Immunisation and Health Screening information

Health care workers are, by way of their occupation, at risk of acquiring a vaccine preventable disease.

Infected health care workers can transmit infections to vulnerable contacts which could lead to serious consequences to an individual’s health and well being.
It is therefore essential that students understand the importance of being immunised against vaccine preventable diseases.

The following information concerning immunisations is consistent with the National Immunisation Program (NIP) as published in the Australian Immunisation Handbook, 10th edition, and the National Health and Medical Research Council (NHMRC) Guidelines.

Vaccination requirements vary slightly from State /Territory to State/Territory. The requirements listed by CDU aim to encompass all possibilities, thereby minimizing last minute immunisations (and jeopardising a placement) especially if a student’s clinical placements are interstate.

The cost of immunisations and/or serological testing is the responsibility of the Student.
The only absolute contraindication to vaccination is severe allergic reaction (anaphylaxis) following a previous dose of the relevant vaccine or any component of the relevant vaccine.
Note that live virus vaccines (Measles, Mumps, Rubella and Varicella) should not be administered to those who are pregnant. If pregnancy is being planned, it should be delayed for at least 28 days after the last dose of one of these vaccines. Caution is advised in those with impaired immunity or on long term steroidal therapy.
It is recognized that some students will be unable to complete the immunisation requirements set out by CDU because of medical reasons. For example; those students who are vaccine non-responders, or have a medical condition that prevents them from being able to complete immunisation requirements. These students should be referred by their General Practitioner or Immunisation provider to an Infectious Diseases or Occupational Health Physician for further management and advice on how to protect themselves and others from infectious diseases.

Career advice should also be sought.

If students cannot be immunised against Vaccine Preventable Diseases for medical reasons, they are asked to provide a letter from their Medical Practitioner stating that they are unable to have immunisations.

Conscientious objection
CDU has a responsibility to ensure that all students are aware of an increased risk of exposure to communicable diseases. The University encourages both staff and students to have adequate protection. Increasingly; legislation in all States and Territories in Australia requires evidence that students who are placed in health care facilities have adequate protection through immunisation and health screening.

Refusal to undergo screening or immunisation may result in State health authorities and/or facilities not accepting students on placements if there is a risk that patient safety may be compromised.

HEALTH SCREENING INFORMATION Version 3 May 2018
As such, CDU undertakes to ensure that students are aware of, and understand, their obligation to acquire adequate immunisation and the consequences of their decision. Students who conscientiously object are required to sign a declaration form and facilities that offer student placements will be notified and have the right to withdraw the placement.

If you have any concerns regarding vaccination please seek expert advice from your GP, Immunisation Provider or from Federal, State and Territory Government Health agencies or Centre for Disease Control.

**Charles Darwin University Vaccination and Health Screening requirements**

Charles Darwin University has developed the pre-clinical requirements in order to protect students from acquiring Vaccine Preventable Diseases, and to protect the patients they will be coming into contact with from the potentially catastrophic consequences of these diseases.

**Evidence of Immunity to Measles, Mumps and Rubella (MMR)**

Students are required to provide documented evidence of serological immunity to Measles, Mumps and Rubella **OR** documented evidence of completed vaccination for Measles, Mumps and Rubella. It is recognized that for persons born before 1966, immunity is likely. However, unless provided with catch-up vaccinations, persons born between 1966 and 1980 are unlikely to have received 2 doses of Measles-containing vaccine and may be non-immune.

A history of previous infection with one or more of Measles, Mumps or Rubella is not considered reliable evidence of immunity nor is it a contraindication for vaccination against other components of the vaccine.

**Immunisation against Measles Mumps and Rubella**

In Australia, all non-immune adults should be given MMR vaccine, provided there are no contraindications. There are no ill effects from vaccinating those with pre-existing immunity to one or more of the three diseases.

Students who are unable to provide documented evidence of immunity to Measles, Mumps and Rubella are required to complete the course of vaccinations against MMR, or undertake catch-up vaccinations according to the Australian Immunisation Handbook guidelines.

- Those born after 1966 require two doses of MMR vaccine (given at least 4 weeks apart).

**Evidence of Immunity to Hepatitis B Virus (HBV)**

In many jurisdictions around Australia health care workers are required by law to know their Hepatitis B Virus status and if positive they must not perform exposure prone procedures. Evidence of immunity is required for most workplaces.

Students who have been previously vaccinated are required to provide evidence of anti-HBs antibody level >10mIU/ml following vaccination.

**Immunisation against Hepatitis B**

All students who are not immune should be vaccinated against Hepatitis B according to the National Immunisation Program recommendation for health care workers in the Australian Immunisation Handbook (full course of 3 doses of vaccine given a 0, 1 and 6 months).

- Students are required to provide evidence of immunity by post-vaccination serology (anti-HBs antibody level ≥10mIU/ml) performed 4 - 8 weeks after the third dose.
- Students who are HBsAg negative and who do not reach adequate anti-HBs levels (≥10mIU/ml) should be offered further dose/s of the vaccine followed by further testing 4 weeks after the last dose.

Students who are persistent non-responders should be considered for referral to an infectious diseases physician for further assessment and management. If they remain seronegative they also should be informed of the need for HBIG within 72 hours of significant exposure to HBV-infected blood or body fluids.

**Evidence of Immunity to Varicella**

Although a history of infection is a strong indicator for immunity, many adolescents and adults who do not have a history of Varicella are also immune. Serological testing to establish immunity to Varicella is required if there is no documented evidence of immunisation or reliable history of Varicella infection.

**HEALTH SCREENING INFORMATION Version 3 May 2018**
Immunisation against Varicella
Students without documented evidence of immunisation, reliable history of Varicella infection or serological
evidence of immunity are required to be vaccinated - 2 doses, 1- 2 months apart. Where serological testing has not
been performed adults can be vaccinated as the vaccine is well tolerated in seropositive persons.

Evidence of Immunity (Diphtheria, Tetanus and Pertussis)
The primary childhood course of vaccination against Diphtheria, Tetanus and Pertussis consists of four injections
followed by a booster dose between the ages of 12 and 17 with the adolescent/adult formulation of Diphtheria,
Tetanus and Pertussis (dTpa). By the age of 17 most young adults should have received 5 doses of Pertussis
containing vaccine.

Immunisation (Diphtheria, Tetanus, Pertussis)
If there is no history of receiving a childhood course of vaccinations it is important that a primary course be
completed (3 doses, not less than 1 month apart).
If students have completed the childhood vaccination course (triple antigen), and have not previously received
dTpa should receive the booster in line with the recommendation for all adults working with infants and children.
Note that once a single booster dose of dTpa has been administered, subsequent booster doses of dTpa to the
same individual should not be given.

Immunisation against Poliomyelitis
Most Health Care Workers will have received a primary course of Polio containing vaccine as a child. Students are
required to provide evidence of full course childhood vaccinations (if able to obtain) and any boosters.
If there is no or unreliable history of childhood vaccination a course of 3 doses of IPV (IPOL) or IPV- containing
vaccines at intervals of 1 to 2 months is recommended for the primary vaccination of adults.
No adult should remain unvaccinated against Polio.

Tuberculosis (TB) Screening
Baseline Tuberculin skin test (TST) is required for all students (initial TST result must be less than 12 months old).
The Quantiferon gold test is being used in some places to detect latent TB infection.
Please refer to the State/Territory specific information regarding TB screening requirements.
Contraindications to Tuberculin Skin Test/ Mantoux test include history of (1) anaphylactic reaction, (2) previous
tuberculosis infection, (3) previous positive Tuberculin Skin Test/Mantoux Test or (4) if the person is on long term
steroid therapy.

RECOMMENDED VACCINATIONS
Evidence of Immunity to Hepatitis A
The risk of acquiring Hepatitis A is higher when working with patients from Indigenous communities in WA, SA, QLD
and the NT, as well as in Paediatrics wards, Emergency Departments and Intensive Care units. Students who may
work in these areas should consider immunisation against Hepatitis A. This vaccination is a requirement for all Alice
Springs placements and recommended for all other Northern Territory placements.
Students are required to provide documented evidence of vaccination with 2 doses of Hepatitis A vaccine or
documented serological evidence of immunity to Hepatitis A (HAV).
To avoid unnecessary vaccination, it is recommended the following groups be screened serologically for pre-
eexisting immunity to hepatitis A:
• Those born before 1950.
• Those who have spent their early childhood in endemic areas, including in Indigenous Australian
  communities, and those with an unexplained previous episode of hepatitis or jaundice.
If screening indicates total Hepatitis A antibodies or anti-HAV IgG there may have been a previous HAV infection
and they can be assumed to be immune.

Immunisation against Hepatitis A virus

HEALTH SCREENING INFORMATION Version 3 May 2018
For non immune health care workers, vaccination can be given as a 2 dose monovalent Hepatitis A vaccine at least 6 months between doses, or if Hepatitis B is also required a 3 dose combination Hepatitis A/B vaccine at 0, 1 and 6 months can be given.

Immunisation against Influenza
Annual influenza vaccination is a requirement in most health facilities across the country. Annual vaccinations are generally available by March each year.

Immunisation against H1N1
The Federal Department of Health and Ageing encourages all health care and aged care workers to be vaccinated against H1N1.

OTHER RECOMMENDED HEALTH SCREENING (Non vaccination)
HEPATITIS C AND HIV
Students have a responsibility to be aware of their status in relation to blood borne viruses including HIV and Hepatitis C prior to commencing clinical placement where they will be exposed to blood or body fluids. This is to ensure they do not put themselves or others at risk of infection. Students who are infected with HIV, Hepatitis B or Hepatitis C are not required to disclose their status. However, infected students must not undertake exposure-prone procedures.

ABBREVIATIONS
NHMRC-National Health and Medical Research Council
NIP-National Immunisation Program
dTpa-Adolescent / Adult formulation of diphtheria
tetanus and acellular pertussis containing vaccine
dt- Adolescent / Adult formulation of diphtheria
tetanus vaccine
IPV-Inactivated Polio Vaccine
OPV-Oral Polio Vaccine

MMR-Measles Mumps Rubella Vaccine
HAV-Hepatitis A Virus
HBV-Hepatitis B Virus
HCV-Hepatitis C Virus
mIU/ml - milli-International Units per milliliter
Anti-HBs-Hepatitis B surface antibody
HBIG-Hepatitis B Immunoglobulin
HBsAg-Hepatitis B surface antigen
Anti-HAV IgG-IgG Hepatitis A antibodies
H1N1- Pandemic 2009 influenza virus- Swine Flu

REFERENCES:
The Australian Immunisation Handbook, 10th Edition

State and Territory Departments of Health.

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HEALTH SCREENING INFORMATION Version 3 May 2018