Vaccinations and Immunisation Guideline

Section 1 - Purpose and Scope

(1) The information provided in this Guideline is intended to assist in meeting the requirements outlined in the associated Vaccinations and Immunisation Procedure.

(2) This Guideline provides:

a. General immunisation guidance.
b. Further guidance for individuals and workgroups who due to the nature of their activities at the University, are at higher risk of exposure to vaccine-preventable disease (VPD).

(3) This Guideline is intended to protect not only UQ workers but also the broader community from transmission of relevant VPD.

(4) The information provided in this Guideline does not replace the need for individual medical consultation. UQ workers who are pregnant or who have a serious illness or compromised immunity should also seek further medical advice.

(5) Those people working in specialised settings such as microbiological research laboratories or infectious disease wards or those who are required to travel overseas to work should seek additional medical advice.

(6) Additionally, all persons with a known infectious disease have a duty of care to minimise the risk of transmission, as much as possible, to other members of the University community and the general public.

(7) Information about general and occupational vaccination recommendations is in accordance with the Australian Immunisation Handbook.

(8) UQ's immunisation and disease screening website provides further detail regarding UQ's immunisation compliance processes.

Section 2 - Summary

(9) The risk of VPD can be reduced by the following:

a. Individuals can protect themselves by completing the current Australian National Immunisation Program Schedule as well as any other vaccinations recommended by the Australian Government Department of Health.
b. Those who are moving to Australia from overseas should seek medical advice prior to departure and bring relevant medical documentation with them. On arrival it is advisable to also check with their Australian health care provider whether the vaccination schedule for their home country is equivalent to the Australian National Immunisation Program Schedule, as additional vaccinations may be advisable.
c. Those who have an increased risk of acquisition or transmission of a VPD due to the nature of their activities at UQ must be identified by Supervisors, safety network staff or faculty teams (for example, student placement or administration teams). Appropriate training, information and resources must be provided to achieve effective

infection control as well as the referral or recommendation of appropriate immunisation or disease screening where appropriate.

d. Additional consideration is required for those who are immune-compromised or pregnant in terms of exposure to pathogens or vaccines. General advice on these may be found in the Australian Immunisation Handbook. Specific medical advice relevant to their own situation should be sought by the worker, student or visitor.
e. Residential college students are strongly advised to review and update their vaccination status particularly as they are living in close quarters with others.
    i. Vaccination against meningococcal disease is strongly recommended for adolescents and young adults. Refer to 'Meningococcal Disease' provisions below for information regarding the meningococcal ACWY and the meningococcal B vaccinations.
    ii. Annual Influenza vaccination is also recommended for students living in residential accommodation.
    iii. It is prudent to also ensure immunity to varicella and measles, mumps and rubella (MMR) in persons born in 1966 or later and entering University as outbreaks may occur. Refer to 'Measles, Mumps and Rubella (MMR)' and 'Varicella (Chicken Pox)' provisions below.
f. Some UQ workers may need to undertake additional vaccination or screening due to overseas work or placement requirements.

Section 3 - UQ Work, Research or Placements

(10) A summary of UQ immunisation and disease screening requirements and recommendations related to roles, work locations, programs, or courses can be found here:

a. Table 1: UQ Student Immunisation/Screening Requirements by Program/Course.
b. Table 2: UQ Occupational Immunisation/Screening Requirements for UQ workers, Prospective Workers, HDR and other Research Students.

(11) The exact nature of tasks or work location should be considered when deciding immunisation requirements to minimise the risk of VPD acquisition or transmission occurring.

(12) Persons in the categories listed in this section must be provided with appropriate information and training and referred for relevant vaccination and/or immunisation screening before exposure to identified risk occurs.

Part A - Healthcare Related Roles and Placements

(13) The University must ensure compliance with government directives and guidelines including:

a. Queensland Health - Vaccination of Healthcare Workers Guideline;
b. Queensland Health Service Directive 047, Protocol - Vaccine Preventable Disease Screening for Contractors, Students and Volunteers;
c. Queensland Health - Chief Health Officer Public Health Directions;
d. 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 - 2019;
e. WorkSafe Queensland Guidance on Vaccine-Preventable Diseases.

(14) Links to all relevant forms for healthcare students and workers are in the Associated Information tab of the Procedure associated with this Guideline.

Direct or Indirect Contact with Patients/Clients

Measles, Mumps, Rubella, Varicella and Pertussis

(15) Persons whose work or course program activities include tasks with risk of infectious disease transmission via direct or indirect contact with patients/clients must provide evidence that they have been vaccinated against, or are not susceptible to the VPDs listed below:

a. measles
b. mumps
c. rubella
d. varicella (chicken pox)
e. pertussis (whooping cough).

(16) Risk criteria includes:

a. those who have regular face to face contact with hospital patients;
b. those who have regular face to face contact with clients who are:
    i. immune compromised;
    ii. have been diagnosed with a chronic disease; or
    iii. are pregnant, pre-school age or elderly;
c. those whose normal work location or course placement is in a clinical area such as a hospital ward, emergency department, outpatient clinic, dental clinic or other clinical healthcare facility and includes non-clinical staff;
d. those whose work or course placement frequently or regularly requires attending a clinical area such as a hospital ward, emergency department, outpatient clinic, dental clinic or other clinical healthcare facility and includes non-clinical staff.

(17) Further information is provided on the Queensland Health Risk Role checklist.

Tuberculosis Screening

(18) It is a UQ requirement that those whose work or course program activities include the risk criteria above must also complete a TB self-assessment form to determine if latent TB testing or TB follow-up is required. Refer to clauses 130-137 ('Tuberculosis Screening' provisions below) of this Guideline.

Influenza (the Flu)

(19) An Influenza vaccination is strongly recommended for all healthcare workers (HCWs) and HCW students in the autumn of each year after the latest flu vaccine has been released (usually March/April). The vaccine is usually available from late March. Certain clinical placements will only accept students who have had the influenza vaccination to allow for staff and patient/client safety.

COVID-19 (Coronavirus)

(20) UQ strongly encourages all UQ healthcare workers/students to receive the number and timing of COVID-19 vaccine doses recommended by the Australian Government for their age group and health status. Evidence of vaccinations may be requested by UQ based on mandates imposed by the placement provider or the placement/coursework location. Refer to clauses 71-75 ('COVID-19' provisions below).

Exposure to Blood or Body Substances

Hepatitis B Immunisation

(21) Persons who interact in clinical health facilities and have direct contact with patients or who may be exposed to human blood or body fluids as a result of their work or placement activities, must be vaccinated against hepatitis B. Those at higher risk of exposure must also provide evidence to confirm their immunity or evidence that they are not susceptible to infection.

(22) Tasks that involve direct patient contact may include (not an exhaustive list):

a. Providing clinical care or treatment of any kind.
b. Assisting a patient to undertake activities of daily living such as eating, using the toilet or mobilising.
c. Any manual handling (transfer) of patients.

(23) Other tasks with risk of hepatitis B exposure in healthcare settings include:

a. Collecting, transporting, handling or processing of pathology samples.
b. Cleaning of spills that may contain blood or body substances of any kind.
c. Manual handling or transporting of deceased people.
d. Post mortem examination or autopsies.
e. Bed making and cleaning.
f. Handling of soiled or contaminated linen.
g. Handling of clinical or laboratory waste or waste receptacles.
h. Cleaning in a patient room.
i. Using, cleaning, repairing or maintaining equipment surfaces or other items used in clinical areas or laboratory settings.

(24) Refer to 'Hepatitis B' provisions below for further detail regarding hepatitis B vaccination.

Exposure Prone Procedures (EPP)

(25) An exposure-prone procedure (EPP) is a procedure where there is a risk of injury to the Health Care Worker (HCW) resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the workers hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

> Reference – 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 - 2019.

(26) Persons who undertake EPPs as a requirement of their job or coursework must also submit an Exposure Prone Procedure Declaration signed by a Medical Practitioner prior to exposure. The Medical Practitioner must confirm that the person can safely perform EPPs and has undertaken screening for three blood borne viruses (BBVs): Hepatitis B, C and HIV. This must be done no more than twelve months prior to their commencement of employment or their healthcare program.

(27) The national guidelines state that "Healthcare workers who perform EPPs must take reasonable steps to know their BBV status and should be tested for BBVs at least once every three years" Some student cohorts will receive a request during their program to provide evidence of repeat screening to ensure that they have been screened at least once every three years. These students will be required to submit screening via an EPP Statement by their medical

practitioner. Refer to the Associated Information tab of the Procedure associated with this Guideline.

Healthcare Providers – Remote Indigenous Communities

Hepatitis A

(28) Healthcare providers who work or are on placement in remote indigenous communities and/or regularly provide care for Aboriginal or Torres Strait Islander children in the Northern Territory, Queensland, South Australia or Western Australia, are recommended to be protected against hepatitis A in addition to the vaccines listed for all healthcare providers. Refer to 'Hepatitis A' provisions of this Guideline.

Part B - Education Workers and Students

Recommended Immunisations

(29) UQ workers and students who currently work or intend to work with children are recommended to confirm existing immunity or be vaccinated against:

a. measles;
b. mumps;
c. rubella;
d. varicella (chicken pox);
e. pertussis (whooping cough); and
f. annual influenza.

(30) These recommendations apply to students attending primary or secondary schools for placements.

Early Childhood Education, Special Education Settings

(31) UQ workers and students who currently work or intend to work in early childhood education or special education settings are recommended to be protected against hepatitis A as well as those diseases listed in clauses 29-30.

(32) Hepatitis B vaccination and confirmation of immunity is recommended for those working in special education settings.

(33) Further information is available in the Queensland Government Department of Education Infection Control Procedure and Guideline.

Part C - Laboratory Workers and Students

Human Blood, Body Fluids or Tissue

(34) UQ workers and students who are directly involved with handling human tissue, blood or body fluids are required to be immunised against hepatitis B and provide proof of immunity; or provide evidence of non-susceptibility - see 'Hepatitis B' provisions below.

Human or Zoonotic Infectious Pathogens

(35) Laboratory workers and students interacting with human or zoonotic infectious pathogens must refer to the Working with Hazardous Biological Material Procedure, as permission from the UQ Institutional Biosafety Sub-Committee may be required prior to commencing. A risk assessment for the pathogen involved must be undertaken to identify if a vaccination is available to protect against disease transmission in the workplace.

(36) It is important to be vaccinated prior to work with the pathogen commencing and medical advice will be needed about the length of time needed before exposure to the pathogen in question. Refer to section 4 of this Guideline for further information about each disease and immunisation.

a. Persons handling human faecal samples should be vaccinated against hepatitis A; or provide evidence they are not susceptible to hepatitis A. Refer to 'Hepatitis A' provisions below.
b. Persons handling human tissue, blood or body fluids must be immunised against hepatitis B and provide proof of immunity; or provide evidence of non-susceptibility due to current or previous infection. Refer to 'Hepatitis B' provisions below.
c. Persons working with the SARS-CoV-2 virus are required to receive the number and timing of COVID-19 vaccine doses recommended by the Australian Government for their age group and health status. Refer to 'COVID-19' provisions below.
d. Persons working with Japanese encephalitis virus must be immunised against this disease. From April 2022, persons working with pigs or pig tissue are recommended to be immunised against JEV. Refer to 'Japanese Encephalitis' provisions below.
e. Persons handling high risk veterinary specimens or working with Q Fever organism (Coxiella burnetii) must undertake screening and if indicated, Q Fever vaccination. Refer to the Q Fever Risk Management Guideline.
f. Persons working with bat tissues, lyssaviruses or rabies virus must maintain immunity against rabies. Refer to 'Rabies/Australian Bat Lyssavirus (ABL)' provisions below.
g. Persons working with Mycobacterium tuberculosis must undertake baseline screening of their TB status prior to work commencing. Refer to 'Tuberculosis Screening' provisions below.

(37) As a general principle, persons working with any pathogen that is potentially preventable by immunisation should be fully vaccinated and confirm immunity or non-susceptibility. Further information about working safely with biohazardous material can be obtained from the UQ Biosafety, Chemicals and Radiation website. Pathogen Safety Data Sheets for some infectious micro-organisms can be obtained from:

a. Public Health Agency of Canada - provides Pathogen Safety Data Sheets and Risk Assessments for a comprehensive list of pathogens.
b. American Biological Safety Association webpage allows you to search micro-organisms to tell you what risk group they are.

Part D - Interacting with Wastewater, Sewage, Recycled Water or Soil

Research or Other Workers in Contact with Untreated Sewage or Human Faecal Samples

(38) Those who conduct research and in regular contact with untreated sewage, wastewater, recycled water or human faecal samples should be vaccinated against hepatitis A or provide evidence they are not susceptible to hepatitis A.

(39) Researchers collecting these samples in the field should also have current tetanus vaccination.

Plumbers, Sewage Treatment Operators and Workers Interacting with Recycled Water

(40) Workers in regular contact with waste water, recycled water or sewage such as plumbers and sewage treatment operators are required to:

a. Be vaccinated against hepatitis A; or provide evidence they are not susceptible to hepatitis A.
b. Have current tetanus vaccination.

(41) These workers are also recommended to:

a. Be immunised against hepatitis B and confirm immunity; or non-susceptibility if working in areas/ tasks where high concentrations of human by-products exist including human blood, body fluids or tissue or if the worker is expected to have regular contact with sewage debris such as used needles and syringes.
b. Undertake Q Fever screening and if indicated, Q Fever vaccination if working in areas/tasks where high concentrations of animal waste/by-products exist.

(42) For those regularly involved in the testing, handling and storage of recycled water, (for example, farm workers using recycled water for irrigation), a risk assessment regarding the requirement for vaccination should be based on many factors including all on-site controls, the class of recycled water, as well as the likelihood of exposure.

(43) Refer to the 'Hepatitis A', 'Hepatitis B', 'COVID-19', 'Q Fever', and 'Tetanus' provisions below.

Grounds Workers, Gardeners and Field Workers Interacting with Soils

(44) Persons frequently handling soil and manures should have received a complete tetanus vaccination schedule. Refer to 'Tetanus' provisions below.

(45) In addition, immunity against Q Fever is recommended for people who regularly mow and slash grass contaminated with animal excreta if the site has recently been used for livestock grazing or is densely populated with kangaroos or other wildlife. In addition, those exposed to animal manures in fertilisers and soil conditioners should also consider Q Fever prevention. Refer to 'Q Fever' provisions below.

Part E - Interacting with Animals Including Animal Blood, Tissues, Products or Animal Waste

(46) UQ workers or students who work with some species of agricultural animals or wildlife, including their products or waste, as outlined in the Q Fever Risk Management Guideline, must be screened and/or vaccinated against Q Fever.

(47) Veterinary and other animal and agricultural workers/students should also be immunised against tetanus. Refer to 'Tetanus' provisions below.

(48) Those who work with live pigs and poultry are also recommended to receive annual Influenza vaccination. Refer to 'Influenza' provisions below.

Bats or Australian Bat Lyssavirus (ABL Virus)

(49) Australian bat lyssavirus (ABL) is a virus that can be transmitted from infected bats. Persons interacting with bats or ABL virus are required to be immunised against rabies and comply with recommended post vaccination and post exposure screening recommendations. Refer to 'Rabies/Australian Bat Lyssavirus (ABL)' provisions below.

Pigs or Poultry

(50) Persons frequently in contact with pigs or poultry are recommended to have annual influenza vaccination. Refer to 'Influenza' provisions below.

(51) See information in 'Japanese Encephalitis' provisions below for information about pigs and Japanese encephalitis virus (JEV).

Part F - First Aid Officers

(52) First Aid Officers appointed for the University are recommended to be immunised against hepatitis B and have the annual Influenza vaccination. Refer to 'Hepatitis B' provisions below and the Working Safely with Blood and Body Fluids Guideline.

Part G - Mortuary Technicians and Embalmers

(53) Baseline screening for tuberculosis and immunisation against tetanus and hepatitis B is required for those working with cadavers including mortuary technicians and embalmers. For those likely to be exposed to faecal material as part of the embalming process, immunisation against hepatitis A is also recommended.

Part H - Work Related Travel or Fieldwork Activities

(54) For all travel, particularly international travel, seek specialised travel health advice and vaccinations and refer to information provided in the Work Off-Campus and Fieldwork Procedure. Travellers are also responsible for reading the travel advice issued by the DFAT Smartraveller website and the UQ International SOS portal (search by location list).

(55) Consider vaccination for Japanese Encephalitis Virus (JEV) for UQ workers or students who are living or working in the outer Torres Strait islands during the wet season. Healthcare workers who live or work in rural and remote indigenous communities should also consider additional immunisation including Hepatitis A and Influenza. Refer to the Australian Immunisation Handbook for guidelines.

Section 4 - Occupational Vaccinations and Immunisation Screening

Hepatitis A

(56) Hepatitis A is an acute infection of the liver caused by the Hepatitis A virus. The severity and duration of the infection varies however for most affected people the symptoms are self-limiting and usually resolve within 3 weeks. The symptoms are often more severe in adults compared to childhood cases and occasionally the symptoms of Hepatitis A infection in adults can be seriously debilitating and last several months. Transmission of the virus usually occurs via faecal/oral transfer for example by drinking contaminated water, eating food that has been handled by an infected person or touching infected faeces from contaminated nappies or towels.

(57) Vaccination must be considered for healthcare workers who live or work in rural and remote indigenous communities or who work in health units where the unit provides for substantial populations of indigenous children.

(58) It is also recommended that childcare workers and carers of the intellectually disabled are protected against Hepatitis A.

(59) Workers who have regular contact with sewage at work, such as plumbers, sewage treatment operators, recycled water plant operators, and persons conducting wastewater/sewage research should seek immunity against Hepatitis A transmission.

(60) To avoid unnecessary vaccination, it is recommended that the following groups be screened for pre-existing natural immunity to Hepatitis A:

a. those born before 1950;
b. those who spent their early childhood in endemic areas; and
c. those with an unexplained previous episode of hepatitis or jaundice. (N.B. Such a previous episode cannot be assumed to be hepatitis A).

(61) If, upon screening, a person has total Hepatitis A antibodies or anti-HAV IgG, they are considered to be immune. It can be assumed that they have either had previous, perhaps unrecognised, HAV infection, or less likely, has been previously immunised. Hepatitis A vaccination in this instance would therefore not be required.

(62) Hepatitis A vaccine is administered as two injections 6 to 12 months apart. A combined vaccine against Hepatitis A and Hepatitis B is available.

(63) For further information about Hepatitis A, refer to Queensland Health Conditions Directory for Hepatitis A and the Australian Immunisation Handbook.

Hepatitis B

(64) Hepatitis B is a serious infection which causes inflammation of the liver. Hepatitis B is transmitted via parenteral exposure (see definition in section 7) to the blood or body fluid of an infected person. Immunisation against hepatitis B is the most effective way of preventing infection transmission.

(65) There is good evidence that a successfully completed, age-appropriate primary course of Hepatitis B vaccinations (followed by a blood test with Hep Bs Ab >10 IU/l at least 4 weeks following last dose) provides long lasting protection in normal (immune-competent) individuals. If the primary course has produced a protective level of antibodies as detailed above, routine boosters are not recommended. Further medical advice is necessary if vaccination is unsuccessful or if Hep Bs Ag, Hep B c Ab or Hep B DNA are positive. Refer to the Working Safely with Blood and Body Fluids Guideline

(66) UQ workers and students who are directly involved with handling human tissue, blood or body fluids must be immunised against Hepatitis B and provide proof of immunity or provide evidence of non-susceptibility. (For example, healthcare staff, laboratory staff working with human blood, tissue or body fluids.)

(67) Hepatitis B vaccination and/or proof of immunity, or evidence that the person is not susceptible, is required for most healthcare programs and prior to commencing work or placement in a Queensland Health clinical facility or a healthcare setting with similar risk. (For example, private hospitals, clinics.) Please refer to Queensland Health - Vaccination of Healthcare Workers Guideline

(68) A combined vaccine against Hepatitis A and Hepatitis B is available.

(69) An approved rapid immunisation schedule is available for persons requiring urgent immunisation against Hepatitis B or Hepatitis A and B. However, where possible, the standard 6-month course should be followed. Where Hepatitis B vaccination is required, or anticipated to be required, vaccination should start as early as possible.

(70) For further information about Hepatitis B, refer to Queensland Health Conditions Directory for Hepatitis B and the Australian Immunisation Handbook.

COVID-19

(71) COVID-19 is a respiratory disease caused by infection from the SARS-CoV2 virus. It is responsible for the pandemic which commenced in China in late 2019 and spread around the world including Australia from 2020. Many people will develop no symptoms, or mild symptoms, but a small percentage of those affected will develop life-threatening complications including pneumonia and vascular disorders. Older people as well as those with certain health conditions and other factors are at increased risk of serious illness from COVID-19. Some people will have ongoing symptoms in a condition known as “long COVID”.

(72) UQ recommends workers and students comply with the COVID-19 vaccine doses recommended by the Australian Government for their age group and health status unless medically contraindicated. These recommendations aim to provide the optimal individual and/or population protective vaccination benefits (over risks).

(73) Some categories of UQ workers and students are considered at higher risk of infection due to their UQ work or study activities.

(74) These include:

a. Those working with live cultures or samples containing SARS-CoV-2.
b. Workers/students with work/placements in healthcare, aged care or disability settings.

(75) Evidence of vaccination may be requested by UQ dependent on the requirements of the placement provider or the placement/work location.

Influenza

(76) Influenza is a highly contagious disease caused by infection from Influenza type A or B (or rarely C) virus. These viruses infect the respiratory passages and lungs and can develop into a serious illness in some people, particularly those who are elderly, pregnant or have an underlying medical condition.

(77) Annual vaccination with Influenza vaccine in autumn is recommended for those at personal or occupational risk from Influenza, including the following:

a. All healthcare workers (HCW) and HCW students, to protect both the HCW and the patients they interact with.
b. Persons who work with children or care for persons with developmental disabilities.
c. Persons who frequently interact with pigs and/or poultry.
d. Persons living in close quarters in residential accommodation such as student residential colleges.

(78) Immune-compromised persons are recommended to get vaccinated against influenza and should discuss their needs with their treating doctor.

(79) Influenza vaccination is available free of charge tob UQ staff during the annual UQ flu campaign in autumn each year. Students can access vaccination from their own GP or Pharmacy or from UQ Health Care at St Lucia and Gatton campuses.

(80) The following people are also recommended to receive annual influenza vaccine:

a. Poultry workers and other people who handle poultry.
b. People who may be involved in culling during an outbreak of avian influenza.
c. Swine industry workers.

(81) Routine seasonal influenza vaccination does not protect against avian or swine influenza.

(82) Influenza vaccination can also prevent humans from transmitting to animals.

(83) For further information about Influenza, refer to Queensland Health Conditions Directory for Influenza and the Australian Immunisation Handbook.

Japanese Encephalitis

(84) Japanese encephalitis (JE) is a serious infection of the brain caused by the mosquito-borne JE virus (JEV). Prior to 2022, JE occurred mainly in Southeast Asia and China and occasional cases in eastern Indonesia, Torres Strait and North Queensland. In February 2022, JE was declared a Communicable Disease Incident of National Significance due to confirmed diagnoses of JE virus in pig herds in NSW, Vic and Qld and multiple human cases of JE in Australia.

(85) JE vaccination is required for laboratory staff and animal technicians working directly with the JE virus.

(86) JE vaccination is also recommended for:

a. Those who work at or visit piggeries or pork abattoirs or those who work with pigs.
b. Diagnostic and research laboratory workers who may be exposed to the virus.
c. Those involved with mosquito surveillance, control or management.
d. Those working in certain local government areas (LGAs) and are at risk of JEV infection due to outdoor activities undertaken near potentially productive mosquito habitats such as areas near rivers, ponds and marshes, including flood zones and wherever there are bodies of standing water. See updated detail in the Queensland Health Conditions Directory for JE JEV for the list of higher risk LGAs.
e. Those travelling to areas with endemic JE transmission such as Asia and the Torres Strait region of Australia and will be travelling in rural areas, undertaking certain activities with increased risk of exposure, or spending a month or more in the region.

(87) Workers and students intending to visit high risk areas should seek travel health advice.

(88) For further information about Japanese encephalitis, including groups for priority vaccination refer to Australian Government Department of Health - JE Vaccines, Queensland Health Conditions Directory for JE and the Australian Immunisation Handbook.

Measles, Mumps and Rubella (MMR)

(89) For information about Measles, Mumps and Rubella infection refer to the Queensland Health Conditions Directory.

(90) All those in healthcare related roles and placements with direct or indirect patient contact must ensure they have received two doses of MMR vaccine or provide evidence that they are fully immune to all three of these diseases. This also applies to UQ staff or students who regularly interact as part of their UQ work or study with persons who are immune compromised, have a chronic health condition, are pregnant, pre-school age or elderly.

(91) Residential college students should have their vaccination records reviewed to ensure they have received two doses of MMR vaccine as MMR re highly contagious and can spread rapidly amongst persons living in close quarters. Although the incidence of these diseases has declined in Australia since the introduction of universal vaccination in the 1980's, there has been an increase in measles and mumps infections among adolescents and young adults who were not fully vaccinated against MMR. Large outbreaks of measles infection have occurred in many countries including developed countries and it is recommended that all persons travelling internationally ensure that they are protected against measles infection.

(92) Women should be screened for rubella antibodies shortly before every pregnancy, early in the pregnancy or if pregnancy is contemplated, irrespective of a previous positive rubella antibody result. Women should not receive the vaccine if they are pregnant or might become pregnant within 28 days.

(93) Persons born prior to 1966 are not required to be screened or vaccinated against MMR as persons in this age group are considered to have immunity (unless serological evidence indicates otherwise). MMR vaccination is contraindicated in those who are immune-compromised. Rubella containing vaccines are also contraindicated in pregnancy.

(94) For further information about MMR refer to Queensland Health Conditions Directory for Measles and the Australian Immunisation Handbook.

Meningococcal Disease

(95) Meningococcal disease is a severe illness caused by the bacterium Neisseria meningitidis that can cause death or profound life-long disability including brain damage, hearing loss and/or limb loss. It is an uncommon condition which occurs when meningococcal bacteria invade the body resulting in meningococcal meningitis (inflammation of the lining of the brain) or meningococcal septicaemia (where the infection is in the bloodstream). There are 13 known

meningococcal serogroups some of which are present in the throat or nasal passages of approximately 10% of the community. Most of these people are not affected by the presence of the bacteria and remain well but can transmit the bacteria to others. A small percentage of those infected may subsequently develop illness and will require urgent medical attention and treatment with antibiotics.

Meningococcal Disease Caused by A, C, W, and Y Serotypes

(96) At the time of publication of this document meningococcal ACWY vaccination is offered to adolescents aged 14-16 years through the Australian school-based vaccination programs. It is recommended that unvaccinated students consider being vaccinated which is funded for eligible people 15-19 years old as a catch-up vaccination.

(97) Immunisation against meningococcal ACWY is also part of the infant immunisation schedule.

Meningococcal Disease caused by B Serotype

(98) Meningococcal B vaccination is recommended in a 2-dose schedule for all adolescents aged 15 - 19 years due to their higher risk of serotype B meningococcal disease compared with other ages. Meningococcal B vaccination is recommended for adolescents and young adults living in close quarters, such as military recruits and students living in residential accommodation. Vaccination is recommended prior to entry to such high-risk settings or as soon as possible after entry. This vaccination is currently not covered by the National Immunisation Program and is therefore not without cost to the patient.

(99) For further information about meningococcal disease refer to Queensland Health Conditions Directory for Meningococcal Disease and the Australian Immunisation Handbook.

Pertussis (Whooping Cough)

(100) Pertussis (Whooping Cough) is a highly contagious respiratory infection caused by the bacterium Bordetella pertussis. It can cause a persistent cough in adolescents and adults and in babies the infection can be life-threatening.

(101) Vaccination against pertussis is recommended for any adult who wishes to reduce the risk of infection for themselves and for any close contacts who may be vulnerable to an increased risk of poor health outcome if infected. It is recommended that adults who have previously been vaccinated as a child against pertussis, and who require a booster against diphtheria or tetanus, consider boosting their pertussis immunity using the dTpa vaccination. dTpa vaccination is recommended for pregnant women and all adults who will be in close contact with babies and young children including those working in early childhood care or education with children <4 years of age.

(102) All those in healthcare related roles and placements with direct or indirect patient contact must be immunised against pertussis and must receive a pertussis booster if more than 10 years have elapsed since their last dose. Those interacting with persons who are immune compromised, have a chronic health condition or who are pregnant, pre-school age or elderly must also comply with the same standard of pertussis immunisation as described for healthcare workers.

(103) Vaccinated healthcare workers and students who develop symptoms compatible with pertussis infection should still be investigated for pertussis and must be excluded from the workplace until a pertussis diagnosis is ruled out.

(104) For further information about pertussis refer to Queensland Health Conditions Directory for Pertussis (Whooping Cough) and the Australian Immunisation Handbook.

Poliomyelitis (Polio)

(105) Poliomyelitis is an infection caused by polioviruses. Most infections cause mild self-limited disease with minimal symptoms, however, in some cases the virus can affect the central nervous system and cause paralysis and permanent disability.

(106) It is important to retain high vaccination rates against polio in Australia while the disease remains endemic in other parts of the world.

(107) All adults are recommended to have completed a full course of poliomyelitis vaccination as part of the National Immunisation program (at 2, 4 and 6 months of age with a booster at 4 years of age).

(108) Further boosters are not required except for the following persons at special risk, such as:

a. travellers to areas or countries where poliomyelitis is epidemic or endemic or with recent cases including vaccine derived polio - see Polio Global Eradication Initiative for more information on affected countries; or
b. Healthcare workers, including laboratory workers, in possible contact with poliomyelitis cases.

(109) For those exposed to a continuing risk of infection, booster doses are desirable every 10 years.

(110) The risk of exposure to polio in the Australian community including the healthcare setting is considered too low to routinely recommend polio boosters to healthcare students. Polio vaccine (the inactivated polio vaccine by injection) is recommended for students who will be undertaking a period of training in countries where polio is present.

(111) For further information about polio refer to Queensland Health Conditions Directory for Polio and the Australian Immunisation Handbook.

Q Fever

(112) Q Fever is a zoonotic infection transmitted by the bacterial microorganism Coxiella burnetii, usually by inhalation of the dust and aerosols from infected animals.

(113) The Q Fever Risk Management Guideline provides further information about the UQ risk groups and controls.

(114) The safe and effective vaccine (Q-VAX®) is the best way to prevent Q Fever infection in those not already immune. Q Fever screening must be undertaken prior to Q Fever vaccination. Screening includes a serum antibody test and skin testing. Screening identifies those who should not be vaccinated to avoid side effects. Vaccination must be preceded by a negative blood and skin test performed by a specifically trained doctor. If a Q Fever vaccination is required, exposure in high-risk environments should be avoided until 15 days after vaccination to allow immunity to develop. See WorkSafe Qld - Q Fever.

(115) Q Fever testing and vaccination is available through medical practices. Check that your doctor offers Q Fever screening and vaccination before booking an appointment.

(116) For further information about Q Fever please refer to the Queensland Health Conditions Directory for Q Fever and the Australian Immunisation Handbook.

Rabies/Australian Bat Lyssavirus (ABL)

(117) Rabies is a disease of the nervous system caused by the rabies virus. Rabies infects domestic and wild mammals and is spread to humans through close contact with infected saliva, usually via an infected animal bite or scratch. Rabies in humans is almost always fatal once symptoms develop. Rabies is not found in Australia but a close relative of the virus called the Australian bat lyssavirus, can be found in Australian bats.

(118) UQ veterinary and wildlife workers, researchers and students who handle Australian bats, or researchers who work with Australian Bat Lyssavirus (ABL) in a laboratory, or those who work with animals in areas of the world where rabies is endemic, are required to complete a pre-exposure rabies vaccination course. Workers and students must seek rapid post exposure treatment in the event they are bitten or scratched when handling a bat or other potentially infected animal or sustain a potentially contaminated sharps injury. Please refer to the Working Safely with Bats and

Flying Foxes Procedure for information about pre exposure vaccination, post exposure treatment and the requirement for on-going rabies boosters and rabies antibody monitoring. Also refer to the WorkSafe Queensland - Australian Bat Lyssavirus and Handling Bats - Guide for further information about safely handling bats.

Rabies/ABL Screening

(119) UQ workers and students likely to be exposed to bats in Australia or overseas or potentially rabid animals overseas, should have antibody levels checked or be re-vaccinated every 2 years. Those with impaired immunity should have their antibody levels tested 2-3 weeks after the third dose of the vaccine.

(120) UQ Workers and students who work with ABL in a laboratory must have their antibody levels tested every 6 months and receive booster doses, if required, depending on the antibody level.

(121) For further information about rabies refer to Queensland Health Conditions Directory for Rabies and the Australian Immunisation Handbook.

Tetanus

(122) Tetanus is an acute disease caused by the bacteria Clostridium tetani. This bacterium is commonly found in soil, dust and manure. The bacteria can contaminate wounds and produce a toxin which causes painful muscular contractions and spasms. Unvaccinated persons are at risk of developing tetanus if they sustain a wound contaminated by tetanus bacteria.

(123) All adults in the community, including all UQ workers and students, are advised to maintain their immunity to tetanus. A full childhood schedule consists of a 5-dose primary schedule 2, 4, 6 and 18 months and 4 years of age plus a booster aged 11-13 years. A tetanus-containing vaccine booster is recommended for all adults at 50 years of age and at 65 years of age if it is more than 10 years since the last dose.

(124) Adolescents and adults who have never had a tetanus-containing vaccine are recommended to receive 3 doses of tetanus-containing vaccine with at least 4 weeks between doses, and booster doses at 10 years and 20 years after the primary course.

(125) The need for tetanus-containing vaccine in people with a tetanus-prone wound, with or without tetanus immunoglobulin, depends on the nature of the wound and the person's vaccination history.

(126) Vaccination is recommended every 10 years for travellers to countries where health services are difficult to access. Travellers with a higher risk of a tetanus-prone wound are recommended to be vaccinated every 5 years.

(127) Agricultural workers, veterinary workers and others at risk of sustaining penetrating injuries (for example, an animal bite) or soil contaminated injuries, are required to be fully vaccinated against tetanus. The situation is not clearly defined for persons in these groups who are working in Australia and likely to receive minor tetanus-prone wounds frequently. They should seek medical advice about the need for and frequency of booster doses if they regularly sustain minor injuries in the course of their work.

(128) A combined vaccine is normally used which contains tetanus and diphtheria (ADT) and for those who require pertussis protection there is a combined diphtheria, tetanus, pertussis vaccine available.

(129) For further information about tetanus refer to Queensland Health Conditions Directory for Tetanus and the Australian Immunisation Handbook.

Tuberculosis Screening

(130) Tuberculosis (TB) is a bacterial infection caused by the bacterium Mycobacterium tuberculosis that can affect almost any part of the body but most commonly infects the lungs (pulmonary tuberculosis). Please refer to

Queensland Health Conditions Directory for tuberculosis for more information about this condition.

(131) At the start of employment or a study program with the University, persons who perform tasks that could put them at increased risk of acquisition and/or transmission of TB during their work or placement activities must undergo baseline screening for previous infection prior to work or placement activities commencing.

(132) A Queensland Health Tuberculosis Risk Assessment Form for Students is the accepted Queensland Health self-assessment tool for all UQ healthcare staff and students and is to be completed as a minimal requirement by:

a. UQ Healthcare workers who perform tasks that would allow acquisition and/or transmission of TB during their work or placement activities - refer to the Healthcare Worker Infectious Disease Screening and Vaccination Record.
b. UQ Healthcare students - refer to entry requirements for course program.

(133) Latent TB screening, consisting of either a QuantiFERON-Gold TB blood screening test or a tuberculin skin test (TST), can be requested via a medical practitioner or via the Queensland Health clinical TB screening service. This screening must be undertaken for persons in the following categories:

a. Healthcare workers or students who have a TB exposure risk history or increased potential for TB as identified on the TB Risk Assessment Questionnaire.
b. Embalmers and workers involved in conducting autopsies.
c. Laboratory workers conducting research with Mycobacterium tuberculosis.

(134) Laboratory workers conducting on-going research tasks with Mycobacterium Tuberculosis must also undertake TB screening on an annual basis and a final screening test on exiting the project.

(135) Persons who have a positive TB screening test or a higher exposure risk will be referred to a Queensland TB Control Service for follow up.

(136) The BCG vaccine is no longer routinely recommended for TST negative healthcare workers. However, BCG vaccination should be considered for TST negative healthcare workers at high risk of being exposed to drug-resistant TB.

(137) Further information is available on the Queensland Health - Healthcare workers and students website and the Queensland Health Protocol for the Control of Tuberculosis.

Varicella (Chickenpox)

(138) Varicella is a highly contagious disease caused by the varicella-zoster virus. In healthy children, the disease is usually a mild illness however life-threatening complications can occur rarely. For most, the disease presents with mild cold-like symptoms with a rash appearing after two days. The rash has characteristic itchy blisters that last approximately four-five days. Varicella infection can however be much more severe in adults and can cause serious and have even fatal consequences for persons who are immune compromised. Varicella can also have harmful consequences for an unborn baby therefore pregnant women and those with new-born infants should seek urgent medical advice if they have close contact with a person who has been diagnosed with varicella infection.

(139) Varicella vaccination is required for all non-immune healthcare related personnel (including students) and is particularly important if working in maternity, neonatal or paediatric wards, or with immune-compromised patients.

(140) UQ Healthcare workers (HCWs) and HCW students must have two doses of a varicella containing vaccine or provide evidence of varicella immunity.

(141) A person is considered immune and does not require vaccination if a blood test shows varicella (IgG) antibodies.

(142) Persons who are not immune to varicella must avoid contact with those with chicken pox or shingles infections.

(143) Recently vaccinated healthcare workers (within the last 6 weeks) who develop a rash from the vaccine should not be in contact with susceptible patients for the duration of the rash.

(144) Varicella is a live vaccine and is contraindicated in those who are immune compromised or pregnant. Pregnancy should also be avoided for at least 28 days post varicella vaccination.

(145) For further information about varicella refer to Queensland Health Conditions Directory for chickenpox (varicella) and the Australian Immunisation Handbook.

Section 5 - Documentation

(146) Individuals should keep the official record of their immunisations to serve as a permanent record of routine and work/course related immunisations or for overseas travel. Records of associated blood and other test results should also be retained.

(147) Personal records should be kept indefinitely by the individual.

(148) Refer to the associated Vaccinations and Immunisation Procedure regarding privacy and record storage by UQ.

Section 6 - Further Advice and Assistance Including Vaccination

(149) Clinical assistance, expert advice and vaccinations are available from UQ Health Care (St Lucia Campus, Gatton Campus and Annerley). Additional advice can be obtained from the immunisation records team (IRT) or the Occupational Health Nurse Adviser in the Health, Safety and Wellness Division, email: immunisation@uq.edu.au or OHNA@uq.edu.au.

Section 7 - Appendix

Definitions

Terms	Definitions
Anti-HAV	Serum antibody to hepatitis A virus.
ABL	Australian bat lyssavirus.
Bacteria	Micro-organisms that can cause infection.
BCG	Bacillus Calmette-Guerin vaccine.
dT	Diphtheria, Tetanus vaccine.
DTPa or dTpa	Diphtheria, tetanus and pertussis vaccine. Education settings include schools, kindergartens, and childcare settings.
HCW	Healthcare worker – person who provides care to patients in a hospital, health service or community care setting.
HDR	Higher Degree by Research.
Hep Bs Ab	Hepatitis B surface antibodies.

Terms	Definitions
IgG	immunoglobulin G, a group of antibodies that protect against a wide range of infecting organisms.
Immunisation	The process of inducing immunity to an infectious agent by administering a vaccine.
Immunity	The ability of the body to fight off certain infections; immunity can result from naturally acquired infection or from vaccination.
MMR Vaccine	Measles, Mumps, Rubella vaccine.
Non-UQ workers (others)	for the purposes of this Guideline includes: - contractors, subcontractors and consultants; - volunteers - members of the community who donate their services in a voluntary capacity to UQ without expectation of remuneration. Volunteers include those undertaking work on fundraising and community-oriented projects, tertiary students wishing to gain exposure to particular UQ functions, among others.
Parenteral	Brought into the body via a route other than the digestive tract.
Statement of Susceptibility	Letter from a medical officer, infection control practitioner or vaccine service provider stating that an individual is not susceptible to a specific disease.
SOP	Safe Operating Procedure.
Student	A student enrolled at the university and includes undergraduate, postgraduate and HDR.
Tetanus prone injury	Please refer to the Australian Immunisation Handbook.
TB	Tuberculosis – is an infectious disease caused by the bacterium Mycobacterium tuberculosis.
TST	Tuberculin Skin Test (also known as Mantoux test).
UQ Workers	For the purposes of this Guideline includes: - staff - includes an employee of UQ employed on a continuing, fixed-term or casual basis. - students - includes undergraduate, post-graduate, masters, higher degree by research (HDR), coursework, and students undertaking work experience. - visiting academics and researchers. - affiliates - academic title-holders, visiting academics, emeritus professors, adjunct and honorary title-holders, industry fellows and conjoint appointments.
Vaccination	The administration of a vaccine; if vaccination is successful, it results in immunity.
Virus	A minute living organism smaller than bacteria that can self-replicate inside a specific host cell to cause infections.
VPD	Vaccine preventable disease.

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