1.0 Purpose and Scope

This guideline applies to all UQ workers, students, contractors and volunteers who are undertaking work, research or academic studies at the University of Queensland. The information provided in this guideline is intended to assist UQ Workers and Students meet the requirements outlined in PPL - Procedures 2.60.08. It provides information about general vaccination recommendations in accordance with the Australian Immunisation Handbook, (10th edition) and guidance for individuals and workgroups who due to the nature of their activities at the University are at higher risk of exposure to a vaccine-preventable disease. This guideline is intended to protect not only UQ Workers and Students but also the broader community.

2.0 Key Requirements

The University of Queensland seeks to minimise the risk, as far as is practicable, of persons at the University being exposed to a vaccine-preventable disease. Where an increased risk is identified, appropriate training, information and resources must be provided to achieve effective infection control. This provision extends to appropriate vaccination and immunisation screening recommendations. The information provided in this guideline does not replace the need for individual medical consultation. Those working in specialised settings such as certain microbiological laboratories or infectious disease wards or those who are required to travel overseas to work should seek additional medical advice. UQ workers and students who are pregnant or who have a serious illness or compromised immunity should also seek further medical advice. Additionally, all persons with a known infectious disease have a duty of care to minimise the risk of transmission, as much as possible, to other members of the University community and the general public.

3.0 Roles, Responsibilities and Accountabilities

3.1 UQ workers

All UQ workers are advised to have completed the Australian National Immunisation Program Schedule.
Workers who have moved to Australia from overseas are advised to check with their Australian health care provider whether the vaccination schedule for their home country is equivalent to the Australian National Immunisation program schedule [7], as additional vaccinations may be required. Specific vaccinations may also be required for those who are potentially at risk of exposure to vaccine-preventable disease due to the inherent requirements of work tasks at the University - see section 4 of this guideline.

Prospective employees applying for healthcare related positions involving the risk criteria specified in section 4.1 of this guideline must comply with the pre-employment immunisation and screening requirements for their position. Please refer to the forms section of this guideline to locate - UQ Healthcare Worker Form.

3.2 UQ students

All UQ Students are advised to have completed the Australian National Immunisation Program Schedule [7] as recommended by the Australian Government Department of Health and updated time to time. International students are advised to check with their health care provider whether the vaccination schedule for their home country is equivalent to the Australian National Immunisation program schedule [7], as additional vaccinations may be required. UQ students who undertake overseas placements must seek additional medical advice related to immunisation recommendations for the country they will be visiting.

Prospective students must refer to the enrolment information for their particular academic program to confirm whether immunisation requirements apply as a condition of entry onto the program. Specific vaccinations are required for students who are potentially at risk of exposure to vaccine-preventable disease due to the inherent requirements of course studies at the University - for further detail refer to section 4.6 of Procedure 2.60.08 and section 4 of this guideline.

Prospective Students enrolling in Faculty of Medicine and Faculty of Health and Behavioural Science programs must comply with the pre-placement immunisation and screening requirements for their clinical placements. Some students may need to undertake additional vaccination or screening requirements during their program prior to placements overseas e.g. Medical students enrolled on the Ochsner Clinical School program.

Please refer to program entry requirements and the relevant Immunisation Record form available from the faculty website and the forms section of this guideline.

3.2.1 Residential students

Residential students are strongly advised to review and update their vaccination status as advised in above section 3.2. Residential students are particularly recommended to be vaccinated against meningococcal disease and influenza. It is prudent to boost immunity to measles, mumps and rubella in young adults entering University as outbreaks may occur. See section 4.6.1 of Procedure 2.60.08 and section 5.5 and 5.6 of this guideline.

4.0 UQ work, research or placements

Some persons at the University are potentially at risk of exposure to vaccine-preventable disease as a consequence of their workplace tasks, course placements or research activities. Persons who conduct work, research activities or undertake placements related to the categories listed below must be provided with appropriate information and training and if indicated, referred for vaccination or immunisation screening to minimise the risk of VPD transmission occurring.

Note that there are special issues for those who are immune-compromised or pregnant in terms of exposure to pathogens or vaccines. General advice on these may be found in the NHMRC guidelines [8]. UQ Workers and Students who become pregnant or immune-compromised are advised to seek specific medical advice relevant to their own situation. For all vaccines, prescribing details should be consulted particularly for contraindications or warnings.

4.1 Healthcare providers

Persons who interact in clinical health facilities and have direct contact with patients or who may be exposed to human blood or body fluids as a result of their work or placement activities, must be immunised against hepatitis B - refer to section 5.2 for further detail.

Additionally, persons whose work or course program activities include the following risk criteria;

- have regular face to face contact with hospital patients
have regular face to face contact with clients who are immune compromised or who have been
diagnosed with a chronic disease, or are pregnant, pre-school age or elderly
the normal work location or course placement is in a clinical area such as a hospital ward, emergency
department, outpatient clinic, dental clinic or other clinical healthcare facility

must be fully vaccinated against measles, mumps, rubella, varicella and pertussis or must supply evidence
they are not susceptible to these diseases - refer to the forms section of this [9] guideline and
the Queensland Health Vaccination of Healthcare Workers Guideline [10].

Persons required to interact face to face with patients in Queensland Health clinical facilities must also be
assessed for their risk of TB - see section 5.11 of this guideline.

Persons who undertake ‘exposure prone procedures’ (EPP) as a requirement of their job or coursework
must also submit an Exposure Prone Procedure Declaration signed by a Medical Practitioner. The
Medical Practitioner must confirm that the person has undertaken blood borne virus screening for Hepatitis
B, C and HIV and is able to safely perform EPP.

UQ Healthcare providers currently attending non-QH clinics or clinical facilities and are regularly
interacting with persons who;

- are immune compromised or
- have been diagnosed with a chronic disease or
- are pregnant,
- pre-school age or elderly,

should be immunised appropriate to the risk category for their position or placement. Please refer to the UQ
Healthcare Worker Form located at the forms section of procedure [11] 2.60.08.

Prospective employees applying for Healthcare related positions at the University must comply with the pre-
requisite immunisation requirements specified in the job description and letter of offer - see section 2.1 of
Procedure 2.60.08.

All healthcare providers are strongly recommended to also be vaccinated against influenza on an annual
basis - see section 5.3 of this guideline.

4.1.1 Healthcare providers - remote indigenous communities

Healthcare providers who work or are on placement in remote Indigenous communities and/or regularly
provide care for Aboriginal or Torres Strait Islander children in the Northern Territory, Queensland, South
Australia or Western Australia must be immunised against hepatitis A in addition to the vaccines listed for
all healthcare providers - see section 5.1 of this guideline.

4.2 Childcare workers and students

UQ workers and students who currently work or intend to work with pre-school age children are
recommended to be vaccinated against measles, mumps, rubella (if not immune), varicella (if not immune)
and also pertussis (dTPa). Annual influenza vaccination is also strongly recommended.

4.2.1 Early childhood education and care

UQ workers and students who currently work or intend to work in early childhood education and care are
recommended to be immunised against hepatitis A as well as those diseases listed in section 4.2 for
Childcare workers and students.

4.3 Laboratory workers and students

4.3.1 Human blood, body fluids or tissue

UQ workers and students who are directly involved with handling human tissue, blood or body fluids must
be immunised against hepatitis B - see section 5.2 of this guideline.

4.3.2 Human or zoonotic infectious pathogens

Laboratory workers and students interacting with human or zoonotic infectious pathogens must refer to PPL
procedure 2.40.02 Biosafety Requirements, as permission from The University of Queensland Institutional
Biosafety Sub-Committee [12] may be required prior to work commencing. A risk assessment for the
pathogen involved must be undertaken to identify if a vaccination is available to protect against disease
transmission in the workplace. It is important to be vaccinated prior to work with the pathogen commencing
and medical advice will be needed about the length of time needed before exposure to the pathogen in
Persons handling veterinary specimens or working with Q fever organism (*Coxiella burnetii*) must undertake screening and if indicated, Q fever vaccination - see section 5.13.

Persons handling unscreened human tissue, blood or body fluids must be immunised against hepatitis B - see section 5.2.

Persons working with either bat tissues or lyssaviruses (including rabies virus and Australian bat lyssavirus) must be immunised against rabies - see section 5.9.

Persons working with Mycobacterium Tuberculosis must undertake baseline screening of their TB status prior to work commencing- see section 5.11.

Vaccination against Yellow fever, Diphtheria, Japanese encephalitis and Meningococcal disease is available if required from UQ Health Care located at St Lucia Campus, Gatton Campus, Ipswich or Wooloongabba.

Further information about working safely with biohazardous material can be obtained from UQ Biosafety webpage [13]. Pathogen Safety Sheets for some infectious micro-organisms can be obtained from:


American Biological Safety Association [15] webpage allows you to search micro-organisms to tell you what risk group they are.

### 4.4 Interacting with waste water, sewerage or soil

Persons frequently interacting with waste water or sewerage such as plumbers or those conducting waste water/sewerage research are recommended to be immunised against hepatitis A and tetanus - see sections 5.1 and 5.10.

#### 4.4.1 Grounds workers and gardeners

Persons frequently handling manured soil should have received a complete childhood tetanus vaccination schedule (a 3- dose primary schedule as an infant and 2 booster doses at age 18 months and 4 years) and an additional booster dose as an adolescent. All adults who reach the age of 50 years without receiving a booster dose of tetanus in the last 10 years should receive a booster dose.

Persons whose last tetanus booster was more than 5 years and who have sustained a soil contaminated wound should seek a further booster dose from their GP at the time of injury. See section 5.10.

### 4.5 Interacting with animals including animal blood, tissues, products or animal waste

UQ workers or students who work with agricultural animals or wildlife as outlined in 2.60.13 Q-Fever Screening and Immunisation [16] must be screened and/or vaccinated against Q fever - also see section 5.13.

Veterinary workers and students are also recommended to receive annual influenza vaccination - see section 5.3.

Agricultural workers and those who work with animals should also be immunised against tetanus - see section 5.10.

Persons who work with bats or with animals in a rabies-endemic area must seek advice about rabies vaccinations.

#### 4.5.1 Bats or ABL virus

Australian bat lyssavirus is a virus that can be transmitted from infected bats. Persons interacting with bats or ABL virus must be immunised against rabies and comply with recommended post vaccination and post exposure screening recommendations - Refer to section 5.9 of this document.

#### 4.5.2 Pigs or poultry

Persons frequently in contact with pigs or poultry are recommended to have annual influenza vaccination - see section 5.3.

### 4.6 First Aid Officers
First aid officers at the University are recommended to be immunised against hepatitis B. Refer to section 5.2 of this document and PPL Guideline 2.60.10 Working Safely with Blood and Body Fluids [4]

4.7 Mortuary technicians and embalmers

Baseline screening for Tuberculosis and immunisation against tetanus and hepatitis B is recommended for mortuary technicians and embalmers. For those likely to be exposed to faecal material as part of the embalming process, immunisation against hepatitis A is also recommended.

4.8 Work related travel or fieldwork activities

Seek specialised travel health advice and vaccinations and refer to information provided in the PPL 2.30.09 Work Off-Campus [17] procedure and guideline. Travellers are also responsible for reading the travel advice issued by the Department of Foreign Affairs and Trade - Smart Traveller website, [18]

5.0 Occupational Vaccinations and Immunisation Screening

5.1 Hepatitis A

Hepatitis A is an acute infection of the liver caused by the hepatitis A virus. The severity and duration of the infection varies however for most affected people the symptoms are self limiting and usually resolve within 3 weeks. The symptoms are often more severe in adults compared to childhood cases and occasionally the symptoms of Hepatitis A infection in adults can be seriously debilitating and lasting several months. Transmission of the virus usually occurs via faecal/oral transfer for example by drinking contaminated water, eating food that has been handled by an infected person or touching infected faeces from contaminated nappies or towels.

Vaccination must be considered for health care workers who live or work in rural and remote indigenous communities or who work in health units where the unit provides for substantial populations of indigenous children.

Vaccination should also be considered for childcare workers, carers of the intellectually disabled and for those who may be exposed to sewage at work, such as plumbers and persons conducting waste water/sewerage research.

To avoid unnecessary vaccination, it is recommended that the following groups be screened for pre-existing natural immunity to hepatitis A:

- those born before 1950,
- those who spent their early childhood in endemic areas, and
- those with an unexplained previous episode of hepatitis or jaundice. (N.B. Such a previous episode cannot be assumed to be hepatitis A.)

If, upon screening, a person has total hepatitis A antibodies or anti-HAV IgG, they are considered to be immune. It can be assumed that he/she has either had previous, perhaps unrecognised, HAV infection, or less likely, has been previously immunised. Hepatitis A vaccination in this instance would therefore not be required.

Hepatitis A vaccine is administered as two injections 6 to 12 months apart. A combined vaccine against hepatitis A and hepatitis B is available.

For further information about Hepatitis A, refer to QH Health Conditions Directory [19]

5.2 Hepatitis B

Hepatitis B is a serious infection which causes inflammation of the liver. Hepatitis B is transmitted via parenteral exposure to the blood or body fluid of an infected person. Immunisation against Hepatitis B is the most effective way of preventing infection transmission.

The University of Queensland requires hepatitis B vaccination and/or proof of immunity or a Statement of Susceptibility whenever there is a risk of persons contracting hepatitis B in the workplace e.g. laboratory staff working with unscreened human blood or body fluids and University first aid officers.

There is good evidence that a successfully completed primary course (three injections, the second at one
month, the third at six months followed by a blood test with Hep Bs Ab $>10$ IU/l) provides long lasting protection in normal (immune-competent) individuals. If the primary course has produced a protective level of antibodies as detailed above, routine boosters are not recommended (NHMRC [20] Australian Immunisation Handbook 10th Edition). Further medical advice is necessary if vaccination is unsuccessful or if Hep Bs Ag, Hep B c Ab or Hep B DNA are positive. Refer to PPL Guideline 2.60.10 Working Safely with Blood and Body Fluids. [4]

Hepatitis B vaccination and/or proof of immunity or a Statement of Susceptibility is required prior to commencing work or placement in a Queensland Health clinical facility. Please refer to Queensland Health Vaccination of Healthcare Workers Guideline [21].

For all UQ healthcare students, hepatitis B vaccination and/or proof of immunity or a Statement of Susceptibility is required prior to commencing a healthcare programs at UQ and/or clinical placements. Please refer to program entry requirements and also Queensland Health Vaccination of Health Care Workers [21].

A combined vaccine against hepatitis A and hepatitis B is available.

An approved rapid immunisation schedule is available for persons requiring urgent immunisation against hepatitis B or Hepatitis A and B.

For further information about Hepatitis B, refer to QH Health Conditions Directory [22].

### 5.3 Influenza

Influenza is a highly contagious disease caused by infection from Influenza type A or B (or rarely C) virus. These viruses infect the respiratory passages and lungs and can develop into a serious illness in some people, particularly those who are elderly, pregnant or have an underlying medical condition. Annual vaccination with influenza vaccine in autumn is strongly recommended for those at personal or occupational risk from influenza, including the following:

- All health care workers (HCW) and HCW students to protect both the HCW and the patients they interact with.
- Persons who work with children or care for persons with developmental disabilities.
- Persons who frequently interact with pigs and/or poultry.
- Persons living in close quarters in residential accommodation such as student residential colleges.

Influenza vaccination is administered annually. Immune-compromised persons who receive influenza vaccine for the first time are recommended to receive two vaccine doses at least 4 weeks apart and one dose annually thereafter. Influenza vaccination is available free of charge for all UQ employees in autumn each year. Students can access vaccination from their own GP or from UQ Health Care at St Lucia and Gatton campuses.

For more information about Influenza refer to QH Health conditions directory [23].

### 5.4 Japanese encephalitis

Japanese encephalitis (JE) is a serious infection of the brain caused by a mosquito transmitted virus. JE occurs mainly in Southeast Asia and China and occasional cases in eastern Indonesia. There have been occasional outbreaks in Torres Strait and one case in North Queensland.

Vaccination is recommended for laboratory staff working with JE and for those who will be living or working on the outer islands of the Torres Strait for a cumulative total of 30 days or more during the wet season (December to May). Those visiting the outer islands in the dry season (June to November) do not require vaccination. Those visiting only the inner islands, including Thursday Island, do not require vaccination.

Travellers intending to visit high risk areas such as rural parts of Papua New Guinea and Asia should consult with UQ Health Care (St Lucia Campus) or a travel medicine service or specialist for further advice.

### 5.5 Measles, Mumps and Rubella (MMR)

For information about Measles, Mumps and Rubella infection - refer to the QH Health Conditions Directory [24].

UQ Healthcare workers and Healthcare students must ensure they have received 2 doses of MMR vaccine or provide evidence that they are immune to these diseases.

Persons interacting with patients or who regularly interact in non-QH clinical facilities with persons who are immune compromised, have a chronic health condition or who are pregnant, pre-school age or elderly
are also obliged to comply with the same standard of MMR immunisation protection as described for UQ healthcare workers.

Persons working in early childhood care or education are also recommended to comply with this requirement.

Residential students should have their vaccination records reviewed to ensure they have received 2 doses of MMR vaccine. Measles Mumps and Rubella are highly contagious and can spread rapidly amongst persons living in close quarters. Although the incidence of these diseases has declined since the introduction of universal vaccination in the 1980’s, there has been an increase in measles and mumps infections among adolescents and young adults who were not fully vaccinated against MMR.

Women should be screened for Rubella antibodies when planning a pregnancy, or early in the pregnancy irrespective of a previous positive rubella antibody result. Women should not receive the vaccine if they are pregnant or might become pregnant within 28 days.

Persons born prior to 1966 are not required to be screened or vaccinated against MMR as persons in this age group are considered to have immunity (unless serological evidence indicates otherwise). MMR vaccination is contraindicated in those who are immune-compromised. Rubella containing vaccines are also contraindicated in pregnancy. Pregnancy should be avoided for at least 28 days post MMR vaccination.

5.6 Meningococcal disease

Meningococcal disease is a severe illness that can cause death or profound life-long disability including brain damage, hearing loss and/or limb loss. It is an uncommon condition which occurs when meningococcal bacteria invade the body resulting in meningococcal meningitis or meningococcal septicaemia. Meningococcal bacteria are present in the throat or nasal passages of approximately 10% of the community. Most of these people are not affected by the presence of the bacteria and remain well but can transmit the bacteria to others. A small percentage of those infected may subsequently develop illness and will require urgent medical attention and treatment with antibiotics.

5.6.1 Meningococcal disease caused by A, C, W, and Y serotypes

The meningococcal ACWY Vaccination program introduced by the Queensland government in 2017 was in response to increased notifications of meningococcal disease caused by meningococcal strains W and Y in Queensland and other Australian jurisdictions during 2016. The program targets 15 - 19 year olds, who have the highest rates of meningococcal carriage. The program commenced in 2017 for year ten Queensland high school students with a catch up program via general practitioners and other immunisation providers from 1 June 2017, continuing until the end of 2018. It is recommended that unvaccinated students 19 years of age or younger consider being vaccinated.

5.6.2 Meningococcal disease caused by B serotype

Meningococcal B vaccination is recommended in a 2-dose schedule for all adolescents aged 15 - 19 years due to their higher risk of risk of serotype B meningococcal disease compared with other ages. Meningococcal B vaccination is particularly recommended for adolescents and young adults living in close quarters, such as military recruits and students living in residential accommodation. Vaccination should be given prior to entry to such high risk settings or as soon as possible after entry (Australian Immunisation Handbook,10th edition). This vaccination is not covered by the National Immunisation Program currently (i.e it is not free)

For further information about meningococcal disease, please refer to QH Health Conditions Directory. [25]

5.7 Pertussis

Pertussis (Whooping cough) is a highly contagious respiratory infection caused by the bacterium Bordetella pertussis. It can cause a persistent cough in adolescents and adults and in babies the infection can be life-threatening.

Vaccination against pertussis is recommended for any adult who wishes to reduce the risk of infection for themselves and for any close contacts who may be vulnerable to an increased risk of poor health outcome if infected. It is recommended that adults who have previously been vaccinated a child against pertussis, and who require a booster against diphtheria or tetanus, consider boosting their pertussis immunity using the dTpa vaccination. dTpa vaccination is strongly recommended for pregnant women and all adults who will be in close contact with babies and young children including those working in early childhood care or education with children <4 years of age.

All UQ healthcare workers must be immunised against pertussis and must receive a pertussis booster if
more than 10 years have elapsed since their last dose. In addition;

- Persons interacting with patients in Queensland Health clinical facilities or who are frequently entering Queensland Health clinical facilities must receive a pertussis booster vaccination if 10 years have elapsed since a previous dose.
- Persons interacting with patients or who regularly interact in non-QH clinical facilities with persons who are immune compromised, have a chronic health condition or who are pregnant, pre-school age or elderly are also obliged to comply with the same standard of pertussis immunisation as described for healthcare workers.
- Vaccinated healthcare workers and students who develop symptoms compatible with pertussis infection should still be investigated for pertussis and must be excluded from the workplace until a pertussis diagnosis is ruled out.

5.8 Polio

Poliomyelitis is an infection caused by polioviruses. Most infections cause mild disease, however, the virus can affect the central nervous system and cause paralysis and permanent disability. The Western pacific region including Australia was declared polio free by the World Health Organisation in 2000 however it is important to retain high vaccination rates against polio in Australia while the disease remains endemic in other parts of the world. All adults should have completed a full course of poliomyelitis vaccination as part of the National Immunisation program (at 2, 4 and 6 months of age with a booster at 4 years of age). Further boosters are not required except for the following persons at special risk, such as:

- travellers to areas or countries where poliomyelitis is epidemic or endemic - see [http://www.polioeradication.org](http://www.polioeradication.org) [26] for more information on affected countries, or
- healthcare workers, including laboratory workers, in possible contact with poliomyelitis cases.

For those exposed to a continuing risk of infection, booster doses are desirable every 10 years.

The risk of exposure to polio in the Australian community including the health care setting is considered too low to routinely recommend polio boosters to healthcare students. Polio vaccine (the inactivated polio vaccine by injection) is recommended for students who will be undertaking a period of training in countries where polio is endemic.

5.9 Rabies/Australian bat lyssavirus (ABL)

Rabies is a disease of the nervous system caused by the rabies virus. Rabies infects domestic and wild mammals and is spread to humans through close contact with infected saliva, usually via an infected animal bite or scratch. Rabies in humans is almost always fatal once symptoms develop. Rabies is not found in Australia but a close relative of the virus called the Australian bat lyssavirus, can be found in Australian bats.

UQ veterinary and wildlife workers and students who handle Australian bats, or researchers who work with Australian Bat Lyssavirus (ABL) in a laboratory, or those who work with animals in areas of the world where rabies is endemic must have pre-exposure rabies vaccination.

Workers and students must seek rapid post exposure treatment in the event they are bitten or scratched or sustain a contaminated needlestick injury when handling a bat or other potentially infected animal. Please refer to [PPL 2.60.14 Working Safely with Bats and Flying Foxes: Lyssa Virus](http://ppl.uq.edu.au/2.60.14) for information about pre-exposure vaccination and post exposure treatment. Also refer to the [Work Health and Safety Queensland, Australian bat lyssavirus and handling bats](http://www.worksafe.qld.gov.au/hs/pubs/aubat.html) for further information about safely handling bats.

5.9.1 Rabies/ABL screening

UQ workers and students likely to be exposed to bats in Australia or overseas or potentially rabid animals overseas should have antibody levels checked or be re-vaccinated every 2 years. Those with impaired immunity should have their antibody levels tested 2-3 weeks after the third dose of the vaccine.

UQ Workers and Students who work with ABL in a laboratory must have their antibody levels tested every 6 months and receive booster doses if required depending on the antibody level.

5.10 Tetanus

Tetanus is an acute disease caused by the bacteria *Clostridium tetani*. These bacteria are commonly found in soil, dust and manure. The bacteria can contaminate wounds and produce a toxin which causes painful muscular contractions and spasms. Unvaccinated persons are at risk of developing tetanus if they sustain a wound contaminated by tetanus bacteria.
All adults in the community, including all UQ workers and students, are advised to maintain their immunity to tetanus. Young adults who have received four doses in their first five years of life should have a further dose at the age of 10 - 17 years. Immunity following complete vaccination is long lasting. Maintenance of immunity with a routine booster at ten yearly intervals is no longer recommended. A booster at the age of 50 is recommended. Those who reach the age of 50 years without receiving a tetanus booster should seek a booster dose of dT - containing vaccine. Preferably, this should be given as dTpa to also provide protection against pertussis. An additional dose is needed in the case of serious or contaminated injury if more than 5 years have elapsed since the last dose.

Agricultural and veterinary workers and others interacting with animals or soil should be fully vaccinated against tetanus. The situation is not clearly defined for persons in these groups who receive minor tetanus-prone wounds frequently. They should seek medical advice about the need for and frequency of booster doses if they regularly sustain minor injuries in the course of their work. A combined vaccine is normally used which contains tetanus and diptheria (ADT) and for those who require pertussis protection there is a combined diptheria, tetanus, pertussis vaccine available.

Please refer to OH Health Conditions Directory [29] for more information about this condition.

### 5.11 Tuberculosis screening

Tuberculosis (TB) is a bacterial infection that can affect almost any part of the body but most commonly infects the lungs (pulmonary tuberculosis). Please refer to OH Health Conditions Directory [30] for more information about this condition.

At the start of employment or study program with the University, persons who perform tasks that would allow acquisition and/or transmission of TB during their work or placement activities must undergo baseline screening for previous infection prior to work or placement activities commencing. A Quantiferon Gold TB blood screening test, organised via a General Practitioner or a Mantoux skin screening test via the Queensland Health clinical TB screening service [31] or a suitably accredited private pathology provider must be undertaken for persons in the following categories:

- Healthcare workers who perform tasks that would allow acquisition and/or transmission of TB during their work or placement activities - refer to UQ Healthcare Worker infectious Disease Screening and Vaccination Record.
- Healthcare students - refer to entry requirements for course program.
- Embalmers and workers involved in conducting autopsies.
- Laboratory workers conducting research with Mycobacterium tuberculosis.

Laboratory workers conducting on-going research tasks with Mycobacterium Tuberculosis must also undertake TB screening on an annual basis and a final screening test on exiting the project.

Persons who have a positive TB screening test will be referred to the Specialised Health Services - Queensland Health [32] for further follow up.

The BCG is no longer routinely recommended for mantoux-negative healthcare workers. However BCG vaccination should be considered for TST negative healthcare workers at high risk of being exposed to drug-resistant TB.

Healthcare workers who may be at high risk of exposure to drug-resistant cases should consult Queensland Health Centre for Healthcare Related Infection Surveillance and Prevention [33] for advice.

For further information, refer to Table C.21 of the Australian Guidelines for the Prevention and control of Infection in Healthcare 2010 [8] or contact the Division of Specialised Health Services - Queensland Health [32].

### 5.12 Varicella (chickenpox)

Varicella is a highly contagious disease caused by the varicella-zoster virus. In healthy children, the disease is usually a mild illness however life-threatening complications are known to occur. For most, the disease presents with mild cold-like symptoms with a rash appearing after 2 days. The rash has characteristic itchy blisters that last approximately 4-5 days. Varicella infection can however be much more severe in adults and can cause serious and have even fatal consequences for persons who are immune-compromised. Varicella can also have harmful consequences for an unborn baby therefore pregnant women and those with new-born infants should seek urgent medical advice if they have close contact with a person who has been diagnosed with varicella infection.

Varicella vaccination is strongly recommended for all non-immune health care personnel (including students) particularly if working in maternity, neonatal or paediatric wards, or with immune-compromised patients.
- UQ Healthcare workers and Healthcare students must be vaccinated with 2 doses of varicella or provide evidence of varicella immunity.
- A person is considered immune and does not require vaccination if a blood test shows varicella (IgG) antibodies.
- Persons who are not immune to varicella must avoid contact with those with chicken pox or shingles infections.
- Recently vaccinated healthcare workers (within the last 6 weeks) who develop a rash from the vaccine should not be in contact with susceptible patients for the duration of the rash.
- Varicella is a live vaccine and is contraindicated in those who are immune compromised or pregnant. Pregnancy should also be avoided for at least 28 days post varicella vaccination.

For further information about varicella, please refer to the [QH Health Conditions Directory](#).

### 5.13 Q fever

Q-Fever is a zoonotic infection transmitted by the bacterial microorganism *Coxiella burnetii*, usually via dust and aerosols from infected animals. Protection against Q fever transmission is recommended for persons working with cattle, sheep, goats and some feral animals (and for those who frequently work in areas where these animals are kept). This also includes persons who are frequently exposed to products, materials or waste from these animals. At The University of Queensland workers considered to be at significant risk of infection transmission include agricultural and farm workers and students, veterinarians and veterinary students and agricultural, wildlife research workers and students and persons working in a laboratory setting with the organism *Coxiella burnetii*. Q fever screening must be undertaken prior to Q fever vaccination. Screening includes a serum antibody test and skin testing. Screening identifies those who should not be vaccinated to avoid side effects. Vaccination must be preceded by a negative blood and skin test performed by a specifically trained doctor. See the [UQ Health Care website](#) and [UQ Q-Fever Guideline](#) for details of the UQ fever screening and vaccination program.

For further information about Q Fever please refer to the [QH Health Conditions Directory](#).

### 6.0 Documentation

Written documentation, such as an [International Certificates of Vaccination](#) booklet, should be kept of all immunisations. Apart from acting as an official record of immunisations for overseas travel, it is also designed to serve as a permanent record of routine and work/course related immunisations. Records of associated blood and other test results also should be retained.

Legal issues concerning the transmission of infection may arise after many years so it is advisable for persons to keep such records indefinitely.

Occupational immunisation records for workers and students should be retained by the University for a period of 25 years after the person has ceased work or study with the University see section 7.0 of Procedure 2.60.08.

### 7.0 Further advice and assistance

Clinical assistance and expert advice are available from the [UQ Health Care](#) (St Lucia and Gatton Campus). Additional advice can be obtained from the Occupational Health Nurse Adviser in the Health, Safety and Wellness Division, email: OHNA@uq.edu.au or phone 3365 2365.

### 8.0 References

All UQ workers are advised to have completed the Australian National Immunisation Program Schedule [7] as recommended by the Australian Government Department of Health and updated time to time.

9.0 Definitions, Terms, Acronyms

**Anti-HAV** - serum antibody to hepatitis A virus

**ABL** - Australian bat lyssavirus

**Bacteria** - micro-organisms that can cause infection. Bacteria are smaller than a blood cell but larger than a virus

**BCG** - Bacillus Calmette-Guerin vaccine

**dT** - Diphtheria, tetanus vaccine

**dTPa** - Diphtheria, tetanus and pertussis vaccine

**HCW** - Healthcare worker - person who provides care to patients in a hospital, health service or community care setting

**HDR** - Higher Degree by Research

**Hep Bs Ab** - Hepatitis B surface antibodies

**IgG** - immunoglobulin G, a group of antibodies that protect against a wide range of infecting organisms

**Immunisation** - the process of inducing immunity to an infectious agent by administering a vaccine

**Immunity** - the ability of the body to fight off certain infections; immunity can result from naturally acquired infection or from vaccination

**MMR Vaccine** - Measles, Mumps, Rubella vaccine

**Parenteral** - brought into the body via a route other than the digestive tract

**Statement of Susceptibility** - letter from a medical officer, infection control practitioner or vaccine service provider stating that an individual is not susceptible to a specific disease

**SOP** - Safe Operating Procedure

**Student** - a student enrolled at the university


**TB** - Tuberculosis - is an infectious disease caused by the bacterium Mycobacterium tuberculosis

**TST** - The Tuberculin Skin Test

**UQ Worker** - For the purposes of this guideline, this includes:

**UQ Worker (employees)** - includes all continuing, research (contingent funded), fixed term and casual employees as well as apprentices and trainees, and

**UQ Worker (non-employees)** - includes HDR candidates, sabbatical/visiting academics/researchers,
vacation scholars, volunteers and students on work experience

**Vaccination** - the administration of a vaccine; if vaccination is successful, it results in immunity

**Virus** - a minute living organism smaller than bacteria that can cause infections

**VPD** - Vaccine preventable disease

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