administered at intervals of 4-8 weeks; a third dose should be administered 6-12 months after the second dose.

<b>Rabies</b>	<p><b>Pre-exposure:</b> Pre-exposure vaccination is required by ACIP for persons in high risk groups, such as veterinarians and their staff, animal handlers, rabies researchers and laboratory workers. Persons whose activities bring them into frequent contact with rabies virus or potentially rabid bats, raccoons, skunks, cats, dogs or other species at risk for rabies should also be included.</p> <p><b>Post-Exposure:</b> Anyone who has been bitten by an animal, or who otherwise may have been exposed to rabies, should clean the wound and see a physician immediately who will determine whether vaccination is indicated.</p>
<b>Smallpox</b>	Vaccination is required for laboratory workers who directly handle (a) cultures or (b) animals contaminated or infected with, recombinant viruses derived from replication-competent vaccinia strains, or other Orthopoxviruses that infect humans (e.g., monkeypox, cowpox, and variola); these individuals should be re-vaccinated at least every 10 years. To ensure an increased level of protection against more virulent non-variola Orthopoxviruses (e.g., monkeypox), empiric re-vaccination every 3 years may be considered. Vaccination is not required for persons who do not handle replication-competent human pathogenic Orthopoxvirus cultures, infected animals, or contaminated materials.
<b>Tetanus</b>	Vaccine / booster (within last ten years) is required for ALL personnel with animal contact.
<b>Typhoid</b>	Vaccination is required for all microbiology laboratory personnel who work with <i>Salmonella typhi</i> .
<b>Yellow Fever</b>	Vaccination for laboratory personnel who might be exposed to virulent Yellow Fever virus (YFV) or to concentrated preparations of Yellow Fever Vaccine Virus strains by direct or indirect contact or by aerosols.

### Surveillance:

Vaccine	Description
<i>Mycobacterium tuberculosis</i> (TB)	Baseline skin test for all personnel conducting research with TB, (health care workers and non- health care workers) who have face to face contact or experience potential exposure to TB through shared air or space with infectious patient(s), TB cultures or Animals exposed to TB or animals know to harbor TB (cows, primates, badgers etc.) Annual skin test thereafter.