



# Health Care Workers and Student Vaccination

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# Vaccination Policy



- Covers all workers in NSW Health facilities including students, new recruits, volunteers and agency staff
- Requirements must be met prior to commencement
- [Immunisation - Community HealthPathways Hunter New England](#) - to access the Policy and user guide

## Policy Directive



### Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

**Summary** Framework for the assessment, screening and vaccination of healthcare worker, students and other personnel to minimise the risk of transmission of diseases.

**Document type** Policy Directive

**Document number** PD2020\_017

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**Author branch** Health Protection NSW

**Branch contact** (02) 9391 9195

**Replaces** PD2020\_016

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**Policy manual** Not applicable

**File number** H20/55149

**Status** Active

**Functional group** Personnel/Workforce - Employment Screening, Occupational Health and Safety  
Population Health - Communicable Diseases, Health Promotion, Infection Control

**Applies to** Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

**Distributed to** Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service

**Audience** All Clinical Staff

Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

# Evidence to meet Policy Requirements



Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A. Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> <li>dTpa booster is required 10-yearly</li> <li>DO NOT use ADT vaccine</li> </ul>
Hepatitis B	History of age- appropriate hepatitis B vaccination course	AND Anti-HBs $\geq$ 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> <li>A completed Hepatitis B Vaccination Declaration (Appendix 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained</li> <li>Positive HBcAb and/or HBsAg result indicate compliance with this policy</li> <li>A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures</li> </ul>
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report)	OR Birth date before 1966	<ul style="list-style-type: none"> <li>Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy.</li> <li>Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated</li> <li>Serology is <u>not required</u> following completion of a documented two dose MMR course.</li> <li>Those born before 1966 do <u>not</u> require serology</li> </ul>
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	OR Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> <li>Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated.</li> <li>DO NOT use MMRV vaccine (not licensed for use in persons <math>\geq</math> 14 years)</li> <li>Evidence of one dose of Zostavax in persons vaccinated over 50 years of age</li> </ul>
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> <li>Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 Risk Categorisation Guidelines (see Section 4)</li> <li>Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.</li> </ul>
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<ul style="list-style-type: none"> <li>Refer to Section 1.2 Key Definitions</li> <li>Refer to Section 3 TB Assessment and Screening</li> </ul>

# Documentation Requirements



### Immunisation history statement

As at: 12 September 2021  
 For: Jill Clizen  
 Date of birth: 29 July 2017  
 Individual Healthcare Identifier (IHI): 8003 60 XX XXXX XXXX  
 NIP Immunisation status: up to date

Schedule	Date given	Immunisation	Brand name given
Birth	30 Jul 2017	Hepatitis B	Engerix-B
2 months	30 Sep 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyltitis Hib Pneumococcal Rotavirus	Prevenar 13 Rotarix
4 months	30 Nov 2017	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyltitis Hib Pneumococcal Rotavirus	Prevenar 13 Rotarix
6 months	30 Jan 2018	Diphtheria Tetanus Pertussis Hib Hepatitis B Poliomyltitis	Hexaxim
12 months	30 Jul 2018	Measles Mumps Rubella Meningococcal ACWY Pneumococcal	MMR II Nimenrix Prevenar 13
18 months	30 Jan 2019	Hib Diphtheria Tetanus Pertussis	Hiberix Infanrix
4 years	30 Jul 2021	Measles Mumps Rubella Varicella Diphtheria Tetanus Pertussis Poliomyltitis	Priorix-Tetra Infanrix IPV

Next NIP Immunisation/s due: No vaccines due.  
 Notices: This individual has received all vaccines required under the National Immunisation Program childhood schedule.

IDEAL

Sample results. Actual results may vary.

Test Name	Result	Flag	Reference Range	Lab
HEPATITIS B SURFACE ANTIBODY (QUANT)				
HEPATITIS B SURFACE ANTIBODY (QUANT)900			miU/mL	23

Patient Information: DOB: [redacted], AGE: [redacted], GENDER: [redacted], FASTING: [redacted]. Clinical Info: [redacted].  
 REPORT STATUS: FINAL. ORDERING PHYSICIAN: [redacted]. CLIENT INFORMATION: ACCESSA. Order Today. www.accessalabs.com/iters

Patient has immunity to hepatitis B virus.  
 This test was performed using the Siemens chemiluminescent method effective November 21, 2013. The values from the previous Ortho Vitros did not be used interchangeably.

Acceptable – High level documentation required

### EXAMPLE OF CARD ONE

### Vaccination Record Card for Health Care Workers and Students

Personal Details (please print): Surname: Doe, Given names: Jane, Address: 2/2 Kew St, Wollongong NSW, Date of Birth: 01/01/1984, Email: jane.doe@gmail.com, Telephone No: 252735, Contact numbers: (mobile) 0422222222, (home) [redacted], (work) [redacted].

**Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine (adult dose of 0.5ml vaccine)**  
 Dose 1: 21/11/17, PC37B173A1 (Gene Stone), STAFF HEALTH ISLHD  
 Dose 2: 25/3/2016, L03041, Gene Stone, STAFF HEALTH ISLHD  
 Dose 3: 26/7/2016, L03041, Gene Stone, STAFF HEALTH ISLHD  
 Dose 4: 1/10/2016, m042968, Gene Stone, STAFF HEALTH ISLHD

**Hepatitis B vaccine (age appropriate course of vaccinations AND hepatitis B surface antibody t3 t4 t5 t6) OR STAFF HEALTH ISLHD**  
 Dose 1: 25/3/2016, L03041, Gene Stone, STAFF HEALTH ISLHD  
 Dose 2: 26/7/2016, L03041, Gene Stone, STAFF HEALTH ISLHD  
 Dose 3: 1/10/2016, m042968, Gene Stone, STAFF HEALTH ISLHD

**AND Serology anti-HBs**  
 2/14/2019, Result: 7000 mIU/ml, (Gene Stone), STAFF HEALTH ISLHD  
 Serology anti-HBc: Positive, Negative, STAFF HEALTH ISLHD

**Influenza vaccine (strongly recommended for all health care workers & mandatory for Category A High Risk STAFF HEALTH ISLHD)**  
 2/14/2018, HF16A275AH, (Gene Stone), STAFF HEALTH ISLHD

**Measles, Mumps and Rubella (MMR) vaccine (2 doses: adult vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1960)**  
 Dose 1: [redacted]  
 Dose 2: [redacted]

**OR Serology Measles**  
 2/14/2019, NO Result: Positive (Gene Stone), STAFF HEALTH ISLHD  
 Serology Mumps: 2/14/2019, NO Result: Positive (Gene Stone), STAFF HEALTH ISLHD  
 Serology Rubella: 2/14/2019, NO Result: Positive (Gene Stone), STAFF HEALTH ISLHD

**Varicella vaccine (age appropriate course of vaccination OR positive serology)**  
 Dose 1: [redacted]  
 Dose 2: [redacted]

**OR Serology Varicella**  
 2/14/2019, NO Result: Positive (Gene Stone), STAFF HEALTH ISLHD

**TB Screening**  
 Requires TB screening? YES [NO] (date of test): [redacted], STAFF HEALTH ISLHD  
 History of BCG vaccination: YES [NO] (date of test): [redacted], STAFF HEALTH ISLHD  
 TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only.  
 IGRA: Positive [Indeterminate] Negative [redacted]  
 OR TST injection: [redacted]  
 Reading: [redacted] (duration: min) [redacted]  
 TST injection if 2 step required: [redacted] (duration: min) [redacted]  
 Reading: [redacted] (duration: min) [redacted]  
 Other TB investigations (including chest X-ray): [redacted]

1 of 1

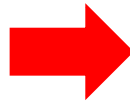
Copies of all serology results required



# Hepatitis B practice points



- Age appropriate course
- **Pay attention to minimum intervals**
- Hepatitis B surface antibodies to confirm immune response
- If not immune booster and further serology required
- HCW will be processed as non-responder by their employer if remain non-immune
- Temporary compliance only in first year for students



Hepatitis B Pathway	Comment
<p><u>Primary course's</u></p> <ul style="list-style-type: none"> <li>• <u>Paediatric course</u> of x3/4 doses (&lt;20 years – Engerix-B and H-B-Vax II paediatric formulations or Infanrix hexa)</li> <li>OR</li> <li>• <u>Adolescent course</u> of x2 doses (11-15 years – Engerix-B and H-B-Vax II adult formulations)</li> <li>OR</li> <li>• <u>Adult course</u> of x3 doses (≥20 years – Engerix-B and H-B-Vax II adult formulations)</li> </ul> <p><b>NOTE:</b> NSW PD2020_017 “an accelerated hepatitis B vaccination schedule must not be accepted” p.23.</p>	<p><u>Paediatric hepatitis B vaccine schedule (NIP 1 April 2019)</u></p> <ul style="list-style-type: none"> <li>• Birth dose (may or may not be given in hospital)</li> <li>• 2 months of age (Infanrix hexa)</li> <li>• 4 months of age (Infanrix hexa)</li> <li>• 6 months of age (Infanrix hexa)</li> </ul> <p><u>Adolescent hepatitis B vaccine schedule</u></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose: day 0</li> <li>• 2<sup>nd</sup> dose: 4-6 months after 1<sup>st</sup> dose</li> </ul> <p><u>Adult hepatitis B vaccine schedule</u></p> <ul style="list-style-type: none"> <li>• A minimum interval of 1 month between the 1<sup>st</sup> and 2<sup>nd</sup> dose and;</li> <li>• A minimum interval of 2 months between the 2<sup>nd</sup> and 3<sup>rd</sup> dose, and</li> <li>• A minimum interval of 4 months (or 16 weeks) <b>between the 1<sup>st</sup> and 3<sup>rd</sup> dose</b></li> </ul>
<p><u>Pathology</u> HBsAb: 4 - 8 weeks after 3<sup>rd</sup> dose</p>	If HBsAb level <10 mIU/mL proceed with 1 <sup>st</sup> additional dose
<p><u>Additional Dose</u></p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> dose</li> </ul>	
<p><u>Pathology</u> HBsAb, HBsAg, HBeAb: 4 weeks after vaccination</p>	If HBsAb level <10 mIU/mL proceed with additional doses If HBsAg or HBeAb positive – natural immunity, no further doses required
<p><u>Additional Doses</u></p> <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> dose</li> <li>• 3<sup>rd</sup> dose</li> </ul>	Doses are given 1 month apart
<p><u>Pathology</u> HBsAb: 4 weeks after 3<sup>rd</sup> dose</p>	If HBsAb level <10 mIU/mL considered a non-responder

# dTpa practice points






- Serology is not accepted
- ADT is not accepted
- dTpa must be within the last 10 years
- If ADT inadvertently given repeat with dTpa at any interval



- Serological testing is **NOT** routinely recommended

However if non-immune what to do?

- 2 doses documented  booster
- 1 dose documented  second dose
- 0 doses documented  two doses
- **Absolute minimum interval 28 days between live vaccines**

# Varicella practice points



- Serological testing is **NOT** routinely recommended
- **Protection should be assumed based on number of documented doses received**
- One dose is funded in childhood schedule but two doses recommended for optimal immunity - chance for opportunistic vaccination
- If Zostavax is inadvertently given to <50 it will still count as a valid vaccine, don't repeat with age appropriate course





THANK  
YOU