



Knowing your immunity status

Vaccine preventable disease and infection disease awareness

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

What's out there? Depending on where you are and what you do, you may be exposed to different vaccine-preventable infectious diseases from Influenza through to Whooping Cough, Measles and Japanese Encephalitis.

As your employer the department needs to tell you about these hazards and how to control your risk of exposure. As an employee, you need to take note of this information to protect yourself and others.

The National Health and Medical Research Council (NHMRC) and the Department of Health advise that vaccination is the best way to protect against vaccine-preventable diseases. If vaccination is not possible, the risk must be controlled in other ways such as following standard precautions and the use of personal protective equipment and/or exclusion from the workplace such as during an outbreak of a prescribed contagious condition (e.g. measles).

Need advice? See your doctor.

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

Ask your doctor:

- to confirm your immunity to relevant vaccine-preventable diseases (refer to the Table 1: *Vaccination Information for DoE Employees*)
- about risks to health from infectious diseases at work and how to control those risks (e.g. vaccinations or boosters you may need, how diseases spread and any other recommended precautions)
- for a copy of your vaccination record to keep with you, including whether you have immunity to the relevant vaccine-preventable diseases (refer to Table1).

You will become familiar with your school/workplace infection control program during induction and ongoing training so that you know what to do on a day-to-day basis and in the event of an outbreak.

What about 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 evidence of your immunity. This evidence will be integral to your school's success in containing the outbreak and to ensure that you can continue to attend the school during the outbreak.

What's in it for me? 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 status to them, you can ensure you are protected against these foreseeable risks.

Why all the fuss?

- 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: <http://ppr.det.qld.gov.au/corp/hr/workplace/Pages/Infection-Control.aspx>

Regional Senior Health and Safety Consultants: <http://education.qld.gov.au/health/contacts/hscontacts.html>

Time Out Poster – Qld Dept. of Health: 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: Vaccination Information for DoE Employees

Your place in the department	Recommended vaccination	Can I get assistance?	Disease risk	Is this me?	Am I immune?
All employees who work with children.	- Measles* - Mumps* - Rubella* - Pertussis (<i>Whooping Cough</i>) - Varicella (<i>Chicken Pox</i>)	Self-funded. The NHMRC recommend these vaccinations for all Australians and is 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>		
All employees.	Seasonal Influenza	Voluntary participation in departmental seasonal influenza program. Funding is subject to approval by principal/manager.	Seasonal Influenza which is a different vaccine each year.		
Employees working in Early Childhood Education and Care, Special Education settings. School Cleaners, Schools Officers, Teacher Aides.	Hepatitis A	Funded locally by school / workplace. Note: This entitlement is included in Enterprise Bargaining agreements for Schools Officers, Teacher Aides and School Cleaners.	Employees that may come into contact with faecal matter.		
Employees working in Special Education settings. School Cleaners, Schools Officers, Teacher Aides.	Hepatitis B **	Funded locally by school / workplace. Note: This entitlement is included in Enterprise Bargaining agreements for Schools Officers, Teacher Aides and School Cleaners.	Employees that may come into contact with blood and body substances, infectious waste, 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 Indigenous communities.	Hepatitis A	Funded locally by school / workplace.	Increased risk of exposure to Hepatitis A.		
Employees living and working in the outer islands of the Torres Strait (i.e. more than 30 days continuous).	Japanese Encephalitis	Funded locally by school / workplace.	Employees that may be exposed to Japanese Encephalitis which is transmitted via mosquitoes.		
Employees recognised as at risk of acquiring Tuberculosis (be guided by Tuberculosis Control in Queensland). This may include those working with persons who have recently visited countries with higher TB risk.	Tuberculosis	Funded locally by school / workplace.	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>		
Employees in Agriculture Studies involved in activities that are likely to expose them to the Q fever bacteria.	Q Fever	Funded locally by school / workplace.	Airborne inhalation of Q fever bacteria from at-risk animals (e.g. cattle, sheep, goats and camelids), birthing products, excreta, abattoirs, tanneries, stockyards etc. – see Q fever in Schools Fact Sheet .		
Employees travelling overseas for work.	See travel doctor	Funded locally by school / workplace.	Exposure to vaccine preventable diseases more prevalent in countries visited e.g. Yellow Fever, TB.		

Source: Content from Queensland Government Department of Health