

# Knowing your immunity status

## Vaccine-preventable infectious diseases and the workplace environment

***We all have responsibilities for health, safety and wellbeing. When it comes to infection control, all staff should know our immunity status for vaccine-preventable diseases relevant to their role and work location.***

The department does not keep your immunisation records; however, it is expected that you know your own immunity so that if/when there is a community outbreak (e.g. measles), you can quickly and confidently review your immunity status.

### Hazards

Vaccine preventable infectious diseases that may exist in departmental workplaces:

Influenza, COVID-19, Measles, Mumps, Rubella, Pertussis (whooping cough), Varicella (chicken pox), Hepatitis A, Hepatitis B, Japanese Encephalitis, Tuberculosis, Q fever.

Your work may expose you to infectious diseases, many of which can be prevented through vaccination. The department is obligated to inform all workers about these hazards and how to minimise risk of infection. As a worker it is important to use this information to safeguard yourself against vaccine-preventable diseases.

### Controls

The Department is committed to keeping you and your school community healthy and safe. By knowing about the infectious diseases that may occur in your work environment and your immunity to them, you can take steps to ensure you are protected. According to guidance from the National Health and Medical Research Council (NHMRC) and the Department of Health, vaccination is strongly recommended as the most effective protection against these diseases. If vaccination is not feasible, alternative measures such as personal protective equipment, or following exclusion protocols may be necessary. Further, you may already have acquired natural immunity from previous infection e.g. Q fever.

Table 1 (over page) provides recommended vaccinations based on roles and work locations.

**Need advice on your immunity status?** See your doctor.

Tell them about your employment, your tasks at work and the location you work or will be working in the future.

Ask your doctor:

- to confirm your immunity to relevant vaccine-preventable diseases and whether you require a booster
- about risks to health from infectious diseases at work and how to control those risks (e.g. vaccination/booster), how diseases spread and any other recommended precautions. If vaccination not feasible ask about the recommended controls to prevent infection?

**Your privacy?** Your medical records are private; however, in the event of an outbreak of a prescribed contagious condition (e.g. measles), at your school, the Department of Health may require you to provide evidence of your immunity. This evidence will be integral to your school/workplace success in containing the outbreak and to ensure that you can continue to attend the work during the outbreak.

### References:

- The *Public Health Act 2005* requires the Department to control the spread of prescribed contagious conditions.
- The *Work Health and Safety Act 2011*, requires the department to ensure health and safety of employees and students.
- The NHMRC specify Occupational Vaccinations. One of these occupational groups is “those who work with children”.

### Further Information:

Infection Control Procedure: <https://ppr.qed.qld.gov.au/pp/infection-control-procedure>

Regional Senior Health and Safety Consultants: <https://education.qld.gov.au/initiatives-and-strategies/health-and-wellbeing/workplaces/contacts>

Time Out Poster – Qld Dept. of Health: [https://www.health.qld.gov.au/ph/documents/cdb/timeout\\_poster.pdf](https://www.health.qld.gov.au/ph/documents/cdb/timeout_poster.pdf)

Queensland Health fact sheet on Occupational immunisations: <http://www.qld.gov.au/health/conditions/immunisation/occupational/index.html>

# Table 1: Personal Immunity Status

Your role in the department	Recommended vaccination	Can I get assistance?	Disease risk	Is this me?	Am I immune?
<b>All employees.</b>	Seasonal Influenza	2025 advice pending	Seasonal Influenza – variants change each year.		
	COVID-19	<b>Free</b> to all Queenslanders.	COVID 19		
<b>All employees who work with children.</b> Note: Pertussis (whooping cough) vaccine is trivalent and includes diphtheria and tetanus vaccine.	- Measles* - Mumps* - Rubella* - Pertussis ( <i>Whooping Cough</i> ) - Varicella ( <i>Chicken Pox</i> )	<b>Self-funded.</b> The NHMRC recommend these vaccinations for all Australians in accordance with the National Immunisation Schedule.	Acquiring or passing on to others infectious diseases commonly associated with childhood illnesses. <small>*Immunity to measles, mumps and rubella for those born during or since 1961 requires 2 doses of MMR vaccine. People born before 1961 are considered immune.</small>		
<b>Employees working in Early Childhood Education and Care, Special Education</b> settings. School Cleaners, Schools Officers, Teacher Aides.	Hepatitis A	<b>Funded locally by school/workplace.</b> <b>Note:</b> This entitlement is included in Enterprise Bargaining agreements for Schools Officers, Teacher Aides and School Cleaners.	Employees that may come into contact with food or water that is contaminated with the faeces of an infected person.		
<b>Employees working in Special Education</b> settings. School Cleaners, Schools Officers, Teacher Aides.	Hepatitis B **	<b>Funded locally by school/workplace.</b> <b>Note:</b> This entitlement is included in Enterprise Bargaining agreements for Schools Officers, Teacher Aides and School Cleaners.	Employees that have the blood or body substances of a person with Hepatitis B virus enter their body (e.g. infectious waste, needle stick injury, discarded syringes). <small>** employees at extreme risk (i.e. are foreseeable direct contact of blood to blood/mucosal membrane) are to have a post-vaccination confirmation of hepatitis B immunity through a blood test 4-8 weeks after completion of the vaccine. e.g. nurses undertaking this work.</small>		
Employees who live with, or make frequent visits to, remote <b>Indigenous communities.</b>	Hepatitis A	<b>Funded locally by school/workplace.</b> .	Increased risk of exposure to Hepatitis A.		
Employees living and working in the outer islands of the <b>Torres Strait</b> (i.e. more than 30 days continuous).	Japanese Encephalitis	<b>Funded locally by school/workplace.</b>	Employees that may be exposed to Japanese Encephalitis which is transmitted via mosquitoes.		
<b>Employees recognised as at risk of acquiring Tuberculosis (TB);</b> be guided by <a href="#">Tuberculosis Control in Queensland</a> ). This may include those working with persons who have recently visited countries with higher TB risk.	Tuberculosis	<b>Funded locally by school/workplace.</b>	TB spread through inhalation of bacteria exhaled from person with 'Active' TB. TB is not hereditary nor is it spread by touching objects. <small>** There is currently a world-wide vaccine shortage. It is not very effective in adults and best given to children. Priority (when available) will be children in "at risk" populations.</small>		
<b>Employees in schools exposed to Q fever risk environments</b> where they are likely to be exposed to <b>Q fever</b> bacteria. See <a href="#">Q fever in Schools Fact Sheet</a> for definition of Q fever risk environments e.g. <b>Agriculture staff / Schools Officers.</b>	Q Fever	<b>Funded locally by school/workplace.</b>	Q fever illness from airborne inhalation of Q fever bacteria from the contaminated environment of animals that carry Q fever bacteria. (e.g. cattle, sheep, goats and camelids native wildlife). Contaminates include birthing products and excreta – see <a href="#">Q fever in Schools Fact Sheet</a> .		
Employees travelling <b>overseas</b> for work.	Travel vaccinations Refer to travel doctor	<b>Funded locally by school/workplace.</b>	Exposure to vaccine preventable diseases more prevalent in countries visited e.g. Yellow Fever, TB, Covid 19.		