



Dear Student,

Please read the following information regarding vaccination evidence carefully.

*It is essential 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. **Boostrix or Adacel** (Diphtheria, Tetanus & Pertussis), **Boostrix IPV** (Diphtheria, Tetanus, Pertussis & Polio vaccines) (Boosters recommended within every 10 years)
- **Flu vaccine** –recommended annually
- **COVID Vaccination** – 2 doses strongly recommended
- **MMR - Measles, Mumps and Rubella** - i.e. (**Priorix or M-M-R II**) – 2 doses required or **Serology evidence of immunity** – (if serology evidence shows no immunity then vaccination is required)
- **Hepatitis B** – i.e. **Twinrix** (Hep A & B combined), **Engerix, H-B-Vax II** – 2-3 doses required + **serology evidence of seroconversion**
- **Varicella – (Chickenpox)** – 2 doses of vaccine or serology showing immunity (if serology evidence shows no immunity then vaccination is required) – i.e. **Varilrix, Varivax, 2 doses required – school aged children, adolescents & adults.**
- **Polio** – Self report of having had all childhood polio vaccinations (x4 doses)
- **TB Screening** (online survey evidence, blood test results or chest clinic attendance evidence)

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

References:

- Addressing Vaccine Preventable Disease: Occupational assessment, screening and vaccination policy 2024
- ACHA Policy 15.05 Immunisation for vaccine preventable diseases for Healthcare Workers.
- Australian Immunisation Handbook



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
Diphtheria / Tetanus /Pertussis	Evidence of vaccination within 10 years is required. Serology not required.	Placement is on hold until vaccination confirmed. 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. Placement may recommence immediately after vaccination.
Flu vaccine	Strongly recommended for all healthcare workers and students.	
COVID Vaccination	Strongly recommended including boosters when due. Evidence in History statement on Australian Immunisation Register.	
Measles / Mumps / Rubella	Evidence of x2 MMR vaccinations OR documented serology evidence of measles antibody (IgG), Mumps antibody (IgG), and Rubella antibody (IgG) showing immunity OR Born before 1966 (only evidence of DOB required as immunity is assumed).	Placement delayed / cancelled until evidence of x2 MMR vaccinations and booster provided OR positive serology achieved. 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)
Hep B	Documented serology evidence of Hepatitis B core antibody or documented serology level of hepatitis B surface antibody (>10mIU/ml) following completion of a course of hepatitis B vaccine.* Confirmation of immunity post-vaccination is required after completion of the vaccination course for all HCW.	Placement delayed / cancelled until positive serology achieved. 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).
Varicella	Documented Serology evidence OR evidence of 2 vaccinations (eg: AIR history statement or signed MO letter)	Placement delayed / cancelled until positive serology confirmed or x 2 vaccinations completed (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)
Polio	Self-Report of having had polio vaccinations Evidence of polio vaccination or self-report having had all standard childhood vaccines (x4 doses)	For this Vaccine Preventable Disease, nothing more is required.
TB Screening	Online survey evidence, or chest clinic attendance certificate. http://www.pages.on.net/questionnaire.php	Certificate of attendance from the TB chest clinic is considered to be a clearance certificate for TB as this is issued once all investigations are complete and the individual; is clear of TB.