11. APPENDIX LIST

11.1 Appendix 1: Evidence of Protection

11.1.1. Evidence for Diphtheria, Tetanus and Pertussis

Vaccination Evidence	One adult dose of diphtheria, tetanus and pertussis (dTpa) vaccine within the last 10 years.
Serology Evidence	N/A. Serology will not be accepted.
Other Acceptable Evidence	Nil.
Notes	dTpa booster is required 10-yearly. **DO NOT use ADT vaccine**.

11.1.2. Evidence for Hepatitis B

Vaccination Evidence	History of age-appropriate hepatitis B vaccination course in accordance with the Australian Immunisation Handbook.
Serology Evidence	**AND** Anti-HBs ≥ 10mIU/mL.
Other Acceptable Evidence	**OR** Documented evidence of anti-HBc, indicating past hepatitis B infection, and/or HBsAg+.
Notes	A completed Hepatitis B Vaccination Declaration are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained. All workers who are fully vaccinated according to the appropriate schedule, but who have no evidence of adequate hepatitis B immunity as indicated by their serology tests (non-responders to a primary hepatitis B course) are required to provide documented evidence of their hepatitis B vaccinations and serology results. A verbal history or hepatitis B vaccination declaration must not be accepted. Positive HBcAb and/or HBsAg result indicate compliance with this policy A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures.

11.1.3. Evidence for Measles, Mumps and Rubella

Vaccination Evidence	Two doses of measles, mumps and rubella (MMR) vaccine at least one month apart.
Serology Evidence	**OR** Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report).
Other Acceptable Evidence	**OR** Birth date before 1966.

Notes	Do not compare the numeric levels reported from different laboratories. 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., consideration of a booster vaccination for low levels of rubella IgG detected. **DO NOT use** measles, mumps, rubella and varicella **(MMRV) vaccine (not licensed for use in persons ≥ 14 years).** If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Serology is not required following completion of a documented two dose MMR course. Those born before 1966 do not require serology.

11.1.4. Evidence for Varicella

Vaccination Evidence	Two doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).
Serology Evidence	**OR** Positive IgG for varicella.
Other Acceptable Evidence	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox.
Notes	DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated. Evidence of one dose of Zostavax in persons vaccinated aged 50 years and over is acceptable.

11.1.5. Evidence for Influenza

Vaccination Evidence	One dose of current southern hemisphere influenza vaccine registered for use by the Therapeutic Goods Administration (TGA), administered since 1 March 2022 or within eight weeks of the date of issue of this Policy Directive and by 1 June annually thereafter.
Serology Evidence	N/A. Serology will not be accepted.
Other Acceptable Evidence	Nil.
Notes	Influenza vaccination is required annually for all workers in Category A positions and is strongly recommended for all workers in Category B positions.

11.1.6. Evidence for COVID-19

Vaccination Evidence	All Category A and Category B Workers are required to provide an Australian Immunisation Register – Immunisation History Statement with: Category A: three doses of a TGA approved or recognised COVID-19 vaccine. Category B two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with Australian Technical Advisory Group on Immunisation (ATAGI) minimum intervals). A third dose three months after completion of the primary course (generally two doses) is strongly recommended.

	For the purpose of this Policy, compliant means: (1) the Category A Worker has received three doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals*), or (2) the Category A Worker: (a) has received two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals), and (b) has received the third dose: (i) within eight weeks of the date of issue of this Policy Directive (if it is more than 13 weeks since they received their second dose), or (ii) within 6 weeks from the due date for the worker's third dose of a TGA approved or recognised COVID-19 vaccine, whichever is later. **A worker or student aged less than 16 years of age must have received the recommended doses in accordance with ATAGI advice.* A worker will also be considered compliant if they have a medical contraindication and provide medical contraindication evidence as defined below in *Other Acceptable Evidence* in this table; reviewed and accepted by the NSW Health agency. New recruits, medical graduates attending a 'clinical observership' and students in their first enrolment year of their course (who have a clinical placement early in their first year) may be granted temporary compliance and commence employment provided they have: • Provided evidence as defined above that they have received at least two doses of a TGA approved or recognised COVID-19 vaccine; and • Completed all other vaccination requirements; and • Submitted a written undertaking to complete the COVID-19 vaccination course (refer to the *Undertaking/Declaration Form*. Those who fail to provide the required evidence within six weeks of the dose due date will be terminated (as per Section 8 *Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers)*; unless there are extenuating circumstances to be considered by the NSW Health agency, and • First year students/new recruits may only be granted temporary compliance once, and from the date of their initial assessment, unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.
Serology Evidence	N/A. Serological testing to demonstrate immunity against SARS-CoV-2 in vaccinated individuals will not be accepted.

Other Acceptable Evidence	Workers who have been infected with SARS-CoV-2 may delay receiving further COVID-19 vaccination for up to four months following infection. Temporary compliance status will be granted if the worker provides evidence in the form of: *(AIR) immunisation medical exemption form (IM011)* (Medical Contraindication Form), where reviewed and accepted by the NSW Health agency. Workers who are unable to be compliant with COVID-19 vaccination due to a temporary or permanent medical contraindication to all of the TGA approved and available COVID-19 vaccines, are required to provide evidence of their circumstances in the form of: the *Medical Contraindication Form*, Where reviewed and accepted by the NSW Health agency. Any NSW Medical Contraindication Form signed and dated prior to 25 February 2022 will remain valid evidence for the period for which it was granted.

11.1.7. Serological testing

Serological testing is *only* required as follows:

Hepatitis B

Evidence of hepatitis B immunity (anti-HBs) following vaccination, measured at least 4-8 weeks following completion of the vaccination course is provided as a numerical value. Workers with hepatitis B markers of infection (i.e., HBcAb positive and/or HBsAg positive) are regarded as compliant with the requirements outlined in this Policy for hepatitis B.

Once a worker or student has provided evidence of anti-HBs level ≥10 mIU/mL and have completed an age-appropriate vaccination course, they are considered to have life-long immunity even if further serology demonstrates a level below 10mIU/mL. No further boosters or serology will be required unless they undergo immunosuppressive therapy or develop an immunosuppressive illness.

Measles, Mumps, Rubella

Where there is an uncertain history of completion of a two-dose course of MMR vaccination for those born during or after 1966, the worker may have serology performed or complete a two-dose course of vaccination.

Serology is NOT REQUIRED following completion of a documented MMR vaccination course.

Where a worker presents an age-appropriate MMR vaccination record 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 post-

vaccination indicating negative immunity to one or more of the diseases, they must receive one booster MMR vaccine and no further serology is required.

Serology in those born prior to 1966 is not required or recommended, however, if a worker with a birth date before 1966 has a negative serology for measles, mumps or rubella, they must receive two doses of MMR vaccine at least four weeks apart. No further serology is 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 and no further serology is required.

If a worker presents with a history of one dose of MMR vaccination, along with a serology result indicating negative immunity to one or more of the diseases, they must receive one further dose of MMR vaccine and no further serology is required.

Rubella serology results are provided as a numerical value and include the immunity status indicated on the laboratory report. Numeric levels reported from different laboratories are not comparable. The interpretation of the result and any clinical advice given in the laboratory's report must be followed e.g., booster vaccination if low levels of rubella IgG are detected.

Varicella

Where there is a negative/uncertain history of completion of prior varicella-zoster virus (VZV) 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.

Protection (commensurate with the number of vaccine doses received) is to be assumed if a worker has documented evidence of receipt of age-appropriate dose(s) of a varicella-containing vaccine (includes workers aged 50 years and over who have received a dose of Zostavax).

If serological tests to investigate existing immunity to varicella are performed, interpretation of the results may be enhanced by discussion with the laboratory that performed the test, ensuring the relevant clinical information is provided.

An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella. A verbal statement of previous disease must not be accepted.

11.1.8. SARS-CoV-2

Serology MUST NOT be performed to detect SARS-CoV-2 immunity.

11.1.9. Pertussis

Serology MUST NOT be performed to detect pertussis immunity.

11.2 Appendix 2: Age-appropriate hepatitis B vaccination schedule

Evidence of a 'history' of hepatitis B vaccination may be a record of vaccination or a verbal history. Where a record of vaccination is not available and cannot be reasonably obtained, a verbal history of hepatitis B vaccination must be accompanied by a *Hepatitis B Vaccination Declaration* and the appropriately trained assessor must be satisfied that an 'age appropriate' complete vaccination history has been provided. The vaccination declaration should include details when the vaccination course was administered, the vaccination schedule and why a vaccination record cannot be provided. The assessor must use their clinical judgement to determine whether the hepatitis B vaccination history and serology demonstrate compliance and long-term protection.

The National Health and Medical Research Council recommend the following 'age appropriate' hepatitis B vaccination schedules:

11.1.1. Adult hepatitis B vaccination schedule

A full adult (≥20 years of age) course of hepatitis B vaccine consists of three doses as follows:

- a *minimum interval* of 1 month between the 1st and 2nd dose, and;
- a *minimum interval* of 2 months between the 2nd and 3rd dose, and
- a *minimum interval* of 4 months (or 16 weeks) between the 1st and 3rd dose

That is, either a 0, 1 and 4 month or a 0, 2 and 4 month interval schedule is an acceptable 3-dose schedule for adults.

A hepatitis B vaccination record of doses administered before July 2013 at 0, 1 and 3 months should also be accepted as the recommended vaccination schedule at this time.

Note that while the minimum intervals are stated, longer intervals between vaccine doses are acceptable as stated in the online *Australian Immunisation Handbook*

An accelerated hepatitis B vaccination schedule must not be accepted.

11.1.2. Adolescent hepatitis B vaccination schedule

The National Health and Medical Research Council recommends that an adolescent age-appropriate (11-15 years) hepatitis B vaccination course consists of two doses of adult hepatitis B vaccine administered 4 to 6 months apart and is acceptable evidence of an age-appropriate vaccination history.

11.1.3. Childhood hepatitis B vaccination schedule

A childhood hepatitis B vaccination schedule (using paediatric vaccine) for persons vaccinated <20 years of age consists of:

- a *minimum interval* of 1 month between the 1st and 2nd dose, and;
- a *minimum interval* of 2 months between the 2nd and 3rd dose, and
- a *minimum interval* of 4 months (or 16 weeks) between the 1st and 3rd dose

A 3-dose schedule provided at minimum intervals at either 0, 1, 4 months or 0, 2, 4 months is acceptable. For example, those who have received a 3-dose schedule of hepatitis B vaccine (often given overseas) at birth, 1–2 months of age and ≥6 months of age are considered fully vaccinated. Refer to the current edition of the online *Australian Immunisation Handbook* for assessment of completion of a primary course of hepatitis B vaccine given in infancy.