

# FIRST RESPONDERS: What you need to know

## Protect yourself and your loved ones

Vaccinations are a critical component of your preparation and training to respond to emergencies and disaster events. Being up-to-date on your immunizations will prevent severe illness or the spread of disease to others. Review this quick guide for answers to some common questions about adult vaccination and recommendations for first responders.

[Download the complete First Responder Immunization Toolkit.](#)

### Do I really need vaccines?

All adults need vaccines to help protect against serious diseases that can result in severe illness, missed work, medical bills and an inability to care for their families. Adults may not have received all their vaccines during childhood. Some childhood vaccines do not offer protection into adulthood and a booster may be needed. Some vaccines are recommended based on age, job, lifestyle, or health condition. Getting vaccinated lowers the risk of getting sick and lowers the chance of spreading a serious disease to others including those that are most vulnerable to severe illness such as infants, older adults, and those with chronic health conditions or weakened immune systems.

### How well do adult vaccines work?

Vaccines work with the body's natural defenses to reduce the chances of getting certain diseases and suffering from complications. The amount of protection varies by vaccine and other factors such as age and health but immunizations are the best defense against many serious, sometimes deadly, diseases. The greatest risk of vaccine-preventable diseases occurs among those that are not vaccinated.

### Are adult vaccines safe?

Vaccines are one of the safest ways to protect health. Vaccines go through years of testing before they are licensed by the Food and Drug Administration (FDA). Once licensed, research is reviewed by experts to make recommendations on whom to vaccinate. Even after licensure, the CDC and FDA continue to monitor vaccine safety. Vaccines can be received even if individuals are taking prescription medicines. However, live vaccines which include measles-mumps-rubella (MMR) and varicella (chickenpox) may not be administered to those who have a suppressed immune system.

### What are the possible risks?

Side effects are usually minor, such as feeling sore where the vaccine was administered or having a slight fever. These go away within a few days. Some individuals may have an allergic reaction to a vaccine but serious or long-term effects are rare.

-more-



## What if employees refuse vaccine?

The employee should have a discussion with their primary care physician regarding their concerns. First responder facilities should have a policy in place to address what to do in this instance. DSHS recommends implementing a “declination” form when employees refuse vaccine. A declination form can be found at <http://www.immunize.org/catg.d/p4059.pdf> or <http://www.immunize.org/catg.d/p4068.pdf> (a facility may need to change these forms for their needs).

According to the CDC, the immunizations required for those that respond to disasters include the following:

- **Tetanus:** In accordance with the current CDC guidelines, responders should receive a tetanus booster if they have not been vaccinated for tetanus during the past 10 years. Td (tetanus/diphtheria) or Tdap (tetanus/diphtheria/pertussis) can be used; getting a Tdap for one tetanus booster during adulthood is recommended to maintain protection against pertussis. While documentation of vaccination is preferred, it should not be a prerequisite to work.
- **Hepatitis B:** Hepatitis B vaccine series for persons who will be performing direct patient care or otherwise expected to have contact with blood or bodily fluids.

There is **no** indication for the following vaccines when responding to disasters within the continental United States and therefore, DSHS does not recommend adding these vaccines as requirements for your first responders.

- Hepatitis A vaccine. There is a low probability of exposure. Vaccine takes one to two weeks to provide substantial immunity.
- Typhoid vaccine. There is a low probability of exposure.
- Cholera vaccine. There is a low probability of exposure and there is no licensed cholera vaccine available in the U.S.
- Meningococcal vaccine. There is no expectation of increased risk of meningococcal disease among emergency responders.
- Rabies vaccine. The full series is required for protection. Persons who are exposed to potentially rabid animals should be evaluated and receive standard post-exposure prophylaxis, as clinically appropriate.

If individuals respond to a disaster outside of the continental United States, check [Traveler's Health](#) for current vaccine recommendations. For more information, visit the CDC web link: [“Immunization Recommendations for Disaster Responders.”](#)