



## Risks, Consequences of Exposure and Protective Measures

Refer to the current edition of *The Australian Immunisation Handbook* for information about the specified infectious diseases and other infectious diseases. The current edition is available online at:

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

For information about blood borne viruses, refer also to the ACT Health *Occupational Risk Exposure: Management of a Health Care Worker Potentially Exposed to a Blood Borne Virus* procedure available online at:

<http://acthealth/c/HealthIntranet?a=&did=5004883>

Below is a brief description of the specified infectious diseases and other infectious diseases, which is taken from the NSW Health *A-Z Infectious Diseases* website: <http://www.health.nsw.gov.au/Infectious/Pages/a-to-z-infectious-diseases.aspx>

### ***The Specified Infectious Diseases***

- Diphtheria** Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Diphtheria.aspx>
- Hepatitis B (HBV)** Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/ needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. **Management in the event of exposure:** see the ACT Health *Occupational Risk Exposure: Management of a Health Care Worker Potentially Exposed to a Blood Borne Virus* procedure at <http://acthealth/c/HealthIntranet?a=&did=5004883>
- Measles** Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1<sup>st</sup> dose and children over 4 years of age who have not had a 2<sup>nd</sup> dose. **Management in the event of exposure:** see [http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Measles\\_Factsheet.aspx](http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Measles_Factsheet.aspx)
- Mumps** Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, for example, swelling of testes or ovaries; encephalitis or meningitis may occur rarely. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Mumps.aspx>
- Pertussis (Whooping cough)** Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under

12 months of age. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/whoopingcough/Pages/factsheet.aspx>

**Rubella  
(German Measles)**

Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Rubella-German-measles.aspx>

**Seasonal Influenza  
(Flu)**

Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch (e.g. handshake). Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. **Management in the event of exposure:** see [http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza\\_factsheet.aspx](http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx)

**Tetanus**

Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tetanus.aspx>

**Tuberculosis (TB)**

A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Tuberculosis.aspx>

**Varicella  
(Chicken pox)**

Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Chickenpox.aspx>

**Other Infectious Diseases**

**Hepatitis A (HAV)**

Viral infection of the liver. The virus is spread by the faecal-oral route, including contaminated food or water or direct contact with an infected person. Vaccination and good hygiene prevents infection. The usual clinical presentation is acute fever, malaise, anorexia, nausea and abdominal discomfort, followed a few days later by dark urine and jaundice. Symptoms usually last several weeks. The likelihood that symptoms will follow infection increases with age: jaundice occurs in only a small proportion of infants and young children, but a majority of adults. Infants and children infected with HAV may have mild or no symptoms. **Management in the event of exposure:** see <http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/hepa.aspx>

**Hepatitis C (HCV)**

Blood-borne viral disease. Affects the liver. Is transmitted through blood to blood contact. There is treatment that can cure some people, depending on the type of HCV they have. People can have the virus for many years and some may develop serious liver disease. **Management in the event of exposure:** see the ACT Health *Occupational Risk Exposure: Management of a Health Care Worker Potentially Exposed to a Blood Borne Virus* procedure at <http://acthealth/c/HealthIntranet?a=&did=5004883>

**Human  
Immunodeficiency  
Virus (HIV)**

Blood-borne viral disease. HIV damages the body's immune system, which makes it more difficult to fight off infections and some cancers. Most people have mild symptoms or no symptoms when they are first infected. Some people develop a flu-like illness with fever, sore throat, swollen glands or a rash a few weeks after being infected. These symptoms usually

disappear without treatment after a few days. This is called the seroconversion illness. After the initial illness, people with HIV infection usually have no symptoms, despite the virus living in the body. Specific at risk groups include: men who have sex with men; people from a country that has high rates of HIV; people who inject drugs; people who have had tattoos or other piercings overseas using unsterile equipment. **Management in the event of exposure:** see the ACT Health *Occupational Risk Exposure: Management of a Health Care Worker Potentially Exposed to a Blood Borne Virus* procedure at <http://acthealth/c/HealthIntranet?a=&did=5004883>