

# Vaccine preventable diseases evidence requirements guide

## Line Manager's Guide

As per *Human resources policy B1: Recruitment and selection* and the *Health Service Directive Protocol: Vaccine preventable disease screening for Contractors, students and volunteers*, from 1 July 2016 it is a condition of engagement for certain categories of applicants<sup>1</sup> to provide evidence of vaccination or that they are not susceptible to the specified vaccine preventable diseases (VPDs) prior to any offer of engagement being made.

The specified VPDs are listed as follows;

- **Hepatitis B**
- **Measles, Mumps, Rubella**
- **Varicella (chickenpox)**
- **Pertussis (whooping cough)** – workers for whom VPD requirements apply are to remain appropriately vaccinated by having booster doses of pertussis-containing vaccine every 10 years, and evidence of future vaccination must be submitted as a condition of continued employment.

All roles, whether for employees, Contractors<sup>2</sup> (see definition) students or volunteers, should be assessed according to the risk of acquisition or transmission of VPDs. These VPD risk categories are particularly important in determining when vaccination for the specified VPDs is mandatory or recommended. This assessment should be based on the definitions of risk categorisation of roles as Direct patient contact, Indirect patient contact and Indirect contact with blood/body fluids as defined below.

**Table 1 Risk categorisation**

Evidence of vaccination or proof of non-susceptibility for:	Risk categorisation for applicants			Direct patient contact or indirect contact with blood or body fluids for existing staff	Workers for roles that do not meet criteria
	Direct patient contact	Indirect patient contact	Indirect contact with blood/body fluids		
<b>Hepatitis B</b>	<b>Mandatory</b> <sup>†</sup>	Recommended <sup>†</sup>	<b>Mandatory</b> <sup>†</sup>	<b>Mandatory</b> <sup>†</sup>	Recommended <sup>†</sup>
<b>Measles, Mumps, Rubella</b>	<b>Mandatory</b> *	<b>Mandatory</b> *	Recommended	Recommended	Recommended
<b>Varicella (chickenpox),</b>					
<b>Pertussis (whooping cough)</b>					
<b>Influenza</b>	Recommended				

<sup>†</sup> Serological testing following vaccination is recommended for those at significant occupational risk of exposure. Refer to *The Australian Immunisation Handbook 10<sup>th</sup> Edition (2015 update)* for further guidance.  
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-5#4-5-7>

\*Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.

## Risk categorisation of roles

### Measles, mumps, rubella, varicella and pertussis requirement

<b>Direct patient contact or indirect patient contact for applicants</b>	<p>Evidence of measles, mumps, rubella, varicella and pertussis vaccination or evidence that the person is not susceptible to these VPDs is required for applicants for roles that:</p> <ul style="list-style-type: none"> <li>• have contact that would allow acquisition and/or transmission of measles, mumps, rubella, varicella or pertussis. This applies to roles in which: <ul style="list-style-type: none"> <li>▪ work requires face to face contact with patients, or</li> <li>▪ normal work location is in a clinical area such as a ward, emergency department or outpatient clinic, or</li> <li>▪ work frequently requires them to attend clinical areas.</li> </ul> </li> </ul> <p>NB: Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.</p>
<b>Hepatitis B requirement</b>	
<b>Direct patient contact or indirect contact with blood or body fluids for applicants and existing staff</b>	<p>Evidence of hepatitis B vaccination or evidence that the person is not susceptible is required for all applicants and all existing workers engaged prior to 1 July 2016 who were subject to a previously existing condition of employment for roles that:</p> <ul style="list-style-type: none"> <li>• have direct contact with patients, or</li> <li>• in the course of their work, may be exposed to blood/body fluids or contaminated sharps.</li> </ul>
<b>Workers for roles that do not meet criteria</b>	<p>Healthcare workers employed prior to 1 July 2016 in roles in which they do not have direct contact with patients and in the course of their work would not be exposed to blood/body fluids or contaminated sharps.</p>

**NB: Above risk role categories are subject to risk assessment and may require one, both, or none of the specified VPD requirements.**

It is the responsibility of the chairperson/line manager to ensure the applicant meets the vaccine preventable disease screening requirements of the position. Statutory declarations from the individual will not be considered acceptable evidence that the person is vaccinated or not susceptible to the VPD. There may be cases not included in the table, for example if a person presents evidence of vaccination from overseas where different brands of vaccine may be used, or blood test was performed overseas. In these situations, seek the advice of local experts (e.g. medical practitioner or infection control practitioner). Translation of languages other than English in the evidence document is the responsibility of the applicant.

For acceptable evidence of requirements, please refer to Table 2: *Acceptable evidence of vaccination or non-susceptibility*.

**Table 2 Acceptable evidence of completed course of vaccination or non-susceptibility.**

<b>Disease/Vaccine</b>	<b>Acceptable evidence</b>
<b>Hepatitis B</b>	<p><b>Record of vaccination</b></p> <p><i>Vaccination record book with details of completed course of vaccination, clinic attended, or letter from a medical practitioner, vaccine service provider or health professional acceptable to the HHS or the Department with details of vaccine given.</i></p> <p>A full course of vaccination is required. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1<sup>st</sup> and 2<sup>nd</sup> dose, 2 months minimum interval between 2<sup>nd</sup> and 3<sup>rd</sup> dose and 4 months minimum interval between 1<sup>st</sup> and 3<sup>rd</sup> dose but for adolescents between the ages of 11-15 it may be given as a two dose course 4-6 months apart</p> <p>Brand names of hepatitis B vaccines are:</p> <ul style="list-style-type: none"> <li>• H-B-Vax II (adult or paediatric formulation)</li> <li>• Engerix-B (adult or paediatric formulation)</li> </ul> <p>Brand names of combination vaccines containing hepatitis B vaccine are:</p> <ul style="list-style-type: none"> <li>• Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio)</li> <li>• Twinrix/Twinrix Junior (hepatitis A, hepatitis B)</li> <li>• ComVax (Haemophilus influenza type B, hepatitis B) (ComVax is not currently available in Australia, but has been used in past National Immunisation Program Schedules).</li> <li>• Infanrix hep B (diphtheria , tetanus , pertussis, acellular, hep B) (Infanrix hep B is not currently available in Australia, but has been used in past National Immunisation Program Schedules).</li> </ul>
	<b>OR</b>
	<p><b>Vaccine preventable diseases evidence certification form</b></p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p>This form is to be completed by the candidate’s health provider.</p>
	<b>OR</b>
	<p><b>Record of immunity</b></p> <p><i>A blood test result showing positive anti-HBs (<math>\geq 10</math> IU/mL)<sup>3</sup></i></p> <p>The test may be written as:</p> <ul style="list-style-type: none"> <li>• Hepatitis B surface antibody</li> <li>• Anti-HBs</li> <li>• HBsAb</li> </ul> <p>Do not confuse this with other hepatitis B testing, for example; HBsAg, anti-HBc, HBeAg, anti-HBe.</p> <p>The result will be expressed as a number, or not detected. Any number equal to or greater than 10 IU/mL (<math>\geq 10</math> IU/mL) indicates immunity. If the result is less than 10 IU/mL (<math>&lt; 10</math> IU/mL), this indicates a lack of immunity.</p>
<b>OR</b>	
<p><b>Other acceptable evidence</b></p> <p><i>Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B.</i></p> <p>Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp.</p>	
<b>OR</b>	
<p><b>Partial course of vaccine</b></p> <p>Documented evidence that individual has commenced a course of Hepatitis B vaccine. See Partial completion of vaccination course in Table 3.</p>	

<b>Measles, Mumps, Rubella (MMR)</b>	<p><b>Record of vaccination</b></p> <p><i>Vaccination record book with details of complete course of vaccination ,clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given</i></p> <p><i>Two (2) doses of MMR vaccine at least one month apart</i></p> <p>Brand names of MMR vaccine are:</p> <ul style="list-style-type: none"> <li>• M-M-R-II</li> <li>• Priorix</li> </ul> <p>Brand names of vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccine are:</p> <ul style="list-style-type: none"> <li>• Priorix-tetra</li> <li>• ProQuad</li> </ul>	<b>OR</b>
	<p><b>Vaccine preventable diseases evidence certification form</b></p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p>This form is to be completed by the candidate’s health provider.</p>	<b>OR</b>
	<p><b>Record of immunity</b></p> <p><i>A blood test result showing positive IgG for measles and mumps and rubella<sup>4</sup></i></p> <p>Do not confuse this with IgM.</p>	<b>OR</b>
	<p><b>Other</b></p> <p><i>Birth date before 1 January 1966.</i></p>	<b>OR</b>
	<p><b>Partial course of vaccine</b></p> <p>Documented evidence that individual has commenced a course of Measles, Mumps, Rubella vaccine. See Partial completion of vaccination Table 3</p>	
<b>Varicella (chickenpox)</b>	<p><b>Record of vaccination</b></p> <p><i>Vaccination record book with details of vaccine given, clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given</i></p> <p>Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age), or a single dose of Zoster vaccine (for those aged 60 years or over).</p> <p>Brand names of varicella vaccine are:</p> <ul style="list-style-type: none"> <li>• Varilrix</li> <li>• Varivax</li> </ul> <p>Brand names of combination vaccines containing varicella vaccine are:</p> <ul style="list-style-type: none"> <li>• Priorix-tetra</li> <li>• ProQuad</li> </ul> <p>Brand named of Zoster vaccine is:</p> <ul style="list-style-type: none"> <li>• Zostavax</li> </ul>	<b>OR</b>
	<p><b>Vaccine preventable diseases evidence certification form</b></p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p>This form is to be completed by the candidate’s health provider.</p>	<b>OR</b>

<b>Varicella (chickenpox) - continued</b>	<p><b>Record of immunity</b></p> <p><i>A blood test result showing positive IgG for varicella<sup>4</sup>.</i></p> <p>Do not confuse this with IgM.</p>
	<b>OR</b>
	<p><b>Other acceptable evidence</b></p> <p><i>Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox.</i></p> <p><i>Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp</i></p>
<b>Pertussis (whooping cough)</b>	<p><b>Record of vaccination</b></p> <p><i>Vaccination record book with details of vaccine given and clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given.</i></p> <p>One adult dose of diphtheria / tetanus / pertussis vaccine (dTpa) within the past 10 years.</p> <p>Brand names of dTpa vaccines are:</p> <ul style="list-style-type: none"> <li>• Boostrix</li> <li>• Adacel</li> <li>• Boostrix-IPV (also contains polio vaccine)</li> <li>• Adacel Polio (also contains polio vaccine)</li> </ul> <p>Do not accept evidence of ADT vaccine as it does not include pertussis vaccine.</p>
	<b>OR</b>
	<p><b>Vaccine preventable diseases evidence certification form</b></p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p>This form is to be completed by the candidate's health provider.</p>
	<p><b>Record of immunity</b></p> <p>Not applicable for pertussis.</p>

### Partial completion of vaccination courses

The information below is to be used in cases when HHSs may decide to engage an individual prior to their completion of a course of vaccination. Decisions regarding management of individuals who have commenced but not completed a vaccination course should be made on a case by case basis, as a risk assessment should be made in each individual circumstance. Such a risk assessment should be undertaken in consultation with local experts. Please refer to Table 3 for guidance as to the minimum doses of vaccine courses that should be required prior to commencement. The applicant will be required to commit to completing the full course.

**Table 3 Minimum doses of a vaccine course that are required prior to commencement**

<b>Vaccination</b>	<b>Pre offer of employment</b>	<b>Continuing employment</b>
<b>Measles, mumps, rubella (MMR)</b>	Minimum one dose	Second dose to be administered within three months of commencement
<b>Varicella (chicken pox)</b>	Minimum one dose	Second dose(if required) to be administered within three months of commencement
<b>Hepatitis B</b>	Minimum two doses	Third dose to be administered within six months of commencement
<b>Pertussis (whooping cough)</b>	One dose	One dose every ten years

In instances of uncertainty or if the chairperson/line manager requires clarification of evidence of vaccination or immunity submitted by the applicant, please seek advice from local experts, e.g. staff health clinic, infection control unit, infectious diseases physician, public health unit, medical practitioner or nurse immuniser/practitioner.

Refer to the Queensland Health [mandatory vaccinations providing evidence page](#) for acceptable forms or contact your local infection control unit or staff health unit for further information.

**Footnotes and further information:**

1. Applicant: includes prospective employees to Queensland Health (engaged on a permanent, temporary or casual basis), existing employees moving between Queensland Health entities (e.g. between HHS or between a HHS and the Department), volunteers moving between Queensland Health entities, and prospective; Contractors, students and volunteers.
2. Contractor means a person engaged to perform services within Hospital and Health Services as an independent Contractor, including:
  - Contractors and consultants;
  - locum workers;
  - visiting medical practitioners;
  - authorised practitioners of a contracted VMO; and
  - workers engaged under an arrangement with an employment agency or workforce labour company, but does not include a person who is engaged as a health service employee under the Hospital and Health Boards Act 2011.
3. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL means that the person has the protection against hepatitis B. If the result is less than 10 IU/mL (<10 IU/mL), this means that the person does not have adequate protection against hepatitis B.
4. Positive IgG (Immunoglobulin G) means that the person has the protection against the specified VPD, which was a result from either previous natural infection or immunisation.