

Evidence of Protection Against Specified Infectious Diseases

In accordance with the NSW Health Policy directive: "Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases" (PD 2007_006), all staff employed by Sydney West Area Health Service must be 'protected' against the specified infectious diseases.

The evidence required to prove 'protection' is specific. The evidence can be based on immunisation evidence, immunity evidence or assessment evidence, or a combination of all. The evidence can be either:

- A statement from your General Practitioner clearly indicating how you comply with the acceptable evidence
- A certified copy of a 'NSW Health Adult Vaccination Record Card' or equivalent
- A certified copy of a written record of vaccination signed by the provider and/or serological confirmation of protection
- Documentation held in a SWAHS Staff Health clinic.

Please note: A statutory declaration is not acceptable evidence.

Please note: the following are the minimal criteria for evidence, and any evidence provided must address these criteria.

Vaccination and/or Immunity Evidence

<i>Disease</i>	<i>Acceptable Evidence Criteria</i>
Diphtheria, Tetanus and Pertussis	Documented evidence of one dose of adult type dTpa vaccine
Hepatitis B	<ul style="list-style-type: none"> • Documented evidence of completion of an age appropriate course of Hepatitis B vaccines over the preferred timeframe AND Documented evidence of serology indicating protective antibody levels (anti-HBs = 10 IU/mL post vaccination, OR, • Documented evidence of past infection indicated by positive serology (anti HBc).
Measles, Mumps and Rubella	<ul style="list-style-type: none"> • Documented evidence of completion of the two dose course of MMR vaccine at least one month apart, OR, • Documented evidence of positive serology ie IgG for Measles, Mumps and Rubella
Varicella	<ul style="list-style-type: none"> • Documented evidence of completion of an age appropriate course of Varicella vaccine/s, OR, • Documented evidence of positive serology ie IgG for Varicella, OR, • Documented evidence of a physician diagnosed Shingles, OR, • Documented evidence of Chicken Pox

TB Assessment Evidence

<i>Assessment Type</i>	<i>Acceptable Evidence Criteria</i>
Skin Test (TST)	<p>Documented evidence of a skin test being completed and read within the last 12 months.</p> <p>If documented evidence showing that a skin test is contraindicated is provided, then documented evidence of a chest X Ray being completed and reviewed within the last 12 months is an acceptable alternative.</p>

Mitigating Circumstance Evidence

- **Where vaccination is contraindicated** Should you believe that vaccination is contraindicated for you, you will need to provide evidence from you General Practitioner clearly outlining the reasons why vaccination is contraindicated.
- **Where previous vaccination attempts have not resulted in you becoming immune:** Should you believe that you fall into this category you will need to provide documented evidence of your vaccination course completion and your immunity status consistent with the requirements listed above.