

Dear Student or Clinical Facilitator,

Please review this important information which is provided to assist you to meet the mandatory NSW Health vaccination requirements for a placement in a NSW Health facility.

Compliance with NSW Health Policy Directives regarding immunisation requirements is **mandatory** for all local, national and international students, enrolled at both the undergraduate and postgraduate level – and importantly, this is also for your safety!

Current employees of NSW Health enrolled in undergraduate or post graduate study **OR** who are seeking employment as a clinical facilitator, outside of their substantive position as an employee of NSW Health, are also required to be newly screened to ensure they meet the *Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases PD (2024_015)*, as they are classified (for verification purposes) as an 'external employee of NSW Health' **OR** as a 'student'.

Two options are available to demonstrate full compliance with mandatory Immunisation requirements – note this cannot be a mix of the two when presenting documentation for review.

OPTION 1

Submit an Australian Immunisation Record (AIR) downloaded from MEDICARE which shows your full history of all vaccinations administered **AND** a positive immunity Hepatitis B serology report **and ONLY IF REQUIRED**, an IGRA blood test to determine if prior exposure to tuberculosis has occurred.

The AIR record should show the following:

- A Diphtheria, Tetanus and Pertussis vaccination administered in the last ten years (dTpa).
- An age-appropriate course of Hepatitis B.
- Two doses of Measles, Mumps and Rubella (MMR).
- An age-appropriate record of varicella vaccinations.
- **ONLY** if you have spent more than three months *at any time in your life* in countries of high risk for TB is an IGRA blood test required. Those

countries are listed here

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx>

NB: If MMR and Varicella vaccinations are not included on your AIR, positive immunity serology reports, can be submitted instead.

OPTION 2

If Immunisation history is difficult to obtain or records have been lost, your GP can perform an assessment and administer any vaccinations which are required.

Sometimes records are lost, you may have been born prior to the establishment of the AIR in 1996 and your GP doesn't have complete health records, you may have lost or misplaced records or simply the GPs practice no longer exists. In this scenario, your family GP or for students of USYD, the University of Sydney Medical Centre (a bulk billed practice) can perform a comprehensive and full immunisation review and can transcribe any available records to a NSW Vaccination Record Card (The AIR document will still be required to be submitted with the vaccination card)

<https://www.sydney.edu.au/students/health-wellbeing/health-services.html>

A vaccination card is downloadable from the link below and is provided to assist you. This document **MUST** be completed per the following advice; incomplete or missing documentation will result in you being required to return to your GP to rectify any issues identified

<https://www.health.nsw.gov.au/immunisation/Documents/record-card-hcws-students.pdf>

Remember, this is a legal document and MUST be completed in full.

HELPFUL NOTES

1. When submitting this document, if MMR serology has been performed, the **only** copy of the serology reports required to be attached to your NSW Vaccination record card, is the serology report for 'Rubella'.
2. Serology recorded on the vaccination card for **Rubella and Hep B**, **must** be recorded **as a numerical value only**.
3. Ensure your entire vaccination history is recorded **on the vaccination card** (your GP can transcribe information from either your childhood 'bluebook' or records downloaded from the AIR as needed).
4. Ensure any vaccinations administered are uploaded by the GP into the AIR.

5. Every entry on a vaccination card must have a signature, date and practice stamp, affixed to the entry to validate the entry as legitimate. There are no exceptions to these requirements. Incomplete documentation will be returned to rectify.

Please note this advice taken from the Policy Directive relating to immunisation records and supplied by NSW Health.

If the Vaccination Record Card is being used as evidence, the new recruit or student must attend their local doctor or immunisation provider. The doctor/ nurse immuniser or pharmacist vaccinator (for authorised vaccines only) is responsible for completing the Vaccination Record Card which will be used to assess the worker's/ student's compliance with this Policy Directive.

The new recruit or student must not complete their own vaccination, serology or TB assessment records on the Vaccination Record Card. The doctor/ nurse or pharmacist vaccinator (for authorised vaccines only) must record the vaccine brand name, vaccine batch numbers (where available), sign, date and apply the practice/ pharmacy stamp to the Vaccination Record Card.

Vaccination records recorded in a foreign language may be translated using the Free Translating Service [website](#) provided by the Department of Home Affairs or using a local translation service.

Common Questions:

“My GP advises me that I may have an allergic reaction to the administration of a specific vaccination – what do I do?”

Your GP should contact the New South Wales Immunisation Specialist Service (NSWISS) via email SCHN-NSWISS@health.nsw.gov.au to confirm if the vaccine can be safely administered. Only people with a recognised medical contraindication can obtain a medical exemption to vaccination. Further information is located here <http://www.ncirs.org.au/our-work/new-south-wales-immunisation-specialist-service-nswiss>

The following advice is provided to ensure that the 'NSW Health Vaccination Record Card for Healthcare Category A Workers and Students' is completed as required. *Review this advice prior to visiting your GP, to ensure the requirements are complete prior to submitting immunisation documentation for review.*

Adult Diphtheria, Tetanus, and Pertussis (Whooping Cough) or dTpa

- Students must provide **evidence** of having received one **adult diphtheria, tetanus, and pertussis (Whooping Cough)** vaccine in the last 10-years.
- If a booster vaccination is required ensure that the GP administers the vaccine that contains Diphtheria, Tetanus and Pertussis (dTpa) **and not the adult Diphtheria and Tetanus (DT)** vaccine as this does not contain pertussis. If this has accidentally been administered, *you will be required to wait at least four weeks to receive the correct version of this vaccination.*
- ‘Infanrix Hexa’ is the paediatric version of dTpa and is not licensed to be administered to adults.
- Batch numbers are an important piece of information confirming that you have had the correct version of a dTpa. Ensure the GP records the batch number of any vaccination containing Diphtheria, Tetanus and Pertussis on your NSW Vaccination Record Card, for your safety and the safety of patients & staff, NSW Health must be able to confirm that you have received the correct vaccination.
- If a dTpa has been administered overseas, ensure the GP records the brand name of the vaccination and provides confirmation on their letterhead that the vaccination administered contained Diphtheria, Tetanus and Pertussis.
- **Immunity Serology for Diphtheria, Tetanus and Pertussis is NOT ACCEPTED.**

Common Questions:

Can dTpa be administered during pregnancy?

The answer is ‘yes’ – this vaccination can be administered from 20-weeks’ gestation

<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx>

A summary of mandatory requirements is located on page 38

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_015.pdf

Hepatitis B

- You must ensure that a record of an age-appropriate course of Hepatitis B vaccination and serology to demonstrate immunity, and this is recorded on the vaccination card.
- If any booster Hep B vaccinations are required, these must also be recorded on the vaccination card.
- If records exist, ensure ALL history of administered Hep B vaccinations are recorded on the vaccination card.
- An accelerated course of Hepatitis B **is not** accepted by NSW Health. Further doses may be required if it is identified that an accelerated course of Hepatitis B, has been administered.
- If you have a reliable history of vaccination and blood results confirming immunity to Hepatitis B but are unable to obtain prior records, a GP must complete a 'Hepatitis B Vaccination Declaration'.
<https://www.health.nsw.gov.au/immunisation/Documents/Occupational/appen-dix-9-declaration.pdf>
- **Only 'appropriately trained assessors'**, that is a GP or authorised immunisation provider, **can complete and witness a 'Hepatitis B Vaccination Declaration'**. A Justice of the Peace or any other witness is **not acceptable**. If countersigned by a 'Registered Nurse' or 'RN', they must indicate they have qualifications in immunisation training for the document to be considered legitimate. *An RN with no qualifications in immunisation cannot countersign this document and it will be returned to be rectified.*
- The 'Hepatitis B Vaccination Declaration' **must be completed in full** noting the approximate dates of administration of Hepatitis B vaccine **AND** the reasons why you are unable to provide this information. Documents that are incomplete will be returned and the student will be classified as non-compliant until documentation is completed in full and returned for processing – *this could delay or cancel proposed clinical placements.*
- An **adolescent Hepatitis B schedule** is three (3) vaccinations before 20-years of age using paediatric formulation vaccine.

- An alternate **adolescent Hepatitis B schedule** is two (2) ADULT formulation vaccinations administered 6-months apart between 11 to 15 years of age.
- An **adult Hepatitis B schedule** is three (3) vaccinations beyond 20-years of age using the adult formulation vaccine. Timing of the course = Initial dose 1, then dose 2 one (1) month later, followed by dose 3 three (3) months after dose 2.
- Serology should be obtained at least four weeks following the third dose of Hepatitis B. Serology is to be recorded as a **numerical value** on the vaccination card; not recorded as an acronym or phrase such as 'positive', 'negative', 'detected' or 'immune'.

A summary of the requirements is located on page 38

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_015.pdf

Common questions:

What if the student has negative serology with evidence of an age-appropriate course of Hepatitis B?

If the student can demonstrate that they have had an age-appropriate a course of Hepatitis B and have subsequent negative serology (*remember = history of Hep B vaccinations must be recorded on the vaccination card*), the recommendations in the Australian Immunisation Handbook should be followed:

- If adequate anti-HBs levels (≥ 10 mIU/mL) are not reached after a primary course of hepatitis B vaccine, the possibility that the person is a Hepatitis B (HBsAg) carrier should be investigated.
- If Hepatitis B infection is excluded **a single booster dose (4th dose)** of Hepatitis B vaccine should be administered immediately and **subsequent serology obtained at least four weeks after this and recorded on the Vaccination Record Card.**
- If the student is a non-responder after the 4th booster dose (i.e. serology is negative) they should have 2 further doses of the hepatitis B vaccine at **one month apart** and be re-tested for anti-HBs (serology), at least 4 weeks after the last dose.

- If after this, serology is still negative, this meets the definition of a 'non-responder to the Hepatitis B vaccination and the student can be viewed as compliant with the policy directive.

What if the student is unable to provide evidence of having had an age-appropriate Hepatitis B vaccination but has positive serology demonstrating immunity?

- In this scenario, a 'verbal record' would be accepted, however, the GP must complete a 'Hepatitis B Vaccination Declaration'. The Hepatitis B declaration can only be completed, if the student *has a reliable history of vaccination and all attempts to obtain the record have failed*.
- Regarding the submission of a 'Hepatitis B Vaccination Declaration' form; if the individual **does not** have a reliable history of an age-appropriate course of Hep B vaccine *they cannot use the* 'Hepatitis B Vaccination Declaration' form. The form is also not used where records exist. This document is only for use by those students that have positive serology and a **reliable history** and all attempts to obtain the vaccination record have failed.
- Remember, a 'Hepatitis B Vaccination Declaration' form is not to be used where records exist, or prior doses of Hepatitis B have been administered and recorded on the vaccination card.

What if the student has no history of Hepatitis B vaccinations or is unable to provide any evidence that an age-appropriate course of Hep B has been administered and baseline serology is negative?

- The student will be required to have a full course of adult Hepatitis B vaccination (as per the schedule advised above) with follow-up serology to demonstrate immunity at least four weeks after the last dose.

Remember an accelerated course of Hepatitis B is NOT acceptable to NSW Health.

Measles, Mumps and Rubella (MMR)

Evidence for MMR compliance can include any of the following: 2 doses of MMR (at least a month apart) **OR** Serology demonstrating immunity (see below) **OR** a birth date prior to 1 January 1966.

- The student must ensure that a record of two MMR Vaccinations (administered at least one month apart) is recorded on the vaccination card.
No post vaccination serology is required. If this has occurred the student meets the policy directive requirements.
- If the GP or authorised immunisation provider ***has obtained MMR serology***, the rubella serology report must be presented to reviewing health staff **and all MMR serology results obtained are to be recorded on the vaccination record card.** This is to confirm that the rubella titre level provides sufficient immunity based on the advice of the pathology company that tested for immunity. There are many pathology companies that test for 'rubella immunity'. 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. a booster vaccination for low levels of rubella IgG detected may be required. If the serology for rubella is consistent with immunity based on the serology test used, ensure the GP or authorised immunisation provider records the **numerical value of the rubella result** (**NOT** 'Positive' or 'Detected' etc.)
- Serology or vaccination in those born prior to 1 January 1966 is not required or recommended, *however* anyone with a birth date before 1 January 1966 that has a negative/equivocal/borderline/low positive serology result for MMR, must receive two doses of MMR vaccination at least one month apart. **Once administered, no post vaccination serology is required.**

The following advice is supplied to assist GPs to manage MMR serology results and to determine if a booster for MMR is required.

Note: Serology is not required if there is evidence of completion and documented doses of two MMR vaccinations.

- Where a worker presents an age-appropriate MMR vaccination record and/or serological result(s) indicating immunity to all three diseases, the vaccination record should be accepted as compliance with the policy requirements.
- Workers presenting with serological result(s) post MMR vaccination, should be determined as either positive or negative. Borderline results should be discussed with the laboratory involved.
- In general, if the laboratory isn't confident of the result and they are unable to interpret this clearly, *it would be best to assume that the result is negative.*
- Where a worker presents with a vaccination record of complete vaccination against MMR and a serology result which reveals a negative immunity to rubella, the GP should discuss whether a booster MMR vaccine is appropriate, especially to women of child bearing age.
- If a worker presents with a history of one dose of MMR vaccination along with serology result indicating negative/equivocal/borderline/low positive immunity to one or more of the diseases, they must receive one further dose of MMR vaccine with no further serology required.
- Serology in those born prior to 1966 is not required or recommended, however, if a worker with a birth date before 1 January 1966 has a negative serology result for measles, mumps or rubella, they must receive two doses of MMR vaccine at least four weeks apart with no further serology required.

- If a worker presents with no history of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive two doses of MMR vaccine at least four weeks apart with no further serology required.

If a booster for MMR is required, GP **should not administer MMRV (ProQuad) as these vaccinations are not licenced to be administered to person's \geq 14-years of age.**

Ensure the booster AND ALL HISTORY of MMR vaccinations is recorded on the vaccination card. Your compliance with MMR requirements can only be reviewed based on what is presented.

A summary of the requirements is located on page 38

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_015.pdf

MMR catch-up advice: <http://ncirs.org.au/sites/default/files/2019-06/NCIRS%20Measles%20vaccination%20catch-up%20guide%20for%20immunisation%20providers13062019.pdf>

Varicella (Chicken Pox)

- To comply with the policy directive the student must provide a documented record of one dose of varicella vaccine that has been administered before the age of 14-years **OR** two doses (at least 1 month apart) of varicella vaccine that have been administered after the age of 14 **OR** positive serology (which is recorded on the vaccination record card to demonstrate immunity).
- Where there is a negative/uncertain history of completion of prior varicella vaccination course, the worker may have pre-vaccination serology performed or complete a two-dose course of varicella vaccination.
- The online Australian Immunisation Handbook **does not** recommend testing to check for seroconversion after a documented appropriate course of varicella vaccination. Commercially available laboratory tests are not usually sufficiently sensitive to detect antibody levels following vaccination, which may be up to 10-fold lower than levels induced by natural infection.
- A verbal statement of previous disease is not acceptable.
- If varicella serology is negative where there is no history of previous vaccinations having been administered, two (2) doses of varicella will be required to be administered at least one month apart **with no further serology required.**
- If varicella serology is negative where evidence of age-appropriate varicella vaccinations has been administered, **no further vaccinations are required.**
- Where additional varicella vaccinations are required ensure the GP **DOES NOT** administer “Shingrix”. NSW Health advice regarding this vaccination is as follows “*Evidence of Shingrix is **not** considered as a proof of Varicella immunity under the current OASV PD. Advice has been obtained from the National Centre for Immunisation Research and Surveillance (NCIRS) on the Shingrix vaccine. Shingrix is recombinant subunit vaccine that targets the gE protein and registered for use in immunocompromised people aged 18 years*”

*and over and immunocompetent people aged 50 years and over ONLY. It is unclear how well humoral and cellular immunity against this would protect against primary varicella infection, and there is no established correlate of protection for gE against HZ and nor for primary varicella. Hence, evidence of Shingrix having been administered, **is not acceptable as proof of Varicella immunity**. Where this vaccination has been administered, (due to negative serology or having had no prior history of varicella vaccination) the advice is to have two doses of Varicella vaccine at least 4 weeks apart with no further serology".*

- Evidence from the *Australian Immunisation Handbook* regarding the collection of Varicella serology:

Serological testing after varicella vaccination

Testing for seroconversion after varicella vaccination is **not** recommended.

Antibody levels after vaccination may be up to 10-fold lower than levels induced by natural infection.^{10,16,17} Commercially available laboratory tests are not usually sensitive enough to detect these levels.

Assume that a child or adult is protected if they have documented evidence that they received age-appropriate dose(s) of varicella-containing vaccine.

A summary of the requirements is located on page 38

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_015.pdf

Tuberculosis Screening

Students who have spent more than three-months cumulatively in an identified country of TB high risk at any time in their life, will require TB screening regardless of how long they have been in Australia – a list of High-Risk countries is located here <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx>

When providing documentation for review, ensure you have **fully completed** the NSW Health 'Tuberculosis TB Assessment Tool' noting all countries of high risk and the duration of time you have spent in those countries.

<https://www.health.nsw.gov.au/immunisation/Documents/tb-assessment-tool.pdf> Once initial TB screening is completed, and if you go on to subsequently spend more than three-months in a high-risk country in the future or have a known exposure to a person with active TB, you will be required to submit another TB Assessment form and may require additional testing.

Two types of tests are used to determine if a person has been infected with *mycobacterium tuberculosis* – a Tuberculin Skin Test (TST or Mantoux) **OR** Interferon Gamma Release Immunoassay (IGRA) blood test.

1. **Interferon gamma release immunoassay (IGRA or QuantiFERON TB Gold Plus®) – this test is preferred by NSW Health.**

- If the result is positive, you will be required to have a chest X-Ray and clinical review **at an NSW Chest Clinic.**
- **A GP CANNOT manage a positive IGRA test, and you MUST be referred to an NSW Chest Clinic.**
- If the result is 'indeterminate' **you will be required to have a second IGRA test.** If the subsequent result remains 'indeterminate' **you must be referred to an NSW Chest Clinic for expert assessment and advice.**
- **Locations of NSW Health Chest Clinics are located here:**
<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-tb-service.aspx>

2. **TST:** A TST can only be administered in TB Services/Chest Clinics or affiliated services (such as staff health). The accredited clinician must record on the vaccination card whether you **have or have not had a BCG administered as this will assist in determining if further tests are required based on the result.** (If a student has a history of BCG or was born in a high TB incidence country, **NSW Health recommends an IGRA instead of TST.** The benefit of this is that the blood for an IGRA can be drawn at the same time as the blood drawn for vaccine preventable diseases serology). The 'result' should be clearly explained and documented. If TST is determined to be positive, **you will be required to have a chest X-Ray and clinical review at an NSW Chest Clinic.** If an initial Mantoux test is negative and the student has had a BCG, then a subsequent Mantoux test is required 1-5 weeks after the result to ensure it was not a false-negative.

A CXR alone without any TB tests having been performed, is not acceptable.

Further TB advice

Ensure that all TST/Mantoux **OR** IGRA results and any follow-up test results such as CXR (if required) **are recorded on the vaccination card** along with a 'date', 'provider's signature' and 'practice stamp' to validate the entry as legitimate, to prevent the perception of a fraudulent entry on the vaccination card.

- Where parenteral live vaccines, such as MMR or varicella have been administered recently, TST **OR** IGRA should be delayed for at least one month after vaccination. However, if required, a TST can be administered using separate injection site or IGRA test performed **at the same time**, as the live vaccine.
- If serial TB testing is required, i.e. TB contact tracing, assessment or testing this is conducted through the NSW TB Service or NSW Chest Clinics.

A summary of the requirements are located on page 44

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024_015.pdf

Influenza vaccination

It is **mandatory** that all students and clinical facilitators attending or supervising a clinical placement within NSW Health facilities during the flu season (1 June to 30 September), receive the annual influenza vaccination which is usually available from March and the evidence is to be presented prior to 1st May to prevent placement cancellation. If placement is to occur in a Federally Funded aged care unit, **at any time of the year**, evidence of the administration of the annual influenza vaccination is also **mandatory**.

Providing evidence to education providers by 1st May enables enough time for partner Local Health Districts to update your ClinConnect profile.

DO NOT WAIT UNTIL YOU ARE REMINDED BY YOUR EDUCATION PROVIDER TO OBTAIN THIS VACCINATION.

NO FLU SHOT = NO PLACEMENT.

When having the vaccination administered, ensure that it is the current year's Australian influenza vaccination. Influenza vaccinations administered prior to 1st March **will not be accepted** without batch number and expiry date, as there is no guarantee that the vaccination administered is the current years flu vax.

Note - the vaccination must be the **Australian version** of the Influenza vaccination, vaccinations administered outside of Australia are not acceptable.

Acceptable evidence is:

- Provide an AIR statement.
- A record of administration recorded by your GP or authorised immunisation provider on the vaccination card which must have a signature, date and practice stamp affixed to the entry *to validate the entry as legitimate*
- If administered at a pharmacy, obtain and provide a 'Certificate of Vaccination'.
- Have your GP provide you with a 'summary report' of vaccinations which have been administered to you which shows the date of administration of the annual influenza vaccination.

Once updated in your ClinConnect profile, this will negate the need to take flu vaccine evidence to clinical placement continually for each clinical placement for that calendar year.

The vaccination can be administered at the USYD Medical Centre

<https://sydney.edu.au/campus-life/health-wellbeing-success/health-services.html>

The following year, you obtain the Australian influenza vaccination for that year and so the process is repeated.

Pictures of 'receipts' for the influenza vaccination or photographs of vials of the influenza vaccination **do not** constitute evidence, that the influenza vaccination has been administered and are not acceptable.

If the influenza vaccination was obtained in public hospitals from staff health services, evidence will still need to be provided to your education provider.

If the student is seeking an exemption from the annual influenza vaccination, a completed medical exemption form <https://www.servicesaustralia.gov.au/im011> must be completed by the GP. This will only apply to the current influenza season and a form will be required for each subsequent influenza season.

For a permanent exception the same exemption form is required noting why the permanent exemption is required <https://www.servicesaustralia.gov.au/im011>

Evidence of COVID-19 vaccinations

Whilst evidence of COVID-19 vaccinations is no longer required to attend a clinical placement, if you have had the vaccines, please submit evidence, so they can be added to your ClinConnect profile.

It is strongly recommended that ALL Health professionals (this includes health students and clinical facilitators) stay up to date with their COVID-19 vaccinations as recommended by the *Australian Immunisation Handbook*. Supply evidence of any booster vaccinations to your education provider. Remember you have a duty of care to ensure your vaccinations are up to date to prevent transmissible diseases from being spread to the sick and vulnerable people that enter our facilities, as well as to other staff members and yourself.