NSW GOVERNMENT Health **FREQUENTLY ASKED QUESTIONS (FAQ)**

When is my information to be provided to NSW Health?

Your immunisation compliance must be completed within six months of commencement of the course and well in advance of any clinical placement. For most disciplines you must complete this in semester one. For those disciplines that attend clinical placement in the first semester of study (such as medicine and midwifery) you will need to plan ahead to get this done well before clinical placement.

National Criminal Record Checks (NCRC) can take some time to obtain so it is recommended you apply for this before commencing your course.

Special provision has been provided for those students studying courses which do not undertake clinical placement in the first year to provide their Criminal Record Check at the beginning of their second year of study. Immunisation compliance requirements must still be completed within six months of degree / diploma commencement.

HNE Health Immunisation Requirements for Health Care Students

These FAQ should be read in conjunction with NSW Health policy directive PD2011_005 Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases:
http://www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_005.pdf

Additional information can be found on NSW Health immunisation site:
http://www.health.nsw.gov.au/PublicHealth/Immunisation/index.asp

The NHMRC Australian Immunisation Handbook (current edition) available online:
http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home

Documentation is to be emailed to: HNELHD-ClinConnect@hnehealth.nsw.gov.au no less than 10 working days from the commencement date of a placement.

Please include your name, student ID and university/TAFE attending in **all** correspondence. Information must be sent in the **correct format** as an attachment/s in an email (pdf preferred). Information saved in zip files, or sent via an external site (OneDrive, Drop Box etc), or embedded in an email is not accepted. You will be asked to resubmit if not sent in the correct format.

What evidence do I need for my vaccinations / immunisation?

Table A: Evidence of vaccination

For each disease requiring evidence of vaccination provide at least ONE of the following:

1. Documentation on an Adult Vaccination Card (AVC) or immunisation card equivalent
2. Included in a statement from a GP Practice on the Practice letter head
3. School based record of vaccination card or statement from Population Health Unit / Community Health Centre on letter head
4. Included on a print out from HNE Staff Health Database which has been dated, signed and stamped by issuing Staff Health Nurse (HNE Health employees)
5. The Australian Childhood Immunisation Register (ACIR) for vaccinations given at < 7 years of age
6. Overseas / interstate vaccination documents

Information provided MUST include:

7. Date
8. Batch number
9. Vaccine brand name
10. Signature of immunisation provider
11. Practice/provider stamp

Or a combination of **3** of these details

Table B: Evidence of serology (blood tests / pathology)

For each disease requiring evidence of serology (blood tests), provide at least ONE of the following:

1. Pathology results on Pathology Service letter head
2. Included in a statement from a GP Practice on the Practice letter head, signed by the GP
3. Included on a print out from HNE Staff Health Database which has been dated, signed and stamped by issuing Staff Health Nurse (HNE Health employees)
4. Written result including result value – dated and signed by GP, immunisation nurse on AVC

What vaccinations / blood tests do I need to have? Refer to Table C

Table C: Occupational Assessment, Screening and Vaccination Requirements

	VACCINATION / SEROLOGY REQUIRED	EVIDENCE REQUIRED
1.	**Diphtheria, tetanus, pertussis (whooping cough)**	
	Vaccination • One adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). A booster dose of dTpa is required if 10 years have elapsed since a previous dose. NB Serology (blood tests) will not be acceptable	**As per Table A**
2.	**Measles, mumps, rubella (MMR)**	
2a.	**Vaccinations** • 2 doses of MMR vaccine at least one month apart **OR**	**As per Table A**
2b.	**Serology** • Positive IgG for measles, mumps and rubella **OR**	**As per Table B**
2c.	**Birth date before 1966**	Birth certificate / passport / photo ID
3	**Varicella (chickenpox)**	
3a.	**Vaccinations** • 2 doses of varicella vaccine at least one month apart. Evidence of 1 dose is sufficient if the person was vaccinated before 14 years of age **OR**	**As per Table A**
3b.	**Serology** Positive IgG for varicella **OR**	**As per Table B**
3c.	**A definite history of past infection** • A definite history of chickenpox (e.g. student / their parent confirmation) or physician-diagnosed shingles. HCW with a negative or uncertain history of varicella infection should undergo serological testing. If seronegative, vaccination should be provided	History of chickenpox or physician-diagnosed shingles
4	**Hepatitis B**	
4a.	**Vaccinations** • Documented evidence of a completed, age appropriate course of hepatitis B vaccination i.e. • If vaccinated as an adult ≥ 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 & 3-6 months • If vaccinated as a child / adolescent < 20 yrs old – a total of 3 doses of 0.5 mL paediatric formula at 0, 1 & 3- 6 months • If vaccinated at 11-15 yrs old - A total of 2 doses of 1mL adult formula at 0 and 4 - 6 months is accepted **AND**	**As per Table A**

Table C: Occupational Assessment, Screening and Vaccination Requirements		
4b.	**Serology –** this is required **in addition to** hepatitis B vaccination • Anti-HBs greater than or equal to 10mIU/mL **OR** Documented evidence of anti-HBc or HBSAg, indicating past hepatitis B infection. NB if anti-HBc positive (indicating past hepatitis B infection) additional investigation may be required	**As per Table B**
Note: Where there is a **history** of vaccination & anti-HBs > = 10 **but no documentation** and it is reasonable to accept that they have been vaccinated as per the appropriate schedule, this may be accepted as compliance		

5.	**Tuberculosis (TB)**	
	• Complete Form 2: Tuberculosis (TB) assessment tool • Further screening for TB is dependant on the TB Assessment Tool result • Provide any available evidence of previous TB screening e.g. Tuberculin Skin Test (TST)	**Form 2: TB Assessment Tool**

Records of vaccinations and serology results that were received overseas must be in English (translations must be certified) and contain enough information about the vaccine (e.g. brand, active components, batch numbers, if available) and vaccination date to enable an assessor to determine if they fulfil the requirements of the Policy Directive.

What if I already work for NSW Health?

As ClinConnect requirements include the need for all student documents to be retained and accessible to those involved with student clinical placement you need to provide copies of **all** your relevant documents (regardless if you are an existing or previous employee). Your Staff Health Service may be able to assist you with achieving compliance and providing documentation regarding your immunisation status.

Where can I get copies of the vaccination/s I had in the School Immunisation Program?

Students were given a 'Record of Vaccination' card when vaccinated at school. A Vaccination Summary can be obtained from the Population Health Unit covering the location where you went to school.

For Hunter New England check the web site: http://www.hnehealth.nsw.gov.au/hneph/immunisation and click the link "Request for Student Vaccination Record Form". Complete the form and fax to the Population Health Unit.

OR phone HNE Population Health Unit: Wallsend 49246477

Where can I get copies of the vaccination/s I had as a child?

Vaccine statement from the Australian Immunisation Register
https://www.humanservices.gov.au/customer/services/medicare/australian-immunisation-register?utm_id=9

Will my "blue book / baby book" be sufficient evidence?

If vaccines were documented correctly in your Blue Book, then it will be accepted as evidence. (See "information provided must include" - **Table A**).

Not all these vaccinations will have the batch number included but if there is sufficient other information this record may be able to be used as evidence.

What if I don't want to be vaccinated / have an objection to vaccination?

You will **not** be allowed to attend any clinical placements in NSW Health facilities.

You need to be aware that this may have serious implications relating to your ability to undertake clinical placement, and subsequently to complete your course and will limit the type of practice you could undertake post graduation.

What if I am allergic to a vaccine? What if I have a medical contraindication which prevents me from being vaccinated (eg. immunosuppression, pregnancy)?

Each situation will be considered based on the circumstances. Evidence of medical conditions such as a statement from your medical practitioner will be required. Conditional Compliance can be provided.

Health Care Students unable to obtain compliance due to contraindications to immunisation (e.g. a medical condition, adverse reaction to immunisation) will require a risk assessment and a risk management plan in consultation with their educational institution supervisor and the health service Staff Health Coordinator. A risk management plan will be required for each clinical placement. Evidence of medical conditions will be required.

Can my doctor give me a letter / statement to say I am fully immunised?

No. You are required to provide evidence of each vaccination / blood test.

DIPHTHERIA, TETANUS AND PERTUSSIS (dTpa)

I had diphtheria, tetanus and pertussis vaccination as a child. Will this suffice?

No. An adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa) is required.

Can I have a blood test to prove I am immune to diphtheria, tetanus and pertussis?

No. An adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa) is required. The vaccine is known as Boostrix or Adacel. A blood test will not be accepted.

Do I need to have a booster dose if it is 10 years or more since my last adult dose?

Yes. The NHMRC Immunisation Handbook current edition advises all healthcare workers should receive dTpa vaccine because of the significant risk of nosocomial transmission of pertussis to vulnerable patients. A booster dose of dTpa is required if 10 years have elapsed since a previous dose.

HEPATITIS B

What is the schedule for hepatitis B vaccination?

Documented evidence of a completed, age appropriate course of hepatitis B vaccination is:

- If vaccinated as an adult ≥ 20 yrs old – a total of 3 doses of 1mL adult formula at 0, 1 and 4 - 6 month
    - The minimum interval between the 2nd and 3rd dose is 2 months
    - The minimal interval between the 1st and 3rd dose is 4 months (16 weeks)

- If vaccinated as a child / adolescent < 20 yrs old – a total of 3 doses of 0.5 mL paediatric formula at 0, 1 & 4 - 6 months.
    - The minimum interval between the 2nd and 3rd dose is 2 months
    - The minimal interval between the 1st and 3rd dose is 4 months (16 weeks)

- If vaccinated at 11-15 yrs old - A total of 2 doses of 1mL adult formula at 0 and 4 - 6 months is accepted.

Should I have the accelerated course of hepatitis B vaccination?

No. NSW Health allows time for you to complete the standard course. You should not undertake the accelerated course as it will delay your final immune testing.

If you have already had an accelerated course, as antibody levels are substantially lower after 3 accelerated doses than after the standard a 4th dose is required for long-term protection. The 4th dose should be administered at 12 months to complete an accelerated schedule.

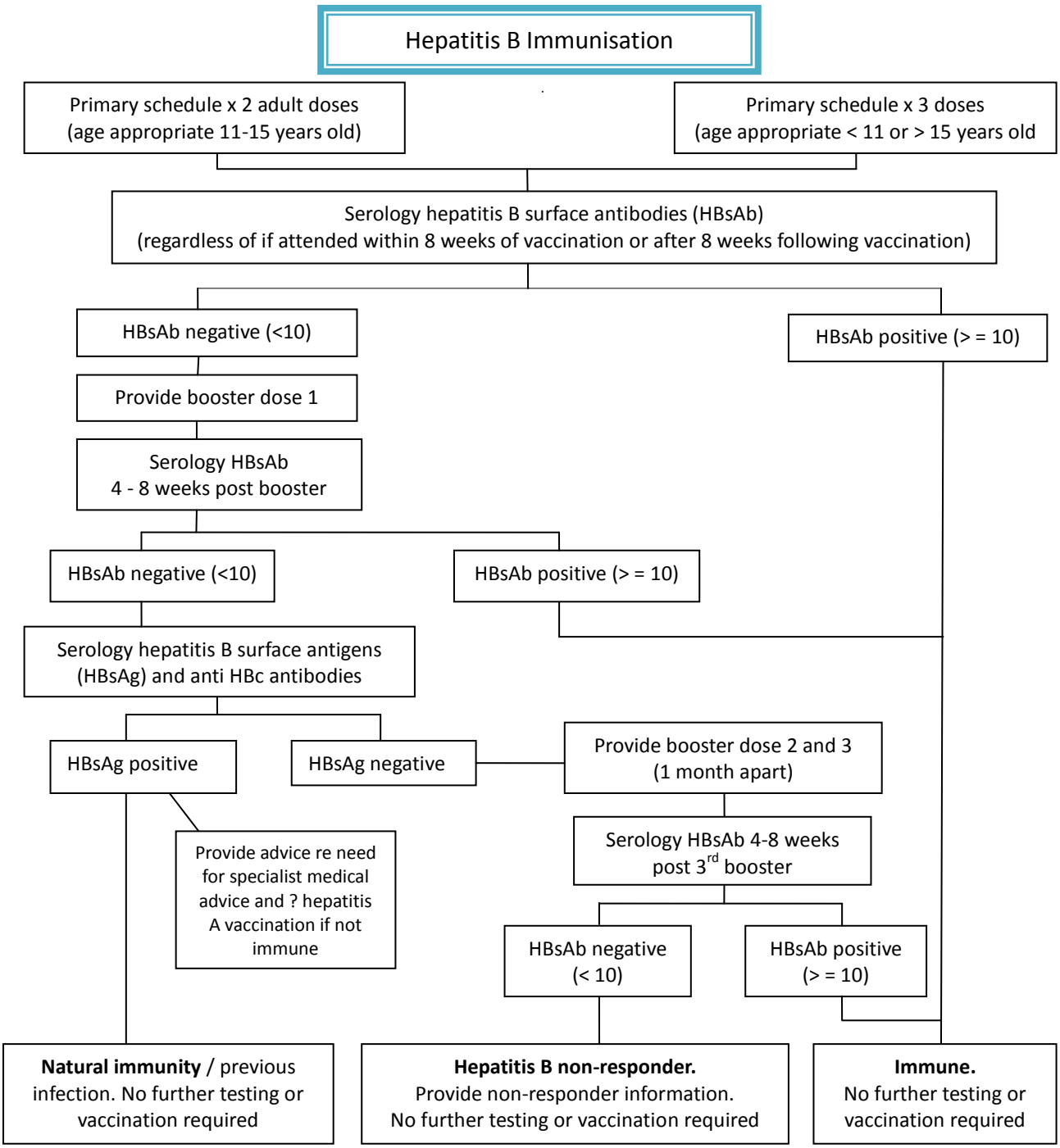
What if I don't have a copy of my hepatitis B vaccinations?

Where there is a **history** of vaccination **but no documentation** and the hepatitis B surface antibody blood test has a result of ≥ 10 and it is reasonable to accept that you have been vaccinated as per the appropriate schedule, this may be accepted as compliance.

Do I have to have a blood test to check I am immune to hepatitis B after completing my course of vaccinations?

Yes. Post-vaccination serological testing 4 to 8 weeks after completion of the primary course is required. If you need booster doses because you are not immune, you will need to have repeat serology after booster vaccinations to assess if you are then immune.

Hepatitis B immunisation flow chart



Do I have to complete the age appropriate course if I have a positive hepatitis blood test (HBSAb) after my first or second dose?

Yes. As advised by the NHMRC "The standard 3-dose schedule induces protective levels of neutralising antibody against hepatitis B virus in more than 90% of adults. The frequency of seroconversion increases progressively from approximately 35% after the 1st dose to more than 90% after the 3rd dose. There is evidence of immunity in most vaccine recipients after administration of 2 doses of a 3-dose schedule. However, the 3rd dose is necessary to increase the percentage of responders and to provide long-term protection."

As a health care worker it is important to have long term protection.

Which hepatitis B blood test should I have?

To test if you are immune after completing your hepatitis B vaccination course you should have a Hepatitis B surface antibody **(anti-HBs)** blood test.

To check if you have an acute or chronic hepatitis B infection you should have a Hepatitis B surface antigen blood test **(HBsAg)** and **anti-HBs** antibodies.

Guide to hepatitis B blood tests:

Hepatitis B surface antibody (anti-HBs) – *Antibody to hepatitis B surface antigen* is a marker of immunity. Its presence indicates an immune response to Hepatitis B Virus (HBV) infection, an immune response to vaccination, or the presence of passively acquired antibody. (It is also known as ***HBsAb***).

Hepatitis B surface antigen (HBsAg) – *Hepatitis B surface antigen* is a marker of infectivity. Its presence indicates either acute or chronic HBV infection.

Antibody to hepatitis B core antigen (anti-HBc) (total) - *Antibody to hepatitis B core antigen* is a nonspecific marker of acute, chronic, or resolved HBV infection. It is not a marker of vaccine-induced immunity. It may be used in prevaccination testing to determine previous exposure to HBV infection. (It is also known as ***HBcAb***).

What if my hepatitis B surface antibody blood test is negative after I have completed my vaccination course?

It will need to be ascertained that you have had the correct course of hepatitis B vaccine and the correct schedule. If not, additional vaccination may be required in order for you to be considered fully vaccinated.

Refer to the hepatitis B immunisation flow chart (page 4).

Can I undertake clinical if haven't completed the hepatitis B course and blood test?

Yes. NSW Health allows time for you to complete this course according the correct schedule. You must have had at least the first vaccine, and sign **Form 3: Student Undertaking / Declaration** to say you will complete the vaccination course and are aware of the risk to yourself and action to take if you have an occupational exposure to blood / body substances that places you at risk of hepatitis B (see also hepatitis B non-responder information).

What is a hepatitis B non-responder?

A hepatitis B non-responder is a person without HBV infection who has a documented history of an age-appropriate primary course of hepatitis B vaccine, but who has never demonstrated an anti-HBs level > or = 10mI/ml.

What if I am a hepatitis B vaccine non-responder?

If it has been confirmed that you are a hepatitis B vaccine non-responder (i.e. you are not positive for hepatitis B surface antigen, you have had the correct courses and boosters as per NHMRC recommendations, and you still don't have a positive blood test result for hepatitis B surface antibodies) you will need to be aware of the risk to you and actions to take if you have an occupational exposure to blood / body substances that places you at risk of hepatitis B.

Attend to first aid as per first aid instructions. Obtain professional advice e.g. Emergency Department or Staff Health Service whilst on placement. Your exposure event will be assessed to determine if you are at risk of exposure to the hepatitis B virus and if you require hepatitis B immunoglobulin (HBIG). If required, this needs to be administered within 72 hours of exposure (preferably within 48 hours).

If there is an interruption between doses of Hepatitis B vaccine, does the vaccine series need to be restarted?

No, the series does not need to be restarted.

- If the vaccine series was interrupted after the first dose, the second dose should be administered as soon as possible (at least 4 weeks after the first dose).
- The second and third doses should be separated by an interval of at least 8 weeks.
- If only the third dose is delayed, it should be administered as soon as possible (after an interval of at least 8 weeks after the 2nd dose and a minimum of 16 weeks after the 1st dose).

Can I receive the first dose of Hepatitis B vaccine from one manufacturer and subsequent doses from another manufacturer?

Yes. No differences in immune response are observed when vaccines from different manufacturers are used to complete the vaccine series.

Can Hepatitis B vaccine be given after exposure to hepatitis B virus (HBV)?

Yes. After a person has been exposed to HBV, appropriate prophylaxis, given as soon as possible but preferably within 24 hours, can effectively prevent infection. The mainstay of post exposure immunoprophylaxis is hepatitis B vaccine, but in certain circumstances the addition of hepatitis B immunoglobulin (HBIG) will provide increased protection. Refer to: http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm

MEASLES, MUMPS AND RUBELLA (MMR)

Do I need to have the vaccinations for measles, mumps and rubella or a blood test?

If you have evidence of 2 doses of MMR vaccine this will suffice. If you don't have this evidence you can either have a blood test to check if you are immune or obtain additional vaccinations so that you do have evidence of 2 vaccinations.

What if blood tests for measles, mumps and rubella do not show that I am immune?

Rubella IgG must be a minimum of 10 IU/mL. If your blood test does not state "immune" for all three diseases (low positive, borderline or equivocal is not considered immune), you will require evidence of 2 vaccinations. Be aware that if you need 2 doses, these must be given at least 28 days apart. (See Table D.)

Serological confirmation of immunity for measles, mumps and rubella after vaccination is not required. If serology has been undertaken and indicates "negative / equivocal or borderline / low positive/low level immunity" see Table D - Advice re MMR and varicella serology interpretation.

Note re women of child bearing age: this advice differs for women planning pregnancy where vaccinated women should be tested for rubella seroconversion 6 to 8 weeks after vaccination. Women who have negative or very low antibody levels after vaccination should be revaccinated. However, if antibody levels remain low after a 2nd documented vaccination, it is unlikely that further vaccinations will improve this. All women of child-bearing age should be advised by a medical practitioner of the result of their antibody test, as it is a clinically significant test.

Table D: MMR pathology results – **recommended guidelines as of April 2016*

Result	Interpretation	Number of previous documented MMR vaccines	Action
Measles, Mumps and Rubella immune/ positive/ detected	Immune	0	No action
		1	
		2	
Rubella low immune/ low positive*	Immune	0	No action See note on women of child bearing age
		1	
		2	
Measles or Mumps low positive/ low immune	Non-Immune	0	2 dose course of MMR
		1	1 dose of MMR
		2	No action
Measles, Mumps or Rubella negative/ equivocal/ borderline	Non-Immune	0	2 dose course of MMR
		1	1 dose of MMR
		2	* 1 dose of MMR

VARICELLA

I had one varicella vaccination at school or my GP at age < 14 years. Is this enough?

Evidence of at least 1 dose is sufficient if the person was vaccinated before 14 years of age. Although a 2nd dose is recommended to ensure optimal immune response. This will minimise the risk of breakthrough infection. 2 doses are required if vaccinated at >14 years of age.

I have had chickenpox but don't have a written record of this. What should I do?

If you / your parents / carer are positve you had chickenpox this will suffice. This can be noted on your vaccination card, or in a letter or email.

I have had shingles. Do I need proof of this?

If you have also had chickenpox and you / your parents / carer are positve you had chickenpox this will suffice. If you don't know if you had chickenpox but do know you have had shingles, this will have to have been diagnosed by a doctor and a written record of this provided eg. a letter from your doctor.

What if I am not sure if I have had chickenpox or shingles?

If you are uncertain that you had varicella infection you should have a blood test. If the blood test result is negative, you should be vaccinated. However, vaccination can proceed without testing (provided there are no contraindications), as the vaccine is well tolerated in seropositive people. (See Table E)

Post vaccination blood testing is not recommended or necessary.

Serology testing is useful to confirm a history of varicella infection (chickenpox) however testing is not sensitive enough to detect antibodies following vaccination. If blood test results taken prior to immunisation indicate "negative / equivocal or borderline / low positive / low level immunity" (see Table E - Advice re varicella serology interpretation) immunity from varicella immunisation cannot be confirmed therefore NSW Health requires evidence of the required number of vaccinations.

Table E: Interpretation of Varicella pathology results for people who obtained vaccination at >14 years

Result	Interpretation	Number of previous documented Varicella vaccines	Action
Varicella positive/ immune/ detected	Immune	0	No action
		1	
		2	
Varicella negative/ equivocal/ borderline/ low positive/ low immune	Non-Immune	0	2 dose course of Varicella
		1	1 dose of Varicella
		2	No action

TUBERCULOSIS (TB)

I have had tuberculosis (TB) screening previously (eg. Mantoux test / tuberculin skin test (TST). Do I have to complete the TB assessment tool?

Yes. Include information re any previous Mantoux / TST on the TB Assessment Tool.

Will I have to have tuberculosis (TB) screening (eg. Mantoux test / tuberculin skin test (TST)?

This will depend on the results of your TB Assessment Tool. You will be advised and if required a referral to TB services will be made. TB screening is a free service.

Are there any specific instructions for the tuberculin skin test (TST)?

Yes. Live viral vaccines inhibit the response to tuberculin. As such, tuberculin skin testing may be unreliable for at least 4 weeks after the administration of live viral vaccines. Either have your TST and the TST reading attended before having measles, mumps, rubella, varicella or yellow fever vaccination or plan to have any course of live vaccines completed at least 4 weeks before any tuberculin skin testing (TST).

Will I / my doctor have to arrange tuberculosis (TB) screening (eg. Mantoux test / tuberculin skin test (TST)?

No. You must complete the TB Assessment Tool. Your information will be reviewed and you will be referred for screening if required. Most students don't need TB screening.

If you have any symptoms of TB you should see your doctor as soon as possible and do not attend any clinical placement until cleared.

Should I have a blood test to check for TB?

Not without advice from TB Services. These blood tests are expensive and are usually not required.

Can I attend clinical placement while I am waiting for or undertaking TB screening?

Yes, provided:

- You have no symptoms of active TB disease
- You undertake the TB screening in a reasonable timeframe as advised by NSW Health.
- As long as you have fulfilled all the other immunisation requirements.

Can I have my TB screening attended by someone other than HNE Health?

Yes, some private pathology services (outside the Newcastle area) provide this service. Other Local Health Networks also provide TB Screening via their TB Services / Chest Clinic.

CERTIFICATE OF COMPLIANCE

I have been issued with a NSW Health Certificate of Compliance; do I need to provide all my immunisation records as well for assessment?

Certificates of Compliance are no longer issued and is not acceptable for the verification process. Immunisation evidence that supported the issue of the certificate must be provided.

INFLUENZA VACCINATION

Do I have to have the influenza vaccination each year?

Influenza vaccination is not mandatory but it is highly recommended. Influenza virus infection causes a wide spectrum of disease from minimal or no symptoms, to respiratory illness with multisystem complications and death. HCWs are frequently implicated as the source of influenza transmission in health care settings. You may be undertaking clinical placement in high risk situations for transmission of the flu. It is your responsibility to reduce the burden of influenza and its complications among vulnerable patients in hospitals. Even young, healthy people can get and transmit the flu and it can be a very debilitating disease.

EXPOSURE PRONE PROCEDURES (EPP)

What are exposure prone procedures?

Exposure prone procedures (EPPs) are those procedures where there is potential for contact between the skin (usually finger or thumb) of the health care worker (HCW) and sharp surgical instruments, needles or sharp tissues (splinters / pieces of bone / tooth) in body cavities or in poorly visualised or confined body sites including the mouth. Examples include teeth extraction, a majority of dental practices, some orthopaedic surgery, some general and specialist surgery, some midwifery practices. HCWs who perform EPPs must know their human immunodeficiency virus (HIV), HBV and hepatitis C virus (HCV) status. NSW Health policy requires HCW who perform, or who could reasonably be anticipated to perform, EPPs to know their infectious status. Infectious HCWs (i.e. those who are either HCV PCR positive or HBV DNA positive or HBeAg positive or HIV positive) must not perform EPPs. HCWs who perform EPPs must be aware of their HIV, HBV and HCV status by seeking serologic testing.

Will I be undertaking exposure prone procedures (EPP) as a health care student?

EPP May be required to be undertaken by Midwifery and Oral Health / Dentistry students. It is NOT a requirement of most undergraduate training to be involved with exposure prone procedures. Check with your course coordinator. However, if you are infectious it may limit the type of practice you may undertake on graduation.

Midwifery and oral health students will undertake EPP and are required to be tested annually and to be aware of their hepatitis B, hepatitis C and HIV status. They have a responsibility **not** to undertaken EPP if infected. Please discuss this with your course coordinator if you have any concerns.

PREGNANCY AND BREASTFEEDING

If I am pregnant can I still do clinical placement?

You will need to consider the risk to you / your child in the work environment. If you are not fully protected /

screened / vaccinated you, your course coordinator and the manager where clinical placement is planned will need to do a risk assessment to determine if placement is reasonable and what precautions may be needed.

What vaccinations can I have / shouldn't have while pregnant / breastfeeding?

Information from NHMRC Australian Immunisation Handbook, current edition regarding pregnancy, lactation and vaccination:

3.3.2 Vaccination of women planning pregnancy, pregnant or breastfeeding women, and preterm infants:

(i) Women planning pregnancy

The need for vaccination, particularly for hepatitis B, measles, mumps, rubella, varicella, diphtheria, tetanus and pertussis, should be assessed as part of any pre-conception health check. Where previous vaccination history or infection is uncertain, relevant serological testing can be undertaken to ascertain immunity to hepatitis B, measles, mumps and rubella. Routine serological testing for pertussis and varicella does not provide a reliable measure of vaccine-induced immunity, although varicella serology can indicate whether previous natural infection has occurred Influenza vaccine is recommended for any person who wishes to be protected against influenza and is recommended for women planning pregnancy. Those with risk factors for pneumococcal disease, including smokers and Aboriginal and Torres Strait Islander women, should be assessed for pneumococcal vaccination. Women who receive live attenuated viral vaccines should be advised against falling pregnant within 28 days of vaccination.

It is also important that women of child-bearing age who present for immunisation should be questioned regarding the possibility of pregnancy as part of the routine pre-vaccination screening, to avoid inadvertent administration of a vaccine(s) not recommended in pregnancy.

(ii) Pregnancy

Table 3.3.1 summarises the recommendations for vaccine use in pregnancy. More detailed information is also provided under the 'Pregnancy and breastfeeding' sections of each disease-specific chapter in Part 4 of the Handbook.

Table 3.3.1: Recommendations for vaccination in pregnancy

Vaccines routinely recommended in pregnancy		
Inactivated viral vaccines	**Recommendation**	**Comments**
Influenza vaccine	Recommended for all pregnant women at any stage of pregnancy, particularly those who will be in the second or third trimester during the influenza season.	There is evidence from clinical trial data and observational studies that there is no increased risk of congenital defects or adverse effects in the fetuses of women who are vaccinated against influenza in pregnancy. Influenza immunisation protects the mother, as pregnancy increases her risk of severe influenza, and also protects her newborn baby in the first few months after birth (see 4.7 *Influenza*).
Vaccines not *routinely* recommended in pregnancy		
Inactivated bacterial vaccines	**Recommendation**	**Comments**
Diphtheria-, tetanus-, and pertussis-containing vaccines (dTpa, DTPa)	dTpa can be given to pregnant women in the third trimester as an alternative to post-partum dTpa (if a dose of dTpa has not been given in the previous 5 years).	Vaccination in the third trimester is an acceptable alternative to post-partum vaccination, for pregnant women who have not been given a dTpa dose within the previous 5 years. Receipt of dTpa in the third trimester of pregnancy may be preferred when the risk of the mother and/or infant acquiring pertussis is high, such as for pregnant women in close contact with infants. Vaccination during pregnancy has the advantage of achieving more timely and high pertussis antibody responses in the mother and infant after birth, as compared with vaccination given post-partum or prior to conception. Tetanus and diphtheria containing vaccines have been used extensively in pregnant women, with no increased risk of congenital abnormalities in fetuses of women who were vaccinated during pregnancy. (See 4.12 *Pertussis* for more details.)

Inactivated viral vaccines	Recommendation	Comments
Hepatitis B vaccine	Not routinely recommended. Can be given to susceptible pregnant women for whom this vaccine would otherwise be recommended, for example, as post-exposure prophylaxis in a non-immune pregnant women with a significant exposure to a HBsAg-positive source.	Limited data is available. Hepatitis B vaccine should only be given to pregnant women who are non-immune and at increased risk for hepatitis B.
Live attenuated viral vaccines	**Recommendation**	**Comments**
Measles-mumps-rubella (MMR) vaccine or Measles-mumps-rubella-varicella (MMRV) vaccine	Contraindicated	There is only a hypothetical risk. Despite concerns that live attenuated rubella vaccine virus might cause congenital abnormalities, rubella vaccine (either monovalent or as MMR) has been given to pregnant women (usually inadvertently) without harm to the fetus. Even though rubella vaccine virus can infect the fetus, even for vaccine given in early pregnancy, there is no evidence that it causes congenital rubella syndrome in infants born to susceptible mothers. Receipt of rubella vaccination during pregnancy is not an indication for termination. Women of child-bearing age should avoid pregnancy for 28 days after vaccination. It is recommended practice to test all pregnant women for immunity to rubella, and to vaccinate susceptible women as soon as possible after delivery and check their serological status post vaccination.
Immunoglobulins for use as pre- or post-exposure prophylaxis		
Pooled or hyper immune immunoglobulins	Not routinely recommended. Can be used post exposure in susceptible pregnant women exposed to: measles, hepatitis A, hepatitis B, rabies, Australian bat lyssavirus, or varicella viruses, or tetanus.	Limited data is available. There is no known risk to the fetus from passive immunisation of pregnant women with immunoglobulins. For more details, see Part 5 *Passive immunisation* and relevant disease-specific chapters in Part 4.
Tuberculosis screening / vaccination		
TST / Mantoux test	Not contraindicated. There is no evidence that TST poses any risk in pregnancy and / or when breastfeeding an infant or that tuberculin reaction is influenced by pregnancy.	
BCG vaccination	Contraindicated in pregnancy. Rarely offered / recommended for adults in Australia.	

Seasonal influenza vaccine is the only vaccine routinely recommended for pregnant women. dTpa vaccine can also be given in pregnancy, as an alternative to providing it immediately post-partum. Vaccination with dTpa during pregnancy will provide timely protection against pertussis in both the mother and her newborn child.

Many other inactivated vaccines are not routinely recommended during pregnancy on precautionary grounds; however, there is no convincing evidence that pregnancy should be an absolute contraindication to vaccination with these vaccines. There is some evidence that fever per se is teratogenic; however, in clinical studies most inactivated vaccines are not associated with increased rates of fever in adults (as compared with placebo).

Recommendations regarding vaccine use in pregnancy are made where the benefits of protection from vaccination outweigh the risks. Eliminating the risk of exposure to vaccine-preventable diseases during pregnancy (e.g. by changing travel plans, avoiding high-risk behaviours or occupational exposures) is both an alternative and complementary strategy to vaccination.

Live attenuated viral vaccines are contraindicated in pregnant women because of the hypothetical risk of harm should vaccine virus replication occur in the fetus. If a live attenuated viral vaccine is inadvertently given to a pregnant woman, or if a woman becomes pregnant within 28 days of vaccination, she should be counselled about the potential for adverse effects, albeit extremely unlikely, to the fetus. There is, however, no indication to consider termination of a pregnancy if a live attenuated vaccine has been inadvertently given.

(iii) Breastfeeding and vaccination

Vaccination is rarely contraindicated in breastfeeding women. The rubella vaccine virus may be secreted in human breast milk and there has been documented transmission to breastfed infants. However, where infection has occurred in an infant, the symptoms have been absent or mild. Infants born to mothers who are hepatitis B surface antigen (HBsAg)-positive can also be breastfed, provided the infant is appropriately immunised at birth. Although studies have indicated the presence of hepatitis B virus (HBV) in the breast milk of mothers with HBV infection, breastfeeding poses no additional risk of virus transmission, compared with formula feeding, in vaccinated infants.

Administration of yellow fever vaccine to breastfeeding women should be avoided, except in situations where the risk of acquiring yellow fever is high, and/or travel cannot be avoided or postponed. While extremely rare, there have been several case reports of probable transmission of the yellow fever vaccine virus via breast milk. For most vaccines, the immune response to vaccination of infants in relationship to breastfeeding has been studied and taken into account. In general, breastfeeding does not adversely affect immunisation, and breastfeeding is not a contraindication to the administration of any vaccines recommended in infants.

Criminal Record Check requirements

Criminal Record Check and NSW Health Code of Conduct Agreement

Students are required to provide the following:

1. Student photo identification issued by the education provider
2. National Criminal Record Check (NCRC) as per section 1 below
3. Code of Conduct Agreement form to be signed after reading the NSW Health Code of Conduct

Section 1: Provide documents for either Part A or Part B	
National Criminal Record Check (Original NCRC;s need to be sighted by a NSW Health representative)	
A	National Criminal Record Check with no convictions / charges (expires 3 years from issue date)
	Overseas students only Along with an Australian National Criminal Record Check, one of the following is also required:
	• Police Certificate with no convictions / charges from their home country, or any country that they have resided in
	OR
	• Signed Statutory Declaration with no convictions / charges
OR	
	Clinical Placement Authority card issued by NSW Health post 1 June 2010 (with expiry date)
	OR
	Conditional letter issued by NSW Health (with expiry date)

Section 2: Code of Conduct - Signed NSW Health Code of Conduct Agreement

National Police Certificate requirements

You must undergo a National Criminal Record Check either through your state or territory police service. International students or those from the Australian Capital Territory (ACT) may apply through the Australian Federal Police. You must ensure that the name on your National Police Certificate matches the name on your Student ID card.

NCRC can be obtained online via one of the following:

NSW Police (http://www.police.nsw.gov.au/)
Can take 10-20 days to process. There is a fee of approximately $52
Application information can be found at:
http://www.police.nsw.gov.au/about_us/structure/specialist_operations/forensic_services/criminal_records_section

Australian Federal Police (http://www.afp.gov.au/) (International students)
Can take up to 25 days to process. Cost approximately $48
Application information can be found at:
http://www.afp.gov.au/en/what-we-do/police-checks/national-police-checks.aspx

CrimTrac Accredited Brokers obtained via an accredited broker organisation only.
A list of CrimTrac's acceptable brokers is available at https://www.acic.gov.au/our-services/national-police-checks/information-individuals
Refer to: *List of Broker Accredited Broker Organisations*
Checks through an approved agent can take from 24 hrs to 4 weeks and range in cost from $25 upwards.

What if my National Police Check or statuary declaration identifies a criminal history?

If a student's National Police Certificate (or overseas Police Certificates /Statutory Declaration for overseas students) shows any convictions or pending charges, they will be required to apply to the NSW Department of Health, Corporate Governance and Risk Management, External Relations and Employment Screening Unit (ERESU) for authority to undertake clinical placements within NSW Public Health Facilities. The process of obtaining this clearance will take longer and you should allow at least 30 working days.

Students must provide ERESU with copies of any Police Certificates (i.e. Australian or overseas), and/or Statutory Declaration and other relevant documents including the 'Student Risk Assessment Form' available on the NSW Health Department website:
http://www.health.nsw.gov.au/careers/student_clearance/Documents/appendix-10-student-application-for-clinical-placements.pdf

Applications should be sent to the NSW Department of Health, Corporate Governance and Risk Management Branch, External Relations and Employment Screening Unit (ERESU), LMB 961, NORTH SYDNEY NSW 2059.

ERESU will complete a risk assessment and if the student is deemed suitable for placements within NSW Public Health Facilities they will be issued with a 'Clinical Placement Authority' card, or a Conditional Letter.

If the student is deemed an unacceptable risk to NSW Health, or has not provided the required documentation, ERESU may decline their application for authority to undertake clinical placements. They will be informed of this decision in writing and will be required to inform their educational institution's course coordinator.

Do I have to tell my course coordinator / clinical placement officer if I have a criminal history?

You are not required to disclose the details of your criminal history to your course coordinator.

When a conditional letter is issued to a student following a risk assessment, the student **must** disclose the conditions to the University/TAFE course coordinator who must then inform the NSW Public Health Facility before any clinical placement can be confirmed. The facility must determine whether they can manage the student in accordance with the conditions and may refuse.

At the start of each placement, students with criminal records must present to the NSW Public Health Facility a valid Clinical Placement Authority card, or a conditional letter issued by the Department of Health. Students should not provide the NSW Health Facility with police certificates or statutory declarations that show criminal records.