### EVIDENCE OF PROTECTION FOR SPECIFIED INFECTIOUS DISEASES ACCEPTABLE FOR EMPLOYMENT OR CLINICAL PLACEMENT IN NCAHS FACILITIES

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Acceptable Evidence to Demonstrate Protection</th>
</tr>
</thead>
</table>
| **Diphtheria, tetanus, pertussis** | One documented dose of adult dTpa vaccine (*Boostrix* or *Adacel* vaccine).  
  • Serological testing for diphtheria, tetanus and pertussis is **not** recommended, and will not be considered as evidence of protection. |
| **Hepatitis B** | Evidence of a completed, age appropriate, course of hepatitis B vaccine and documented evidence of post vaccination blood test for anti-HBs \( \geq 10\text{mIU/mL} \); or evidence of hepatitis B infection (blood test anti-HBc positive).  
  Use of the **minimum interval between doses** is acceptable ie 1 month between doses 1 & 2, 2 months between doses 2 & 3. The post vaccination blood test should be done 1 month after the third dose of vaccine.  
  • Use of **accelerated schedules** (eg 0, 7, 21 days) is **not** appropriate and the person will not be considered to have **evidence of protection** until a fourth dose of vaccine at 12 months is administered.  
  Vaccinated applicants **without documented evidence** of vaccine doses may not need to recommence the vaccination course. The NCAHS will review a positive antiHBs result and detailed description of the vaccination history to determine how many vaccine doses are required to have **evidence of long term protection**.  
  **Vaccine non-responders** must provide documented evidence of vaccine doses and a declaration acknowledging their risk of infection and understanding of the management in the event of a body substance exposure. A workplace risk assessment may be required for employment/clinical placement. |
| **Measles, mumps, rubella** | Birth date before 1966; or documented evidence of two doses of MMR vaccine at least one month apart; or documented evidence of positive IgG for measles and mumps and rubella.  
  • A statement of a history of measles, mumps or rubella is **not** accepted as **evidence of protection**.  
  • Pre- and post- vaccination serological testing for measles, mumps and rubella is **not** recommended and should not routinely be undertaken.  
  **Tuberculin skin testing must be delayed for a month after this vaccine.**  
  Vaccinated applicants **without documented evidence** of vaccine doses may not need to recommence the vaccination course. The post vaccination serology should be done 1 month after the third dose of vaccine.  
  **Varicella (Chickenpox)** | Statement of a history of chickenpox; or documentation of physician-diagnosed shingles; or documented evidence of a positive varicella IgG; or documented evidence of age appropriate varicella vaccination.  
  • Persons with a negative or uncertain history of varicella should have serological testing to identify if vaccination is required.  
  • Persons aged 14 years and older with negative IgG require 2 doses of vaccine at least a month apart.  
  • Post vaccination serology is not recommended. The available tests are not always sufficiently sensitive to detect low antibody levels following vaccination.  
  **Tuberculin skin testing must be delayed for a month after this vaccine.** |

### EVIDENCE OF COMPLIANCE WITH TUBERCULOSIS (TB) SCREENING

Assessment of tuberculosis (TB) status is required to exclude active TB and establish baseline tuberculin skin test (TST) status.

Refer to the TB Service:

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Macquarie</td>
<td>(02) 6588 2750</td>
</tr>
<tr>
<td>Coffs Harbour – Grafton</td>
<td>(02) 6656 7855</td>
</tr>
<tr>
<td>Lismore – Tweed Heads</td>
<td>(02) 6620 2232</td>
</tr>
</tbody>
</table>

- Tuberculin skin testing must be performed by a provider authorised by the NCAHS TB Prevention and Control Service (Chest Clinic). TST done by unauthorised providers will generally not be considered valid.  
- A chest xray is **not** routinely required.  
- Quantiferon Gold testing is not endorsed by the National Tuberculosis Advisory Committee as an alternative to tuberculin skin testing. Persons with a negative Quantiferon Gold test will require a baseline TST. To comply with TB screening requirements.