

Appendix 3

Acceptable VPD evidence

The following Appendix provides a detailed explanation of what evidence is acceptable as proof of vaccination or evidence of non-susceptibility to vaccine preventable diseases.

Disease/Vaccine	Acceptable evidence
Hepatitis B	<p>Record of vaccination</p> <ul style="list-style-type: none"> Vaccination record book with details of vaccine given and clinic attended, or Australian Immunisation Register (AIR) transcript, 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. <p>The infant hepatitis B vaccine schedule is currently 4 doses; birth, 2, 4 and 6 months of age.</p> <p>Adolescent (11–15 years of age) hepatitis B vaccine schedule consists of a 2 doses adult hepatitis B vaccine. The recommended schedule minimum intervals are:</p> <p>1st dose: day zero (day of vaccination)</p> <p>2nd dose: 4–6 months after 1st dose</p> <p>Other age groups hepatitis B vaccination schedule is a three-dose schedule. The recommended schedule minimum intervals are:</p> <p>1st dose: day zero (day of vaccination)</p> <p>2nd dose: one month after 1st dose</p> <p>3rd dose: 6 months after 1st dose</p> <p>Accelerated schedules are not recommended in most instances. Where an accelerated schedule is administered (<4 months between 1st and 3rd dose), it is important that a 4th dose is administered 12 months after the first dose to promote long term immunity.</p> <p>Brand names of hepatitis B vaccines are:</p> <p>H-B-Vax II (adult or paediatric formulation)</p> <p>Engerix-B (adult or paediatric formulation)</p> <p>Brand names of combination vaccines containing hepatitis B vaccine are:</p> <p>Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio)</p> <p>Twinrix/Twinrix Junior (hepatitis A, hepatitis B)</p> <p>ComVax (Haemophilus influenza type B, hepatitis B) (ComVax is not currently available in Australia but has been used in past National Immunisation Program Schedules).</p> <p>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).</p>

	Brand names of vaccines are not exhaustive. Historical brand names or overseas vaccines are not included.
	OR
	<p>Record of immunity</p> <p><i>A pathology testing result showing positive anti-HBs (≥ 10 IU/L).</i></p> <p>The test may be written as:</p> <p>Hepatitis B surface antibody</p> <p>Anti-HBs</p> <p>HBsAb</p> <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/L (≥ 10 IU/L) indicates immunity.</p>
	OR
	<p>Other</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 include their professional designation, service provider number (if applicable) and practice stamp.</p>
	OR
	<p>Partial course of vaccination</p> <p><i>Documented evidence that the individual has commenced a course of hepatitis B vaccine. See Appendix 4: Minimum vaccination requirements prior to commencement.</i></p>
Measles, Mumps, Rubella (MMR)	<p>Record of vaccination</p> <ul style="list-style-type: none"> • <i>Vaccination record book with details of vaccine given and clinic attended, or</i> • <i>Australian Immunisation Register (AIR) transcript, or</i> • <i>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>Two doses of MMR vaccine at least 4 weeks apart.</p> <p>Brand names of MMR vaccine are:</p> <p>M-M-R-II</p> <p>Priorix</p> <p>Vaccines that contain measles, mumps, rubella and varicella vaccines are:</p> <p>Priorix-tetra</p> <p>ProQuad</p> <p>Brand names of vaccines are not exhaustive. Historical brand names or overseas vaccines are not included.</p>

	<p style="text-align: right;">OR</p> <p>Record of immunity</p> <p><i>A pathology testing result showing positive IgG for measles and mumps and rubella.</i></p> <p>NOTE: Pathology testing is not required where documented evidence of 2 doses of MMR vaccination exists.</p> <p>Results where IgG is denoted as “low positive”, “low level immunity”, “equivocal” or other serology result should be referred to an appropriate expert for advice. Do not confuse IgG with IgM.</p>
	<p style="text-align: right;">OR</p> <p>Other</p> <p><i>Birth date before 1 January 1966.</i></p>
	<p style="text-align: right;">OR</p> <p>Partial course of vaccination</p> <p><i>Documented evidence that the individual has received one dose of measles, mumps, rubella containing vaccine. See Appendix 4. Minimum vaccination requirements prior to commencement.</i></p>
Varicella (chickenpox)	<p>Record of vaccination</p> <ul style="list-style-type: none"> • <i>Vaccination record book with details of vaccine given and clinic attended, or</i> • <i>Australian Immunisation Register (AIR) transcript, or</i> • <i>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>Two doses of varicella-containing vaccine at least 4 weeks apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age, however a second dose of a varicella containing vaccine is recommended), or a single dose of Zoster vaccine (for those aged 60 years or over). Please note that Zoster vaccine is not indicated for primary vaccination against varicella-zoster virus.</p> <p>Brand names of varicella vaccine are:</p> <ul style="list-style-type: none"> • Varilrix • Varivax <p>Brand names of combination vaccine containing varicella vaccine are:</p> <ul style="list-style-type: none"> • Priorix-tetra (measles, mumps, rubella and varicella) • ProQuad (measles, mumps, rubella and varicella) <p>Brand name of Zoster vaccine is:</p> <ul style="list-style-type: none"> • Zostavax • Shingrix (2 dose course) <p>Brand names of vaccines are not exhaustive. Historical brand names or overseas vaccines are not included.</p>

	<p style="text-align: right;">OR</p> <p>Record of immunity</p> <p><i>A pathology testing result showing positive IgG for varicella.</i></p> <p>Results where IgG is denoted as “low positive”, “low level immunity”, “equivocal” or other serology result should be referred to an appropriate expert for advice. Do not confuse IgG with IgM.</p>
	<p style="text-align: right;">OR</p> <p>Other</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>Such a letter should be on practice/facility letterhead, signed by the provider, and include their professional designation, service provider number and practice stamp.</p>
	<p style="text-align: right;">OR</p> <p>Partial course of vaccination</p> <p><i>Documented evidence that the individual has commenced a course of varicella vaccine. See Appendix 4. Minimum vaccination requirements prior to commencement.</i></p>
Pertussis (whooping cough)	<p>Record of vaccination</p> <ul style="list-style-type: none"> • <i>Vaccination record book with details of vaccine given and clinic attended, or</i> • <i>Australian Immunisation Register (AIR) transcript, or</i> • <i>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>One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within the past 10 years.</p> <p>Brand names of dTpa vaccines are:</p> <p>Boostrix</p> <p>Adacel</p> <p>Boostrix-IPV (also contains polio vaccine)</p> <p>Adacel Polio (also contains polio vaccine)</p> <p>Do not accept evidence of ADT vaccine as it does not include pertussis vaccine.</p> <p>Brand names of vaccines are not exhaustive. Historical brand names or overseas vaccines are not included.</p>
	<p>Record of immunity</p> <p>Not applicable for pertussis.</p>