ACT Government Health

Checklist of Required Evidence of Protection

For Category A Health Care Workers (HCWs), acceptable evidence of protection against the specified infectious diseases is set out in **Table A** and includes:

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

Please review **Table A** in detail. **Serology is inappropriate for some specified infectious diseases.**

Statutory Declarations
A Statutory Declaration of protection against an infectious disease is **not** considered acceptable evidence. In some circumstances, ACT Health may require serological evidence of protection. For example, if a vaccination record does not contain vaccine brand and batch or official certification from the vaccination provider (clinic/practice stamp).

HCWs Performing Exposure Prone Procedures (EPPs) – Category A1 HCWs
For HCWs performing EPPs (Category A1 HCWs), evidence of serological testing for Hepatitis B (HBV), Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) includes:

- **For HBV:** HBs Ag and Anti-HBs.
- **For HIV:** HIV Ab/Ag test.
- **For HCV:** HCV Antibody.

Laboratory Personnel
Laboratory personnel who handle specimens of the infectious diseases listed in **Table B** should consider vaccination against those diseases.

Other Personnel
Plumbers and sewerage workers in health care facilities should consider vaccination against Hepatitis A. Endoscopists/colonoscopists performing endoscopies/colonoscopies on a regular basis should also consider vaccination against Hepatitis A.

Serological Testing for Vaccine-Preventable Infectious Diseases
Of the vaccine-preventable infectious diseases, post-vaccination serological testing is only required for Hepatitis B. See **Table A**.

Table A

Documented evidence of protection against the specified infectious diseases required from Category A applicants

DISEASE	EVIDENCE OF VACCINATION	SEROLOGY RESULTS	OTHER EVIDENCE
Diphtheria, Tetanus, Pertussis	☐ One adult dose of diphtheria/tetanus/pertussis vaccine (dTpa). **Not ADT**.	**Serology will not be accepted.**	**Not applicable.**
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine. **AND**	☐ Anti-HBs greater than or equal to 10mIU/mL. **OR**	Documented evidence of anti-HBc.
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart. **OR**	☐ Positive IgG for measles, mumps and rubella.	**Not applicable.**
Varicella (chicken pox)	☐ 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**	☐ History of chickenpox or physician-diagnosed shingles (varicella IgG preferred if uncertain).
Tuberculosis (TB) (if required)	**Not applicable.**	**Not applicable.**	☐ Tuberculin skin test (TST).
		Note: Interferon-Gamma Release Immunoassay (IGRA) is not accepted as evidence of TB screening by ACT Health at this current time.	
Influenza (Flu)	☐ Annual flu vaccination, noting it is preferable for the flu vaccine to be administered between the months of March and June or through the peak winter season up to September.[A]	**Not applicable.**	**Not applicable.**

[A] Outside of these times, HCWs assessed by ACT Health as compliant with all requirements of the ACT Health *Occupational Assessment, Screening and Vaccination* Standard Operating Procedure (except the influenza requirements) for the purposes of performing the work duties required of their Category A position will be offered employment.

The infectious diseases specified in **Table A** meet the minimum recommended vaccinations for persons at increased risk of certain occupationally acquired vaccine-preventable diseases, as identified in the current edition of *The Australian Immunisation Handbook*.

Table B

Vaccination Recommendations for ACT Pathology Personnel

Other Specified Infectious Diseases	
Vaccination	**Recommendations**
Bexsero (4CMenB) recombinant multicomponent meningococcal B vaccine	Recommended for personnel who frequently handle **cultured** material containing *Neisseria meningitidis*. Not recommended for those who only handle specimens.
Menveo or Menactra (4vMenCV) quadrivalent conjugate meningococcal A,C,W_{135},Y vaccine	
Hepatitis A	Recommended for personnel who handle faecal specimens.

Documented Evidence of TB Screening

Documented evidence of TB screening will only be deemed acceptable if that screening was performed in an accredited TB screening facility within Australia. The accredited TB screening facility in the ACT is the Department of Respiratory and Sleep Medicine at Canberra Hospital.

Department of Respiratory and Sleep Medicine at Canberra Hospital
The Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital provides advice about TB screening to job applicants from the ACT, interstate and overseas and will help job applicants identify other accredited TB screening facilities outside of the ACT, if this is more convenient. It operates regular TB Clinics but appointments can also be arranged outside of the regular TB Clinic times. To make an appointment for TB screening (at your own cost) at the DRSM TB Clinic, contact: (02) 6244 2066.

Mantoux Tuberculin Skin Test (TST)
TST remains the preferred test for HCW screening in Australia.[1] Baseline TST screening is required for:

- **All Category A HCWs who:**
  - Were born in a country with a high incidence of TB.
  - Have lived for a cumulative time of ≥ 3 months in a country with a high incidence of TB.
  - Have travelled for a cumulative time of ≥ 3 months in a country with a high incidence of TB.
  - Work in a laboratory handling *Mycobacterium tuberculosis* culture.
- **New Category A HCWs who:**
  - Were previously working in a "high risk" work area (e.g. a department or service unit where four or more people with infectious TB had attended over a 12-month period).
  - Were previously working in a "medium risk" work area (e.g. a department or service unit where up to three people with infectious TB had attended over a 12-month period).
  - Were previously working in a laboratory handling *Mycobacterium tuberculosis* culture.
- **Existing Category A HCWs who:**
  - Return from leave to ACT Health after working in a healthcare facility of a country with a high incidence of TB or working directly with TB patients.
  - Return from leave to ACT Health after travelling for a cumulative time of ≥ 3 months in a country with a high incidence of TB.

High Incidence of TB
High incidence of TB means a **TB Incidence of ≥ 60 cases per 100,000 persons**. The World Bank Group maintains a list of the incidence of TB per 100,000 people for all countries. See http://data.worldbank.org/indicator/SH.TBS.INCD/countries/1W?display=default

Rationale for Pre-Employment TB Screening
The purpose of pre-employment TB screening is to:
- Establish TB status and diagnose and treat cases of TB disease or latent TB infection (LTBI).
- Establish baseline health, TST and/or chest X-ray status.
- Raise awareness of TB disease and promote recognition of signs and symptoms of TB.

A previous positive TST with evidence of adequate treatment or chemoprophylaxis for TB infection does not preclude the requirement for a pre-employment TB screening.

Interferon Gamma Release Immunoassay (IGRA)
In Australia, testing for TB is in accordance with the advice provided by the National Tuberculosis Advisory Committee (NTAC), which is that TST is the preferred test for LTBI in most patient groups, including for serial testing of HCWs. Interferon Gamma Release Immunoassays (IGRAs) may be used as supplemental tests to improve specificity in screening immunocompetent subjects and in addition to TST in immunocompromised patients considered at high risk of LTBI.[1] Although IGRAs are more specific for LTBI with previous Bacille Calmette-Guérin (BCG) immunisation or exposure to non-tuberculous mycobacteria (NTM), they have not been clearly demonstrated to be superior to TST or more cost-effective under Australasian TB program

[1] National Tuberculosis Advisory Committee Guideline (2012). Position statement on interferon-γ release assays in the detection of latent tuberculosis infection. *Communicable Diseases Intelligence, 36*(1), 125-131.

conditions. Therefore IGRA is not accepted as evidence of protection against TB by ACT Health at this current time.

Negative TST Results

Asymptomatic HCWs who are TST negative at baseline screening do not require baseline chest X-ray. HCWs whose initial TST is negative and who have a history of BCG vaccination or risk factors for past TB infection will undergo a two step TST to establish a true baseline for future assessment of TST conversion.

Follow-Up Testing of Negative TST Results

TST negative HCWs working in a high risk clinical area must have a follow-up TST on an **annual basis**.
TST negative HCWs working in a medium risk clinical area must have a follow-up TST at **5-yearly intervals**.
TST negative HCWs working in a low risk clinical area need not be routinely screened during employment*,* **unless they have been identified during contact tracing as at risk of infection.**

Positive TST Results

HCWs who are TST positive will be offered a chest X-ray and appropriate follow-up. If a TST positive HCW refuses a chest X-ray and a Respiratory Physician decides there is a reasonable suspicion of pulmonary or laryngeal TB disease, the HCW cannot continue with his or her clinical duties. The Chief Health Officer will be notified immediately because TB is a notifiable condition under the *Public Health Act 1997*. When a TST result is positive:

New HCWs	**Before** they are accepted for employment, new HCWs must either **(a)** present with no evidence of active disease or **(b)** if they are on TB therapy, be considered non-communicable.
Existing HCWs	**Before** they return to work, existing HCWs must either **(a)** present with no evidence of active disease or **(b)** if they are on TB therapy, be considered non-communicable.