

Vaccine preventable diseases evidence requirements guide

Line Manager's Guide

As per *Human resources policy B1: Recruitment and selection* and the *Health Service Directive Protocol: Vaccine preventable disease screening for Contractors, students and volunteers*, from 1 July 2016 it is a condition of engagement for certain categories of applicants¹ to provide evidence of vaccination or that they are not susceptible to the specified vaccine preventable diseases (VPDs) prior to any offer of engagement being made.

The specified VPDs are listed as follows;

- **Hepatitis B**
- **Measles, Mumps, Rubella**
- **Varicella (chickenpox)**
- **Pertussis (whooping cough)** – workers for whom VPD requirements apply are to remain appropriately vaccinated by having booster doses of pertussis-containing vaccine every 10 years, and evidence of future vaccination must be submitted as a condition of continued employment.

All roles, whether for employees, Contractors² (see definition) students or volunteers, should be assessed according to the risk of acquisition or transmission of VPDs. These VPD risk categories are particularly important in determining when vaccination for the specified VPDs is mandatory or recommended. This assessment should be based on the definitions of risk categorisation of roles as Direct patient contact, Indirect patient contact and Indirect contact with blood/body fluids as defined below.

Table 1 Risk categorisation

Evidence of vaccination or proof of non-susceptibility for:	Risk categorisation for applicants			Direct patient contact or indirect contact with blood or body fluids for existing staff	Workers for roles that do not meet criteria
	Direct patient contact	Indirect patient contact	Indirect contact with blood/body fluids		
Hepatitis B	Mandatory [†]	Recommended [†]	Mandatory [†]	Mandatory [†]	Recommended [†]
Measles, Mumps, Rubella	Mandatory *	Mandatory *	Recommended	Recommended	Recommended
Varicella (chickenpox),					
Pertussis (whooping cough)					
Influenza	Recommended				

[†] Serological testing following vaccination is recommended for those at significant occupational risk of exposure. Refer to *The Australian Immunisation Handbook 10th Edition (2015 update)* for further guidance.
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-5#4-5-7>

*Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.

Risk categorisation of roles

Measles, mumps, rubella, varicella and pertussis requirement

Direct patient contact or indirect patient contact for applicants	<p>Evidence of measles, mumps, rubella, varicella and pertussis vaccination or evidence that the person is not susceptible to these VPDs is required for applicants for roles that:</p> <ul style="list-style-type: none"> • have contact that would allow acquisition and/or transmission of measles, mumps, rubella, varicella or pertussis. This applies to roles in which: <ul style="list-style-type: none"> ▪ work requires face to face contact with patients, or ▪ normal work location is in a clinical area such as a ward, emergency department or outpatient clinic, or ▪ work frequently requires them to attend clinical areas. <p>NB: Where pertussis vaccination is a role requirement, the worker is required to provide evidence of booster vaccination if or when a period of ten years has elapsed since the previous dose.</p>
Hepatitis B requirement	
Direct patient contact or indirect contact with blood or body fluids for applicants and existing staff	<p>Evidence of hepatitis B vaccination or evidence that the person is not susceptible is required for all applicants and all existing workers engaged prior to 1 July 2016 who were subject to a previously existing condition of employment for roles that:</p> <ul style="list-style-type: none"> • have direct contact with patients, or • in the course of their work, may be exposed to blood/body fluids or contaminated sharps.
Workers for roles that do not meet criteria	<p>Healthcare workers employed prior to 1 July 2016 in roles in which they do not have direct contact with patients and in the course of their work would not be exposed to blood/body fluids or contaminated sharps.</p>

NB: Above risk role categories are subject to risk assessment and may require one, both, or none of the specified VPD requirements.

It is the responsibility of the chairperson/line manager to ensure the applicant meets the vaccine preventable disease screening requirements of the position. Statutory declarations from the individual will not be considered acceptable evidence that the person is vaccinated or not susceptible to the VPD. There may be cases not included in the table, for example if a person presents evidence of vaccination from overseas where different brands of vaccine may be used, or blood test was performed overseas. In these situations, seek the advice of local experts (e.g. medical practitioner or infection control practitioner). Translation of languages other than English in the evidence document is the responsibility of the applicant.

For acceptable evidence of requirements, please refer to Table 2: *Acceptable evidence of vaccination or non-susceptibility*.

Table 2 Acceptable evidence of completed course of vaccination or non-susceptibility.

Disease/Vaccine	Acceptable evidence
Hepatitis B	<p>Record of vaccination</p> <p><i>Vaccination record book with details of completed course of vaccination, clinic attended, or letter from a medical practitioner, vaccine service provider or health professional acceptable to the HHS or the Department with details of vaccine given.</i></p> <p>A full course of vaccination is required. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose but for adolescents between the ages of 11-15 it may be given as a two dose course 4-6 months apart</p> <p>Brand names of hepatitis B vaccines are:</p> <ul style="list-style-type: none"> • H-B-Vax II (adult or paediatric formulation) • Engerix-B (adult or paediatric formulation) <p>Brand names of combination vaccines containing hepatitis B vaccine are:</p> <ul style="list-style-type: none"> • Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, hepatitis B, polio) • Twinrix/Twinrix Junior (hepatitis A, hepatitis B) • ComVax (Haemophilus influenza type B, hepatitis B) (ComVax is not currently available in Australia, but has been used in past National Immunisation Program Schedules). • Infanrix hep B (diphtheria , tetanus , pertussis, acellular, hep B) (Infanrix hep B is not currently available in Australia, but has been used in past National Immunisation Program Schedules).
	OR
	<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form. This form is to be completed by the candidate’s health provider.</i></p>
	OR
	<p>Record of immunity</p> <p><i>A blood test result showing positive anti-HBs (≥ 10 IU/mL)³</i></p> <p>The test may be written as:</p> <ul style="list-style-type: none"> • Hepatitis B surface antibody • Anti-HBs • HBsAb <p>Do not confuse this with other hepatitis B testing, for example; HBsAg, anti-HBc, HBeAg, anti-HBe. The result will be expressed as a number, or not detected. Any number equal to or greater than 10 IU/mL (≥ 10 IU/mL) indicates immunity. If the result is less than 10 IU/mL (< 10 IU/mL), this indicates a lack of immunity.</p>
OR	
<p>Other acceptable evidence</p> <p><i>Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B.</i></p> <p>Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp.</p>	
OR	
<p>Partial course of vaccine</p> <p>Documented evidence that individual has commenced a course of Hepatitis B vaccine. See Partial completion of vaccination course in Table 3.</p>	

Measles, Mumps, Rubella (MMR)	<p>Record of vaccination</p> <p><i>Vaccination record book with details of complete course of vaccination ,clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given</i></p> <p><i>Two (2) doses of MMR vaccine at least one month apart</i></p> <p>Brand names of MMR vaccine are:</p> <ul style="list-style-type: none"> • M-M-R-II • Priorix <p>Brand names of vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccine are:</p> <ul style="list-style-type: none"> • Priorix-tetra • ProQuad <p style="text-align: right;">OR</p>
	<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p><i>This form is to be completed by the candidate’s health provider.</i></p> <p style="text-align: right;">OR</p>
	<p>Record of immunity</p> <p><i>A blood test result showing positive IgG for measles and mumps and rubella⁴</i></p> <p><i>Do not confuse this with IgM.</i></p> <p style="text-align: right;">OR</p>
	<p>Other</p> <p><i>Birth date before 1 January 1966.</i></p> <p style="text-align: right;">OR</p>
	<p>Partial course of vaccine</p> <p><i>Documented evidence that individual has commenced a course of Measles, Mumps, Rubella vaccine. See Partial completion of vaccination Table 3</i></p>
	Varicella (chickenpox)
<p>Vaccine preventable diseases evidence certification form</p> <p><i>HHS will provide applicants with the vaccine preventable diseases evidence certification form.</i></p> <p><i>This form is to be completed by the candidate’s health provider.</i></p> <p style="text-align: right;">OR</p>	

Varicella (chickenpox) - continued	<p>Record of immunity A blood test result showing positive IgG for varicella⁴. Do not confuse this with IgM.</p>
	OR
	<p>Other acceptable evidence Letter from a medical practitioner who has made a clinical diagnosis of chickenpox or shingles with a statement that the individual is not susceptible to chickenpox. Such a letter should be on practice/facility letterhead, signed by the provider, and including their professional designation, service provider number and practice stamp</p>
Pertussis (whooping cough)	<p>Record of vaccination Vaccination record book with details of vaccine given and clinic attended, or letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with details of vaccine given. One adult dose of diphtheria / tetanus / pertussis vaccine (dTpa) within the past 10 years. Brand names of dTpa vaccines are:</p> <ul style="list-style-type: none"> • Boostrix • Adacel • Boostrix-IPV (also contains polio vaccine) • Adacel Polio (also contains polio vaccine) <p>Do not accept evidence of ADT vaccine as it does not include pertussis vaccine.</p>
	OR
	<p>Vaccine preventable diseases evidence certification form HHS will provide applicants with the vaccine preventable diseases evidence certification form. This form is to be completed by the candidate's health provider.</p>
	<p>Record of immunity Not applicable for pertussis.</p>

Partial completion of vaccination courses

The information below is to be used in cases when HHSs may decide to engage an individual prior to their completion of a course of vaccination. Decisions regarding management of individuals who have commenced but not completed a vaccination course should be made on a case by case basis, as a risk assessment should be made in each individual circumstance. Such a risk assessment should be undertaken in consultation with local experts. Please refer to Table 3 for guidance as to the minimum doses of vaccine courses that should be required prior to commencement. The applicant will be required to commit to completing the full course.

Table 3 Minimum doses of a vaccine course that are required prior to commencement

Vaccination	Pre offer of employment	Continuing employment
Measles, mumps, rubella (MMR)	Minimum one dose	Second dose to be administered within three months of commencement
Varicella (chicken pox)	Minimum one dose	Second dose(if required) to be administered within three months of commencement
Hepatitis B	Minimum two doses	Third dose to be administered within six months of commencement
Pertussis (whooping cough)	One dose	One dose every ten years

In instances of uncertainty or if the chairperson/line manager requires clarification of evidence of vaccination or immunity submitted by the applicant, please seek advice from local experts, e.g. staff health clinic, infection control unit, infectious diseases physician, public health unit, medical practitioner or nurse immuniser/practitioner.

Refer to the Queensland Health [mandatory vaccinations providing evidence page](#) for acceptable forms or contact your local infection control unit or staff health unit for further information.

Footnotes and further information:

1. Applicant: includes prospective employees to Queensland Health (engaged on a permanent, temporary or casual basis), existing employees moving between Queensland Health entities (e.g. between HHS or between a HHS and the Department), volunteers moving between Queensland Health entities, and prospective; Contractors, students and volunteers.
2. Contractor means a person engaged to perform services within Hospital and Health Services as an independent Contractor, including:
 - Contractors and consultants;
 - locum workers;
 - visiting medical practitioners;
 - authorised practitioners of a contracted VMO; and
 - workers engaged under an arrangement with an employment agency or workforce labour company, but does not include a person who is engaged as a health service employee under the Hospital and Health Boards Act 2011.
3. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL means that the person has the protection against hepatitis B. If the result is less than 10 IU/mL (<10 IU/mL), this means that the person does not have adequate protection against hepatitis B.
4. Positive IgG (Immunoglobulin G) means that the person has the protection against the specified VPD, which was a result from either previous natural infection or immunisation.

Vaccine preventable diseases evidence form

To be completed by the applicant with evidence attached

This form is to be used only if you (the applicant) have acceptable forms of evidence as per the list of acceptable forms in the table below of a completed course of vaccination or that you are not susceptible to the specified vaccine preventable diseases for your position.

Please complete the details on the form – **one (1) box must be ticked for each disease.**

You must **attach a copy of the evidence** relating to each vaccine preventable disease (each row of the table). Statutory declarations from applicants will not be accepted.

You will not be able to meet the conditions of employment if evidence is not attached for the specified VPDs specific to your role as listed below. If you do not have evidence for each disease listed, please take the "[Vaccine preventable diseases evidence certification form](#): To be completed by the applicant's health care provider" to a General Practitioner (GP) or a vaccine service provider (such as an immunisation clinic) to have the required vaccination/s or blood test/s in order to provide evidence.

Surname:				
First name:				
Date of birth:			Phone number:	
Address:				
Email:				
Job Reference No.:				
Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	Clinical Assessment
Measles, Mumps, and Rubella	<input type="checkbox"/> ATTACH EVIDENCE of two documented doses of MMR vaccine at least one month apart Date dose 1: ___/___/___ Date dose 2: ___/___/___	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity (positive IgG) for each of measles, mumps, and rubella ¹	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No Initial: _____ OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of MMR vaccine ² Date of dose 1: ___/___/___	
Pertussis	<input type="checkbox"/> ATTACH EVIDENCE of documented history of one adult dose of dTpa within the past ten years Date of dose: ___/___/___	Not applicable	Not applicable	Compliant (circle): Yes / No Initial: _____



Disease	Evidence of vaccinations	Documented serology results	Other acceptable evidence	Clinical Assessment
Varicella	<input type="checkbox"/> ATTACH EVIDENCE of documented history of age appropriate course of varicella vaccination ³ (including zoster) Date dose 1: ___/___/___ Date dose 2*: ___/___/___ (*if course is initiated after age 14).	<input type="checkbox"/> ATTACH EVIDENCE of blood test showing positive IgG for varicella ¹	<input type="checkbox"/> ATTACH EVIDENCE of documented history of physician-diagnosed chickenpox or shingles ⁴	Compliant (circle): Yes / No Initial: _____ OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of varicella vaccine ⁵ Date of dose 1: ___/___/___	
Hepatitis B	<input type="checkbox"/> ATTACH EVIDENCE of documented history of two or three age appropriate course of hepatitis B vaccine ⁶ Date dose 1: ___/___/___ Date dose 2: ___/___/___ Date dose 3: ___/___/___	<input type="checkbox"/> ATTACH EVIDENCE of blood test results showing immunity to hepatitis B (Anti-HBs greater than or equal to 10 IU/mL ⁷)	<input type="checkbox"/> ATTACH EVIDENCE that the individual is not susceptible to hepatitis B ⁸	Compliant (circle): Yes / No Initial: _____ OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date of dose 1: ___/___/___ Date of dose 2: ___/___/___	

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Consent

I consent to the recruitment panel/human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Applicant please complete:

Name: _____

Date: _____

Signature: _____

The Australian Immunisation Handbook 10th Edition (updated June 2015) brand names of vaccines are as follows:

Hepatitis B

Brand names of hepatitis B vaccines are:

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)

Brand names of combination vaccines containing hepatitis B vaccine are:

- Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio)Twinrix/Twinrix Junior (hepatitis A, hepatitis B)
- ComVax (Haemophilus influenza type B, hepatitis B)¹⁰
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)¹⁰

Measles, Mumps, Rubella

Brand names of MMR vaccine are:

- M-M-R-II
- Priorix

Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines are:

- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax

Brand names of combination vaccine containing varicella vaccine are:

- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation
2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
5. Pre offer of employment requires minimum of one dose of Varicella (chickenpox) vaccine course and second dose (if required) to be administered within three months of commencement. The applicant will be required to commit to completing the full course.
6. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.
7. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity
8. Letter from a medical practitioner, vaccine service provider or other health professional acceptable to the HHS or the Department with a statement that the individual is not susceptible to hepatitis B. Such a letter should be on practice/facility letterhead, signed by the provider/practitioner, and including their professional designation, service provider number (if applicable) and practice stamp. Other documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Applicants (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers).
9. Pre offer of employment requires minimum of two doses of Hepatitis B vaccine course and third dose to be administered within six months of commencement. The applicant will be required to commit to completing the full course.
10. ComVax and Infanrix hexa are brand names of vaccine not in the updated Australian Immunisation Handbook 10th Edition (updated June 2015). These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.

Vaccine preventable diseases evidence certification form

To be completed by the applicant's treating medical practitioner,
registered nurse, or occupational health provider

Applicant surname:		Practice stamp or facility name and address:		
First name:				
Address:				
Phone number:	Date of birth:			
Email:				
Job Reference No.:				
Health Professional name:	Designation:			
Health Professional signature:	Provider No.: (if applicable)			
Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence	QH use only
Measles, Mumps, and Rubella	<input type="checkbox"/> Two documented doses of Measles, mumps and rubella (MMR) vaccine at least one month apart Date of dose 1: ___/___/___ Date of dose 2: ___/___/___	<input type="checkbox"/> positive IgG for each of measles, mumps, and rubella ¹ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Birth date before 1966	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of MMR vaccine ² Date of dose 1: ___/___/___	
Pertussis	<input type="checkbox"/> Documented history of one adult dose of dTpa within the past ten years Date of dose: ___/___/___	Not applicable	Not applicable	Compliant (circle): Yes / No
Varicella	<input type="checkbox"/> Documented history of age appropriate course of varicella vaccination ³ (including zoster) Date of dose 1: ___/___/___ Date of dose 2*: ___/___/___ (*if course is initiated after age 14).	<input type="checkbox"/> Positive IgG for varicella ¹ Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Documented history of physician-diagnosed chickenpox or shingles ⁴	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
			<input type="checkbox"/> Partial course of varicella vaccine (including zoster) ⁵ Date of dose 1: ___/___/___	



Hepatitis B	<input type="checkbox"/> Documented history of two or three doses for age appropriate course of hepatitis B vaccine ⁶	<input type="checkbox"/> Anti-HBs greater than or equal to 10 IU/mL ⁷	<input type="checkbox"/> Documented evidence that the individual is not susceptible to hepatitis B ⁸	Compliant (circle): Yes / No OR <input type="checkbox"/> Partially compliant
	Date of dose 1: ____/____/____ Date of dose 2: ____/____/____ Date of dose 3: ____/____/____	Source: <input type="checkbox"/> QML <input type="checkbox"/> SNP <input type="checkbox"/> Qld Health AUSLAB <input type="checkbox"/> Other: _____	<input type="checkbox"/> Partial course of Hepatitis B vaccine ⁹ Date of dose 1: ____/____/____ Date of dose 2: ____/____/____	

Privacy Notice

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting personal information in accordance with the *Information Privacy Act 2009* in order to meet its obligations to provide a safe workplace. All personal information will be securely stored and only accessible by authorised Queensland Health staff.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of employment.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Consent

I consent to the recruitment panel/human resources department giving personal information in this form to other areas within the Queensland public sector health system (including the Department of Health and Hospital and Health Services) for workforce planning and for outbreak management planning and response. This may include line managers and infection control units.

Applicant please complete:

Name: _____

Date: _____

Signature: _____

Australian Immunisation Handbook 10th Edition (updated June 2015) brand names of vaccines are as follows:

Hepatitis B

Brand names of hepatitis B vaccines are:

- H-B-Vax II (adult or paediatric formulation)
- Engerix-B (adult or paediatric formulation)

Brand names of combination vaccines containing hepatitis B vaccine are:

- Infanrix hexa (diphtheria, tetanus, pertussis, Haemophilus influenzae type b, Hepatitis B, polio) Twinrix/Twinrix Junior (hepatitis A, hepatitis B)
- ComVax (Haemophilus influenza type B, hepatitis B)¹⁰
- Infanrix hep B (diphtheria, tetanus, pertussis, acellular, hep B)¹⁰

Measles, Mumps, Rubella

Brand names of MMR vaccine are:

- M-M-R-II
- Priorix

Vaccines that contain measles, mumps, rubella and varicella (chickenpox) vaccines are:

- Priorix-tetra
- ProQuad

Varicella

- Varilrix
- Varivax

Brand names of combination vaccine containing varicella vaccine are:

- Priorix-tetra
- ProQuad

Brand name of zoster vaccine:

- Zostavax.

Footnotes and further information:

1. Positive IgG (Immunoglobulin G) indicates evidence of serological immunity, which may result from either natural infection or immunisation.
2. Pre offer of employment requires minimum of one dose of Measles, mumps, rubella (MMR) vaccine course and second dose to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.
3. Two doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person received their first dose before 14 years of age).
4. Letters from medical practitioners or other vaccine service providers should state the date chickenpox or shingles was diagnosed and should be on practice/facility letterhead, signed by the provider/practitioner including professional designation and service provider number (if applicable).
5. Pre offer of employment requires minimum of one dose of Varicella (chicken pox) vaccine course and second dose (if required) to be administered within three months of commencement. The prospective worker will be required to commit to completing the full course.
6. Hepatitis B vaccine is usually given as a 3 dose course with 1 month minimum interval between 1st and 2nd dose, 2 months minimum interval between 2nd and 3rd dose and 4 months minimum interval between 1st and 3rd dose. For adolescents between the ages of 11-15 hepatitis B vaccine may be given as a two dose course, with the two doses 4-6 months apart.
7. Anti-HBs (hepatitis B surface antibody) greater than or equal to 10 IU/mL indicates immunity. If the result is less than 10 IU/mL (<10 IU/mL), this indicates lack of immunity.
8. Documented evidence that an individual is not susceptible to hepatitis B infection may include serology testing indicating a hepatitis B core antibody (Anti-HBc /HBcAb), or a documented history of past hepatitis B infection. Prospective workers (including students and volunteers) who are hepatitis B antigen positive do not have to disclose their hepatitis B infection status unless they perform exposure-prone procedures (see *Guideline for the management of Human Immunodeficiency Virus (HIV), hepatitis B virus, and hepatitis C virus infected healthcare workers*).
9. Pre offer of employment requires minimum of two doses of Hepatitis B vaccine course and third dose to be administered within six months of commencement. The prospective worker will be required to commit to completing the full course.
10. ComVax and Infanrix hexa are brand names of vaccine not in the updated Australian Immunisation Handbook 10th Edition (updated June 2015). These are vaccines that were included in previous immunisation schedules. Internationally administered vaccine may have a different brand name.