

Queensland Health

Vaccination of healthcare workers

Guideline Version 2.1
September 2024



Queensland
Government

Vaccination of healthcare workers - Guideline Version 2.1

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An electronic version of this document is available at
https://www.health.qld.gov.au/__data/assets/pdf_file/0029/444872/vaccination-of-healthcare-workers.pdf

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1 Purpose

This guideline provides recommendations regarding best practice to support Hospital and Health Services (HHSs) and the Department of Health in the development and implementation of a workforce vaccination program that aligns with national guidelines and Queensland Health policy and guidelines. It also provides advice on acceptable forms of evidence confirming vaccination or that an individual is not susceptible to specified vaccine preventable diseases (VPDs).

2 Scope

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within this guideline.

This guideline provides information for all Queensland public health system employees (permanent, temporary, and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, Contractors, consultants, students and volunteers).

3 Related Documents

Queensland Health [Health Employment Directive: Vaccine Preventable Diseases \(VPD\) requirements](#)

Queensland Health [Health Service Directive: Vaccine preventable disease screening for Contractors, Students and Volunteers](#) Queensland Health [Protocol for vaccine preventable disease screening for Contractors, students and volunteers](#)

Queensland Health [Health Service directive: Enterprise Architecture](#)

Australian Commission on Safety and Quality in Healthcare [NSQHS Standard: Preventing and controlling healthcare associated infections](#)

Queensland Health [Department of Health human resources policy B1: Recruitment and selection](#)

Queensland Health [Finance Practice Standard: Employee/Contractor Assessment](#)

Queensland Health [Staff vaccination programs: Healthcare workforce vaccination programs](#)

Queensland Health [Department of Health human resources policy B3: Work experience programs and placements](#)

[Work Health and Safety Act 2011](#) (Qld)

National Health and Medical Research Council [Australian guidelines for the prevention and control of infection in healthcare](#)

Queensland Health [Guideline for management of exposures to blood and body fluids](#)

Australian Government Department of health [The Australian Immunisation Handbook](#)
[Hospital and Health Boards Act 2011](#)

Queensland Health [Clinical placements](#)

Queensland Health [Health Service Directive: Tuberculosis control](#)

4 Guideline for the vaccination of workers in healthcare settings

It should be noted that the information in this guideline relates to vaccinations either required as a condition of employment/engagement or recommended due to occupation as a healthcare worker or worker in a healthcare setting. The information in this guideline is not designed to substitute individualised medical advice. It is advised that prospective employees, employees, Contractors, students and volunteers consult with their own healthcare providers regarding additional vaccinations or booster vaccinations that may be recommended due to personal circumstances which may include, but are not limited to, pregnancy or medical conditions and/or therapies which may modify immune response. Where the guideline refers to workers it should also be assumed that any requirements apply to employees, Contractors, students and volunteers.

4.1 Vaccine preventable disease requirements

4.1.1 The policy framework

The Queensland Health policy framework includes the following documents:

[Human resources policy B1: Recruitment and selection](#) provides the VPD requirements that apply to all health service employee candidates prior to an offer of employment being made. This policy is also used to set out the requirements for Contractors, students and volunteers engaged in the Department of Health (the Department).

[Health Employment Directive: Vaccine preventable disease requirements](#) provides the conditions of employment, that are related to vaccination, that must continue to be met once an employment candidate is successful.

[Health Service Directive: Vaccine preventable disease screening for Contractors, students and volunteers](#) and associated Protocol provide the VPD pre-engagement/pre-commencement screening requirements for Contractors, volunteers and students engaged in HHSs.

4.1.2 Employment Candidates

As per *Human resources policy B1: Recruitment and selection*, it is a mandatory requirement for recruitment and selection for certain categories of employment candidates to provide evidence of vaccination or evidence that the person is not susceptible to specified VPDs prior to any offer of employment being made.

See section 4.2 below for information on risk categorisation.

4.1.3 Contractors and volunteers

As per *Health Service Directive: Vaccine preventable disease screening for Contractors, students and volunteers* and as per *Human resources policy B1: Recruitment and selection*, certain categories of prospective Contractors and Volunteers must provide evidence of

vaccination or proof that they are not susceptible to specified VPDs prior to engagement/commencement.

Please see the definitions table for the definitions of Contractors and volunteers. See section 4.2 below for information on risk categorisation.

4.1.4 Students

As per *Health Service Directive: Vaccine preventable disease screening for Contractors, students and volunteers*, certain categories of prospective students engaged in HHSs must provide evidence of vaccination or proof that they are not susceptible to specified VPDs prior to commencement.

As per *Human resources policy B1: Recruitment and selection* certain categories of prospective students engaged in the Department must provide evidence of vaccination or proof that they are not susceptible to specified VPDs prior to commencement.

Students attending Queensland Health facilities for the purpose of clinical placement or other learning activity may also be subject to contractual obligations (identifying additional vaccination requirements) overarching that activity (such as the Student Placement Deed governing pre-entry clinical placements).

4.1.5 Employees

Employees that are engaged after 1 July 2016 are subject to mandatory conditions of employment for certain vaccine preventable diseases.

A risk assessment for each role should be undertaken to determine which VPDs the employee must be vaccinated against or show evidence for which they are not susceptible. See 4.2 below for more information about risk categorisation.

Employees who move between entities (i.e. one HHS to another HHS, the Department to a HHS, or HHS to the Department) and to a role where evidence of vaccination is a requirement, VPD screening must be completed. This should occur even when initial employment occurred prior to 1 July 2016.

It is recommended that all existing employees, but particularly those whose roles are indicated as being at risk of acquiring VPDs, ensure that they are protected against hepatitis B, measles, mumps, rubella, pertussis and varicella (chicken pox). Where doubt exists, employees should be assessed for the required VPDs. Where no record of vaccination exists, employees should be vaccinated appropriately. Vaccination screening for all employees, regardless of commencement should occur and records kept.

The condition of employment relating to measles, mumps, rubella, varicella and pertussis does not apply to existing employees where they remain with the same employment entity.

Existing employees who change entities (HHS to HHS, HHS to Department, Department to HHS) must meet the vaccination screening requirements when moving into roles that have been assessed as being at risk of acquiring VPDs.

4.1.6 Aboriginal and Torres Strait Islander considerations

This guideline acknowledges that some vaccines may have different recommendations for Aboriginal and Torres Strait Islander people. These vaccines are also strongly recommended.

For advice about additional vaccines and vaccines that may be recommended for a broader age group for Aboriginal and Torres Strait Islander people, please seek medical advice and refer to [The Australian Immunisation Handbook](#).

4.2 Risk categorisation

All roles, whether for employees, Contractors, students or volunteers, should be assessed according to risk of acquisition or transmission of VPDs.

The VPD risk categories apply for pre-engagement screening and occupational vaccination purposes. The risk categories should also be applied when planning screening and vaccination programs for all VPDs.

Roles are categorised based on risk of exposure to infectious material and risk of acquisition or transmission of specified VPDs in the workplace.

Please see [Appendix 1](#) *Short risk categorisation of workers* which is based on *specific risks* identified for workers' roles.

4.2.1 Measles, mumps, rubella, varicella and pertussis requirements

For roles where:

- face-to-face contact with patients occurs; or
- a normal work location is in a clinical area; or
- the prospective worker will frequently attend clinical areas;

evidence of vaccination against pertussis, measles, mumps, rubella, and varicella is required.

Proof that the worker is not susceptible to measles, mumps, rubella, and varicella is required to be provided by the worker where evidence of vaccination is not available.

Where pertussis vaccination is a role requirement, the worker is required to provide evidence of vaccination within the last ten years. When a period of ten years has elapsed since the previous dose, evidence of vaccination will be required to be provided.

See [Appendix 2](#) for acceptable evidence of vaccination.

4.2.2 Hepatitis B requirement

Evidence of vaccination against, or proof that the worker is not susceptible to, hepatitis B is required to be provided by the worker for roles where:

- there is direct physical contact with patients, clients or the deceased; or
- where in the course of their work, the worker may be exposed to blood, body substances and/or equipment or surfaces contaminated with these.

See [Appendix 2](#) for acceptable evidence of vaccination.

4.2.3 Other vaccinations

Additional vaccinations may be recommended based on role or role risk requirements. This can be implemented at the discretion of the HHS in collaboration with their HR department. For example (but not limited to); [hepatitis A vaccination for plumbers and others at occupational risk](#), laboratory workers who may be exposed to specific infectious agents, or Japanese Encephalitis Virus vaccination for roles in the outer Torres Strait Islands or workers engaged in mosquito surveillance and/or control. For further information, refer to the current version of [The Australian Immunisation Handbook](#). Please check with your line manager or HHS for local requirements.

As per the [Health Service Directive Tuberculosis Control](#), and [Protocol for the Control of Tuberculosis](#) all new employees, Contractors and Students undergoing placement in a Queensland Health facility must be assessed for their risk of tuberculosis using the Queensland Health risk assessment and screening form found <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/diseases/tuberculosis/screening/healthcare-workers-students>

[The Australian Immunisation Handbook](#) recommends annual influenza vaccination for all health workers, and workers in aged care and long-term residential facilities. [The Australian Immunisation Handbook](#) recommends COVID-19 vaccination for all people aged 5 years of age and older.

4.3 Evidence of a completed course of vaccination or protection

- See [Appendix 2](#) for a detailed list of acceptable documentary evidence of a completed course of vaccination or evidence that a person is not susceptible to the specified VPDs.
- [Appendix 3](#) outlines the minimum vaccination requirements for a prospective worker to commence their role. Ongoing employment is subject to completion of the required vaccination course.
- [Appendix 4](#) is an evidence form that is to be completed by a prospective worker where they have the required documentary evidence. This should accompany copies of evidence provided by the prospective worker. Please note – only [Appendix 4](#) OR [Appendix 5](#) is required to be completed.
- [Appendix 5](#) is an evidence form that can be taken by the prospective worker to their vaccine provider for completion if they don't have the required documentary evidence. Copies of evidence of vaccination or non-susceptibility should be attached to this form. Please note – only [Appendix 4](#) OR [Appendix 5](#) is required to be completed.
- Any documented vaccinations or record of non-susceptibility should be recorded on the Queensland Health enterprise based state-wide application, Staff Protect Application (SPA). Additionally, employees should provide the [vaccination notification form](#) (internal Queensland Health computer is required) via myHR where vaccination occurs after commencement.

- It is recommended that a record of all vaccines administered be uploaded to the AIR. Mandatory reporting of vaccinations to the AIR commenced 20 February 2021 for COVID-19 vaccines and for Influenza vaccinations given on or after 1 March 2021. Mandatory reporting of the National Immunisation Program funded vaccines into AIR commenced 1 July 2021. On 21 December 2022 it became mandatory for vaccination providers to report all Japanese encephalitis virus (JEV) vaccines to the AIR.

If the prospective worker cannot meet the role requirement refer to [Human resources policy B1: Recruitment and selection; or Health Service Directive and Protocol for Vaccine preventable disease screening for Contractors, Students and Volunteers](#) for further guidance.

Workers engaged under an arrangement with an employment agency or workforce labour company should provide evidence of vaccination or that they are not susceptible to specified VPDs to their employer, rather than to Queensland Health entities.

Students should provide evidence of compliance with these requirements in accordance with their pre-placement responsibilities. This evidence should be provided to the education provider. Please see the education provider for details. Queensland Health has a contract (Student Placement Deed) with education providers to ensure all students' roles that meet the definition of a VPD risk role during clinical placements comply with requirements.

4.3.1 Serology – Hepatitis B

Workers with a documented history of a primary course of hepatitis B vaccination who remain seronegative for hepatitis B surface antibody (HBsAB <10 IU/L) should be managed in accordance with recommendations in the current version of [The Australian Immunisation Handbook](#). This may involve:

- investigation for hepatitis B carriage
- further doses of vaccine
- informing the worker of the need for hepatitis B immunoglobulin (HBIG) as soon as possible following parenteral exposure to hepatitis B. Please seek infectious diseases physician advice.

Where a worker has ever previously demonstrated HBsAB ≥ 10 IU/L they should be considered immune even if further serology demonstrates HBsAB <10 IU/L.

HHS should consider offering an assessment of workers' HBsAB 4 to 8 weeks following primary vaccination course for those at risk of contact with blood and body fluids.

Please refer to [The Australian Immunisation Handbook](#) where doubt exists or for more information.

4.3.2 Serology – Other

Where there is documented evidence of vaccination for a specified VPD, serology is not mandatory.

In the absence of documented evidence of vaccination, serology may be appropriate as evidence of vaccination. Please see [Appendix 2](#) for more information on acceptable serology. Serology for non-susceptibility to pertussis is never acceptable evidence.

Where there is evidence of vaccination and current existing serology does not support non-susceptibility, there should be a clinical discussion regarding the need for further

intervention. Serology may be recommended where there is clinical benefit. Please refer to [The Australian Immunisation Handbook](#) and local medical experts to determine the best course of action.

4.3.3 Serology – Equivocal

When assessing serology that might have been ordered as evidence of immunity for measles, mumps, rubella or varicella, IgG results that are “low level immunity,” “equivocal,” “low positive,” or any other result that is not clear, the candidate should seek further advice from their medical practitioner or local immunisation expert as they may not be immune. Further vaccination may be recommended.

Equivocal serology is not acceptable evidence of vaccination.

Interpretation of “low positive” or “low level immunity” is not as straightforward. The Australian Immunisation Handbook states that when interpreting serological testing results it may be useful to discuss the results with the testing laboratory to ensure that decisions are based on all relevant clinical information.

4.4 Compliance monitoring

HHS and parts of the Department of Health that require vaccination against VPDs should have a documented process for monitoring and recording compliance with vaccination requirements for relevant workers and prospective workers. This should include a way to monitor additional vaccinations required to complete a course after commencement or required booster vaccinations. Evidence of vaccination is medical information and should be treated as confidential.

5 Further information

Information regarding vaccines and VPDs should be made available to workers and prospective workers. [Appendix 6](#) provides detailed information about the VPDs, the vaccines and the relevance for healthcare environments. Additional information is available from [Queensland Health Communicable Disease Control Guidance and Information: A-Z](#), [The Australian Immunisation Handbook](#) and in an iLearn educational resource provided by the Queensland Department of Health.

Fact sheets have been developed for groups who are external to Queensland Health to assist them to understand and meet the requirements of the policy framework. [Appendix 7](#), [Appendix 8](#), [Appendix 9](#), [Appendix 10](#) and [Appendix 11](#) are fact sheets for Contractors, students, volunteers, student supervisors and procurement staff.

6 Definitions

Term	Definition
Anti-HBs, HBsAb, hepatitis B surface antibody	Antibodies developed to hepatitis B surface antigen, indicating immunity. (World Health Organisation, 2019)
Clinical areas	Attendance in a clinical area means any presence in the indoor air space of areas where patients are provided with, or waiting for, healthcare or aged care. This includes but is not limited to wards, clinics, outpatient units, operating theatres, emergency departments and hospital/clinic waiting rooms. It is not limited to acute medical and surgical settings, and includes settings such as residential care, disability care, mental health settings, dental, rehabilitation and diagnostic settings (not an exhaustive list). Due to space and layout, some facilities may also include spaces such as hospital foyers in this definition.
Contractor	<p>Contractor means a person engaged to perform/provide services within Hospital and Health Services as an independent Contractor, including:</p> <ul style="list-style-type: none"> • contractors and consultants • trade and technical workers • workers involved in infrastructure maintenance, construction or renovation projects • locum workers • visiting medical practitioners • authorised practitioners of a contracted Visiting Medical Officer (VMO); and • workers engaged under an arrangement with an employment agency or workforce labour company, <p>but does not include a person who is engaged as a health service employee under the <i>Hospital and Health Boards Act 2011</i>.</p>
Contractor provider	A third party that supplies workers or “contractor(s)” to a HHS or the Department of Health. This includes an organisation under an arrangement with a HHS to provide workers; sometimes known as an employment agency or workforce labour company.
Employment Candidate / Applicant	An individual who has applied for a permanent, temporary or casual position within Queensland Health.
Existing Worker	<p>Includes all existing workers engaged prior to 1 July 2016 who were subject to a previously existing condition of employment relating to hepatitis B.</p> <p>Includes workers moving between roles within a Queensland Health entity (see below definition of Queensland Health entities).</p>
HBsAg, Hepatitis B surface antigen	A marker in the blood that indicates the person is a carrier of active hepatitis B virus infection. (World Health Organisation, 2019)

Term	Definition
Healthcare worker	Includes any worker, in any role, in a healthcare or aged care setting. Not limited to clinicians.
Immunity	The ability of the body to fight off certain infections; Immunity can result from natural ('wild') infections or from vaccination. (Australian Technical Advisory Group on Immunisation, 2018)
Prospective worker	Includes prospective employees to Queensland Health (engaged on a permanent, temporary, or casual basis), existing employees and volunteers moving between Queensland Health entities (see below definition of Queensland Health entities), and prospective Contractors, students and volunteers.
Queensland Health	All of Queensland Health, comprising; all Hospital and Health Services and the Department of Health.
Queensland Health entities	Queensland Health is comprised of HHS and the Department. Each HHS is a separate Queensland Health entity, and the Department is a Queensland Health entity. A move or transfer from one HHS to another, from the Department to an HHS, or from a HHS to the Department is a move between Queensland Health entities. A move or transfer within, a HHS, or within the Department, is a move within a Queensland Health entity.
Student	Any person who is a student at a school, university, TAFE, or other secondary or tertiary education provider, undertaking work experience or placement within a Hospital and Health Service or the Department of Health, and any person undertaking work experience or work placement as part of further training (for example, Australian Defence Force placement).
Vaccination	The administration of a vaccine; if vaccination is successful, it results in immunity. (Australian Technical Advisory Group on Immunisation, 2018)
Vaccine	A vaccine is a complex biological product. They contain one or more antigens (also called immunogens) that stimulate an active immune response. Vaccines also contain other components, such as adjuvants and stabilisers. (Australian Technical Advisory Group on Immunisation, 2018)
Volunteer	An individual who supports services either through direct contact with patients/clients or other activities without financial gain or reward.

7 Document approval details

Document custodian

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Approval Date

23 September 2024

8 Version control

Version	Date	Prepared by	Comments
1.0	01/07/2016	Communicable Diseases Branch	New document “Guideline: Vaccination of Health Care Workers, version 2, December 2012” Rescinded.
1.1	26/07/2016	Communicable Diseases Branch	Minor amendments to Appendix 1, and to first paragraph of section 4 on page 2.
1.4	06/11/2018	Communicable Diseases Branch	Minor amendments to Appendix 1
2.0	15/09/2023	Communicable Diseases Branch	Major structural revision, fixed links, updated references.
2.1	23/09/2024	Communicable Diseases Branch	Revisions to clarify that vaccine preventable disease requirements apply to trade and technical workers, and workers involved in construction and renovation projects. This includes such workers engaged as Contractors and employees. Removal of Appendix 2: Vaccination requirements for role risk categories. Renumbering of appendices. Clarification of recommended actions for “low positive” and “low-level immunity” serological results. Minor clarifications in various sections. Updated document custodian. Additional category of worker added to Appendix 1 – worker with no attendance in clinical areas and no contact with blood or body fluids.

Appendix 1

Risk categorisation of workers¹

VPD requirement	Worker risk criteria identified for their roles ¹			
	Worker has direct patient contact	Worker attends clinical areas (anywhere within the same indoor air space as patients) OR Has face to face contact with patients (no contact with blood or bodily fluids)	Worker does not attend clinical areas (anywhere within the same indoor air space as patients) BUT Has contact with blood or body fluids	Worker does not attend clinical areas AND Has no contact with blood or body fluids
Hepatitis B	Mandatory	Recommended	Mandatory	Recommended
Measles, mumps, rubella Varicella (chickenpox) Pertussis ² (whooping cough)	Mandatory	Mandatory	Recommended	Recommended
COVID-19	Recommended			
Influenza	Recommended			

¹ The definition of “worker”, for the purposes of this guideline, includes employees, prospective employees, contractors, agency workers, students and volunteers. This includes trade and technical workers and workers involved in construction or renovation projects.

² Where pertussis is a role requirement, the worker is required to provide evidence of booster vaccination every 10 years.

Appendix 2

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.

<i>Disease/Vaccine</i>	<i>Acceptable evidence</i>
Hepatitis B	<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>The infant hepatitis B vaccine schedule is currently four doses; birth, two, four and six months of age.</p> <p>Adolescent (11–15 years of age) hepatitis B vaccine schedule consists of a two doses adult hepatitis B vaccine. The recommended schedule minimum intervals are:</p> <p>1st dose: day 0 (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 0 (day of vaccination)</p> <p>2nd dose: 1 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) (<i>ComVax is not currently available in Australia but has been used in past National Immunisation Program Schedules</i>).</p> <p>Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B) (<i>Infanrix hep B is not currently available in Australia but has been used in past National Immunisation Program Schedules</i>).</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. A minimum of two doses must have been administered prior to commencement. Commencement of an accelerated course of hepatitis B vaccine as per the Australian Immunisation Handbook is acceptable evidence of a partial course of vaccination, including where the initial two doses are administered on day 0 and day 7. See Appendix 3: Minimum vaccination requirements prior to commencement.</i></p>
Measles, Mumps, Rubella (MMR)	<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>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>

	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 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>
	OR
	<p>Other</p> <p><i>Birth date before 1 January 1966.</i></p>
	OR
	<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 3. Minimum vaccination requirements prior to commencement.</i></p>
Varicella (chickenpox)	<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>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>
	OR
	<p>Record of immunity</p> <p><i>A pathology testing result showing positive IgG for varicella.</i></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.
	OR
	<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>
Pertussis (whooping cough)	Partial course of vaccination
	OR
	<p><i>Documented evidence that the individual has commenced a course of varicella vaccine. See Appendix 3. Minimum vaccination requirements prior to commencement.</i></p>
Pertussis (whooping cough)	<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>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>

Appendix 3

Minimum vaccination requirements prior to commencement

This table provides the minimum vaccination requirements that a worker must meet prior to their commencement with Queensland Health for roles requiring vaccine preventable disease evidence. Workers includes all employees, Contractors, students and volunteers.

Proof that the worker is not susceptible to hepatitis B, measles, mumps, rubella and varicella is acceptable where evidence of vaccination is not available. Where a worker has provided evidence they are not susceptible to hepatitis B, measles, mumps, rubella and varicella in accordance with [Appendix 2](#), further vaccination is not required.

Vaccination is the only acceptable evidence for pertussis.

Please note that ongoing employment is subject to the required vaccine course completion. This table must be read in conjunction with the Queensland Health guideline: [Vaccination of healthcare workers](#).

Vaccination	Minimum requirement pre offer of employment	Continuing employment
Measles, mumps, rubella (MMR)	Minimum one dose MMR containing vaccine	Second dose to be administered within 3 months of commencement and at least 4 weeks after the first dose.
Varicella (chicken pox)	Minimum one dose	Second dose (if first dose administered after 14 years of age) to be administered within 3 months of commencement and at least 4 weeks after the first dose.
OR		
Zoster (shingles)	One dose only (age appropriate) OR if Shingrix first dose	Not applicable OR if Shingrix second dose in 2 to 6 months (or sooner if indicated by medical advice)
Hepatitis B	Minimum 2 doses (Accelerated schedule as per Australian Immunisation Handbook is acceptable, including where the initial two doses are administered on day 0 and day 7)	Third dose to be administered within 6 months of commencement and at least 3 months after dose 2. If an accelerated schedule is used, the subsequent doses are to be administered in accordance with the recommendations of the Australian Immunisation Handbook, including a 4th dose at 12 months. Post course serology 4-8 weeks after third dose may be recommended.
Pertussis (whooping cough)	One dose	One dose every 10 years

Appendix 4

Vaccine preventable diseases evidence form

To be completed by the prospective worker*

This form is to be used only if you (the prospective worker) have acceptable forms of evidence as listed in the table below. **Please note – the preferred form of evidence is evidence of vaccination.**

Please complete the details on the form – **one (1) box must be ticked for each disease.**

You **must attach a copy of the evidence** relating to each vaccine preventable disease (each row of the table). All supporting evidence must adequately display the prospective worker's personal identification details. Statutory declarations from prospective workers will not be accepted. Where this evidence is not in English, translation of the evidence is the responsibility of the prospective worker.

You will not be able to meet the conditions of employment/engagement if evidence is not attached for the specified vaccine preventable diseases specific to your role as listed below. All sections of this form must be completed.

If you do not have evidence for each disease listed, please take the [Vaccine preventable diseases evidence certification form: To be completed by the applicant's health care provider](#) to a General Practitioner (GP) or a vaccine service provider (such as an immunisation clinic) to have the required vaccination/s or blood test/s in order to provide evidence.

Any cost associated with further medical consultation or further vaccination are the responsibility of the applicant.

Brand name listings contained in this document are not necessarily comprehensive. Vaccines may have different brand names in other countries. Employment candidates may have been vaccinated with vaccines that are no longer available. Where doubt exists, please seek clarification from your prospective manager, GP or local public health unit.

*The term "prospective worker" refers to any of the following: employment candidate, prospective volunteer, student, or contractor.

Please print

Surname:	
First name:	
Date of birth:	Phone number:
Address:	
Email:	
Medicare Number:	
Job Reference No. (if relevant):	

The privacy notice must be completed by the prospective worker

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

Consent to search databases

I do ☐ / do not ☐ consent to the recruitment panel, Hospital and Health Service staff health and/or infection control units searching the following databases for additional immunisation records that will assist the complete assessment of my immunisation needs for occupational health purposes whilst employed/engaged. If you choose not to give consent to search databases, this may not affect your offer of employment/engagement but further information will be sought to ensure the VPD requirements are met.

- ☐ QH Pathology records (ONLY for previous serology related to immunisation assessment)
- ☐ The Australian Immunisation Register (AIR)
- ☐ QH Staff Protect Application

Candidate please complete:

Name: _____ Date: _____

Signature: _____

Consent to pass information

I do ☐ / do not ☐ consent to the recruitment panel/human resources department passing on relevant health information to the Hospital and Health Service staff health and/or infection control units. Providing consent will allow appropriate management of staff health vaccination programs and outbreak management. This information will be stored in a secure database that can only be accessed by authorized Queensland Health staff. If you choose not to allow your information to be passed on to staff health and/or infection control units, this will not affect your offer of employment/engagement.

Prospective worker please complete:

Name: _____ Date: _____

Signature: _____

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	Clinical Assessment QH Use only
Hepatitis B	<input type="checkbox"/> ATTACH EVIDENCE of documented history of 2 or 3 (or 4) age-appropriate course of hepatitis B vaccine Date dose 1: ____/____/____ Batch #: Date dose 2: ____/____/____ Batch #: Date dose 3: ____/____/____ Batch #: Date dose 4: (Accelerated course only) ____/____/____ Batch #: 	<div>OR</div> <input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity to hepatitis B Anti-HBs ≥ 10 IU/L indicates immunity Anti-HBs <10 IU/L indicates not immune	<div>OR</div> <input type="checkbox"/> ATTACH EVIDENCE that the individual is not susceptible to hepatitis B Partial course of Hepatitis B vaccine Date of dose 1: ____/____/____ Batch #: Date of dose 2: ____/____/____ Batch #: 	Compliant (circle): Yes / No Initial: _____ OR Partially compliant Due date dose 3: ____/____/____ (at least 2 months since the 2nd dose and 4 months since the first) Initial: _____

- **Note:** Hepatitis B containing vaccine brand names include, H-B-Vax II (adult or paediatric formulation), Engerix-B (adult or paediatric formulation). Brand names of combination vaccines containing hepatitis B vaccine are Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio), Twinrix/Twinrix Junior (hepatitis A, hepatitis B), ComVax (Haemophilus influenza type B, hepatitis B) and Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B). This list is not exhaustive.
- Age-appropriate vaccination schedules:
 - Adult (≥ 20 years of age) schedule consists of 3 doses with a minimum of 4 weeks between dose one and 2, a minimum of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
 - A schedule with a minimum interval of 3 months between dose one and 3 was recommended prior to July 2013 and is acceptable if the course was completed before this.
 - Childhood (< 20 years of age) schedule is 3 doses of **paediatric** hepatitis B containing vaccine which consists of a minimum interval of 4 weeks between dose one and 2, a minimum interval of 2 months between dose 2 and 3 with a minimum interval of 4 months between doses one and 3.
 - Adolescent (11–15 years of age) schedule is 2 doses of **adult** hepatitis B vaccine administered 4 to 6 months apart.
- At least 2 doses of hepatitis B containing vaccine at least 4 weeks apart are required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 6 months of commencement.
- A note about accelerated courses which require 4 doses not 3 - An accelerated course is one of two courses: 1st dose: day 0, 2nd dose: 1 month post first dose, 3rd dose 2 months after 1st dose, 4th dose 12 months after 1st dose OR 1st dose: day 0, 2nd dose: 7 days after 1st dose, 3rd dose: 21 days after 1st dose, 4th dose: 12 months after 1st dose.

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	Clinical Assessment QH use only
Measles, Mumps, and Rubella	<input type="checkbox"/> ATTACH EVIDENCE of 2 documented doses of MMR vaccine at least 4 weeks apart Date dose 1: ____/____/____ Batch #: _____ Date dose 2: ____/____/____ Batch #: _____	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella.	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No Initial: OR
			<input type="checkbox"/> Partial course of MMR vaccine Date of dose one: ____/____/____ Batch #: _____	" Partially compliant Dose 2 due: ____/____/____ (4 weeks after dose one) Initial:

Notes: Brand names of MMR vaccine include M-M-R-II & Priorix. Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines include Priorix-tetra & ProQuad. This list is not exhaustive.

For IgG results that are “low level immunity,” “equivocal,” “low positive,” or any other result that is not clear, the candidate should seek further advice as they may not be immune.

One documented dose of a measles, mumps and rubella vaccine is required for the candidate to be considered partially compliant. If partially compliant, continued employment is contingent on completing the course within three months of commencement.

Pertussis (whooping cough)	<input type="checkbox"/> ATTACH EVIDENCE of documented history of one adult dose of dTpa within the past 10 years Date of dose: ____/____/____ Batch #:	Not applicable	Not applicable	Compliant (circle): Yes / No Initial:
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Note: Evidence of vaccination with a pertussis containing vaccine within the last ten years is the only acceptable evidence for vaccination against pertussis.

Brand names of pertussis containing vaccines include Boostrix, Boostrix-IPV, Adacel, Adacel Polio, Hexaxim and Tripacel. This list is not exhaustive.

OR

If a documented history of physician-diagnosed chickenpox or shingles is the evidence, the letter must be on practice letterhead, include the date of diagnosis, the designation and signature of the certifier and service provider number, where applicable.

- <14 years of age – one dose (two are recommended but not required)
- 14–59 years of age – 2 doses
- ≥60 years – one dose Zostavax OR 2 doses Shingrix

One dose of varicella containing vaccine when the candidate was 14 years of age or older is required to be partially compliant. If partially compliant, continued employment is contingent on completing the course within 3 months of commencement.

Appendix 5

Vaccine preventable disease certification form

To be completed by the prospective worker's treating medical practitioner, registered nurse or occupational health provider

Evidence of vaccination is the preferred form of evidence. Any cost associated with further medical consultation or further vaccination are the responsibility of the prospective worker.

Copies of vaccination evidence must be attached to this form. This should be:

- Evidence of vaccination
- Evidence of serology
- Letter from a medical practitioner (varicella and hepatitis B ONLY)

All supporting evidence must adequately display the prospective worker's personal identification details. Where this evidence is not in English, translation of the evidence is the responsibility of the prospective worker.

The prospective worker **MUST** complete the privacy notice on page three of this document.

*The term "prospective worker" refers to any of the following: employment candidate, prospective volunteer, student, or contractor.

Prospective worker's surname:		Practice stamp or facility name and address:
First name:		
Address:		
Phone number:	Date of birth:	
Email:		
Medicare Number:		
Job Reference No:		
Health Professional name:	Designation:	
Health Professional signature:	Provider No: (if applicable)	

The privacy notice must be completed by the prospective worker

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment/engagement.

Consent to search databases

I do ☐ / do not ☐ consent to the recruitment panel, Hospital and Health Service staff health and/or infection control units searching the following databases for additional immunisation records that will assist the complete assessment of my immunisation needs for occupational health purposes whilst employed/engaged. If you choose not to give consent to search databases, this may not affect your offer of employment/engagement but further information will be sought to ensure the VPD requirements are met.

- ☐ QH Pathology records (ONLY for previous serology related to immunisation assessment)
- ☐ The Australian Immunisation Register (AIR)
- ☐ QH Staff Protect Application

Prospective worker please complete:

Name: _____ Date: _____

Signature: _____

Consent to pass information

I do ☐ / do not ☐ consent to the recruitment panel/human resources department passing on relevant health information to the Hospital and Health Service staff health and/or infection control units. Providing consent will allow appropriate management of staff health vaccination programs and outbreak management. This information will be stored in a secure database that can only be accessed by authorised Queensland Health staff. If you choose not to allow your information to be passed on to staff health and/or infection control units, this will not affect your offer of employment/engagement.

Prospective worker please complete:

Name: _____ Date: _____

Signature: _____

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	QH use only
Hepatitis B Assessing Clinician Initial: _____ Date of assessment: __/__/____	<input type="checkbox"/> Documented history of 2 or 3 doses for age-appropriate course of hepatitis B vaccine ⁶ Date of dose 1: __/__/____ Batch #: _____ Date of dose 2: __/__/____ Batch #: _____ Date of dose 3: __/__/____ Batch #: _____ Date of dose 4 ⁷ : (accelerated course only) __/__/____ Batch #: _____	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/L ⁸ OR Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B ⁹ OR <input type="checkbox"/> Partial course of Hepatitis B vaccine ¹⁰ Date of dose 1: __/__/____ Batch #: _____ Date of dose 2: __/__/____ Batch #: _____	Compliant (circle): Yes / No OR Partially compliant Date dose 3 due: __/__/____

Disease	Evidence of vaccination (preferred)	Documented serology results	Other acceptable evidence	QH use only
Measles, Mumps, and Rubella Assessing Clinician Initial: _____ Date of assessment: __/__/__	<input type="checkbox"/> Two documented doses of measles, mumps and rubella (MMR) vaccine at least 4 weeks apart Date of dose 1: __/__/____ Batch #: Date of dose 2: __/__/____ Batch #: _____	<input type="checkbox"/> Positive IgG for each of measles, mumps, and rubella. ¹ See footnote ¹ for “low level immunity,” “equivocal,” “low positive,” or other results. Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Birth date before 1966 <div>OR</div> <input type="checkbox"/> Partial course of MMR vaccine ² Date of dose 1: __/__/____ Batch #: _____	Compliant (circle): Yes / No OR Partially compliant Date dose 2 due: __/__/____
Pertussis Assessing Clinician Initial: _____ Date of assessment: __/__/__	<input type="checkbox"/> Documented history of one adult dose of dTpa within the past 10 years Date of dose: __/__/____ Batch #: _____	Not applicable	Not applicable	Compliant (circle): Yes / No

3 months of commencement. The prospective worker will be required to commit to completing the full course of two MMR containing vaccines.

3. Two doses of varicella vaccine at least one month apart (evidence of one dose is required with a second dose recommended if the person received their first dose before 14 years of age) OR one dose of zoster vaccine (for those aged 60 years or over) UNLESS the zoster vaccine is Shingrix. Shingrix requires 2 doses 4-6 months apart with a minimum first dose to be administered prior to commencement.
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
5. Pre-offer of employment requires minimum of one dose of varicella vaccine course and second dose (if required) to be administered within 3 months of commencement. For varicella vaccination between the ages of 18 months and 13 years, a one dose course is acceptable. The prospective worker will be required to commit to completing the full course.
6. Hepatitis B vaccine schedule consists of 3 doses with a at least 4 weeks between first and second dose, two months minimum interval between second and third dose and four months minimum interval between first and third dose. For adolescents between the ages of 11–15, **adult** hepatitis B vaccine may be given as a two-dose course, with the 2 doses 6 months apart.
7. Accelerated courses require 4 doses not 3 - An accelerated course is one of two courses: 1st dose: day 0, 2nd dose 1 month post first dose, 3rd dose 2 months after 1st dose, 4th dose 12 months after 1st dose OR 1st dose: day 0, 2nd dose: 7 days after 1st dose, 3rd dose: 21 days after 1st dose, 4th dose: 12 months after 1st dose.
8. Anti-HBs (hepatitis B surface antibody) greater than or equal 10 IU/L indicates immunity. If the result is less than 10 IU/L (<10 IU/L), this indicates lack of immunity.
9. Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Prospective workers (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status but must comply with the Communicable Diseases Network Australia (CDNA) guideline [Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses.](#)
10. Pre-offer of employment requires minimum of two doses of hepatitis B vaccine course and third dose to be administered within 6 months of commencement. The prospective worker will be required to commit to completing the full course.

Appendix 6

Further information about the vaccine preventable diseases

Disease	Healthcare associated transmission and community exposure	Vaccine
Hepatitis B		
<p>Infectious agent: Hepatitis B virus (HBV)</p> <p>Mode of transmission: through blood-to-blood contact with an infected person which may include:</p> <p>Percutaneous exposure (IV, IM, SC or intradermal).^{1,2}</p> <p>Coming into contact with inadequately sterilized instruments¹</p> <p>Sexual contact (hepatitis B is one of the most common sexually transmitted infections in the world).^{1,2}</p> <p>Perinatal transmission from mother to child.</p> <p>Incubation period: Usually 45–180 days, average 60–90 days.¹</p> <p>Infectious period: Blood from infected persons is infective many weeks before the onset of symptoms and remains infective through the acute clinical course of the disease.¹</p> <p>Disease signs and symptoms: in approximately 30 to 50% of adults infection causes symptomatic acute hepatitis, but in neonates and young children, particularly those <1 year of age, initial infection is usually asymptomatic.^{1,2}</p> <p>Symptoms include fever, jaundice, malaise, anorexia, nausea and vomiting, abdominal pain (especially in the right upper quadrant), myalgia, and the passage of dark coloured urine and light-coloured stools.^{1,2}</p>	<p>HBV is a vaccine preventable disease, and the incidence of healthcare associated transmission of HBV has declined following the widespread implementation of HBV vaccination of healthcare workers.⁵</p> <p>Since HBV is stable on environmental surfaces for at least seven days, indirect inoculation can occur via inanimate objects.</p>	<p>Hepatitis B vaccines</p> <p>Recombinant virus vaccines contain hepatitis B surface antigen.</p> <p>Side effects of hepatitis B vaccine:</p> <p>About 1 in 20 will have local swelling, redness or pain at the injection site.</p> <p>2 in 100 will have fever.</p> <p>Anaphylaxis occurs in about 1 in 1 million.²</p> <p>Serious adverse events are very rare.²</p> <p>Contraindications to receiving hepatitis B vaccine:</p> <p>Anaphylaxis following a previous dose of any hepatitis B vaccine²</p> <p>Anaphylaxis following any hepatitis B vaccine component.²</p> <p><i>In particular, hepatitis B vaccines are contraindicated in persons with a history of anaphylaxis to yeast.²</i></p> <p>Hepatitis B vaccine is recommended at a population level, and hepatitis B vaccination is part of the National Immunisation Program.</p> <p>Further information about the HBV vaccine, schedule and recommendations can be found in the online Australian Immunisation Handbook.²</p>

Disease	Healthcare associated transmission and community exposure	Vaccine
<p>Complications and serious consequences</p> <p>Severity ranges from unapparent cases detectable only by abnormal liver function tests to severe hepatitis with serious complications including fatal cases of acute hepatic necrosis.^{1,2}</p> <p>About 1 in 4 chronic HBV carriers will develop cirrhosis or liver cancer.¹</p> <p>Further information about HBV can be found on the Queensland Health communicable disease control guidance internet page.</p>		

Disease	Healthcare associated transmission and community exposure	Vaccine
Measles		
<p>Infectious agent: Measles virus</p> <p>Mode of transmission: Airborne transmission via inhalation of aerosolised respiratory particles and droplets and direct contact with respiratory secretions.</p> <p>Measles is one of the most highly communicable infectious diseases.¹ There is a 90% chance that susceptible close contacts who are exposed to the disease will become infected.^{3,4}</p> <p>Incubation period: from 7–18 days (average 10)¹</p> <p>Infectious period: from 24 hours prior to onset of symptoms (or 4 days before onset of rash) until 4 days post onset of rash.</p> <p>Disease signs and symptoms: Measles is an acute illness characterised by fever, conjunctivitis, coryza (cold-like symptoms) and cough in the initial phase. This is followed by onset of a non-itchy, maculopapular (red, raised) rash beginning on the face or upper neck spreading to become generalised. Other symptoms may include: loss of appetite, diarrhoea, and swollen glands.</p> <p>Complications and serious consequences</p> <p><i>Common complications:</i> middle ear infection and chest infection/pneumonia.</p> <p><i>Serious complications and consequences:</i> about 1 in 15 children with measles develops pneumonia and 1 in 1000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, one child dies and many have permanent brain damage.</p> <p>About 1 in 100,000 will develop subacute sclerosing panencephalitis (SSPE) (progressive brain degeneration) up to several years after an apparent full recovery from a measles infection; it is always fatal.²</p> <p>Further information about measles can be found on the Queensland Health communicable disease control guidance internet page.</p>	<p>Despite the availability of a safe and effective vaccine, there has been an increase in measles outbreaks in countries where there is a high uptake of vaccination and no circulating wild measles virus⁴. These outbreaks are often caused by non-immune travellers importing the disease from countries affected by ongoing outbreaks of measles.^{1,4}</p> <p>Healthcare associated transmission of measles has been well documented.⁵</p> <p>Many of the adult cases identified in healthcare associated outbreaks have been unvaccinated healthcare workers who have transmitted the disease to susceptible patients.⁵</p> <p>Work related exposures result in susceptible healthcare workers being 13 to 19 times more likely to contract measles than susceptible members of the general population.⁶</p> <p>Patients exposed to measles are at increased risk for severe disease with high mortality and morbidity.^{5,6}</p> <p>The most effective method for eliminating the risk of healthcare associated transmission of measles among healthcare workers is vaccination.⁵</p>	<p>MMR (measles, mumps, and rubella) vaccine</p> <p>A live attenuated virus vaccine.</p> <p>A single vaccination is 95% effective in preventing measles and a second vaccination has been found to be 99% effective when given after 12 months of age.²</p> <p>Side effects of MMR vaccine:</p> <p>Adverse events are generally mild and well tolerated²</p> <p>About 1 in 10 has local swelling, redness or pain at the injection site, or fever.</p> <p>About 1 in 20 develops a rash, which is non-infectious.</p> <p>Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20 000 to 30 000.</p> <p>About 1 in 100 may develop swelling of the salivary glands.</p> <p>Serious adverse events are very rare.</p> <p>Contraindications to receiving MMR vaccine</p> <p>Anaphylaxis following a previous dose of MMR-containing vaccine.</p> <p>Anaphylaxis following any MMR vaccine component.</p> <p>Immunocompromised persons (seek further information from healthcare providers).</p> <p>Pregnant women.</p> <p>Further information about the MMR vaccine, schedule and recommendations can be found in the online Australian Immunisation Handbook</p>

Disease	Healthcare associated transmission and community exposure	Vaccine
Mumps		
<p>Infectious agent: Mumps virus</p> <p>Mode of transmission: Airborne transmission via inhalation of aerosolised respiratory particles and droplets and direct contact with respiratory secretions, saliva and possibly urine.</p> <p>Incubation period: from 12–25 days (average 16–18).¹</p> <p>Infectious period: maximum communicability occurs between 2 days before and 4 days after onset of illness.¹</p> <p>Disease signs and symptoms: mumps is an acute illness characterised by fever, swelling and tenderness of the parotid and/or other salivary glands.¹ Respiratory symptoms may also be present.</p> <p>Complications and serious consequences</p> <p><i>Common complications:</i> Orchitis (inflammation of the testes) occurs in 20–30% of adult and adolescent males¹, meningitis occurs in up to 10% of cases¹.</p> <p><i>Serious complications and consequences:</i> Occasionally, mumps causes infertility or permanent deafness.²</p> <p>Further information about mumps can be found on the Queensland Health communicable disease control guidance internet page.</p>	<p>Since the introduction of the mumps vaccine there has been a dramatic decrease in the incidence of the disease. Sporadic outbreaks do still occur, affecting those with possible waning immunity and populations with lower vaccine uptake.</p> <p>Community outbreaks of mumps have been associated with significant concurrent healthcare associated transmission of the disease.⁵</p> <p>Due to the nature of their occupation, non-immune healthcare workers are at increased risk of exposure to mumps with a greater likelihood of acquiring and transmitting the disease.^{5,7,8}</p> <p>The safest and most effective means for preventing healthcare associated transmission of mumps is vaccination of non-immune healthcare workers.</p>	<p>MMR (measles, mumps, and rubella) vaccine</p> <p>A live attenuated virus vaccine.</p> <p>A single Mumps vaccine is around 65%–80% effective and two doses of vaccine are approximately 88%–95% effective.²</p> <p>Side effects of MMR vaccine:</p> <p>Adverse events are generally mild and well tolerated²</p> <p>About 1 in 10 has local swelling, redness or pain at the injection site, or fever.</p> <p>About 1 in 20 develops a rash, which is non-infectious.</p> <p>Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20 000 to 30 000.</p> <p>About 1 in 100 may develop swelling of the salivary glands.</p> <p>Serious adverse events are very rare.</p> <p>Contraindications to receiving MMR vaccine:</p> <p>Anaphylaxis following a previous dose of MMR-containing vaccine.</p> <p>Anaphylaxis following any MMR vaccine component.</p> <p>Persons who are immunocompromised (seek further information from healthcare providers).</p> <p>Pregnant women.</p> <p>Further information about the MMR vaccine, schedule and recommendations can be found in the online Australian Immunisation Handbook</p>

Disease	Healthcare associated transmission and community exposure	Vaccine
Pertussis (whooping cough)		
<p>Infectious agent: <i>Bordetella pertussis</i> (a bacteria)</p> <p>Mode of transmission: contact with respiratory secretions and droplet transmission.</p> <p>The disease is highly infectious and approximately 90% of non-immune household contacts develop the disease.²</p> <p>Pertussis can be a relatively mild disease, with a subtle onset in adults and older children, who may unwittingly be infectious and transmit the disease to those at serious risk, e.g. infants under 6 months of age.</p> <p>Incubation period: from 4–21 days (average 7 –10 days).</p> <p>Infectious period: from the onset of catarrhal (runny nose, sneezing) symptoms until 3 weeks after onset of cough, or until completing 5 days of a course of an appropriate antibiotic.</p> <p>Disease signs and symptoms: Initial catarrhal phase: runny nose, sneezing, absent or low grade fever, mild occasional cough.¹</p> <p>Paroxysmal phase: paroxysmal cough (violent attacks of uncontrollable coughing) that may result in vomiting, cyanosis (bluish tinge to skin), and a characteristic “whoop” on breathing in.¹ Infants are more likely to have gagging, gasping, cyanosis, seizures, poor feeding, or to stop breathing.¹</p> <p>Complications and serious consequences: The risk of complications and mortality is high in unvaccinated infants. Approximately 1 in 125 babies under the age of 6 months with whooping cough die from pneumonia or brain damage.</p> <p>The most common cause of death associated with pertussis infection is pertussis pneumonia, sometimes complicated by seizures and hypoxic encephalopathy.²</p> <p>Further information about pertussis can be found on the Queensland Health communicable disease control guidance internet page.</p>	<p>All healthcare workers should receive dTpa vaccine because of the significant risk of healthcare associated transmission of pertussis to vulnerable patients.²</p> <p>Healthcare associated transmission of pertussis has been documented to have occurred from hospital visitors to patients, from healthcare workers to patients, and from patients to healthcare workers.⁷</p> <p>Pertussis vaccination is an effective method for reducing the risk of healthcare associated transmission of pertussis between healthcare workers, patients and other members of the community.^{2,5,7}</p>	<p>Diphtheria-tetanus-pertussis (acellular) DTPa-containing vaccines and dTpa (reduced antigen) vaccines:</p> <p>Vaccination for pertussis is only available with a combination vaccine. This contains vaccine for diphtheria, tetanus (toxoid) and pertussis (subunit antigen) and is referred to as dTpa/DTPa.²</p> <p>A booster dose of dTpa for health care workers is recommended if 10 years have elapsed since a previous dose.²</p> <p>Side effects of dTpa vaccine:</p> <p>Low-grade temperature (fever)²</p> <p>About 1 in 10 has local swelling, redness or pain at the injection site, or fever (DTPa/dTpa vaccine).²</p> <p>Booster doses of DTPa may occasionally be associated with extensive swelling of the limb, but this resolves completely within a few days.²</p> <p>Occasionally, an injection-site nodule; may last many weeks; no treatment is needed.²</p> <p>Serious adverse events are very rare.²</p> <p>Contraindications to acellular pertussis-containing vaccine</p> <p>Anaphylaxis following a previous dose of any acellular pertussis-containing vaccine.²</p> <p>Anaphylaxis following any acellular DTP vaccine component.²</p> <p>Further information about the dTpa vaccine, schedule and recommendations can be found in the online Australian Immunisation Handbook</p>

Disease	Healthcare associated transmission and community exposure	Vaccine
Rubella		
<p>Infectious agent: Rubella virus</p> <p>Mode of transmission: Direct contact with respiratory secretions, and possibly airborne transmission via inhalation of aerosolised respiratory particles and droplets.</p> <p>Incubation period: from 14–21 days (average 14–17).</p> <p>Infectious period: From one week before to at least 4 days after the onset of rash.¹ Rubella is highly communicable.¹</p> <p>Disease signs and symptoms: rash, low grade fever, painful swollen glands, malaise and painful joints.^{2,5,7}</p> <p>Complications and serious consequences</p> <p><i>Serious complications and consequences:</i> One in 3000 develop low platelet count (causing bruising or bleeding); 1 in 6000 develops encephalitis (brain inflammation).²</p> <p>Rubella infection during pregnancy can cause congenital infection in the infant and up to 9 in 10 babies infected during the first trimester of pregnancy will have a major congenital abnormality (including deafness, blindness or heart defects).²</p> <p>Rubella infection during pregnancy can also cause miscarriage and stillbirth.^{2,5,6}</p> <p>Further information about rubella can be found on the Queensland Health communicable disease control guidance internet page.</p>	<p>Prior to the introduction of the vaccine rubella was an endemic disease globally and healthcare associated transmission of the disease was not uncommon.</p> <p>Following the introduction of rubella vaccination there have not been any documented cases of healthcare associated transmission of rubella.^{5,7}</p> <p>Vaccination has been demonstrated to be a safe effective method for prevention of healthcare associated rubella infection.</p>	<p>MMR (measles, mumps, and rubella) vaccine</p> <p>A live attenuated virus vaccine.</p> <p>A single vaccination is 95% effective in producing an antibody response, with the aim of the second dose being to produce immunity in those who did not produce antibodies in response to the first dose².</p> <p>Side effects of MMR vaccine:</p> <p>Adverse events are generally mild and well tolerated.²</p> <p>About 1 in 10 has local swelling, redness or pain at the injection site, or fever.</p> <p>About 1 in 20 develops a rash, which is non-infectious.</p> <p>Low platelet count (causing bruising or bleeding) occurs after the 1st dose of MMR vaccine at a rate of about 1 in 20 000 to 30 000.</p> <p>About 1 in 100 may develop swelling of the salivary glands.</p> <p>Serious adverse events are very rare.</p> <p>Contraindications to receiving MMR vaccine</p> <p>Anaphylaxis following a previous dose of MMR-containing vaccine.</p> <p>Anaphylaxis following any MMR vaccine component.</p> <p>Immunocompromised persons (seek further information from healthcare providers).</p> <p>Pregnant women.</p> <p>Further information about the MMR vaccine, schedule and recommendations can be found in the online Australian Immunisation Handbook</p>

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Appendix 7

Fact Sheet: Vaccination requirements for Contractors and Agency Workers

In accordance with Queensland Health policy, Contractors and agency workers engaged in certain roles are required to:

- provide documentary evidence of vaccination or non-susceptibility to measles, mumps, rubella, varicella, and hepatitis B
- have received one dose of pertussis containing vaccine within the last 10 years

This includes trade and technical workers and workers involved in construction or renovation projects within clinical areas (see below).

Who does the policy apply to?

The requirements for measles, mumps, rubella, varicella and pertussis and apply to employees, Contractors³, agency workers, students and volunteers engaged in roles where:

- there is face-to-face or direct physical contact with patients, or
- the normal work location is in a clinical area, or
- there will be frequent attendance in clinical areas.

The requirements for hepatitis B apply to employees, Contractors⁸, agency workers, students and volunteers engaged in roles where:

- there may be contact with blood, body substances and/or equipment contaminated with these.

Attendance in a clinical area means any presence in, or movement through, the indoor air space of areas where patients are provided with, or waiting for, healthcare. This includes but is not limited to hospital wards, clinics, outpatient units, operating theatres, emergency departments and hospital/clinic waiting rooms. Due to space and layout, some facilities may also include hospital foyers in this definition.

What is required?

Prior to engagement, Contractors and agency workers who meet the above requirements need to provide:

1. documentary evidence of vaccination for pertussis within the last 10 years, and
2. documentary evidence they are either vaccinated for or not susceptible to measles, mumps, rubella, varicella and/or hepatitis B.

³ Contractor means a person engaged to perform services (clinical or non-clinical) as an independent contractor including contractors, consultants, locum workers, visiting medical practitioners, authorised practitioners of a contracted Visiting Medical Officer (VMO) and workers engaged under an arrangement with an employment agency or workforce labour company. It includes trade and technical workers and workers involved in construction or renovation projects within clinical areas. It includes external service providers working in Queensland Health facilities. It does not include a person who is engaged as a health service employee under the *Hospital and Health Boards Act 2011*.

It is important to note that the only acceptable evidence for pertussis is evidence of vaccination within the last ten years.

It will also be a condition of ongoing engagement to supply documentary evidence of follow up vaccinations and boosters, as required, for the specified vaccine preventable diseases (VPDs).

Accelerated schedules of hepatitis B vaccination are not routinely recommended and may require a fourth dose to complete.

Prior to engagement

Before commencing engagement with Queensland Health, all Contractors and agency workers will be required to provide their employer (the 'contractor provider') with documentary evidence of vaccinations for the specified VPDs.

Each contractor provider must collect, verify and retain the required documentary evidence. Queensland Health may ask the contractor provider to provide documentary evidence of compliance at any time. Contractor providers may develop their own processes and procedures to collect the required documentary evidence.

Evidence

Acceptable evidence of vaccination, or confirmation that a person is not susceptible to the VPDs includes:

- documentary evidence of vaccination that may include a vaccine record book, a vaccine record card, an immunisation history statement from your regular healthcare provider or from the Australian Immunisation Register.
- where vaccination has occurred, but no documentary evidence is available, a doctor or immunisation provider can review vaccination records or perform serology testing, where appropriate, to provide documentary evidence of vaccinations (this would be at the Contractor's cost). Serology testing is not applicable for pertussis.
- if documentary evidence cannot be provided and a vaccination is required, a doctor or immunisation provider can administer vaccinations.

For further information about acceptable forms of evidence, please see [Appendix 2](#)

Vaccine preventable diseases evidence form – worker and *Vaccine preventable diseases evidence form – doctor* are available at [Appendix 4](#) and [Appendix 5](#) of this guideline.

Resources

To view relevant policies and further information on the requirement please refer to:

Health Service Directive Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

<https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/vaccine-preventable-disease-screening>

For further reading on vaccination requirements please refer to:

<https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations>

For further reading on vaccination and immunisation please refer to:

<https://www.qld.gov.au/health/conditions/immunisation/benefits/index.html>

<https://www.health.gov.au/health-topics/immunisation>

Appendix 8

Fact Sheet: Vaccination requirements for students

In accordance with Queensland Health policy, students on placement in certain areas are required to:

- provide documentary evidence of vaccination or non-susceptibility to measles, mumps, rubella, varicella, and hepatitis B
- have received one dose of pertussis containing vaccine within the last 10 years.

Who does the policy apply to?

The requirements for measles, mumps, rubella, varicella and pertussis apply to employees, Contractors, students and volunteers to be engaged in roles where there is:

- face-to-face or direct physical contact with patients, or
- the normal work location is in a clinical area, or
- there will be frequent attendance in clinical areas.

The requirements for hepatitis B apply to employees, Contractors⁴, agency workers, students and volunteers engaged in roles where:

- there may be contact with blood, body substances and/or equipment contaminated with these.

What is required?

Prior to placement, students who meet the above requirements will need to provide:

1. documentary evidence of vaccination for pertussis within the last ten years, and
2. documentary evidence they are either vaccinated or not susceptible to measles, mumps, rubella, varicella, and/or hepatitis B.

It is important to note that the only acceptable evidence for pertussis is evidence of vaccination within the last ten years.

It will also be a condition of ongoing placement to supply documentary evidence of follow up vaccinations and boosters, as required, for the specified vaccine preventable diseases.

Accelerated schedules of hepatitis B vaccination are not routinely recommended and may require a fourth dose to complete.

⁴ Contractor means a person engaged to perform services (clinical or non-clinical) as an independent contractor including contractors, consultants, locum workers, visiting medical practitioners, authorised practitioners of a contracted Visiting Medical Officer (VMO) and workers engaged under an arrangement with an employment agency or workforce labour company. It includes trade and technical workers and workers involved in construction or renovation projects within clinical areas. It includes external service providers working in Queensland Health facilities. It does not include a person who is engaged as a health service employee under the *Hospital and Health Boards Act 2011*.

Are you impacted?

Students undertaking placement with Queensland Health should check with their education provider about any requirements they may need to meet prior to the commencement of their placement.

Evidence

Students should check with their education provider about the process for providing documentary evidence of vaccination or non-susceptibility to these diseases. This evidence must be provided to the education provider. Education providers may develop their own processes and procedures to collect the required documentary evidence.

Acceptable evidence of vaccination, or confirmation that a person is not susceptible to the vaccine preventable diseases includes:

- documentary evidence of vaccination that may include a vaccine record book, a vaccine record card, an immunisation history statement from your regular healthcare provider or from the Australian Immunisation Register.
- where vaccination has occurred, but no documentary evidence is available, a doctor or immunisation provider can review vaccination records or perform serology testing, where appropriate, to provide documentary evidence of vaccinations (this would be at the student's cost). Serology testing is not applicable for pertussis.
- if documentary evidence cannot be provided and a vaccination is required, a doctor or immunisation provider can administer vaccinations.

For further information about acceptable forms of evidence, please see [Appendix 2](#)

Vaccine preventable diseases evidence form – worker and *Vaccine preventable diseases evidence form – doctor* are available at [Appendix 4](#) and [Appendix 5](#) of this guideline.

Resources

To view relevant policies and further information on the requirement please refer to:

Health Service Directive Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

<https://www.health.qld.gov.au/directives/docs/hsd/qh-hsd-047.pdf>

<https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations>

For further reading on vaccination and immunisation please refer to:

<https://www.qld.gov.au/health/conditions/immunisation/benefits/index.html>

<https://www.health.gov.au/health-topics/immunisation>

Appendix 9

Fact Sheet: Vaccination requirements for volunteers

In accordance with Queensland Health policy, volunteers in certain roles are required to:

- provide documentary evidence of vaccination or non-susceptibility to measles, mumps, rubella, varicella, and hepatitis B
- have received one dose of pertussis containing vaccine within the last 10 years.

Who does the policy apply to?

The requirements for measles, mumps, rubella, varicella and pertussis apply to employees, Contractors, students and volunteers to be engaged in roles where there is:

- face-to-face or direct physical contact with patients, or
- the normal work location is in a clinical area, or
- there will be frequent attendance in clinical areas.

The requirements for hepatitis B apply to employees, Contractors⁵, agency workers, students and volunteers engaged in roles where:

- there may be contact with blood, body substances and/or equipment contaminated with these.

What is the requirement?

Prior to engagement new volunteers who meet the above requirements will be required to provide:

1. documentary evidence of vaccination for pertussis within the last 10 years, and
2. documentary evidence they are either vaccinated for or not susceptible to measles, mumps, rubella, varicella and/or hepatitis B.

It is important to note that the only acceptable evidence for pertussis is evidence of vaccination within the last ten years.

It will also be a condition of ongoing engagement to supply documentary evidence of follow up vaccinations and boosters for these diseases, as required, for the specified vaccine preventable diseases.

Accelerated schedules of hepatitis B vaccination are not routinely recommended and may require a fourth dose to complete.

⁵ Contractor means a person engaged to perform services (clinical or non-clinical) as an independent contractor including contractors, consultants, locum workers, visiting medical practitioners, authorised practitioners of a contracted Visiting Medical Officer (VMO) and workers engaged under an arrangement with an employment agency or workforce labour company. It includes trade and technical workers and workers involved in construction or renovation projects within clinical areas. It includes external service providers working in Queensland Health facilities. It does not include a person who is engaged as a health service employee under the *Hospital and Health Boards Act 2011*.

Evidence

Volunteers should check with their volunteer coordinator about the process for providing documentary evidence of vaccination or non-susceptibility to these diseases. This evidence must be provided to the volunteer coordinator.

Acceptable evidence of vaccination, or confirmation that a person is not susceptible to the vaccine preventable diseases, includes:

- documentary evidence of vaccination that may include a vaccine record book, a vaccine record card, an immunisation history statement from your regular healthcare provider or from the Australian Immunisation Register.
- where vaccination has occurred, but no documentary evidence is available, a doctor or immunisation provider can review vaccination records or perform serology testing, where appropriate, to provide documentary evidence of vaccinations (this would be at the Volunteer's cost). Serology testing is not applicable for pertussis.
- if documentary evidence cannot be provided and a vaccination is required, a doctor or immunisation provider can administer vaccinations.

For further information about acceptable forms of evidence, please see

<https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations/providing-evidence>

Forms outlining the necessary evidence are available on the Queensland Health website.

Vaccine preventable diseases evidence form – worker and *Vaccine preventable diseases evidence form – doctor* are available at www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations

More information

The hospital and health service volunteer coordinator will be able to provide more information.

Resources

To view relevant policies and further information on the requirement please refer to:

Health Service Directive Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

<https://www.health.qld.gov.au/directives/docs/hsd/qh-hsd-047.pdf>

<https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations>

For further reading on vaccination and immunisation please refer to:

<https://www.qld.gov.au/health/conditions/immunisation/benefits/index.html>

<https://www.health.gov.au/health-topics/immunisation>

Appendix 10

Fact Sheet: for education providers and student placement supervisors

Background

In accordance with Queensland Health policy, students on placement in certain areas are required to:

- provide documentary evidence of vaccination or non-susceptibility to measles, mumps, rubella, varicella, and/or hepatitis B
- have received one dose of pertussis containing vaccine within the last 10 years.

Vaccine preventable disease requirements

The requirements for measles, mumps, rubella, varicella and pertussis apply to students to be engaged in roles where there is:

- face-to-face or direct physical contact with patients, or
- the normal work location is in a clinical area, or
- there will be frequent attendance in clinical areas.

The requirements for hepatitis B apply to students engaged in roles where:

- possible contact with blood, body substances and/or equipment contaminated with these.

Evidence

Acceptable evidence of vaccination, or confirmation that a person is not susceptible to the vaccine preventable diseases (VPDs) includes:

- documentary evidence of vaccination that may include a vaccine record book, a vaccine record card, an immunisation history statement from their regular healthcare provider or from the Australian Immunisation Register.
- where vaccination has occurred, but no documentary evidence is available, a doctor or immunisation provider can review vaccination records or perform serology testing, where appropriate, to provide documentary evidence of vaccinations (this would be at the student's cost). Serology testing is not acceptable evidence for pertussis.
- if documentary evidence cannot be provided and a vaccination is required, a doctor or immunisation provider can administer vaccinations.

The requirements are outlined in Queensland Health's [Health Service Directive Vaccine Preventable Diseases Screening for Contractors Students and Volunteers](#) and its associated [protocol](#). Adherence to the Health Service Directives is a condition of the student deed held with Queensland Health.

Impact on Student placements

Before a student commences a placement with Queensland Health, they will be required to provide:

- documentary evidence of vaccination for pertussis within the last 10 years, and

- documentary evidence they are either vaccinated or not susceptible to measles, mumps, rubella, varicella, and/or hepatitis B.

The student should check with their education provider about how they should provide the required evidence to them.

If a student requires follow up vaccinations for any of the vaccine preventable diseases while on placement (e.g. pertussis vaccination every ten years), they will be required to obtain these vaccinations as a condition of their ongoing placement. They must provide documentary evidence to the education provider that they have met this requirement.

Education providers

Education providers include universities, TAFEs and other registered training organisations (RTOs).

An education provider's student placement supervisor should, as soon as practicable, distribute the information sheet Vaccination requirements for student placements in Queensland Health to existing and prospective students who may undertake a placement with Queensland Health. The information sheet will assist Students to meet the policy requirements.

Education providers are required to collect, verify and retain the necessary documentary evidence to confirm a student complies with the Queensland Health policy. This documentary evidence must be appropriately verified by the education provider. Students unable or unwilling to provide acceptable documentary evidence will not be allowed to proceed with a placement until the vaccine preventable disease requirements are met.

Students will not be able to commence their placement in a role to which vaccine preventable disease requirements apply unless they meet the requirements specified below.

Vaccination	Minimum requirement pre commencement of placement	Continuing placement
Measles, mumps, rubella (MMR)	Minimum one dose MMR containing vaccine	Second dose to be administered within 3 months of commencement and at least 4 weeks after the first dose.
Varicella (chicken pox)	Minimum one dose	Second dose (if first dose administered after 14 years of age) to be administered within 3 months of commencement and at least 4 weeks after the first dose.
OR		
Zoster (shingles)	One dose only (age appropriate) OR if Shingrix first dose	Not applicable OR if Shingrix second dose in 2 to 6 months (or sooner if indicated by medical advice)
Hepatitis B	Minimum 2 doses	Third dose to be administered within 6 months of commencement and at least 3 months after dose 2. Post course serology 4-8 weeks after third dose may be recommended.
Pertussis (whooping cough)	One dose	One dose every 10 years

Education providers should develop their own processes and procedures to collect the required documentary evidence. The following forms may assist the collection of the necessary documentary evidence:

[Vaccine preventable diseases evidence form – worker](#) (where a student already holds records of their vaccinations)

[Vaccine preventable diseases evidence certification form – health care professional](#) (where a student does not have reliable records of their vaccination history, this form can be taken to the student's treating medical practitioner, registered nurse or occupational health provider)

The Department of Health and student placement workers within the Hospital and Health Services may seek copies of the student's documentary evidence to fulfil compliance reporting requirements.

Who do these requirements apply to?

Most student placements will meet the criteria listed in [Appendix 1](#): Short risk categorisation of workers.

More Information

To view relevant policies please refer to:

Health Service Directive Vaccine Preventable Disease Screening for Contractors, Students and Volunteers

<https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/vaccine-preventable-disease-screening>

Human Resources Policy B1 Recruitment and selection

https://www.health.qld.gov.au/_data/assets/pdf_file/0034/635893/qh-pol-212.pdf

Queensland Health Mandatory vaccinations webpage with additional resources

<https://qheps.health.qld.gov.au/hr/staff-vaccinations/mandatory>

Appendix 11

Information for Queensland Health procurement workers

In accordance with Queensland Health policy, Contractors and agency workers working in certain areas are required to:

- provide documentary evidence of vaccination or non-susceptibility to measles, mumps, rubella, varicella, and/or hepatitis B
- have received one dose of pertussis containing vaccine within the last 10 years.

The policy requirements form part of [Human Resources Policy B1: Recruitment and Selection](#) (QH-POL-212). A Health Service Directive (HSD) [Vaccine Preventable Diseases Screening for Contractors Students and Volunteers](#) and [associated protocol](#) have also been developed.

What are the requirements?

The requirements for measles, mumps, rubella, varicella, pertussis and hepatitis B apply to employees, Contractors, agency workers, contract visiting medical officers, students and volunteers to be engaged in roles where there is:

- face-to-face or direct physical contact with patients
- the normal work location is in a clinical area
- there will be frequent attendance in clinical areas.

The requirements for hepatitis B apply to employees, Contractors⁶, agency workers, contract visiting medical officers, students and volunteers engaged in roles where:

- possible contact with blood, body substances and/or equipment contaminated with these.

Prior to engagement prospective workers need to provide:

- documentary evidence of vaccination for: measles, mumps, rubella, varicella, pertussis and/or hepatitis B; or
- documentary evidence they are not susceptible to measles, mumps, rubella, varicella and/or hepatitis B.

It is important to note that the only acceptable evidence for pertussis is evidence of vaccination within the last ten years.

⁶ Contractor means a person engaged to perform services (clinical or non-clinical) as an independent contractor including contractors, consultants, locum workers, visiting medical practitioners, authorised practitioners of a contracted Visiting Medical Officer (VMO) and workers engaged under an arrangement with an employment agency or workforce labour company. It includes trade and technical workers and workers involved in construction or renovation projects within clinical areas. It includes external service providers working in Queensland Health facilities. It does not include a person who is engaged as a health service employee under the *Hospital and Health Boards Act 2011*.

It will also be a condition of ongoing engagement to supply documentary evidence of follow up vaccinations and boosters, as required, for these diseases.

Implementation Actions

A fact sheet, *Vaccination requirements for Contractors and agency workers* ([Appendix 7](#)) has been developed and may be provided to Contractors, agency workers, contractor visiting medical officers and 'contractor providers' to support the implementation and requirements of the policy.

The requirements of the HR policy and Health Service Directive are to be made available to prospective Contractors and Contractor providers to ensure they are able to meet the requirements as a condition of engagement; specifically, they would be required to:

- ensure prospective workers comply with the HR Policy and Health Service Directive (whichever applies)
- place only compliant prospective workers with Queensland Health⁷
- advise prospective workers they are responsible for any costs associated with obtaining required vaccinations and supplying the necessary documentary evidence
- provide documentary evidence, as requested, to Queensland Health to verify compliance (e.g. a copy of local procedures and processes, random (de-identified) samples).

The contractor provider will need to manage the processes associated with prospective workers who require boosters and follow up vaccinations.

The following statements (or similar wording) should be considered for inclusion in requests for bids, quotes, tenders, SOAs and contracts by workers involved in the procurement of Contractors to ensure consistency with the HR policy and Health Service Directive:

- it may be included as a requirement that the contractor provider provide a warranty in favour of Queensland Health stating the above listed items
- the agreement may also include that Queensland Health may not accept any person supplied by the contractor provider if the person fails to comply with the requirements or if the contractor provider fails to supply documentary evidence to verify the person's vaccination status as required. In such circumstances, the contractor provider must supply an alternative person who does comply with requirements.

⁷ Queensland Health means a Hospital and Health Service or the Department of Health or an entity of either, which is a party to the agreement/contract.