

Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS
				Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination
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"> dTpa booster is required 10-yearly DO NOT use ADT vaccine
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"> A verbal history and a completed <i>Hepatitis B Statutory Declaration</i> (Attachment 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. Positive HBcAb and/or HBsAg result indicate compliance with this policy A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella	OR Birth date before 1966	<ul style="list-style-type: none"> Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. 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. DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.
Varicella	2 doses of varicella vaccine at least one month apart.	OR Positive IgG for varicella	N/A	<ul style="list-style-type: none"> Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age DO NOT use MMRV vaccine (not licensed for use in persons \geq 14 years)
Influenza	One dose of current seasonal influenza vaccine by June 1 each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students. Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Attachment 1 <i>Risk Categorisation Guidelines</i> (see Section 4)
Tuberculosis	N/A	Refer to Section 3.8	Refer to Section 3.8	<ul style="list-style-type: none"> Refer to Section 1.2 <i>Key Definitions</i> Refer to Section 3 <i>TB Assessment and Screening</i>