

WHS REFERENCE GUIDE

WORKFORCE HEALTH

Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy - Reference Guide

This document can be used as a guide for General Practitioners, other immunisation providers, and Education institutions to interpret the [Assessment, screening and vaccination requirements to protect against Vaccine Preventable Diseases](#) policy requirements.

Interpreting the evidence requirements for the Policy

The intent of the [Addressing vaccine preventable disease: Occupational assessment, screening and vaccination Policy](#) is to minimise the risk to health care workers from acquiring some vaccine preventable diseases (VPD) and the risk of transmission of these infections.

The VPD screening process includes the review of vaccination records signed by an authorised immunisation provider and/or from the Australian Immunisation Register and/or laboratory reports indicating immune status.

The Tuberculosis (TB) screening process takes a risk management approach to identify individuals with active TB, individuals at highest risk of infection with M. tuberculosis complex, and individuals most at risk for progression from TB infection to active TB disease.

Students must complete the [Tuberculosis \(TB\) SA Health Online Screening Questionnaire](#) as part of the compliance to policy process. Shortly after submitting the online questionnaire, students are notified via email by SA Health if they are low risk and cleared or high risk and require follow-up. Further follow up by SA Health may include IGRA, TST and/or chest Xray. It is recommended students complete the TB Screening Questionnaire prior to receiving vaccinations as they are unable to complete any further screening within four weeks of receiving a live vaccine (MMR, Varicella).

General practitioners, and other immunisation providers may see health care workers (current or prospective SA Health employees, student, locum, contract or volunteer) requesting an assessment of their immune status to comply with the Policy.

Information on serology testing for immunity to selected vaccine preventable diseases (VPDs) is summarised below.

VPD	Recommended evidence – screening and serology
Hepatitis B Vaccines: Engerix B® HBVaxII® Twinrix®	<p>Blood test is essential only for roles in Risk Category A</p> <p>Post-vaccination blood test is recommended 4 to 8 weeks after completing the vaccine course or after having a booster dose¹.</p> <ul style="list-style-type: none"> - Documented level of hepatitis B surface antibody (≥ 10mlU/ml) following completion of a course of Hepatitis B vaccine; OR - Documented level of Hepatitis B surface antibody (≥ 10mlU/ml) following a booster dose of Hepatitis B vaccine; OR - Documented evidence of previous resolved Hepatitis B infection (core antibody positive, surface antigen negative). <p>If acute or chronic hepatitis B infection is documented (surface antigen positive) the health care worker cannot be considered immune.</p> <p>Health care workers who have lived in a hepatitis B endemic country for at least 3 months should have serology to assess their immune status prior to vaccination: request Hepatitis B surface antigen, Hepatitis B surface antibody and Hepatitis B core antibody.</p>

WHS REFERENCE GUIDE

WORKFORCE HEALTH

<p>Measles, Mumps and Rubella</p> <p>Vaccines: MMRII® Priorix®</p>	<p>Consider serology <u>only</u> if there is no documented evidence of 2 doses of MMR vaccine, if the person was born on or after 1966 or if there is no previous laboratory evidence of immunity.</p> <p>All adolescents and adults born during or since 1966 should have either:</p> <ul style="list-style-type: none"> - documented evidence of 2 doses of measles, mumps, rubella (MMR) vaccine given at least 4 weeks apart and with both doses given at ≥12 months of age; or - serological evidence of immunity to measles, mumps and rubella. <p>People born before 1966 do not need:</p> <ul style="list-style-type: none"> - to receive MMR vaccine (unless serological evidence indicates that they are not immune) or have a blood test (circulating measles virus and disease were prevalent before 1966 so most people would have acquired immunity from natural infection). <p>An alternative to serology is to give MMR vaccine, unless contraindicated.</p> <p>People aged ≥14 years are not recommended to receive MMRV vaccine. There are no safety data, immunogenicity or efficacy data for this age group.</p> <p>Serological testing for immunity to measles and mumps, and rubella is not recommended before or after routine administration of the 2-dose schedule of these vaccines².</p>
<p>Varicella (chickenpox)</p> <p>Vaccines: Varilrix® Varivax®</p>	<p>Consider serology only if there is no documented evidence of 2 doses of varicella vaccination given at least 4 weeks apart or laboratory evidence that indicates immunity to varicella.</p> <p>An alternative to serology is to give 2 doses of varicella vaccine, unless contraindicated.</p> <p>People aged ≥14 years are not recommended to receive MMRV vaccine. There are no safety data, immunogenicity or efficacy data for this age group.</p> <p>Post vaccination serology is not required. Commercial assays are not sensitive enough to always detect antibodies after vaccination. Documentation of 2 doses of varicella vaccines supersedes results of subsequent serologic testing³.</p>
<p>Pertussis (dTpa)</p> <p>Vaccines: Boostrix® Adacel® Boostrix IPV® Adacel Polio®</p>	<p>A combined diphtheria-tetanus-pertussis booster is required every 10 years (unless contraindicated).</p> <p>If individuals have not received a primary course of diphtheria-tetanus-pertussis containing vaccine in childhood, a primary course of three doses is required.</p> <p>Serology is not required as there is no commercially available test that can detect immunity to pertussis⁴.</p> <p>Individuals >10 years of age should not be given the paediatric formulations of DTPa vaccines.</p>
<p>COVID-19 Pfizer Moderna Novavax AstraZeneca</p>	<p>Documented evidence of receipt of one dose of COVID-19 vaccine which the Therapeutic Goods Administration has classified as either approved or recognised in Australia⁵.</p> <p>Confirmation of immunity post-vaccination is <u>not</u> required.</p> <p>Serology is not required as there is no commercially available test that can detect immunity to COVID-19.</p>
<p>Influenza</p>	<p>Documented evidence of the current years seasonal influenza vaccine.</p> <p>Serology is not required as there is no commercially available test that can detect immunity to influenza⁶.</p>

WHS REFERENCE GUIDE

WORKFORCE HEALTH

Polio	<p>Serology is not required as there is no commercially available test that can detect immunity to polio.</p> <p>A history of a completed course of polio vaccine or self-report having had all standard childhood vaccines provides acceptable evidence of immunity.</p> <p>No further evidence is required.</p> <p>If individuals have not received a primary course of polio containing vaccine in childhood, a primary course of three doses is required.</p>
Tuberculosis	<p>Completion of the Tuberculosis (TB) SA Health Online Screening Questionnaire and assessed as either:</p> <ol style="list-style-type: none"> Low risk - do not require a follow-up appointment. or High risk - have received follow-up with SA Health TB Services and received clearance for placement. <p>Students should complete the questionnaire prior to receiving vaccinations as they are unable to complete any further screening (IGRA, TST) within 4 (four) weeks of receiving a live vaccine.</p>
Hepatitis A Vaccines: Avaxim® Havrix® VAQTA® Twinrix® Vivaxim®	<p>Strongly recommended for specific health care workers only:</p> <ul style="list-style-type: none"> - Documented evidence of 2 doses of hepatitis A vaccine at least 6 months apart; or - Documented evidence of 3 doses of hepatitis A/hepatitis B vaccine; or - Documented evidence of 2 doses of hepatitis A/ Typhoid vaccine at least 6 months apart; - Documented evidence of laboratory confirmed Hepatitis A IgG <p>In unvaccinated individuals, consider serological testing for total hepatitis A antibodies or IgG antibodies against hepatitis A virus in:</p> <ul style="list-style-type: none"> - those born before 1950; - those who spent their early childhood in hepatitis A endemic areas; - those with an unexplained previous episode of hepatitis or jaundice. <p>An alternative is to give hepatitis A vaccine, unless contraindicated.</p> <p>Post vaccination serology is not required⁷.</p>
References	<ol style="list-style-type: none"> 1. Australian Immunisation Handbook – Hepatitis B 2. Australian Immunisation Handbook – Measles 3. Australian Immunisation Handbook – Varicella 4. Australian Immunisation Handbook – Pertussis 5. Australian Immunisation Handbook – COVID-19 6. Australian Immunisation Handbook – Influenza 7. Australian Immunisation Handbook – Hepatitis A

For more information

Clinical Worker Health Services
Workforce Health

Workforce Services, Corporate Services
11 Hindmarsh Square, Adelaide SA 5000

healthwhcommunications@sa.gov.au

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.



www.ausgoal.gov.au/creative-commons