ACT Government Health

Checklist of Required Evidence of Protection

Category A staff must complete Form 1 (new staff/students) or Form 2 (existing staff) and provide evidence of protection against the specified infectious diseases. Acceptable evidence is set out in Table 1 and includes:

- A written record of vaccination signed by a medical practitioner or immunisation clinic nurse.
- Serological confirmation of protection.
- Other evidence. This may include evidence of a staff's status from a confidential immunisation register, for example: the Occupational Medicine Unit's *Immunisation Register* or the Calvary Health Care Bruce Staff Health Department's *Staffvax Database* or an immunisation database maintained by an Australian State or Territory Department of Health or the Australian Immunisation Register maintained by Medicare.

Please review Table 1 in detail. Serology is not acceptable evidence for some specified infectious diseases.

Post vaccination serological testing
Post-vaccination serological testing is only required for Hepatitis B. In some circumstances Canberra Hospital and Health Services may require serological evidence of protection. For example, if a vaccination record does not contain vaccine brand and batch number or official certification from the vaccination provider (clinic/practice stamp).

Declarations
A written declaration of protection against an infectious disease is not considered acceptable evidence, except for Hepatitis B immunisation where a verbal history and completed written declaration are acceptable if all attempts fail to obtain the vaccination record. This written declaration must be accompanied by a serology result showing Anti-HBs greater than or equal to 10mIU/mL.

Staff performing exposure prone procedures (EPPs) – Category A-EPP
EPPs are invasive procedures where there is potential for direct contact between the skin (usually finger or thumb of the staff member) and sharp surgical instruments, needles or sharp tissues, spicules of bone or teeth in body cavities or in poorly visualised or confined body sites, including the mouth of the patient. During EPPs, there is an increased risk of transmitting BBVs between staff and patients.

Staff performing EPP are recommended to provide evidence of serological testing dated within 12 months for:

Hepatitis B:	HBs Antigen (in addition to anti-HBs for immunity)
HIV:	HIV Antibody/Antigen
Hepatitis C:	HCV Antibody.

Tuberculosis (TB) assessment, screening and clinical review
The purpose of TB screening and assessment is to:

- Establish if an individual has evidence of latent TB infection (LTBI).
- Diagnose and treat active cases of TB in staff.
- Establish baseline health with tuberculin skin test (TST) or interferon release assay (IGRA) and/or chest X-ray.

All category A staff (new and existing) must submit a completed Form 3 *Tuberculosis (TB)* ***Assessment*** *Tool*.

TB **screening** with a TST or IGRA is required for:

- All new staff, including students
- Existing staff born in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.)
- Existing staff that have had household or close unprotected contact with a person with TB
- Existing staff that have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.)
- Existing staff that have worked in a high-risk work area (Table 2)

TST must be conducted by an accredited Australian Chest Clinic including the Canberra Hospital Department of Respiratory and Sleep Medicine (DRSM) (ph: 02 6244 2066). IGRA (i.e. TB Quantiferon) must be conducted by a National Association of Testing Authorities Australia accredited laboratory.

TB **clinical review** by an accredited Australian Chest Clinic including DRSM at The Canberra Hospital (ph:02 6244 2066) is required for:

- New or existing staff that have symptoms suggestive of active TB
- New or existing staff that have had household or close unprotected contact with a person with TB
- New or existing staff that have lived/travelled for a cumulative time of ≥ 3 months in a country with an incidence of TB of ≥ 40 cases per 100,000 persons (see http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf.) and have returned to employment within three months of return from travel.
- New or existing staff that work in high risk areas (Table 2)
- New or existing staff with a positive TB screening test (TST >5mm or indeterminate/positive IGRA)

Periodic TB Screening

The frequency of periodic TB screening and assessment by the DRSM will depend on whether staff are considered to be working in a high, medium or low risk clinical area as set out in Table 2.

Table 1 ***Documented evidence of protection against the specified infectious diseases required from Category A staff/applicants***

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa) within last 10 years. *	**Serology will not be accepted.**	**Not applicable.**
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine. A verbal history and written declaration are acceptable if all attempts fail to obtain a vaccination record. **AND**	☐ Anti-HBs greater than or equal to 10mIU/mL. **OR**	Documented evidence of anti-HBc or HBS antigen.
Varicella zoster (chicken pox/shingles)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age). **OR**	☐ Positive IgG for varicella. **OR**	☐ VZV PCR confirmed chickenpox or shingles
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart. **OR**	☐ Positive IgG for measles, mumps and rubella. **OR**	☐ Birth date before 1966.
Tuberculosis screening (TB) (if required)	**Not applicable.** **Note:** Complete and refer to Form 3 as to whether screening and clinical review by the Department of Respiratory and Sleep Medicine is also required.	☐ Interferon Gamma Release Assay (IGRA)-TB Quantiferon. **OR**	☐ Tuberculin skin test (TST).
Influenza (Flu)	☐ Annual influenza vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June through to September.	**Not applicable.**	**Not applicable.**

* ADT vaccine doesn't contain pertussis and is not counted as evidence of vaccination for diphtheria/tetanus/pertussis.

Table 2 ***Ongoing Periodic Tuberculosis Screening***

Risk	Examples	Frequency
High – manage > 3people with infectious TB per year	Chest clinic staff, bronchoscopy suite staff, laboratory workers handling cultures of tuberculosis, mortuary attendants	Annually
Medium – manage 1-3 people with infectious TB per year	Respiratory ward/clinic doctors, nursing staff, physiotherapists and technicians, infectious diseases physicians	Five yearly
Low – do not routinely manage people with infectious TB	All other staff	No routine periodic screening