



Dear Student,

**Please read the following information regarding vaccination evidence carefully.**

*It is absolutely necessary that outlined **serology evidence** and **vaccination evidence** for listed vaccinations is provided at commencement of placement as outlined below. **If this is not provided as requested then placement will not continue until it is received.***

**Necessary Vaccinations and examples of the vaccines administered are:**

- **Diphtheria, Tetanus & Pertussis** – i.e. **ADT** (Diphtheria & Tetanus only ) **Boostrix or Adacel** (diphtheria, Tetanus & pertussis), **Boostrix IPV** (diphtheria, Tetanus, pertussis & Polio vaccines) – **1 dose required post childhood vaccinations** (Boosters recommended within every 10 years)
- **Polio** – i.e. **IPV, IPOL, Boostrix IPV or Adacel Polio** (diphtheria, Tetanus, pertussis & Polio vaccines) – **evidence of 3 childhood vaccinations or recent booster preferred /or statutory declaration stating vaccination done.**
- **Flu vaccine** – vaccination varies each year – **1 dose recommended**
- **MMR - Measles, Mumps and Rubella** - i.e. (**Priorix or M-M-R II**) – **2 doses required**
- **Hepatitis B** – i.e. **Twinrix** (Hep A & B combined), **Engerix, H-B-Vax II** – **minimum of 3 doses required**
- **Varicella – (Chickenpox)** (if serology evidence shows no immunity then vaccination is required) – i.e. **Varilrix, Varivax, 2 doses required – school aged children, adolescents & adults. X1 dose required for pre-school aged children.**
- **TB Screening** (online survey evidence or chest clinic attendance evidence).

If you require any further information/clarification, please do not hesitate to contact the CPU Office.

References:

- SA Health Immunisation Guidelines for Healthcare Workers in SA 2014 Policy Guideline
- Updated in consultation with Dr Douglas Shaw, Medical Consultant, Public Health Communicable Disease Control Branch Department of Health, South Australia May 2017



**Acceptable evidence of immunity to specific VPDs to attend clinical placement within ACHA Hospitals**

VPD	Acceptable evidence of immunity	Consequences of lack of evidence or recommendations to achieve compliance
<b>Diphtheria / Tetanus /Pertussis</b>	<b>Evidence of vaccination</b> within 10 years is required. If you have not had a primary course of these vaccines you need to see your doctor	<b>Placement is on hold until vaccination confirmed.</b> If you have had a primary course in the past but no booster in the last 10 years, then a booster diphtheria/ tetanus/ pertussis-containing vaccine (e.g. dTpa vaccine) is required and evidence of this is to be provided.
<b>Polio</b>	<b>Evidence of vaccination</b> – documentation of childhood vaccinations x3 or recent booster preferred. Statutory Declaration stating full vaccination has been undertaken will also be accepted.	<b>Placement may continue once vaccinations commenced / clarified.</b> If unsure of vaccination status then the commencement of a vaccination course or booster should be discussed with GP.
<b>Flu vaccine</b>	<b>Evidence of vaccination.</b> Annual vaccination recommended but not mandatory.	<b>Placement may proceed.</b> Vaccination recommended but not essential.
<b>Measles / Mumps / Rubella</b>	<b>Evidence of x2 MMR vaccinations OR documented serology evidence</b> of measles antibody (IgG), Mumps antibody (IgG), and Rubella antibody (IgG) showing immunity <b>OR</b>  Born before 1966 in Australia (only evidence of DOB required as immunity is assumed).	<b>Placement delayed / cancelled until evidence of x2 MMR vaccinations, at least 4 weeks apart provided OR positive serology achieved.</b>  If unable to locate MMR vaccination evidence, to minimise delay in placement, recommend having one MMR booster vaccination and serology taken at the same time. If serology is +ve placement can proceed. If serology is –ve, two MMR vaccinations 4 weeks apart are required. Placement may be undertaken two weeks after the 2nd vaccination.(subject to place availability)
<b>Hep B</b>	<b>Documented serology evidence</b> of Hepatitis B core antibody <u>or</u> <b>documented serology level of hepatitis B surface antibody (&gt;10mIU/ml) following completion of a course of hepatitis B vaccine.*</b> Confirmation of immunity post-vaccination <b>is required</b> after completion of the vaccination course for all HCW.	<b>Placement delayed / cancelled until positive serology achieved.</b>  Hep B booster or course of vaccination required if –ve serology. Serology check 4 weeks post last vaccination or booster.  If deemed to be a non-seroconverter after full course + recommended boosters or allergic reaction to the vaccine then counselling plus management plan to be put in place (letter from GP confirming status, counselling and management plan required) plus written confirmation of insurance coverage while on placement. Placement may then proceed after risk assessment and at discretion of placement provider (Hospital).
<b>Varicella</b>	<b>Documented evidence</b> of Varicella <b>Serology</b> OR <b>evidence of 2 vaccinations</b> as an adult, school aged child or adolescent or x <b>1 vaccination</b> for pre-school aged children.	<b>Placement delayed / cancelled until positive serology confirmed or x 2 vaccinations completed</b> (ie. X2 Varicella vaccinations required 4 weeks apart).  If unable to locate varicella vaccination evidence, to minimise delay in placement, recommend having one varicella vaccination and serology taken at the same time. If serology is +ve placement can proceed. If serology is –ve, two vaccinations 4 weeks apart are required. Placement may be undertaken two weeks after the 2nd vaccination.(subject to place availability)
<b>TB Screening</b>	<b>Online survey evidence or chest clinic attendance certificate.</b>	<b>Certificate of attendance from the chest is considered to be a clearance certificate for TB</b> as this is issued once all investigations are complete and the individual; is clear of TB.

\*\* (A vaccine containing Tetanus, Diphtheria, Pertussis & Polio is available and is a good option to lack of evidence).